Journal of Human Sexuality
Volume 15
Online Edition
2024

***Journal of Human Sexuality**, Volume 15*

The *Journal of Human Sexuality* is an academic, peer-reviewed journal, an official publication of the Alliance for Therapeutic Choice and Scientific Integrity.

Editorial Offices:

P.O. Box 519
Warroad, MN 56763
Phone (952) 486-8912
contactus@TherapeuticChoice.com
Web: http://www.journalofhumansexuality.com

Requests for copies of this journal should be addressed to the Alliance for Therapeutic Choice, P.O. Box 519, Warroad, MN 56763, or can be ordered by phone at (952) 486-8912.

Contents

Feature Articles

Interviews

Book Reviews

ISSN 2994-7529

Journal of Human Sexuality
Volume 15, 3-47

The "Reluctant Activist:" How an Idaho Counselor Mom Pushed Back on the Social Justice Agenda and How Other States Can Follow

Peggy A. McFarland[1]

[1]*Marriage and Family Studies Department,*

Brigham Young University Idaho

This article recounts my journey as a "reluctant activist," a Licensed Clinical Professional Counselor (LCPC) thrown into a crisis of conscience when I discovered that Optum Behavioral Health, the state Medicaid administrator, the Idaho Department of Health and Welfare, the Idaho Counseling Association (ICA), and other associations were promoting "social justice," a political worldview that requires therapists to embrace and encourage the sexualization of children. Through the hard work of brave colleagues and the leadership of informed legislators, like Representative Julianne Young, as well as invaluable legal and lobbying help from the Alliance Defending Freedom (ADF), Senate Bill 1352 became law effective, July 1, 2024 (State of Idaho, 2024a). Idaho counselors and therapists are no longer required to support clients' goals that we believe are harmful based upon our "sincerely held religious, moral, or ethical principles." This paper recounts how Idaho became a "sanctuary state" where families have access to counseling professionals who cannot be required to affirm and promote an LBGTQ+ identity and lifestyle in children. It offers states, non-profit organizations, and community partners a way forward in their battle to fight the social justice agenda and preserve moral and scientific truth.

Keywords: conscience rights, social justice, natural law, SOGIE, prayer

---

Peggy McFarland is a Licensed Clinical Professional Counselor and a Certified Advanced Christian Life Coach. As an adjunct online instructor at Brigham Young University, Idaho, she teaches parenting and counseling skills to university students worldwide. She maintains a private practice, Walk on Water Coaching and Counseling for Girls, Women, and Relationships. Peggy has a special passion for helping girls develop a positive relationship with their bodies and wrote *Healthy Transitions for Girls*, a curriculum for girls ages 8 to 14. She serves on the Board of Directors for The Alliance for Therapeutic Choice and Scientific Integrity, and is a legislative activist who works to protect First Amendment freedoms and the traditional family.

Correspondence concerning this article should be addressed to Peggy McFarland, c/o The Alliance for Therapeutic Choice and Scientific Integrity, PO Box 519, Warroad, MN 56763 Email: peggy.mcfarland@therapeutichchoice.com

Sometimes you face a moment where you want to run and never look back. That's how I felt when I took a job treating Idaho Medicaid children and discovered that my profession expected me to sexualize them by surveying their sexual orientation and gender identity and expression (SOGIE) in my initial assessment. As I contemplated what I should do, I had a dream that changed the course of my life.

I saw myself wading in a swamp, surrounded by children and professionals entrusted with their care. I felt uneasy, but the professionals around me acted as if everything was normal. However, as I stared into the murky water, it became clearer and clearer, until I could see the bottom. To my horror, I realized that the swamp was filled with gaping crocodiles. Instinctively, I jumped out of the water and ran to safety. Relieved to be safe, I wondered, "Why aren't the caretakers protecting the children from this terrible harm?" Heartsick and desperate, I realized I could not abandon innocent children to a dangerous swamp. I turned and stepped back into the murky water. When I woke up, I knew I could not run away from what I had witnessed.

My first endeavor was to pass a bill to reclaim the conscience rights of therapists and counselors. I had no experience as a legislative activist. All I had was my story, and a file full of screenshots. Using homemade YouTube videos, I identified myself as a "whistleblower" and shared my discoveries with any legislator or state administrator who would listen.

In an article entitled, *Heartbroken Over Girls Hating Their Bodies, Counselor Mom Pushes for State Law Change*, Epoch Times journalist Janet Hisle summarized my experience as a self-proclaimed whistleblower and legislative activist:

> Peggy McFarland's conscience would not let her stay silent . . . the process has been painful for her. But she cannot ignore the facts she found. That's why she felt compelled to act. That's how McFarland turned into a reluctant activist (Hisle, 2023).

In sharing my story, I will illustrate two main points:

(1) The current social justice agenda, promoted by the institutions that govern our profession, threatens long-held moral and ethical, evidence-based standards of care. It redefines what it means to be male and female and erases essential moral boundaries for human sexuality. It rewrites the rules of the therapeutic relationship. It proclaims *inclusion* but isolates dissenters and labels them as *multiculturally incompetent* and *discriminatory*, putting their livelihoods at risk. Social justice aims to change all the rules and silence anyone who disagrees. Protecting the conscience rights of helping professionals from social justice mandates is vital to safeguarding therapeutic choice for our clients and their families and preserving a free society.

(2) Passing a bill to protect the conscience rights of counselors and therapists requires countering the psychological manipulation and false science of the opposition. In this, I learned strategies that can help other state legislatures and non-profit organizations. Our first bill, House Bill 63 was introduced in the 2023 Idaho legislative session. It failed. But out of defeat came invaluable lessons and an even better bill, Senate Bill 1352. There is no shortcut for the work required to fight this cultural war, but sharing my trial-and-error experience can reduce the learning curve for those whose conscience will not let them be still.

Social Justice is a Radical Political Movement, Not Evidence-Based Care

After I admonished a seasoned social worker about the perils of the current social justice movement, she countered, “but I’ve been fighting for social justice all of my life.” Social justice advocates claim to promote evidence-based care while ignoring foundational science and violating the ethics of our ethical codes. However a professional may have understood social justice in the past, it is vital to understand what it means for the present and future.

Social Justice is Not About Relieving Human Suffering

Historically, social justice was not a political or economic program, but a guide for applying moral principles in everyday public life. It was firmly grounded in the Judeo-Christian ethic and natural law. Natural law honors God as our Creator and commands us to preserve ourselves, live a moral code, and preserve our species through procreation and educating our children (Driscoll, 2023).

The current social justice movement is incompatible with the Catholic social teaching of social justice through subsidiarity, solidarity, and human dignity. Social justice *diversity, equity, and inclusion* (DEI) goals erode the norms for human sexuality that preserve marriage and the family. Catholic social teaching affirms the right to build a family, and to bear children through the responsible exercise of one's sexuality (Wright, 2017).

> The natural family is the fundamental social unit, inscribed in human nature and centered around the voluntary union of a man and a woman in a life-long covenant of marriage for the purpose of satisfying the longings of the human heart to give and receive love, welcoming and ensuring the full physical and emotion[al] development of children, sharing a home that serves as the center for social, education, economic, and spiritual life…” (Carlson, 2013).

The Family: A Proclamation to the World declares that “the family is central to the Creator’s plan for the eternal destiny of His children,” and calls upon “responsible citizens and officers of government everywhere to promote those measures designed to maintain and strengthen the family as the fundamental unit of society” (The Church of Jesus Christ of Latter-day Saints, 1995). The social justice agenda is at odds with the divine mandate to preserve the family. As we mobilize to fight against social justice, we are fighting to preserve a free society where children and families can thrive.

Professional Organizations Mandate Our Participation in a Cultural Revolution

The 2014 American Counseling Association (ACA) Code of Ethics Preamble outlines “promoting social justice” as one of the “five core values” of the counseling profession (American Counseling Association, Core Professional Values. 2024). The associations that govern the helping professions are no longer politically neutral (if they ever were) as evidenced by the following “anti-racism” statement from the ACA:

> Racism, police brutality, systemic violence, and the

> dehumanizing forces of oppression, powerlessness, and White supremacy have eroded the very fabric of humanity…Words cannot truly capture our feelings. We are angry, exhausted, grieving, suffering, furious, and despairing. The American Counseling Association is pained by the murders of George Floyd, Rayshard Brooks, Ahmaud Arbery, Breonna Taylor, Tamir Rice, Eric Garner, Sandra Bland, Michael Brown, and countless other Black/African Americans who unfortunately remain nameless. We stand in solidarity with our Black siblings in denouncing the historical legacy and destruction caused by institutionalized racism and violence against Black people, perpetuated at the hands of law enforcement, the hatred bred of White supremacy, the deafening silence of dehumanizing and complicit inaction to address these systemic ills within our society. As counselors, we listen, we empathize, and agree with protestors that when absolute justice is established, peace will follow. Enough is enough, we cannot continue to watch fellow Black Americans being murdered, as the very life force is suffocated out of them…Our stance is Black Lives Matter (American Counseling Association, Anti Racism Position Statement, 2024).

"We listen, we empathize, and agree with protestors that when absolute justice is established, peace will follow." If this sounds like a cultural revolution, it is. Incredulously, the ACA and other organizations that govern our profession have pledged allegiance to the goals of Black Lives Matter, an organization that has called for the "dismantling of the organizing principles of society" (Neumann, 2019). To "redeem" their profession, social work professionals are urged to fight for "distributive justice" through "disruptive collective action—riots, protests, civil disobedience, and the like" (Figueira-McDonough, 2006).

To fund an "organization-wide process" to "dismantle systemic racism," the American Psychological Association (APA) partnered with the Tides Foundation and established the Racial Equity Fund with the goal of "promoting social justice and working to create a more equitable society" (American Psychological Association, 2023). The Tides Foundation provides funding to Black Lives Matter. It also funds the U.S. Campaign for Palestinian Rights Action, which trained anti-Israeli (pro-Hamas) protestors on U.S. campuses in 2024 (Gonzalez & Mobley, 2024). The Tides Foundation also funds Jewish Voice for Peace (JVP) which blamed the October 7, 2023, Hamas attack horrors on Israel and the United States (Kapos, 2024). Prominent JVP Activist Ariel Koren said she believed that Hamas's actions were consistent with "Palestinians right to resist" (Anti-Defamation League, 2023). It was pro-Hamas, pro-Palestinian groups that organized in Washington D.C. to deface monuments to heroes of the American Revolution and burn American flags June 8,

2024 (Stepman, 2024). Under the banner of fighting poverty and human suffering, the APA is now partnered with an organization that funds violent, antisemitic, anti-American revolutionaries.

The following screenshots are from the 2020 Annual Conference of the Transformation Collaborative Outcome Management Institute (TCOM). TCOM is one of many out-of-state organizations collaborating with The Idaho Department of Health and Welfare (IDHW) to provide services to Idaho Medicaid children and their families. These screenshots demonstrate how social justice activists disseminate their ideology from national-level organizations down through state-level agencies and, ultimately, into professionals' offices, directing their interactions with clients. Figure 1 is a screenshot from a conference presentation entitled, *Racial Justice in a Covid-19 World, Diversity, Equity, & Inclusion* (Oliver, 2020). The presenter, Charlane Oliver, represents The Equity Alliance. Note that the individuals in this photo are wearing Black Lives Matter t-shirts, symbolizing the ideological union of the helping professions and Black Lives Matter.

Figure 1. This is a screenshot from the 2020 annual conference of the Transformation Collaborative Outcome Management Institute (TCOM). The Idaho Department of Health and Welfare (IDHW) and TCOM collaborate to provide services for Idaho Medicaid children and teens. Note that the individuals in this photo are wearing Black Lives Matter t-shirts.

In this unedited excerpt from the transcript of the presentation, the presenter informs that not one, but three pandemics embroil our country, the first pandemic being "white supremacy" which caused the second pandemic, "poverty." (See Figure 2).

> Obviously we're in three pandemics not just one…the first one being the pandemic of white supremacy that marginalized people, particularly black people,

> have been dealing with since…we got here on slave ships…then the pandemic of poverty where our community is always at the bottom when it comes to every social and economic indicator and when you put all those two together you get the third one which made all of those issues even worse which is Covid and it flipped every issue on his head and exposed all of the social ills." (Oliver, 2021, 39:58–40:05)

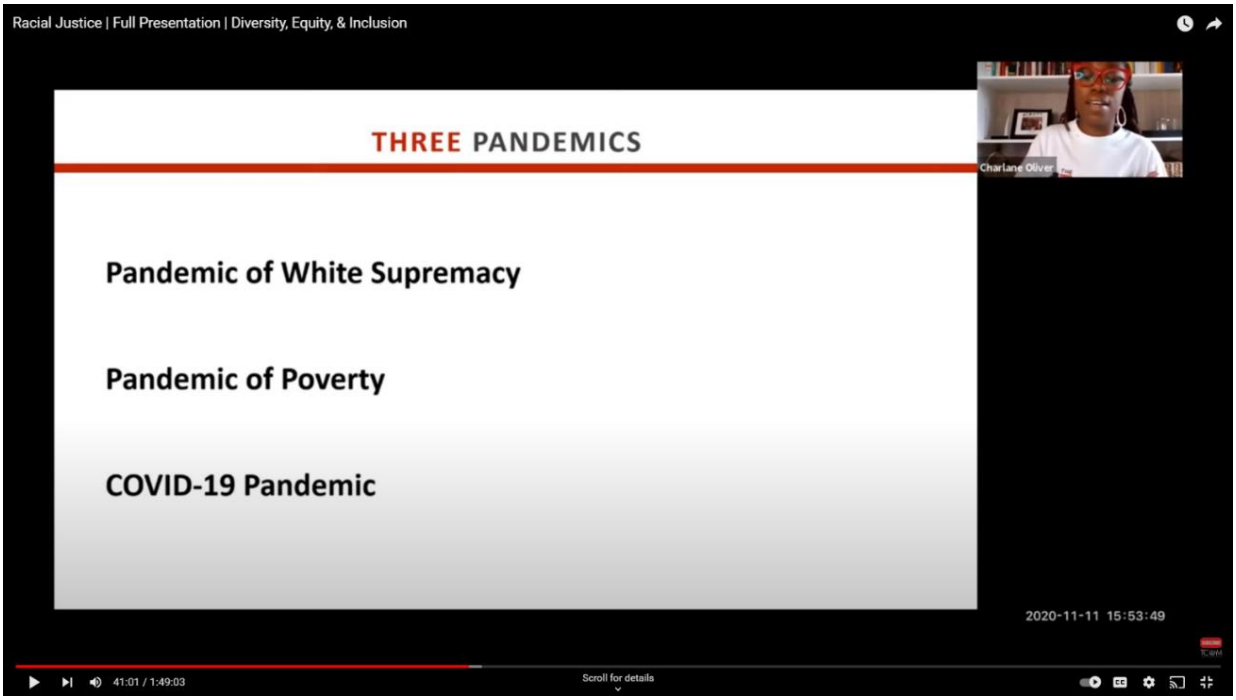


Figure 2. Screenshot from the 2020 TCOM Conference presentation, *Racial Justice in a Covid-19 World, Diversity, Equity, and Inclusion*."

A Heritage Foundation Special Report, *How Cultural Marxism Threatens the United States—and How Americans Can Fight It*, describes what emerging professionals are being taught about white supremacy.

> They are taught that America is systemically racist, that its very laws were designed to uphold something called white supremacy—which refers not to the vile notion that the white race is supreme, but to all Western traditions, codes, societal arrangements, laws, and norms… Today's cultural Marxists believe that the reason economic, social, cultural, academic, and health outcomes (to name just a few) show persistent racial disparities is because of pervasive, systemic racism *that can only be eliminated by smashing the system itself* [Emphasis added] (Gonzalez & Gorka, 2022).

This final screenshot from *Racial Justice in a Covid-19 World, Diversity, Equity, & Inclusion* visually represents *equity*, as

defined in the social justice agenda. (See Figure 3). The graphic evokes a compassionate response: "That poor little guy on the left, of course, I want to give him a 'leg up.'" However, the goal is not to connect impoverished clients to faith, family, and community resources. As the presenter in the following unedited transcript excerpt explains, the goal of "diversity, equity, and inclusion" is to "break down the damn fence" and "rewrite the rules."

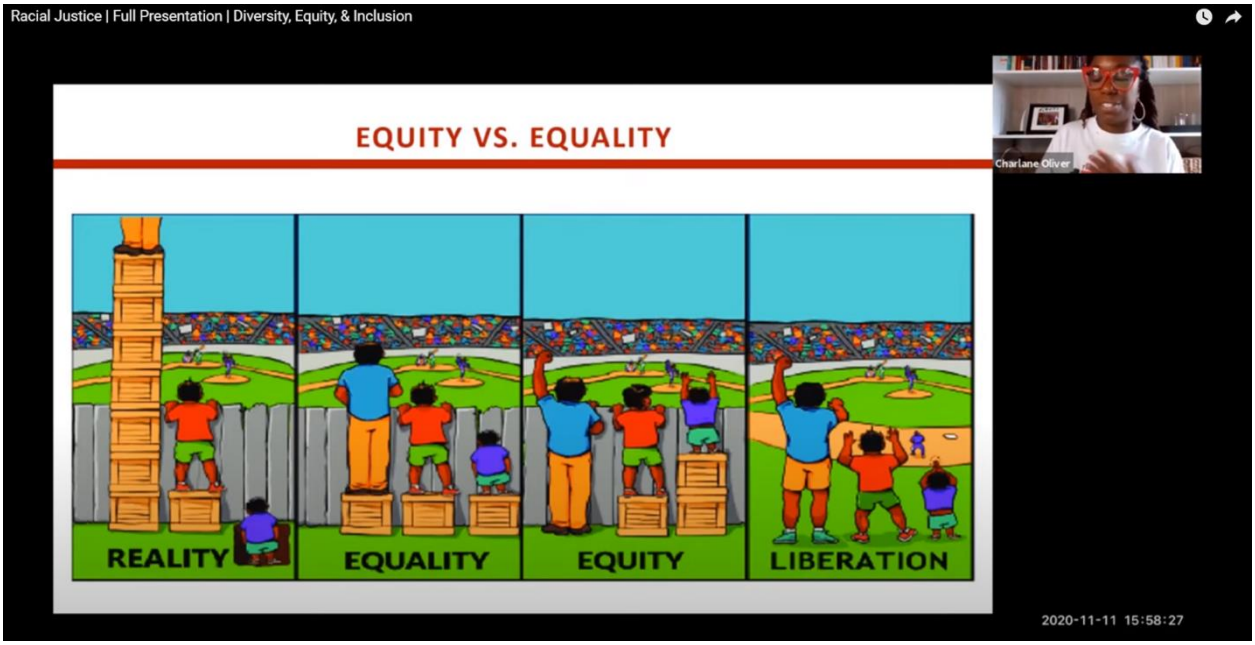


Figure 3. This screenshot from the 2020 TCOM Conference presentation, *Racial Justice in a Covid-19 World, Diversity, Equity, & Inclusion*, shows that social justice aims to promote the Marxist concept of "equity" or equal outcomes.

> What we often miss in this pursuit of equity is liberation and we have to just break down the damn fence all together… We have to reprogram and retool our minds to think that we do not have to operate in the system that has been given to us. We can change it…we have the power to actually rewrite the rules. (Oliver, 2021, 44:09 to 45:22)

To "break down the damn fence," as suggested by the presenter in the TCOM training, requires "liberation." Liberation, as defined by social justice advocates, is not the American ideal of "liberty for all." Social justice advocates seek liberation from equal protection under the US Constitution in favor of equity, a system that punishes those deemed privileged by conscripting their resources and redistributing them to marginalized people who believe they deserve them. In the social justice agenda, equity means "equality of outcomes plus reparations, which is a violation of equality before the law, a dismantling of the foundations of a free society [and] state management of society by redistributing resources, opportunity, and access" (Gilley, Boghossian, & Lindsay, 2021).

The push to normalize transgenderism exemplifies the social justice concept of

liberation. Gender ideology "derives from…Marxist-Freudian thought…It asserts that individuals need to be liberated from society norms and commonly understood notions of gender and sex in order to achieve liberation" (Gonzalez & Gorka, 2022). Consequently, to fulfill the ACA competency of promoting social justice through diversity, equity, and inclusion, counselors must also promote the goals of the LBGTQ+ movement.

> As an organization, ACA's commitment to diversity, equity and inclusion prescribes that we support the rights of the LGBTQ+ community and other communities minoritized based on their race, gender, religion or physical abilities, to enjoy protections and privileges that are extended to all people… Further, the ACA Code of Ethics does not condone legislation or regulatory measures of any sort that do not support cultural inclusiveness of all types (American Counseling Association, Core Professional Values, 2024).

In the social justice system of diversity, equity, and inclusion, if you believe that the traditional family, with a monogamous, married, heterosexual man and woman, provides the best structure for children to thrive, you are an oppressor, guilty of *heterosexism* and *cissexism*, which are forms of discrimination. *Heterosexism* or *heteronormativity,* as defined by the APA, is any belief or system that says heterosexuality is normal and alternate forms of sexuality are not normal (American Psychological Association, *APA Dictionary of Psychology*, 2023). Two of the "13 Guiding Principles" of the Black Lives Matter at School Program, are to "reclaim the word queer as an act of defiance" and "to dismantle cisgender privilege" (Black Lives Matter at School, n.d.). *Cissism* or *Cissexism* is discrimination against people who claim a different sex and gender than the biological sex that was *assigned* at birth. You are guilty of cissexism if you identify transgenderism as deviant or disordered (Serano, 2007). There is no better way to "break down the damn fence" and "rewrite the rules," to use the language from the TCOM training, than to demonize the traditional family and demolish the norms for human sexuality and human relationships.

Note that individuals who identify as LGBTQQIA+ ("lesbian" "gay" "bisexual" "transgender" "queer/questioning" "intersex" and "asexual") are all classified as a "community." The goals of the collective override the needs of individuals. Social justice inclusion does not include individuals with unwanted same-sex attraction. It does not include ex-gays and de-transitioners. To achieve their goals, social justice activists must normalize the belief that LBTQ+-identifying individuals are inherently and permanently *born that way* and denounce therapeutic change efforts as discrimination against a minoritized cultural group. This is why members of the Alliance for Therapeutic Choice and Scientific Integrity (ATCSI), who have consistently proven that same-sex attraction is not an immutable trait, experience persistent vitriol and silencing of their efforts.

The Social Justice Agenda Uses Psychological Manipulation to Gain Widespread Support

Proponents of social justice within the helping professions have redefined positive words like *humility, empathy, awareness, and sensitivity* to conceal their true motives and to manipulate professionals who care deeply about human suffering. When a professional organization manipulates language, it manipulates the beliefs and actions of individuals in that organization. Noted psychiatrist, Miriam Grossman warns, "We face a crusade, a juggernaut, that seeks to demolish male and female, and its success hinges on the control of language" (Grossman, 2023, p. xxv). It is therefore vitally important to decode the altered meaning of familiar words as they are now used in the helping professions.

In one staff meeting I attended, two therapists were complaining because a teen client's mother would not acquiesce to the teen client's demand to use puberty blockers. Although Idaho law [16-2402 (1)] (State of Idaho, 2024b) advocates for a family-centered approach to mental health treatment, and even though the agency supervisor had recently instructed staff on the need to build bridges between teens and their parents, this client's mother was seen as an obstacle to her child's mental health because she would not allow him to take a harmful, non-FDA approved drug. Social justice messaging manipulates well-meaning counselors into causing harm.

Website screenshots from Optum Idaho Behavioral Health, which administered Idaho Medicaid before July 1, 2024, provide examples of how words with altered meanings manipulate emotions and beliefs. In this first screenshot from the *Optum Idaho Behavioral Health DASH Board*, providers are told that to deliver "culturally sensitive" and "culturally compassionate" practice they need to understand the "four key elements" that comprise the acronym DASH: *diversity, awareness, sensitivity, and humility*. (See Figure 4). The highlighted parts of the screenshots provide clues to the altered meaning of these four key elements. Consider also the messages of these screenshots from the perspective of a conscientious professional or intern looking for guidance on delivering the best care. The hypothetical internal dialogue of a well-meaning provider who reads these screenshots is reflected in the following italicized statements.

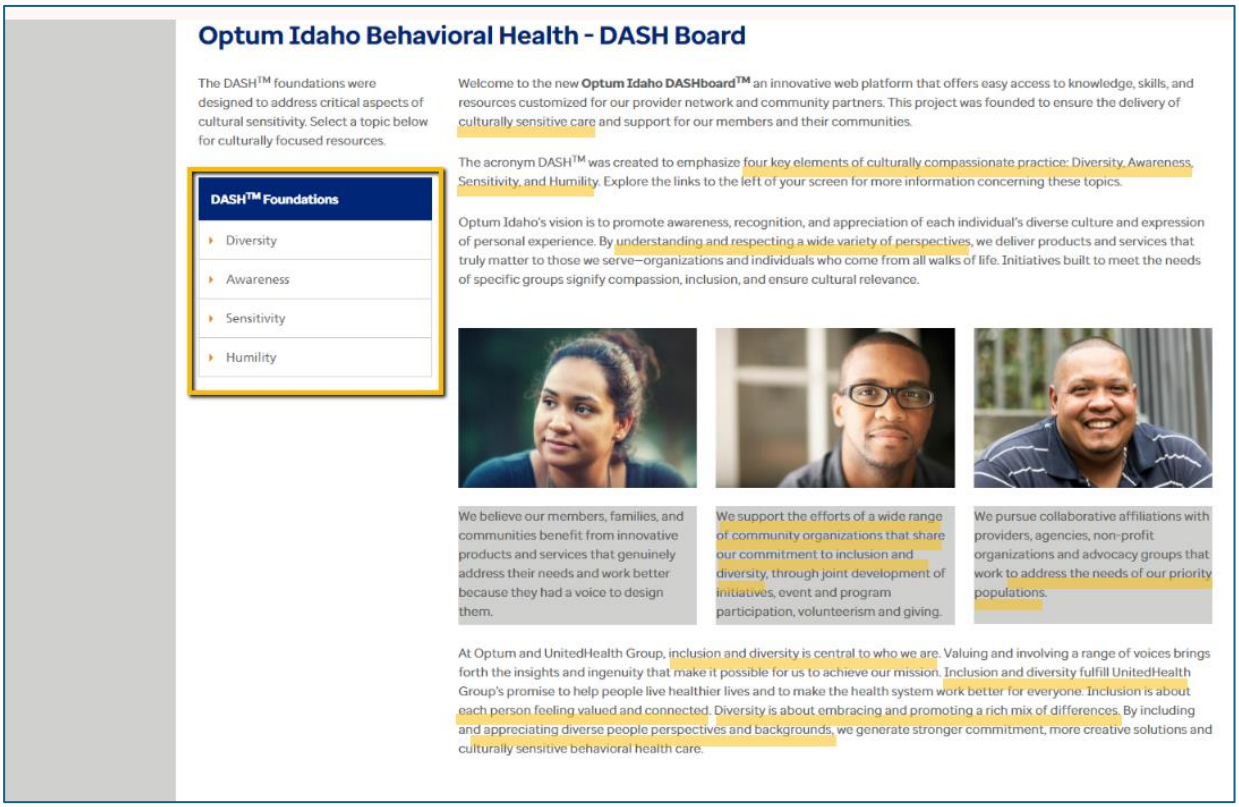


Figure 4. This screenshot from the *Optum Idaho Behavioral Health* website instructs professionals on how to be "culturally compassionate."

See Figure 4. "By understanding and respecting a wide variety of perspectives, we deliver products and services that really matter." *What new perspectives do I need to understand and respect? I'm working hard to deliver good services, but what services really matter?* "At Optum and United Health Group, inclusion and diversity is central to who we are…Inclusion and diversity fulfill United Health Group's promise to help people live healthier lives." *To help people live healthier lives, I must be aware of my new role as a counselor. I must have the "sensitivity" to view clients from an inclusion and diversity perspective. An inclusion and diversity perspective makes me a better counselor.*

Professionals must "pursue collaborative affiliations with providers, agencies, non-profit organizations, and advocacy groups that work to address the needs of our priority populations." (See Figure 4). *I want to feel that I belong as a professional. What affiliations can I pursue? Who are the priority populations that need my advocacy? Humility*, as defined in the social justice agenda means that professionals must collaborate with other groups that support the social justice agenda, such as the "Pride Foundation of Idaho" and "Parents, Families, and Friends of Lesbians and Gays" (See Figure 5). *Humility* sees the "danger in the limited definition of traditional competence" and "the risk of assuming that a permanent form of knowledge exists." *I didn't realize my old ways of seeing things were dangerous. I need to be inclusive and more accepting of beliefs different from mine. Supporting PRIDE is a way to show that I care."* The subtly conveyed message is that professionals must be "humble" enough to relinquish deeply held moral values and

scientific truth contradicting the social justice agenda.

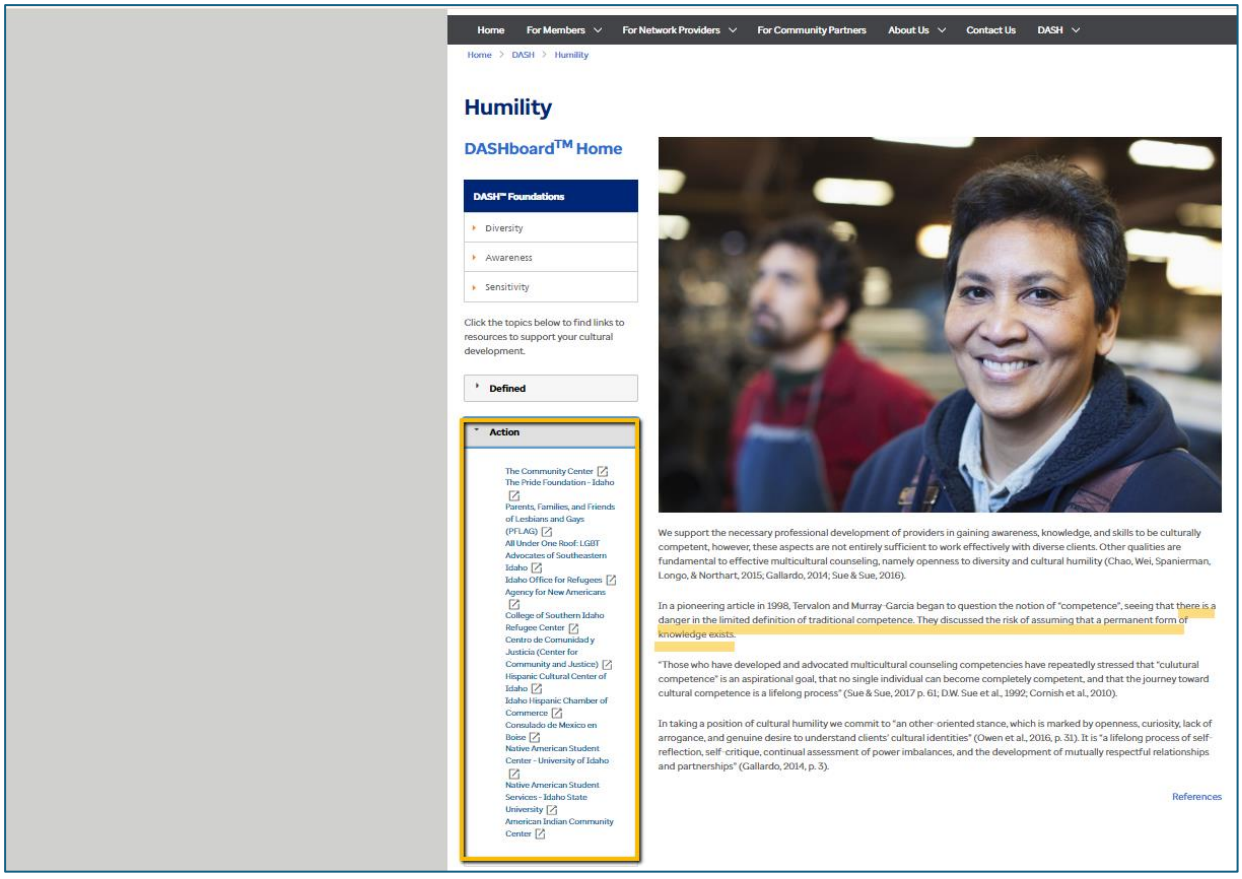


Figure 5. This screenshot from the *Optum Idaho Behavioral Health* website instructs professionals on what it means to have *humility* in the social justice agenda.

"Diversity" is about "embracing and promoting a rich mix of differences" (See Figure 4). *I respect people from all cultures. I wonder what new differences I must embrace to help my clients and promote more unity in our society.* "Diversity is recognized as more than race and ethnicity. It includes…sexual orientation, gender identity or expression" (See Figure 6). Notice that the "Cultural Competencies" for the ACA, APA, and National Association of Social Workers (NASW) are linked to this screenshot to reinforce that professional ethical codes require compliance with this expanded definition of diversity. *I want to follow all the ethics of my profession, after all, they are the experts.* To "promote, accept, celebrate, and integrate cultural differences" Optum Idaho is dedicated to "the education required in expanding these critical concepts and practices." *I want to be seen as competent*. *I need to expand my understanding of diversity*. *I need to learn everything I can about different cultures and how they are mistreated.* Optum Idaho and other professional organizations aim to indoctrinate providers with social justice principles by mandating cultural competency training in work settings and continuing education requirements.

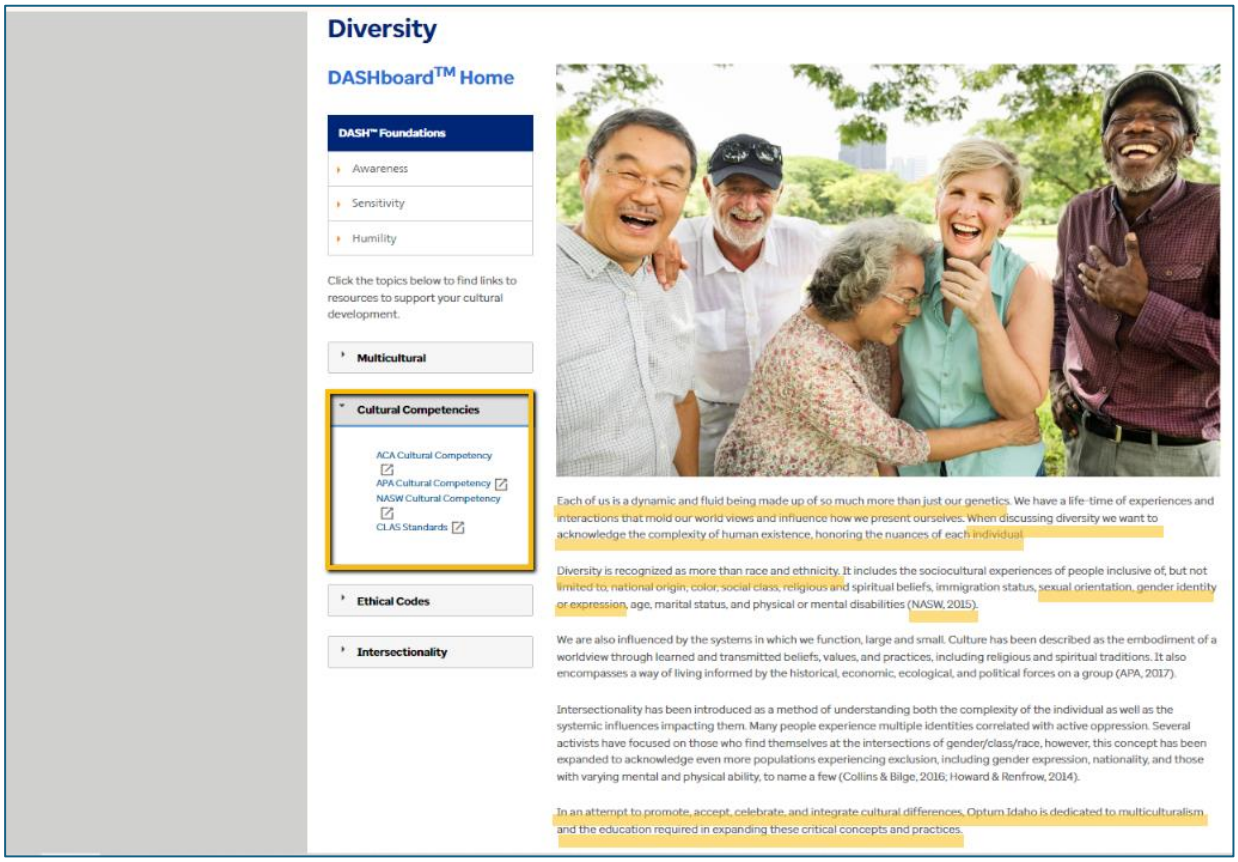


Figure 6. This screenshot explains the newly expanded definition of diversity which is reinforced by "cultural competencies" and "ethical codes."

Consider this statement as it applies to the expanded definition of diversity: "Each of us is dynamic and fluid, made up of more than just our genetics*"* (See Figure 6). No longer is gender based on genetics and biology. It is "dynamic and fluid." *Seeing gender as only male and female is so unfair. There are many ways gender can be expressed that have nothing to do with genetics. I'm so glad I'm learning these new views on sexuality and gender so I can affirm my clients' lifestyle choices. I want to honor their true identity.* Once a provider accepts that normalizing the goals of LBGTQ+-identified clients is a multiculturally competent practice, they can promote this new perspective with clients and their families and provide services that "really matter" in the social justice agenda.

The power of the messages in these screenshots cannot be overstated. They prey on the altruism of a professional fully committed to providing compassionate care and practicing their profession's ethical standards. The happy faces of the people in Figure 6 further disarm that professional's moral and intellectual defense systems and reinforce the message that these new perspectives of *diversity, awareness, sensitivity, and humility* are the keys to professional achievement, healthier clients, and a happier society.

I saw the power of this indoctrination firsthand when an acquaintance entered a master's degree program at a state

university to qualify as a counselor. I cautioned her that the program was promoting ideas that conflicted with the principles of our shared religion, but she assured me that she was strong in her faith and confident about her discernment. One week into her first course, and eager to assure me that she had made a wise choice, she shared that her first assignment was to document how she was marginalized and how she was privileged. A recommended resource for the assignment was *White Fragility: Why It's So Hard for White People to Talk About Race* by Robin DiAngelo. The focus of this book is how white people use psychological defensiveness to protect themselves from acknowledging their inherent racism. ACA multicultural competencies endorse this view of "white privilege" and require that "privileged and marginalized counselors are aware of their social identities, social group statuses, power, privilege, oppression, strengths" (Ratts, et al., 2015, p. 5).

When I asked her how this assignment would help her as a counselor, she explained that it would help her to better empathize with her future clients. She saw this kind of humility as a virtue, an act of Christian submission. A few weeks later, she commented that she was no longer sure that individuals should be classified as either male or female. Enlightened by her education, she now felt, "for some people, it is more complicated than that." Unaware that social justice advocates are exploiting her desires to be a devoted Christian, this future professional, like so many others, has blindly enlisted in the social justice revolution.

The SOGIE Revolution

Social justice advocates have added the phrase "sexual orientation and gender identity and expression" (SOGIE) to ethical codes and policies at every level of governance in health and human services professions which elevates SOGIE as a protected class, like race and ethnicity. We can define race and ethnicity, but how do we apply SOGIE laws when being "transgender" or "non-binary" is a subjective reality defined by the individual?

> These laws tend to be vague and overly broad, lacking clear definitions of what discrimination on the basis of 'sexual orientation' and 'gender identity' mean and what conduct can and cannot be penalized…based upon subjective and unverifiable identities, not on objective traits." (Anderson, 2018).

When I showed our state's solicitor general how SOGIE language was used in the Child and Adolescent Needs and Strengths (CANS) Medicaid assessment and professional ethical codes, he responded, "No red state should allow SOGIE language anywhere."

The Biden administration mandated SOGIE language for every state through its illegal rewrite of Title IX of the 1972 Civil Rights Act, "an abuse of power by administrative agencies" which is "a threat to democracy" (McClusky, 2024). Five words, "sexual orientation and gender identity or expression," are fueling a revolution. It is SOGIE language that allows states to remove children from parents who will not transition them as transgender. It is SOGIE language that allows books with explicit depictions of homosexual sex to remain in the children's section of the library. It is SOGIE language that requires municipalities to allow Drag

Shows where autogynephilic males perform erotically in public venues. It is SOGIE language that requires our profession to normalize every one of these trends. State attorney generals, like Idaho's Raul Labrador, are successfully pushing back on Title IX SOGIE language (Labrador, 2024), and they are winning (Alliance Defending Freedom, 2024). But take no comfort because SOGIE language remains infused in our ethical codes and dominates the norms and institutions of our profession.

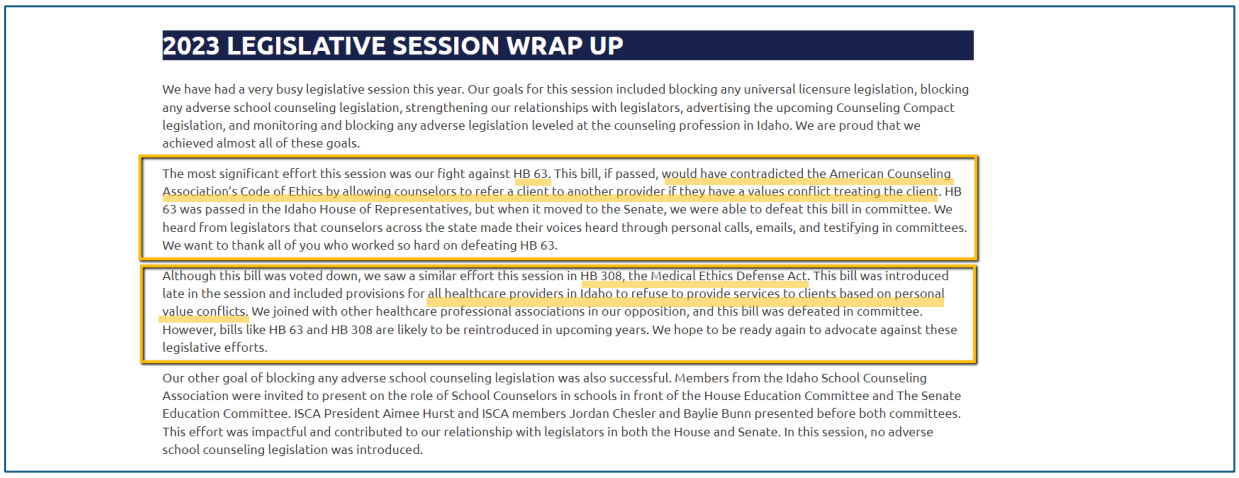
Lessons Learned: How to Protect Your Conscience Rights from the Social Justice Agenda

Despite our personally held beliefs, we are conscripted to be social justice activists. The ACA requires "multicultural and social justice competent counselors" to "assist with creating local, state, and federal laws and policies that promote multiculturalism and social justice" (Ratts, et al, 2015, p. 24). Following that lead, the Idaho Counseling Association (ICA) is "dedicated to social justice" and spends one-third of its annual budget lobbying for social justice policy and legislation. (See Figure 8).

Figure 8. The Idaho Counseling Association (ICA) spends one-third of its annual budget promoting social justice policy and legislation.

When H63, a bill to protect the conscience rights of therapists was introduced in 2023, the ICA's "most significant effort" was successfully lobbying against H63. (See Figure 9). The bill easily passed the House Health and Welfare Committee and the House floor vote. However, when we testified in front of the Idaho Senate Health and Welfare Committee, hoping to get our bill out of committee and onto the Senate floor for a passing vote, the final steps before heading to the Governor's desk to be signed into law, the ICA successfully lobbied against

the bill. It was a demoralizing defeat after so much hard work. It was also an opportunity to learn how to win.



2023 LEGISLATIVE SESSION WRAP UP

We have had a very busy legislative session this year. Our goals for this session included blocking any universal licensure legislation, blocking any adverse school counseling legislation, strengthening our relationships with legislators, advertising the upcoming Counseling Compact legislation, and monitoring and blocking any adverse legislation leveled at the counseling profession in Idaho. We are proud that we achieved almost all of these goals.

The most significant effort this session was our fight against HB 63. This bill, if passed, would have contradicted the American Counseling Association's Code of Ethics by allowing counselors to refer a client to another provider if they have a values conflict treating the client. HB 63 was passed in the Idaho House of Representatives, but when it moved to the Senate, we were able to defeat this bill in committee. We heard from legislators that counselors across the state made their voices heard through personal calls, emails, and testifying in committees. We want to thank all of you who worked so hard on defeating HB 63.

Although this bill was voted down, we saw a similar effort this session in HB 308, the Medical Ethics Defense Act. This bill was introduced late in the session and included provisions for all healthcare providers in Idaho to refuse to provide services to clients based on personal value conflicts. We joined with other healthcare professional associations in our opposition, and this bill was defeated in committee. However, bills like HB 63 and HB 308 are likely to be reintroduced in upcoming years. We hope to be ready again to advocate against these legislative efforts.

Our other goal of blocking any adverse school counseling legislation was also successful. Members from the Idaho School Counseling Association were invited to present on the role of School Counselors in schools in front of the House Education Committee and The Senate Education Committee. ISCA President Aimee Hurst and ISCA members Jordan Chesler and Baylie Bunn presented before both committees. This effort was impactful and contributed to our relationship with legislators in both the House and Senate. In this session, no adverse school counseling legislation was introduced.

Figure 9. A screenshot from the 2023 ICA website states that their "most significant effort" was defeating our conscience rights bill, H63.

Frame the Argument as a Fight to Reclaim Protected Freedoms

Why would protecting conscience rights threaten the goals of the ICA? If counselors' and therapists' conscience rights are protected, uniform capitulation to the social justice agenda is at risk. A counselor with no values is like a blank hard drive onto which social justice advocates can program their ideology. Value-neutral counselors guarantee an ample supply of social justice recruits.

When I discussed S1352 with my district's senator, I asked him if he thought the bill would pass in the 2024 session. He said, "yes, most legislators in Idaho understand that we need to protect First Amendment freedoms." When messaging about the need to protect therapist conscience rights, it is important to frame the discussion as a fight to reclaim basic Constitutional freedoms that our professional organizations have taken away.

Pull Back the Curtain on SOGIE Diversity

Exposing the truth about SOGIE diversity is vital to shattering the facade of moral superiority that cloaks the destructive goals of social justice. After I shared one of my videos with a fellow therapist, he urged, "you need to pull the curtain back on diversity." I needed to show legislators that SOGIE diversity is not about protecting civil rights, it is a tool to destroy the norms of our social institutions. Two things made this difficult: (1) Our opponents presented themselves as holding higher moral ground on ethics and compassion, and (2) our profession has deviated so far from a moral and ethical foundation that it is *almost beyond belief*. I was afraid legislators would doubt the credibility of my testimony. Using screenshots and quotes that exposed what social justice advocates are saying provided the evidence to make my revelations about diversity credible.

In our testimony at legislative hearings, we made the case that the goal of therapy has always been to help orient clients to reality. The social justice agenda has changed that standard. *Reality* is now what

a client wants it to be, based upon newly revised ICD 11 standards on sexuality and gender, endorsed by the World Health Assembly of the World Health Organization (WHO) on 1 January 2022. A report in *World Psychiatry*, Official Journal of the World Psychiatric Association (WPA) explains:

> The proposed diagnostic guidelines make clear *that there is no normative standard for sexual activity.* "Satisfactory" sexual functioning is defined as being satisfying to the individual, i.e. the person is able to participate in sexual activity and in a sexual relationship as desired. If the individual is satisfied with his/her pattern of sexual experience and activity, *even if it is different from what may be satisfying to other people or what is considered normative* in a given culture or subculture, a sexual dysfunction should not be diagnosed. [Emphasis added.] (Reed et al., 2016).

"No normative standard for sexual activity" summarizes the true meaning of SOGIE diversity. This is the *reality* we needed to expose. A "Nonbinary Fact Sheet" endorsed by the APA, defines "nonbinary" as an "umbrella term" that refers to "people whose gender does not fall within the binary categories of man and woman" and lists several different "identity labels and experiences" that fall under the non-binary umbrella. Highlighted in the APA-endorsed non-binary umbrella are identities such as agender, genderless, bigender, pangender, genderfluid, genderflux, genderqueer, neutrois, demiboy, demigirl, transgender or trans (Matsuno, et al., n.d.). The "Transgender Umbrella" promoted by the NASW includes a "broad spectrum of people who identify with many names," including transsexuals, crossdressers, bi-gendered or third sex, and drag kings and queens, and states that "gender variance is a normal expression of human diversity…*a normative life cycle event*" [Emphasis added] (Tittsworth & Lev, 2009, p. 8). The ACA concurs with these new definitions of normal, stating that "across this diversity…all persons have the potential to live *fully functioning and emotionally healthy lives* through the lifespan along *the full spectrum* of gender identity and gender expression" [Emphasis added.] (American Counseling Association, 2009, p. 1).

A screenshot from a "best practices" training promoted by Optum Health Education entitled, *Across the Sexual Orientation and Gender Identity Spectrum: A Call to Action* adds more details about the brave new world of diversity (Wilson & Garrido, 2022, p. 8) (See Figure 7).

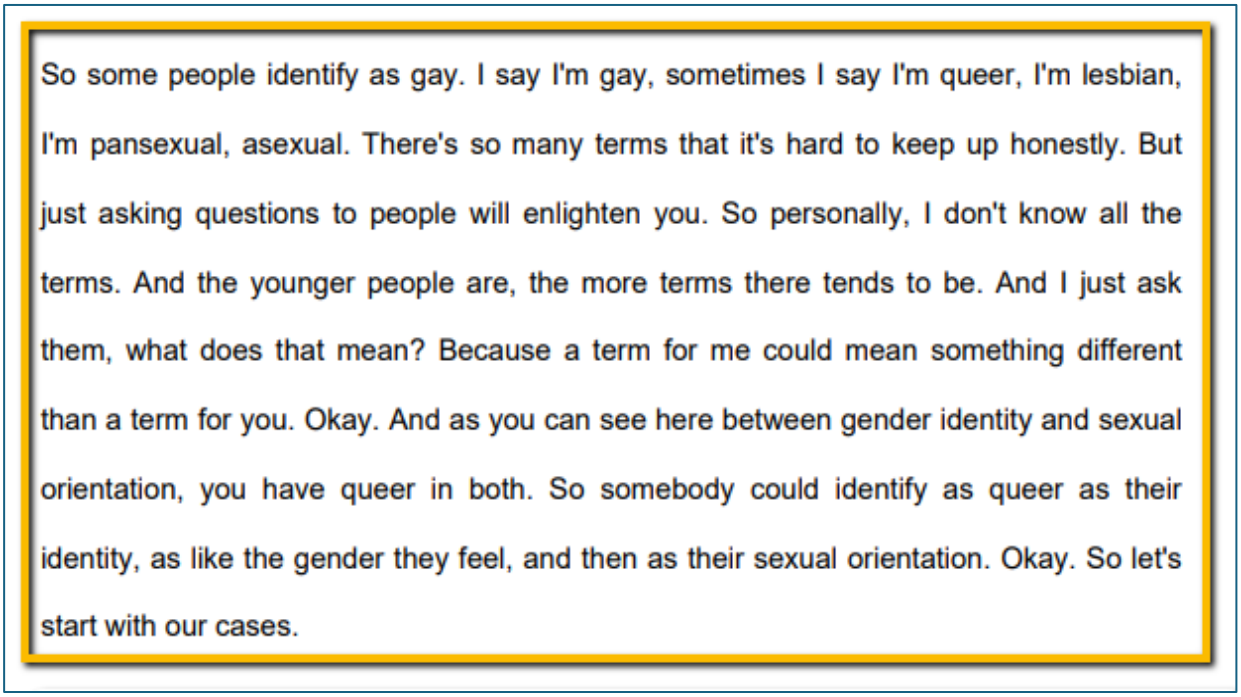


Figure 7. This is a transcript excerpt and screenshot of a "best practices" training promoted by Optum Health Education, titled "Across the Sexual Orientation and Gender Identity Spectrum: A Call to Action"

When I presented this screenshot in one of my videos, I asked, "Imagine a child whose parents have multiple, changing identities like this. Is this the norm for families we want to prioritize in our state?" The speaker in this screenshot acknowledges: "There's so many terms that it's hard to keep up honestly," because "a term for me could mean something different than a term for you." If this screenshot represents an example of "best practices," then there is no actual scientific standard for how SOGIE diversity is defined or measured.

On November 16, 2022, the City and County of San Francisco announced the Guaranteed Income for Trans People (GIFT) program (City and County of San Francisco, 2022). The GIFT program is a classic example of social justice at work. Trans people, a marginalized group, received redistributed income, a "gift," from a privileged group, hard-working taxpayers. To qualify for the program, an applicant must identify as one of the priority populations listed in the Lyon Martin Community Health Guaranteed Income for Trans People application (Lyon Martin Community Health, 2022). This application lists 17 different forms of sexual orientation, 15 different sets of pronouns, and 94 different forms of gender identity and expression. Priority populations include those who practice bondage domination sadism and masochism (BDSM), sexual acts characterized by prolonged methods of torture. Priority status was also given to transgender sex workers. In the social justice worldview, sex work is justified as a necessary response to racism and cissexism in societal workplaces. Sex work is seen as a way to push back against capitalist, white supremacist notions of work ethic and productivity (Jones, 2022).

The GIFT program application illustrates how social justice diversity normalizes and subsidizes destructive sexual behavior and reduces human potential to nothing more than depraved survival. What a

breathtaking contrast to God's ennobling hopes and designs for His children: "You have made him a little lower than the angels; You have crowned him with glory and honor; And set him over the works of Your hands" (New King James Version, 2024, Hebrews 2:7). Nothing "pulled back the curtain on diversity" and proved the moral and ethical deterioration of our profession better than sharing the SOGIE classifications on the GIFT application.

Challenge the Ethics of the Ethical Code

One of the legislators who supported H63 in 2023 received a letter from an indignant therapist stating that the bill conflicted with the ACA's 2014 Ethical Code, "the highest standard of ethics in the United States." My first thought was, "Is the ACA higher than God?" To say that sexuality and gender are anything a person wants them to be denotes that there is no God, no source of ultimate truth.

> If I do not believe in a primary creator, and ultimate authority over that creation, I am free to be and do anything I want…people are nothing but clay that can mold itself into any shape it desires. The clay was made by no one, has no meaning to its existence other than self-satisfaction, and owes nothing to anyone or anything outside itself (Keffler, 2021, p. 74).

Indeed, our professional organizations believe they are *higher than God*. To win, we needed to expose the ACA's ongoing efforts to suppress the values of therapists who believe that true science is grounded in the Judeo-Christian ethic and natural law. We needed to show why the 2005 ACA Ethical Code allowed value-based referrals, and why the 2014 ACA Ethical Code did not. Ironically, we had to challenge the *ethics* of the 2014 ACA Ethical Code.

Section A.2.b Informed Consent

One of the arguments made by the opposition is that gender-affirming care (GAC) is endorsed by authoritative organizations like the American Medical Association (AMA) and the American Academy of Pediatrics (AAP) as well as NASW, APA, and the ACA, therefore, any view to the contrary is going against established science. *Gender-affirming* is a deceptive term because GAC does not affirm an individual's gender based on biological sex. In their discussion points for opposing legislative bans on GAC for children, the APA states that GAC typically includes "steps toward social transition, potentially treatments to temporarily postpone puberty, and in some instances, hormone replacement therapy" (American Psychological Association, n.d.). A primary source cited and in the APA's discussion points document expands this definition, explaining that GAC may include "primary care, gynecologic and urologic care, reproductive options, voice and communication therapy, mental health services (e.g., assessment, counseling, psychotherapy), and hormonal and surgical treatments" (Coleman et al., 2012).

Even though the 2014 ACA Ethical Code states that counselors are to explain the "limitations, potential risk, and benefits of services," intellectual conformity in the helping professions makes it almost impossible for individuals with distress about sexuality and gender. to receive

informed consent. Professionals do not receive training that contradicts the social justice position that GAC is the only ethical treatment for individuals with distress about their gender and are therefore unprepared to give their clients true informed consent. Fighting against the pseudoscience of the major professional organizations felt like a battle of David versus Goliath until I realized how many resources there are to dispute the social justice narrative on sexuality and gender.

One of the most valuable resources I found was *Navigating the Transgender Landscape,* a 64-page booklet published by the Child and Parents Rights Campaign (Broyles, et al., 2020). This resource was written by attorney and child advocate Vernadette Broyles as well as a team of well-respected professionals across the healthcare spectrum. The booklet unequivocally demonstrates the detrimental effects of social transitioning and the unfounded assertion that children will commit suicide if they do not receive GAC. It provides a solid body of research that shows that the vast majority of children will embrace a gender identity that aligns with their biological sex if they do not receive GAC. I purchased several copies of this booklet for a nominal fee and distributed them. Although *Navigating the Transgender Landscape* is focused on school settings, it contains well-documented evidence that assisted us in educating legislators and community leaders. The Child and Parents Rights Campaign has newly published an equally valuable booklet, *Church Transgender Response Guide*, for faith-based settings.

The more I searched, the more I realized that we were standing arm-in-arm with thousands of dissenting professionals. Informed through the 2023 ATCSI Institute presentations by Michelle Cretella, former executive director of the American College of Pediatricians (ACPEDS) and current board member of ATCSI, and the ACPEDS website (https://biologicalintegrity.org), I was able to point out that while the American Academy of Pediatrics (ACP) supports gender theory, the American College of Pediatricians (ACPEDS) does not (American College of Pediatricians, 2023). Both ACPEDS and ATCSI have made monumental efforts to expose the flawed studies that activists use to support their work.

Do No Harm is a rapidly growing national coalition of healthcare professionals that seeks "to highlight and counteract divisive trends in medicine, such as 'Diversity, Equity and Inclusion' and youth-focused gender ideology" (Do No Harm, n.d.). Through the work of brave professionals in these organizations, I found ample resources to demonstrate that Section A.2.b. is wholly being violated.

Section A.11.b. Values Within Termination and Referral

When the U.S. Court of Appeals for the 6th Circuit upheld that Julea Ward, a Christian master's degree student at Eastern Michigan University, had the right to refer a prospective client because supporting same-sex relationships violated her religious beliefs in 2012 (Alliance Defending Freedom, 2012), the ACA doubled down on its determination to override counselors' values, issuing this statement in 2013:

> "LGBTQQIA clients can be sure that counselors will continue to be trained through a *multicultural lens* where *nondiscrimination* and personal growth, *not a counselor's personal values*,

> is pertinent to the counseling relationship [Emphasis added] (Rudow, 2013).

The ACA's statement made it clear that counselor values are no longer considered "pertinent to the counseling relationship" and the client's goals now trump the counselor's personal and professional judgment. Julea Ward was protected, in part, by the fact that the 2005 Ethical Code allowed her to make value-based referrals. The 2014 ACA Ethical Code, Section A.11.b ensured that future therapists would not have that protection.

> A.11.b. Values Within Termination and Referral. Counselors refrain from referring prospective and current clients based solely on the counselor's personal values, attitudes, beliefs, and behavior. Counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.

The details of the Julea Ward Case provide evidence that the intent of A.11.b. is not to protect LBGTQ+ individuals from discrimination, but to silence the values of Christian therapists. Consider the facts of this case. Contrary to the official position of the ACA that Julea "denied services to a homosexual client on the basis of a counselors' values" (Kaplan, 2014), Julea had no problem counseling gay and lesbian clients, as long as she was not required to support client goals that she believed were morally and ethically harmful. Julea Ward stated her faith-based position in her legal complaint.

> Based on Biblical teachings, Ms. Ward believes that God ordained sexual relationships between men and women, not between persons of the same sex. As such, Ms. Ward believes that homosexual conduct is immoral sexual behavior. Ms. Ward also believes, based on her sincere religious beliefs, that individuals are capable of refraining from engaging in homosexual conduct (Kaplan, 2014).

In other words, Julea Ward expressed her belief in the Judea Christian ethic and natural law.

Consistent with the 2005 ACA Code of Ethics provisions regarding referrals, Julea's supervisor told her to have the client reassigned. Julea's professors had taught her that counselors dealing with gay and lesbian clients "' cannot talk about anything other than affirming their same sex relationships' R.1-5 at 18—a message Ward's religious beliefs prohibited her from delivering—Ward asked that she be allowed to refer gay and lesbian clients seeking relationship advice to another counselor" (United States Court of Appeals for the Sixth Circuit, 2012)

After the client was reassigned, however, the university turned the tables on Julea, charging her with violating two provisions of the ACA Code – a provision against imposing values on clients and a provision against discrimination – and took her through a disciplinary process in which University professors targeted and denigrated her religious. beliefs. Eastern Michigan University then informed Ward

that she could only stay in the counseling program if she agreed to undergo a "remediation" program to help her "see the error of her ways" and change her "belief system" as it relates to counseling about homosexual relationships (Alliance Defending Freedom, 2012). Shortly thereafter, the University expelled Julea from the program. At the time of her expulsion, she was just four classes shy of completing the program and carried a 3.91 GPA.

How could Julea Ward impose her values and discriminate against a client she had never met? The ACA justified their position: "Refusing to provide services to a protected class …on the basis of the counselor's religious beliefs also constitutes a major violation of the ACA Code of Ethics section focusing on avoiding harm by the nonimposition of personal values (Kaplan, 2014). The Sixth Circuit Court of Appeals did not support this conclusion.

> Here too, what did Ward do wrong? Ward was willing to work with all clients and to respect the school's affirmation directives in doing so. That is why she asked to refer gay and lesbian clients (and some heterosexual clients) if the conversation required her to affirm their sexual practices. What more could the rule require? Surely, for example, the ban on discrimination against clients based on their religion (1) does not require a Muslim counselor to tell a Jewish client that his religious beliefs are correct if the conversation takes a turn in that direction and (2) does not require an atheist counselor to tell a person of faith that there is a God if the client is wrestling with faith-based issues. Tolerance is a two-way street. Otherwise, the rule mandates orthodoxy, not anti-discrimination (Ward v. Polite, 2012).

"The rule mandates orthodoxy, not anti-discrimination." Yes. In the ACA's weaponized definition of discrimination, simply having values that conflict with the goals of clients who are a "protected" cultural classification in social justice ideology makes you an unethical therapist. In the end, the court ruled in Julia's favor.

> "When the facts are construed in Ward's favor, as they must be for this case, a reasonable jury must conclude that Ward's professors ejected her from the counseling program because of hostility toward her speech and faith, not due to a policy against referrals" (Ward v. Polite, 2012).

Section A.11.b redefined the therapeutic relationship, stripped the counselor of God-given freedoms, and gave priority to the tenets of social justice. We helped Idaho legislators understand that rules from a national organization should not have priority over state law and Constitutional protections.

Take the Offensive on the Ethics of Referrals

During the interim between the 2023 and 2024 legislative sessions, Representative

Young collaborated with allied legislators and ADF lawyers to ensure our bill's language gave us adequate protection, particularly regarding referrals. When Representative Young met with ICA leaders in 2024, the issue of ethical referrals remained a strong point of contention. The 2014 ACA Ethical Code, A.11.b states that "when the counselor's values are inconsistent with the client's goals" the counselor is to "seek training," especially when the therapist's goals are "discriminatory in nature." Fixed on their goal of promoting conformity to social justice ideology, the ICA was determined to prohibit referrals based on values and enforce social justice indoctrination of counselors.

Howsepian (2009) explores the complexity of making ethical referrals, such as the case where an individual with same-sex attraction wishes to receive therapy to change his sexual orientation. A therapist with a Judeo-Christian ethic might see change efforts as scientifically possible and morally desirable, based on a belief that individuals have a right to build marriages and families that reflect natural law. However, a therapist who sees sexual orientation as innate and permanent, who believes efforts to change are futile and harmful, is therefore unlikely to refer the client to a therapist who can support the client's goal.

> What one person sees as futile, for example, another will not, not because one does not both see that the procedure or prescription is not making a patient better along some axis of health or other (about which they both can agree), but because they disagree about how the procedure or prescription is or is not contributing to a patient's well-being along other axes of health (about which they disagree), or how the procedure or prescription is or is not contributing to a patient's well-being overall (Howsepian, 2009, p. 41).

Inevitably, there are widely differing views on what is ethical, as in the case of gender-affirming treatment where the amputation of healthy body parts in children or adults is seen as a solution for mental distress. Who is to decide what is ethical when there are conscience-based disagreements? Even more troubling is who decides what is ethical when those charged with writing the ethical codes are manipulating science to fit a political agenda. In the current state of our professional organizations, to be deemed as "ethical," professionals must support an intolerant ideology that seeks to destroy the God-given rights of other professionals in those organizations.

Complex ethical dilemmas need to be decided in the heart and conscience of the professional. Supreme Court Justice Samuel Alito affirms, "Liberty has to live in the hearts of ordinary citizens, and if it dies there, then it will die out" (Alito and Malcom, 2022, p. 24). Protecting the right of a professional to not perform treatment and to not refer a client for treatment that they deem morally and ethically harmful is a "bulwark against tyranny" and "is therefore, a prescription for the preservation of democracy, a barrier to fascism and its multi-armed control of its citizens" (Howsepian, 2009, p. 45).

Freedom of conscience and speech support the public debate necessary for good ideas to thrive and bad ideas to go by the wayside.

> Diversity of thought isn't just a matter of freedom; it is an important ingredient to progress. When society discourages dissent or governments dictate the bounds of acceptable opinions…popular ideas go unchallenged (Heil, et al., 2020).

Protecting conscience rights not only preserves the right of clients and families to choose a therapist who best aligns with their values, but it also allows our profession to challenge the bad ideas that come from politically manipulated science.

Representative Young did not yield to the ICA's demands. In the final draft, S1352 ensured *even stronger* referral protections than H63, our 2023 bill version. In S1352, there was no requirement for referring clients when a client's goals conflicted with the personal and ethical beliefs of the counselor. Representative Young and the ADF lawyers successfully argued that requiring therapists to refer a client for services that they believe are harmful violates the conscience rights of the therapists, akin to pro-life doctors required by their medical boards to provide abortion referrals. S1352 amended Title 54, Chapter 34 of the Idaho Code, adding 54-3416 (3):

> The right to decline to provide or facilitate counseling…is limited to conscience-based objections to particular goals, outcomes, or behaviors that may be the objects of particular types of counseling or therapy. This section may not be construed to wave or modify any duty a counselor or therapist may have to facilitate other types of counseling or therapy that support goals, outcomes, or behaviors that do not violate the counselor's or therapist's conscience. (State of Idaho, 2024b).

The ICA's dispute over referrals was a manufactured crisis. In no way did H63 or S1352 allow therapists to abandon high-risk clients or justify unethical practices. The opposition's portrayal was that LBGTQ+-identified clients seeking gender-affirming treatment were too impaired to use an internet search and make a phone call. The 2014 ACA Ethical Code, Section A.2.a states that "clients have the freedom to choose whether to enter into or remain in a counseling relationship." The implication is that clients are *capable* of choosing one therapist over another. We argued that clients who do not get what they want from therapists self-refer, meaning they stop coming and find therapists who will support their goals.

Taking the offensive on the issues of referrals removed a monumental roadblock to the passage of our bill. But even more important, it was a vital blow to the ideological tyranny of social justice.

Rebut the Myth of the Value-Neutral Counselor

Social justice advocates have enthroned the value-neutral counselor as the ideal counselor to convince masses of professionals to surrender their inalienable First Amendment rights. In 2023, in our first legislative hearing before the House Health and Welfare Committee, opponents of H63 argued that ethical counselors are value-neutral. This argument was new to me because I trained under the 2005 ACA Ethical Code and learned that counselors should *expose* our values and biases, but

not *impose* them. Our opponents passionately testified that truly ethical counselors subordinate their values to the goals and values of the client. This argument was persuasive because it evoked a sense of duty and altruism. After all, shouldn't we make sacrifices to help our suffering clients? Rebutting the myth of the value-neutral counselor is philosophical ground zero in the fight to reclaim conscience rights.

The ACA Ethical Code A.11.b reinforces the illusion that counselors can be bias-free and neutral. In an *Ethics Update* clarifying the changes regarding referrals in the 2014 ACA Ethical Code, an ACA publication stated that

> Ethics, foundational moral principles and professional values are central to who we are, what we believe, and how we should carry out our responsibility to others…No one is expected not to be who they really are (Linde, 2016).

However, in a stunning case of double-speak, the same article declared,

> However, in counseling, it is important to leave our values and worldview at the door of the session and not allow how we see things to influence the way we view and work with our clients (Linde, 2016).

The concept of a value-neutral counselor is a worshipped idol, more pretend than real. One therapist who testified for our bill made the case that in Idaho, there is a population of Christian Conservative families who are afraid to take their children to therapy because their values will be ignored. This view is pervasive among people of faith.

> Perhaps most concerning to the religious believer is the fact that so many of these values and biases, hidden behind a veil of presumed neutrality, are grounded in a secular worldview that stands quite apart from, and is in many ways even toxic to, the spiritual worldview that the believer holds most dear and true (Gantt, 2022).

The notion that psychotherapy can be value-free has now been largely discredited based on numerous studies (Hamilton, 2013). The value-neutral counselor myth can be summarized by this statement from an article in *Psychology Today* entitled, "Therapists Can be Warm, Helpful and Wise, but Not Neutral," "Therapy is a human interaction and cannot be neutral…Therapists can no more escape value-driven interactions than they can escape being human" (Whiting, 2021). The article concludes, "Neutrality is not possible for therapists, and feigning it does not serve clients" (Whiting, 2021).

To support my legislative testimony in 2024, I passed out a highlighted copy of the *Psychology Today* article and proposed that values are necessary and beneficial to clients. "It is helpful to identify the values at play in session and invite clients to reflect on these and act in ways to increase moral engagement with others and pursue individual growth" (Whiting, 2021). I testified that the most dangerous therapist is the one who pretends to be value-neutral while unconsciously imposing their values on the client, and yet, this is exactly what professional organizations require us to do.

As a condition of employment, I was required to take a four-hour cultural competency course which was approved by the National Board of Certified Counselors (NBCC). Figure 8 shows a screenshot of a question from the course pretest that asks me to apply a social justice "intersectionality" approach with Alex, a 20-year-old who is transitioning as a transgender, has a low socioeconomic status, and has just moved from a rural area to an urban area. I missed this question because I chose "B" and applied the long-held standard that I should wait and see what issues were most pressing for Alex before deciding upon a treatment approach.

The APA defines intersectionality as "the complex, cumulative way in which the effects of multiple forms of discrimination combine, overlap, or intersect—especially in the experiences of marginalized individuals or groups—to produce and sustain complex inequities" (American Psychological Association, Inclusive Style Guide, 2021). The correct answer was "C." To be competent, I must view each of Alex's issues as a cultural identity, and then determine how Alex experiences oppression in each of those identities. In short, I needed to impose a social justice worldview on Alex.

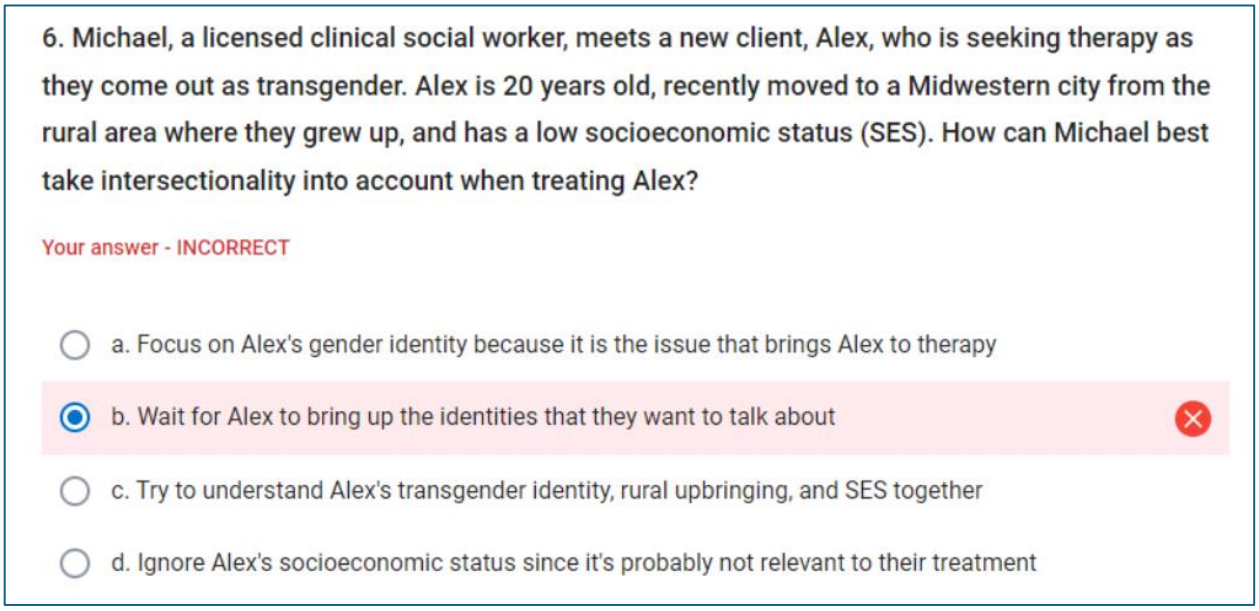


Figure 8. This question from a required cultural competency training requires the counselor to use an "intersectionality" approach.

The Optum Idaho Behavioral Health website promotes an "intersectionality" approach and links to a TED talk by Kimberle Crenshaw, (Crenshaw, 2016) "a pioneer" in social justice "critical race theory." (See Figure 9). Kimberle Crenshaw says we must "look boldly at the reality of race and gender bias." (See Figure 10.) From this viewpoint, Alex's distress and functional difficulties stem from external factors, the labels and expectations placed upon her by a racist society. Not only does intersectionality promote a non-scientific approach to gender and sexuality, but it also further defies evidence-based practice by reinforcing an external locus of control. Having an internal locus of control is a vital component of human thriving. How will Alex ever be a functioning member of

society if she sees herself as a chronic victim and does not believe that hard work and self-improvement will positively influence the outcomes of her life? "Perceived control is associated with emotional well-being, successful coping with stress, better physical health, and better mental health over the life span" (Myers & Sweeney, 2005, p. 22). The therapist who uses an intersectionality approach is acting contrary to foundational principles of established science and is imposing a political worldview upon the client while pretending to be value-neutral.

Figure 9. The *Optum Idaho Behavioral Health* website promotes an intersectionality approach and links to a TED talk by Kimberle Crenshaw, a pioneer in critical race theory.

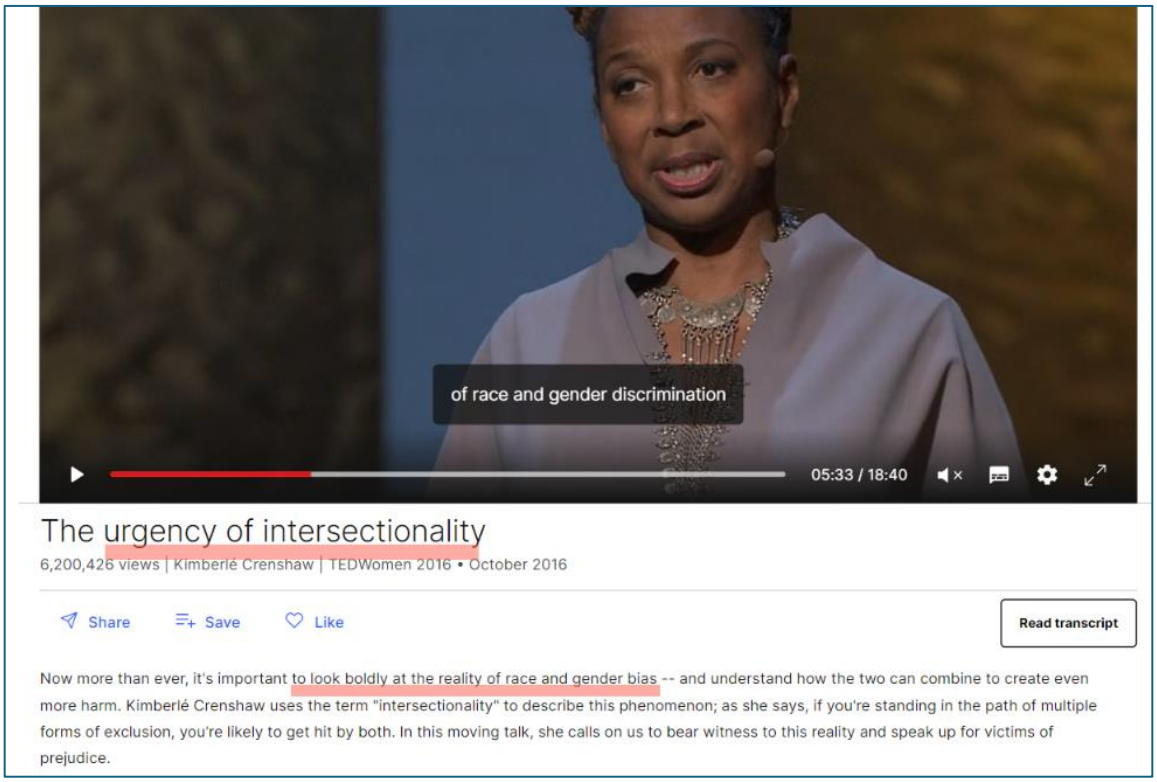


Figure 10. This is a TED talk screenshot of Kimberle Crenshaw urging viewers to "look boldly at the reality of race and gender bias."

In legislative testimony, I shared the screenshot of my cultural competency test and explained the harm of prioritizing a victimhood approach. We took control of the narrative by challenging the myth of the value-neutral counselor and advocating for the proper role of values in counseling. We proved that we were not fighting *against* clients whose values differed from ours, we were fighting *for* the right to provide ethical care, supported by our professional and moral values.

Tell Your Story

As I witnessed hearings on various bills written to protect Idaho families from the social justice agenda, I observed that the testimony was often a contest between *my science* and *your science.* This lack of scientific consensus taught me that logic and science alone are insufficient. True personal stories have the potential to touch the hearts of people who have been blinded by the lies of social justice. I needed to share my story and the heartache that drove my passion to be a therapist whistleblower.

Before I was a counselor, I was a full-time mother to a blended family of five daughters. Not only was my house filled with girls, but it was also filled with their friends. I loved these girls, every one of them. I loved being part of their growing-up experiences, their ups and their downs. Naturally, when I became a counselor, my passion was helping girls.

My mother's heart and my counselor's mind were increasingly alarmed by the warning signs I saw in girls who were outwardly successful and happy. They had good grades. They had high goals. They were lovely and talented. Inwardly, they had tremendous anxiety. They had stomach problems. They had chronic fatigue. They

pushed themselves very hard with self-criticism. They were lonely and sometimes depressed. They had a chronic, nagging sense that they didn't measure up.

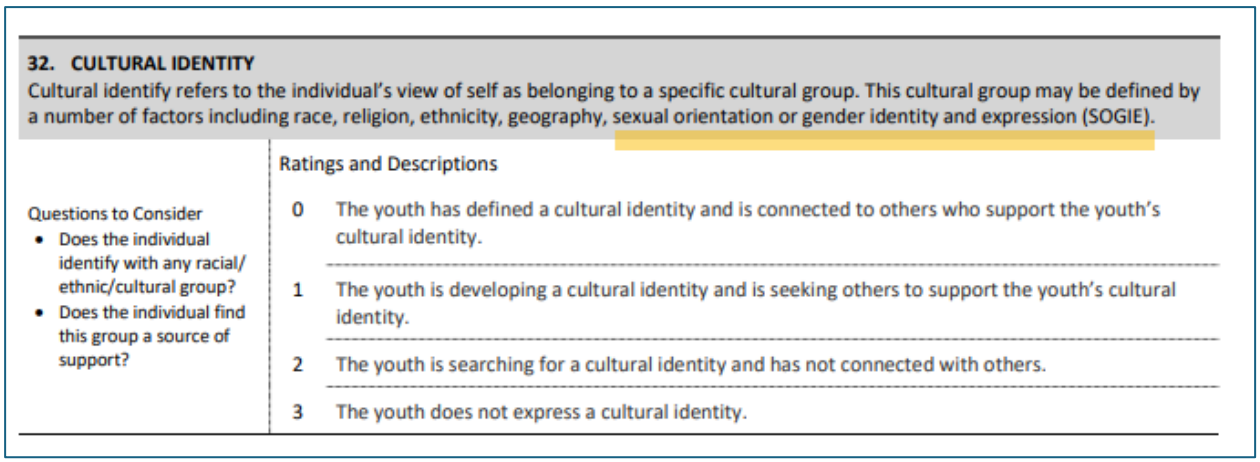
I began to understand that growing girls, like my trauma clients, were experiencing a psychological disconnection from their bodies. The moment girls begin to experience the physical changes of puberty, they unconsciously seek belief systems to make sense of these changes. It is as if their brain is *taking snapshots* and building a photo album of *selfies* based on what they experience at this critical stage. Unfortunately, girls experience harmful cultural images daily that promote sexualization and unrealistic perfection. These images cause girls to develop chronic shame about their developing bodies. In response, many girls embrace overtly sexualized ways of acting and dressing, while other girls try to cover up their femaleness with baggy t-shirts and jeans. Unrealistic perfection drives girls to obsessively focus on outward appearance. As the trend toward androgynous clothing and hairstyles increased in popularity, I saw yet another warning sign that girls were psychologically rejecting their female bodies.

In response to the pain I witnessed in young girls, I self-published *Healthy Transitions for Girls®,* a curriculum to help girls ages 8 to 14, to develop positive body image. I gave *Healthy Transitions for Girls* workshops in schools, churches, and agencies, and poured my heart into helping girls develop a positive relationship with their bodies. My love and concern for my daughters and granddaughters fueled my efforts. An Epoch Times article written about my efforts to pass H63 accurately quoted my passion for helping girls: "I just feel brokenhearted when I have seen how [girls] start hating their bodies and become embarrassed and ashamed. And I just have this deep desire: 'How can I help these girls to feel that growing up being a girl is something wonderful—and not something terrifying?'" (Hisle, 2023).

It never occurred to me that the professional organizations that govern counseling would defy well-established science and support medically stopping puberty and surgically destroying healthy reproductive organs as a solution for girls' distress. Positive body image has been defined as "the single greatest predictor of self-esteem for adolescents of different ethnicities" (Verkuyten, 1990, as cited in Wood, Becker, & Thompson, 1996, p. 86). The ACA published a guidebook on girls' and women's wellness in 2008 which focused on the need to help girls develop positive body image and healthy gender roles (Choate, 2008). Yet my experience with Idaho Medicaid opened my eyes to the unthinkable evil that now contradicted these foundational principles.

My crisis of conscience peaked when I was required to administer the Child and Adolescent Needs and Strengths (CANS) assessment with Idaho Medicaid clients, ages birth to 18. The CANS assessment was developed through a collaboration between the Praed Foundation, the Center for Innovation and Population Management at the University of Kentucky, and Transformational Collaborative Outcome Management (TCOM). The Idaho Department of Health and Welfare (IDHW) and Optum Idaho Behavioral Health are partnered with these out-of-state organizations. Varying versions of the CANS assessment are used in all 50 states (Center for Innovation in Population Health, About Us, n.d.). The following screenshots demonstrate that buried underneath layers of bureaucracy and lofty statements about utopian societal health is the reality that the CANS assessment embodies social justice goals

and assists counselors in injecting these goals into interactions with clients and their families. TCOM's "Guiding Values" states that all assessments should be "culturally responsive and respectful" (Center for Innovation in Population Health, What is TCOM? n.d.). TCOM clarifies, "To provide culturally responsive care and work from a culturally humble approach…the CANS Core has shifted items and domains to align with SOGIE (Sexual Orientation, Gender Identity and Expression)" (Center for Innovation in Population Health & Praed Foundation, 2016).



32. CULTURAL IDENTITY

Cultural identify refers to the individual's view of self as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, sexual orientation or gender identity and expression (SOGIE).

Questions to Consider

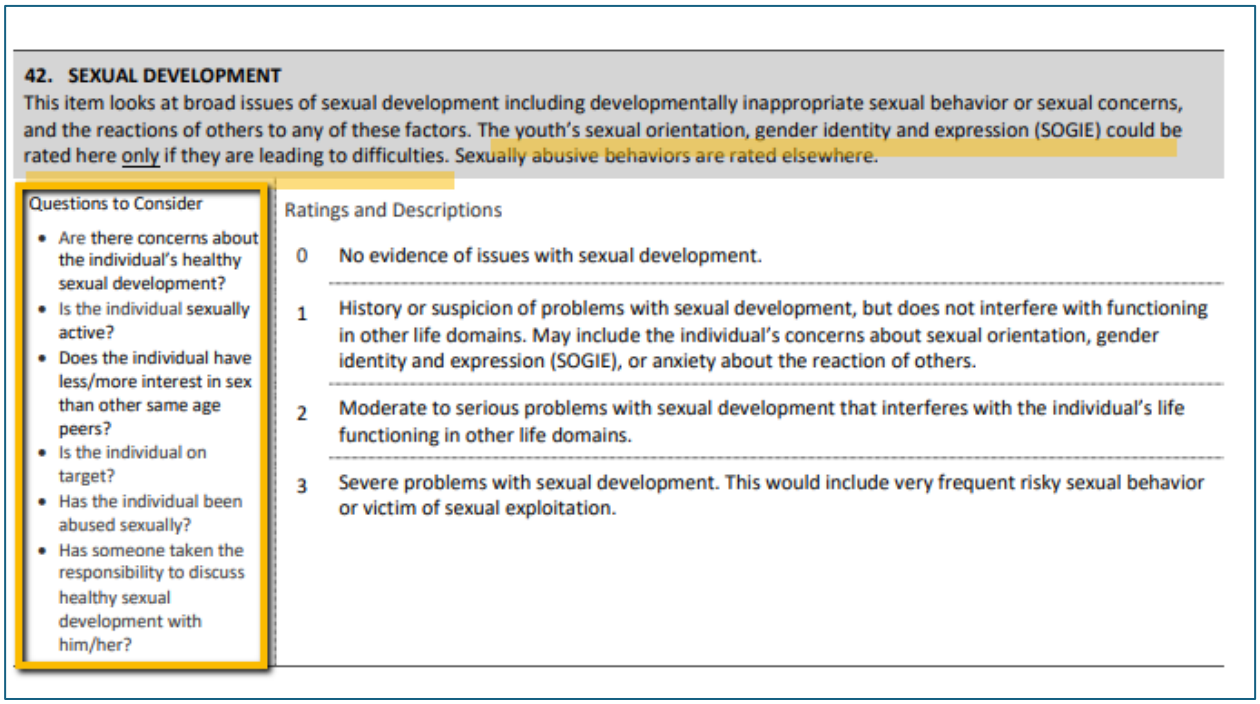
- Does the individual identify with any racial/ ethnic/cultural group?
- Does the individual find this group a source of support?

Ratings and Descriptions

0	The youth has defined a cultural identity and is connected to others who support the youth's cultural identity.
1	The youth is developing a cultural identity and is seeking others to support the youth's cultural identity.
2	The youth is searching for a cultural identity and has not connected with others.
3	The youth does not express a cultural identity.

Figure 11. A question on "cultural identity" from the CANS assessment.

The CANS is to be used for treatment planning, and suggested treatment goals are offered in each question's "Questions to Consider" section. In Figure 11, I am to rate the child's cultural identity. Once I identify the many different cultures of the client, including SOGIE, it is my job to help the child connect to groups that support his/her cultural identities. In my video presentation of this question, I asked, "How would you feel, as the parents of a mentally ill child, to find out that your child's therapist was helping your child connect to groups that promote 'Drag Kids on Stage?'"



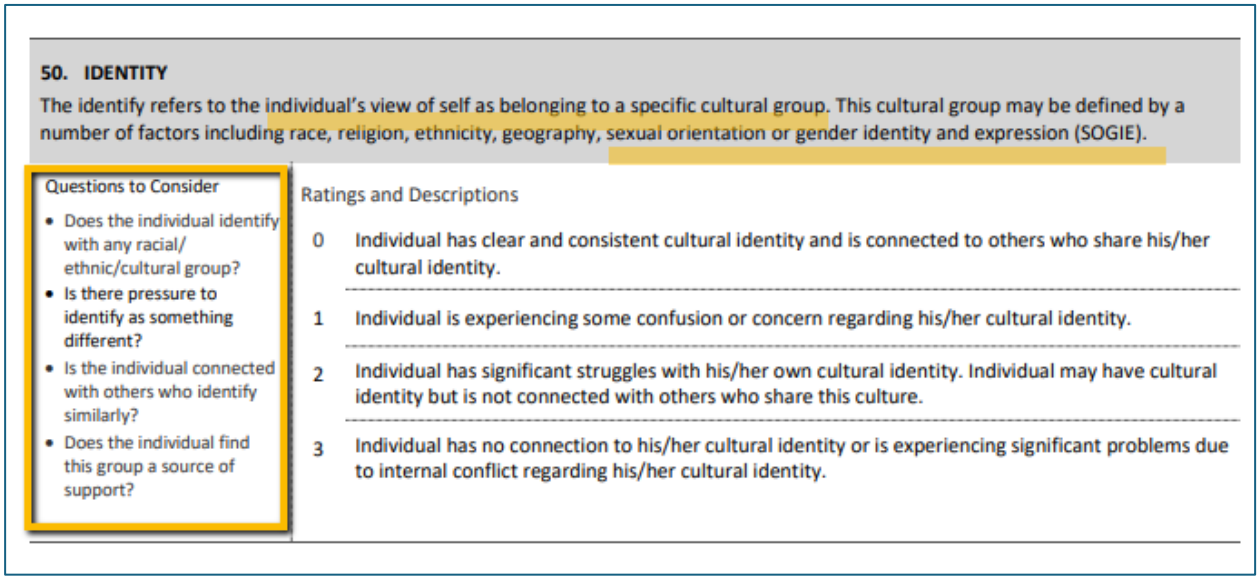
42. SEXUAL DEVELOPMENT

This item looks at broad issues of sexual development including developmentally inappropriate sexual behavior or sexual concerns, and the reactions of others to any of these factors. The youth's sexual orientation, gender identity and expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.

Questions to Consider	Ratings and Descriptions	
• Are there concerns about the individual's healthy sexual development? • Is the individual sexually active? • Does the individual have less/more interest in sex than other same age peers? • Is the individual on target? • Has the individual been abused sexually? • Has someone taken the responsibility to discuss healthy sexual development with him/her?	0	No evidence of issues with sexual development.
	1	History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the individual's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.
	2	Moderate to serious problems with sexual development that interferes with the individual's life functioning in other life domains.
	3	Severe problems with sexual development. This would include very frequent risky sexual behavior or victim of sexual exploitation.

Figure 12. This a question from the CANS Assessment that measures sexual development in children.

Figure 12 shows a question on sexual development. Because identifying as gay or transgender is viewed as normal for children, SOGIE should only be addressed in treatment if the child is engaging in "risky sexual behavior," typically defined as unprotected sex, or is a "victim of sexual exploitation." The "Questions to Consider" prompt me to make sure that "someone has taken the responsibility to discuss healthy sexual development with him/her." Whose definition of "healthy sexual development" will be promoted, the parents' or the therapist's? The inclusion of SOGIE language in the question indicates that the child will be taught the "no normative standard for sexual activity" version of human sexuality.



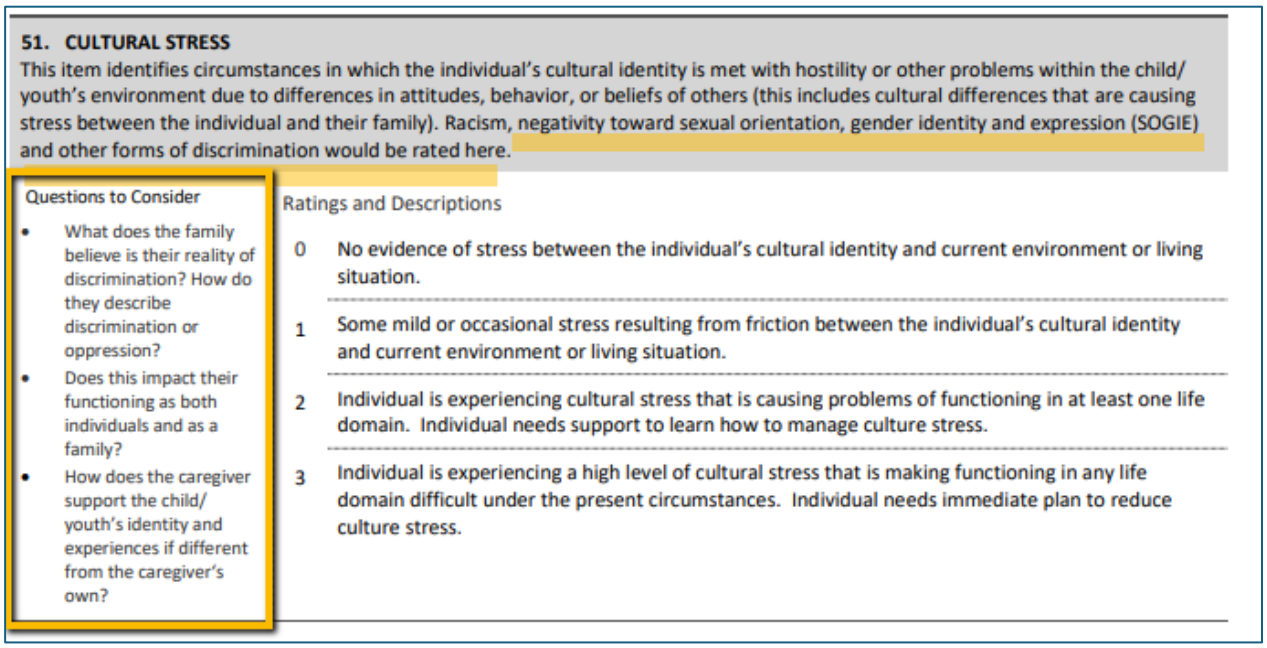
50. IDENTITY

The identify refers to the individual's view of self as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, sexual orientation or gender identity and expression (SOGIE).

Questions to Consider	Ratings and Descriptions	
• Does the individual identify with any racial/ ethnic/cultural group? • Is there pressure to identify as something different? • Is the individual connected with others who identify similarly? • Does the individual find this group a source of support?	0	Individual has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
	1	Individual is experiencing some confusion or concern regarding his/her cultural identity.
	2	Individual has significant struggles with his/her own cultural identity. Individual may have cultural identity but is not connected with others who share this culture.
	3	Individual has no connection to his/her cultural identity or is experiencing significant problems due to internal conflict regarding his/her cultural identity.

Figure 13. This screenshot from the CANS Assessment focuses on the child's identity as belonging to a specific cultural group.

In this question on "Identity" (See Figure 13), I am asked to measure the child's sense of identity as belonging to a specific cultural group. Why must the identity of a vulnerable child be aligned with a marginalized cultural group? This question solidifies the lie that gender confusion and same-sex attraction define a child's identity. Anyone who contradicts the child's faulty assumptions is putting "pressure" on the child. This question exploits a child's basic need for belonging to push the social justice agenda.



51. CULTURAL STRESS

This item identifies circumstances in which the individual's cultural identity is met with hostility or other problems within the child/ youth's environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the individual and their family). Racism, negativity toward sexual orientation, gender identity and expression (SOGIE) and other forms of discrimination would be rated here.

Questions to Consider	Ratings and Descriptions	
• What does the family believe is their reality of discrimination? How do they describe discrimination or oppression? • Does this impact their functioning as both individuals and as a family? • How does the caregiver support the child/ youth's identity and experiences if different from the caregiver's own?	0	No evidence of stress between the individual's cultural identity and current environment or living situation.
	1	Some mild or occasional stress resulting from friction between the individual's cultural identity and current environment or living situation.
	2	Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain. Individual needs support to learn how to manage culture stress.
	3	Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Individual needs immediate plan to reduce culture stress.

Figure 14. This question from the CANS assessment asks me to identify discrimination that the child may be experiencing due to his/her cultural identity.

The one question that most reflects the danger that social justice poses to the family is the question on "Cultural Stress" (See Figure 14). Note the first questions in "Questions to Consider:" "What does the family believe is their reality of discrimination? How do they describe discrimination or oppression?" Why are therapists being asked to measure the "racism" and "negativity" of caregivers" and "family?" Why are "caregivers" being asked to support the child's SOGIE identity experiences if they "are different" from the caregiver's identity experiences? Incredulously, if a child's SOGIE is not consistent with the parent's values, I am to drive a bigger wedge between the child and his/her devastated parents." A "Guiding Value" of TCOM is that "collaborative processes, inclusive of children and families, should be used for all decisions at all levels of the system (Center for Innovation in Population Health, What is TCOM? n.d.) In the social justice version of "collaboration," the views of the parents are secondary to the prescribed views of the system. The child's reality supersedes the reality of his parents and family. Counselors are expected to advocate for the reality of the child, to recognize the "client as the expert on their own experience" (Stark, 2022). "Caregivers" who do not go along with the child's reality are a source of "hostility."

In my video presentation on this slide, I asked,

> Can you imagine the heartbreak of a parent whose child wants to change genders? Can you imagine being the parent of a daughter who wants her breasts cut off? Can you imagine being told that your unwillingness to accept your child's choice constitutes discrimination and oppression? When a child "comes out," families are fractured, yet therapists are required to drive the wedge between parent and child even further.

The CANS assessment is to be administered to children, ages birth to 18, but the instructions on the test form I was required to use did not specify an age for asking SOGIE-related questions. I was curious, "Why would therapists be asked to assess sexuality and gender in young children?" Of all the discoveries I made, this was the most horrifying.

Not only do the proponents of gender diversity want to promote SOGIE identities, but they also want to promote SOGIE identities in young children.

> The great majority of children develop a self-perceived gender identity consonant with their gender assigned at birth, but some, from the age of 3 or 4 years, develop a self-perceived gender identity that is other than that assigned at birth (Graham, 2023).

The ACA states that "transgender and gender-expansive (TGE) children and youth…include young people between the ages of 3 and 17 whose gender identity is different from the sex assigned at birth" (Stark, (2022). In the gender-affirming model, therapists are advised to "make a full assessment as early as possible," and to continue with "supportive counseling throughout childhood" to help the child determine if puberty blockers, cross-sex hormones, and gender reassignment

surgery are to be prescribed (Graham, 2023). Therefore, it is expected that therapists will screen children for emerging SOGIE identities and affirm those identities. To assist this process, the APA has approved a "gender unicorn" to help therapists assess the SOGIE of young children (Ho & Mussap, 2019). (See Figure 15.) This graphic presents heart-wrenching evidence that children's innocence is being stolen by the very people who are charged with protecting them.

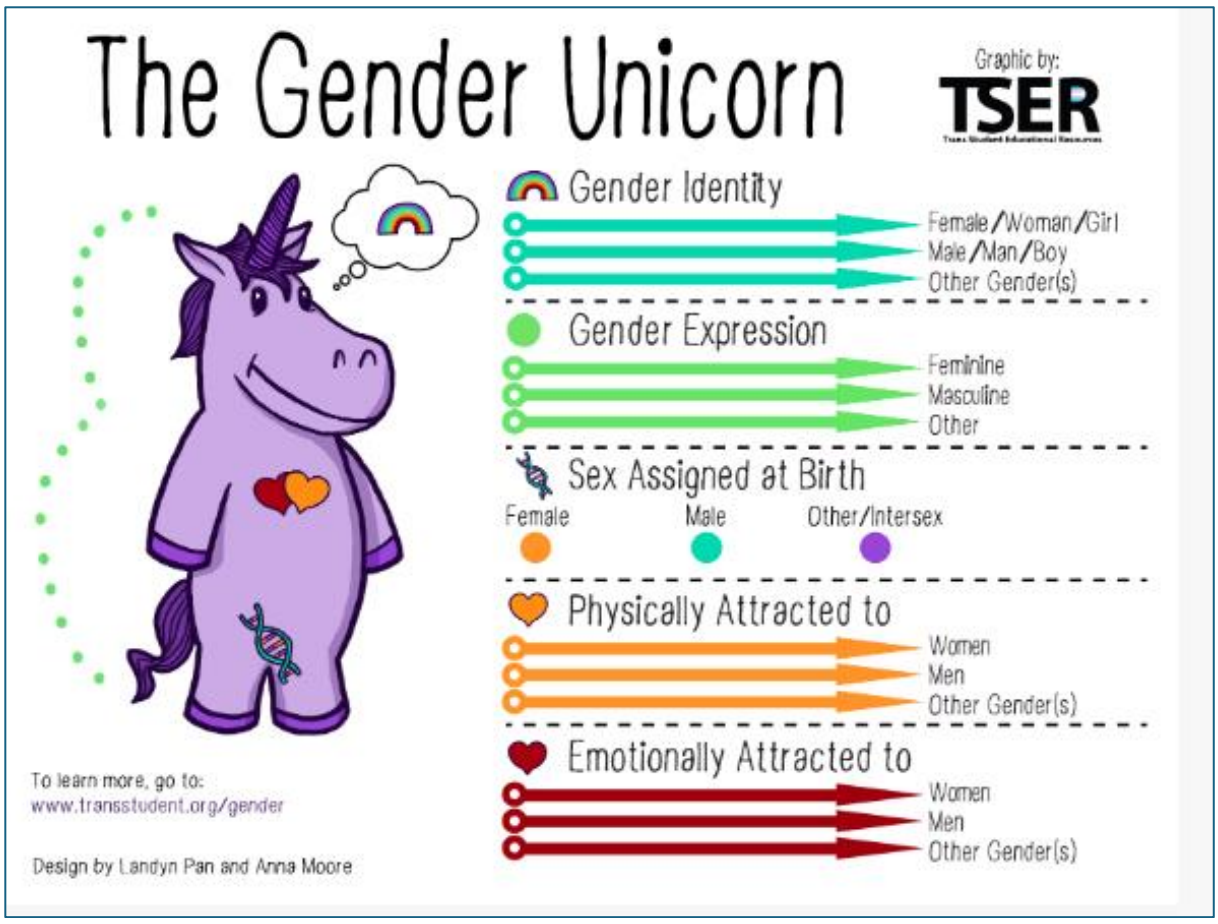


Figure 15. The APA has approved the Gender Unicorn for assessing sexuality and gender in young children.

To pass legislation that would reclaim my right to *do no harm*, I needed to communicate the pain I felt as I sat in the counselor's chair, facing the reality that my profession now required me to sexualize young children. Initially, when speaking about my experience, I would hide my emotions behind a wall of clinical expertise, but that did not communicate my *real* story. Something Dr. Cretella said stuck with me: "It is our side that sees the pain" (Personal conversation, November 10, 2023). When preparing and giving testimony, I had this statement written on a sticky note inside my binder, a reminder that I needed to communicate the tragedy I had witnessed.

One case in particular cemented my determination to expose what was happening in my state and profession. I was

assigned to work with an eight-year-old girl, an Idaho Medicaid client, who was self-harming. She had been sexually abused by an adult male the prior year, and she had been exposed to sexually explicit media. Subsequently, she was using various means to self-harm. I understood the signs well.

For Idaho Medicaid to pay for the child's services, her mother had to give written consent for me to administer the CANS assessment. Nothing on the consent form advised parents that their children would be asked questions related to SOGIE. The eight-year-old girl had recently "come out," along with two of her friends, and announced that she was bisexual. I explained to the mother that the assessment contained questions that would affirm her daughter's belief that she was bisexual. The mother was frightened. She did not want her daughter to be making decisions about her sexuality "until she was 16 or 17," but due to the false claims of LBGTQ+ activists, the mother feared that not affirming her child as bisexual might cause her further harm. I supported the mother's desires and my own conscience by omitting the SOGIE questions when I administered the CANS assessment. I assured her that her child's claim of bisexuality was not her permanent identity, but a symptom of peer pressure and sexual abuse.

Treatment with this girl was very successful because I understood her need for a positive relationship with her female body. In one pivotal mother-daughter session, I asked my client's mother to share her feelings about breastfeeding and how she felt nursing her daughter's baby sibling, whom the client adored. I asked my client's mother to share her feelings about pregnancy, and how she felt when she was pregnant with her eight-year-old. I sensed something hugely therapeutic happening to my client in this session. As she listened to her mother, my client began to overcome the feelings of shame she had developed for her body. She started to realize that breasts and sexuality had a special purpose. She forged a closer bond with her mother based on this positive, shared femaleness. Consequently, she stopped self-harming. If I had followed the requirement to use a social justice intersectionality approach, affirm her cultural identity as bisexual, and counseled her mother to go against her "discriminatory" maternal instincts, this eight-year-old would be on an entirely different path. It still makes me weep to think about it.

I shared my story in a two-minute video which I sent to legislators to promote S1352. It was a humble, earnest plea, from one heart to another:

> So when an eight-year sexual abuse victim said she was bisexual, my job, under the social justice model, was to affirm this as her true identity and to counsel her mother about discrimination. My personally held beliefs would not allow me to promote this harm. In 2023, I retired my counseling license to become a whistle-blower, to help families and therapists who are being harmed by the social justice agenda. Our ethical codes force us to support client goals that violate our personally held beliefs. We need your help to protect our right to *do no harm* to the children and families in our state. *Please* support a bill that protects the personally held beliefs of therapists like me (McFarland, 2024).

Respond to Persecution with Grace and Goodwill

Social justice warriors effectively use labels to demoralize the opposition and silence dissent. The collective message of the professional leaders who testified against H63 in 2023 was that if they allowed us to exercise our conscience rights, our level of professionalism was so low that we would abandon suicidal LBGTQ+-identified clients and callously let them die. It did not matter that the therapists supporting H63 routinely saw clients whose values differed from our own values. Nor did it matter that the people making the accusations were supporting an agenda that mutilated the healthy body parts of children. They labeled us as unethical and discriminatory and the labels stuck. Not only did H63 die in committee, but I felt demoralized and personally wounded by the accusations we had endured.

In the Bible, Jesus Christ directed, "Love your enemies, bless those who curse you, do good to those who hate you, and pray for those who spitefully use you" (New King James Version, 2024, Matthew 5:44-45). This became a strategy for winning, which we learned from Representative Young, who is the epitome of poise and civility under fire. As I prepared my testimony for our 2024 hearing before the Senate Health and Welfare Committee that had killed our bill the year before, I was nervous, exhausted, and still angry about our 2023 experience. It is hard not to feel angry when your deeply held values and character are attacked. After I ventilated my emotions to Representative Young, she said, "Peggy, I can hear your frustration. When you testify, treat the legislators on the committee as good people who want to help you." I knew that certain legislators were vehemently opposed to the bill and would continue to disparage our ethics, but in my heart, I recognized the Biblical wisdom of her words. We needed to come from a place of goodwill, not hurt and revenge. I posted a quote from Martin Luther King's Nobel Prize acceptance speech, "I believe that unarmed truth and unconditional love will have the final word in reality" (The Nobel Prize, 1964). The professionals on our team learned to be warm, articulate, and persuasive in our presentations through our efforts to "love [our] enemies."

In the logical mind, prayer is too abstract to be powerful, but our experience proved otherwise. Prayer helped us to overcome feelings of demoralization and the sting of hurtful labels. Prayer helped us to find the words to challenge false narratives and articulate truth. Linda Seiler, Ph.D., a woman who formerly identified as transgender and lesbian and now serves as an ordained minister, explains:

> Before we speak publicly…we must pray first for their hearts to be receptive to the truth. Ask God to soften their heart and remove the blinders of the enemy so they can discern truth…May we be like the disciples in the Book of Acts who responded to irrational hatred and cancellation by seeking God for spiritual strength and boldness (Seiler, 2023, pp. 234-235).

We prayed individually and together before we testified. We enlisted the help of prayer warriors in our state—mothers and grandmothers fighting for their children. We felt the prayers of legislators who gathered at early morning prayer rallies and filled the Idaho Capitol halls with prayers for our state. Because of these united

prayers, we witnessed an ideological shift in our favor in the 2024 legislative session. One state representative confided that a growing number of legislators were becoming disaffected with the positions of the ICA. When even more professionals testified *for* S1352 in 2024 than for H63 in 2023, the opposition stayed at the office. They knew we had won.

The Way Forward

It is dangerous to minimize the intent of social justice activists and ignore the warning signs of trouble ahead. The pressure to conform to social justice mandates will undoubtedly intensify. Long-standing members of the ATCSI have continually fought the politicization of the helping professions. When a dangerous political ideology supplants evidence-based practice, we must follow in the footsteps of our ATCSI leaders. We can win as we unite with policymakers, community partners, and faith leaders around moral and scientific truth.

Pass Legislation That Protects Professionals, Families, and Children from the Social Justice Agenda

My experience with H63 in 2023 gave me the confidence to share my expertise and engage in the legislative process, despite my longstanding anxiety about public speaking. In addition to S1352, our team assisted in the passage of several important bills in the 2024 Idaho legislative session that can serve as prototypes for other states.

Idaho passed legislation safeguarding parents' rights to direct their child's healthcare. Effective July 1, 2024, Senate Bill 1329 (State of Idaho, 2024c) raised the age of consent for physical and behavioral health treatment from 14 to 18 in Idaho. Parents can access their children's health records until the child is 18. This protects parents like my friend, Jennifer, whose 16-year-old daughter transitioned as a transgender male at an Idaho high school without her knowledge. The child received counseling and cross-sex hormones because she was over 14, without Jennifer's consent. She was unaware her daughter was transitioning until she received an email from the school, notifying her that they had changed the child's name to fit the child's new gender identity. Jennifer's daughter is now on welfare, living in an apartment with other transitioned adults who struggle to hold jobs and function in the real world. Jennifer's great lament is that her daughter never received competent care for her mental health issues.

In 2024, the Idaho Legislature passed House Bill 421 (State of Idaho, 2024d), taking a firm stand to protect the definition of sex and gender based on biological sex and counter the confusion caused by terms like "gender identity," "gender expression," and "experienced gender." H421 further clarifies definitions that were established in House Bill 71, the Vulnerable Child Protection Act, a 2023 bill that prohibits medical transitioning of children under the age of 18 (State of Idaho, 2023). The legislators were empathetic and courteous to LBGTQ+-identified individuals who testified against these bills. Nonetheless, the majority of Idaho legislators now understand that gender-affirming treatment does not relieve suffering. One common-sense legislator summarized it well, "I just cannot buy the idea that changing a person's sex is a medical emergency."

The passage of House Bill 538 in the 2024 legislative session (State of Idaho, 2024e) protects the conscience rights of government employees who refuse to cause

further injury to vulnerable children by using transgender pronouns. Using transgender pronouns socially transitions children, leading them down a path of lasting and irreversible harm. "It's living a lie, and that injures the soul" (Grossman, 2023, p. xxiv). Testimony in favor of H538 also established that using transgender pronouns is considered political speech and therefore, cannot be compelled (Hardin, 2024).

This bill is a boon to my friend who teaches at an Idaho high school. Several times in the last two years, students who vocally identify as LBGTQ+ have reported her to school administrators because she will not use transgender pronouns without the explicit consent of parents. She reports that all these students are in counseling, urged by their therapists to push back against perceived unfair treatment. She has faced retaliatory actions, where students fabricated stories to get her fired. Professionals across the country who want to protect children and families are losing their jobs because they do not have the protections provided by H538.

The groundwork accomplished in passing S1352 has paved the way for the Medical Ethics Defense Act (Chafuen, 2024) in the 2025 legislative session. Organizations like the Alliance Defending Freedom and the Family Policy Alliance are working to pass the Medical Ethic Defense Act in Idaho and many other states. The Medical Ethics Defense Act will reclaim conscience protections for all healthcare professionals, not just counselors and therapists. This national effort needs our expertise in our respective states.

Future legislation must address the fact that state licensure boards bind licensees to the ethical codes of organizations like the ACA that require them to adhere to a radical political agenda. This problem persists because the statutes that govern the counseling professions incorporate ethical codes "by reference." This means that ethical codes are not included in their entirety in the statutes so state administrators and legislators cannot see the SOGIE language that is written in the law. The ethical code is simply referenced by name. What if therapists were allowed to be licensed under the ethical code of the American Association of Christian Counselors (AACC) for example? Idaho's S1352 protects me so that I can practice under the AACC Ethical Code, but counselors in most states do not have that freedom. Systemic changes like this could have the far-reaching effect of restoring values and evidence-based care to the helping professions.

Bridge the Divide Through Community Outreach

At the heart of the social justice agenda or cultural Marxism is an intent to divide and conquer. As a member of the ATCSI board who serves on the Ethics, Family, and Faith Committee, I am keenly aware of the opportunity we have to build healing communities through community workshops that bring together individuals struggling with unwanted sexuality and gender issues, professionals, families, clergy, legislators, and concerned citizens. Community workshops provide a powerful opportunity for sharing our stories directly with one another, fostering unity and strengthening our collective effort against the social justice agenda.

Bridge the Political Divide Among People of Faith

People of faith who embrace social justice ideology fervently believe they are acting in the best interest of suffering

individuals. Many people of faith are confused and demoralized and therefore too paralyzed to act. My friend and fellow activist, Hilber Nelson, LCSW explains why bridging the divide in the faith community is so vital:

> Being complicit and complacent blocks the Church from being grieved, compassion-based Samaritans to our neighbors who are falling prey to radical woke ideologies, drag shows, corporate and media grooming of children, after-school Satan clubs, and explicit public sex-education doctrine…Without a call to moral courage the Church will cower to protect their own comfort and survival, and willingly live the lies of wokeism as demoralized Christians. Totalitarianism depends and thrives upon this demoralization. (Personal correspondence, July 26, 2023.)

Bridge the Divide for Hurting Parents with LGBTQ+-Identified Children

Parents whose children "come out" face feelings of grief, hopelessness, and panic. These parents face the loss of their hopes and dreams for their children, such as the hope of grandchildren nurtured in a loving traditional family. They face the fracturing of their families as individual family members align on one side of the LBGTQ+ agenda or the other.

I will never forget a phone call from a distraught mother whose daughter had been transitioned by the daughter's therapist, despite the mother's explicit instructions and expectation that the therapist would honor the family's values. This mother was grief-strijcken and frightened by her daughter's obsessive and irrational demands. She was completely unsure how to break the news to her husband. She could see a family battle coming but felt helpless to stop it.

Miriam Grossman advocates for these parents and describes their daily reminders of lost sons and daughters as "trauma-induced terror moments" (Grossman, 2023, p. 149). As society rallies to support the child's new identity, it is the parents who are left feeling confused, demoralized, and isolated, struggling alone. They need support to respond to their children in non-shaming ways that build emotional connections. ATCSI and our professional and community partners can bridge the divide for these parents, acknowledge their pain, and help them mend fractured family relationships.

Bridge the Divide Between Politicized Science and Real Science

Through community workshops, ATCSI and other like-minded organizations can continue a mission of scientific integrity and give helping professionals the evidence-based tools they need to provide care that supports human thriving rather than destroys it. Therapists who abide by a Judeo-Christian ethic and natural law are desperately searching for these tools. Families need a solid scientific truth foundation to counter their children's social media indoctrination. Legislators and concerned citizens who attend our workshops will receive the scientific evidence they need to take a stand.

Bridge the Divide between Individuals Who Struggle with Same-Sex Attraction and Gender Confusion and Clergy

Religious leaders are uniquely positioned to support true healing and transformation. Spiritual principles like forgiveness can help to mediate "unresolved roots of bitterness, judgment, and unforgiveness that opens doors for the evil one to keep our souls in bondage" (Seiler, 2023, p. 168). While ATCSI is not a religious organization, our members and supporters have personal testimonies that can inform and support shepherds in the church. ATCSI President Andy Visser's 2023 Alliance Institute presentation, "The Right to Truth! Ethics, Love and the Jacob's Well Encounter" (inspired by the Gospel of John, Chapter 4) offers God's blueprint for working with individuals who are struggling with same-sex attraction, disliked birth sex, or sexual addiction (Visser, 2023).

- He sees beyond her appearance, and her presentation, to her heart.
- He is not deterred by her challenge to a 'religious' argument.
- He gives her a 'provider role.' She hands him a cool drink of water.
- He suggests 'living water,' arousing her curiosity.
- He reflects her desperate loneliness in six failed(ing) sexually intimate relationships.
- He recognizes her hidden pain, shame, and isolation.
- His hospitality, plain honesty, redeeming LOVE, and gentle truth occasion hope and freedom for her. (Alliance for Therapeutic Choice and Scientific Integrity, 202.)

The personal stories of individuals who have wrestled with sexual problems can help church leaders navigate the deep shame that keeps wounded souls from finding their place in the flock.

Conclusion

Whether through legislative activism, community workshops, involvement in professional organizations, a church ministry, or supportive therapeutic relationships, members of the Alliance for Therapeutic Choice and Scientific Integrity and those who support our mission are engaged in vital work. I do not know what sacrifices we may be asked to make in the future. Freedom has often required individuals to consecrate their lives, their fortunes, and their sacred honor. Now more than ever, the work of ATCSI and other organizations dedicated to preserving a healthy and ethical understanding of human sexuality is crucial.

References

Alliance Defending Freedom. (2012, January 28). *6th Circuit to EMU: 'Tolerance is a two-way street.'* https://adflegal.org/press-release/6th-circuit-emu-tolerance-two-way-street/

Alliance Defending Freedom. (2024, July 2). *Third court puts a stop to Biden admin's illegal Title IX rule.* https://adflegal.org/press-release/third-court-puts-stop-biden-admins-illegal-title-ix-rule

Alliance for Therapeutic Choice and Scientific Integrity. (2024). *Sexual expression, truth and hospitality* [Workshop brochure]. Warroad, MN: ATCSI.

Alito, S.A. and Malcolm, J.G. (2022, December 14). *A conversation with Justice Samuel Alito*. Joseph Story Distinguished Lecture No. 1332. The Heritage Foundation.

https://www.heritage.org/sites/default/files/2023-04/HL1332.pdf

American College of Pediatricians. (2023). *Biological integrity: Integrating the mind and the body.* https://biologicalintegrity.org/

American Counseling Association. (2019, November 7). *ALGBTIC competencies for counseling transgender clients*. Competencies for Counseling. https://www.counseling.org/docs/default-source/competencies/algbtic-competencies.pdf?sfvrsn=d4a480bc_4

American Counseling Association. (2024). *Anti-racism position statement*. Values and Statements. https://www.counseling.org/about/values-statements/anti-racism-statement

American Counseling Association. (2024). *Core professional values*. Values and Statements. https://www.counseling.org/about/values-statements#

American Psychological Association. (2021, October). *APA's commitment to addressing systemic racism*. About APA: Who We Are. https://www.apa.org/about/apa/addressing-racism

American Psychological Association. (2023, November 15). *APA dictionary of psychology*. https://dictionary.apa.org

American Psychological Association. (n.d.). *Criminalizing gender affirmative care with minors: Suggested discussion points with resources to oppose transgender exclusion bills.* Psychology Topics: Sexual Orientation and Gender Diversity. Retrieved July 25, 2024, from https://www.apa.org/topics/lgbtq/gender-affirmative-care

American Psychological Association. (2021). *Inclusive style guide*. About APA: Equity, Diversity and Inclusion. https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines

American Psychological Association. (2023, September 12). *APA seeds racial equity fund with $1.1m* [Press release]. https://www.apa.org/news/press/releases/2023/09/racial-equity-fund

Anderson, R. (2018, November 28). *Sexual orientation and gender identity (SOGI) laws are not fairness for all*. The Heritage Foundation. https://www.heritage.org/gender/report/sexual-orientation-and-gender-identity-sogi-laws-are-not-fairness-all

Anti-Defamation League. (2023, November 8). *Who are the primary groups behind the U.S. Anti-Israel rallies?* https://www.adl.org/resources/article/who-are-primary-groups-behind-us-anti-israel-rallies

Black Lives Matter at School. (n.d.). *13 guiding principles*. Retrieved March 31, 2023, from https://www.blacklivesmatteratschool.com/13-guiding-principles.html

Broyles, V., Jacques, S., McAlister, M., Prue, I., Robbins, J., & Thornton, J. Esq. (2020). Navigating the transgender landscape [Booklet.] Child and Parents Rights Campaign. https://childparentrights.org

Carlson, A. (2013, October 16). The natural family in an unnatural world. Lecture for the Department of Political Science, Moscow Lomonosov State University, Moscow Russia. https://profam.org/wp-content/uploads/2016/12/The-

Natural-Family-in-an-Unnatural-World-10-16-13.pdf

Center for Innovation and Population Health. (n.d.). *About us*. Retrieved July 23, 2024, from https://iph.uky.edu/about

Center for Innovation and Population Health. (n.d.) *Transformation collaborative outcome management*. What is TCOM*?* Retrieved July 24, 2024, from https://iph.uky.edu/about/what-tcom

Center for Innovation and Population & Praed Foundation. (2016, October 24). *Cultural responsibility*. TCOM Conversations. https://tcomconversations.org/2016/10/24/cultural-responsibility-april-in-kent-wa/

Center for Innovation in Population Health & The Praed Foundation. (n.d.) *Is the child and adolescent needs and strength (CANS) the best person-centered assessment choice for children/youth and their caregivers?* TCOM Conversations. https://tcomconversations.org/is-the-child-and-adolescent-needs-and-strengths-cans-the-best-person-centered-assessment-choice-for-children-youth-and-their-caregivers/

Chafuen, G. (2024, June 7). *The MED Act: Why we must preserve rights of conscience for medical professionals*. Alliance Defending Freedom. https://adflegal.org/article/med-act-why-we-must-preserve-rights-conscience-medical-professionals

Choate, L. (2008). *Girls' and women's wellness: Contemporary counseling issues and interventions*. Alexandria, VA: American Counseling Association.

Church of Jesus Christ of Latter-day Saints. (1995, September 23.) *The family: A proclamation to the world*. https://www.churchofjesuschrist.org/study/scriptures/the-family-a-proclamation-to-the-world/the-family-a-proclamation-to-the-world?lang=eng.

City and County of San Francisco. (2022, November 16). *San Francisco launches new guaranteed income program for trans community.* [Press release.] http://www.sf.gov/news/san-francisco-launches-new-guaranteed-income-program-trans-community

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J.... Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. *International Journal of Transgenderism*, 13, 165–232. http://dx.doi.org/10.1080/15532739.2011.700873

Crenshaw, Kimberle. (2016, December 7). *The urgency of intersectionality*. [TEDTalk] https://www.youtube.com/watch?v=akOe5-UsQ2o Do No Harm. (n.d.). *About us*. Retrieved July 20, 2024, from https://donoharmmedicine.org/about/

Driscoll, M. (2023, April 18). *The natural law*. Hillsdale College Online Courses Blog. Hillsdale College. https://onlinecoursesblog.hillsdale.edu/the-natural-law/

Figueira-McDonough, J. (2006). *The welfare state and social work: Pursuing social justice*. Thousand Oaks, CA: Sage Publications.

Gantt, E. E., Ph.D. (2022, June 30). Therapists aren't neutral. Let's stop pretending they are. *Public Square Magazine.*

https://publicsquaremag.org/health/mental-health/therapists-arent-neutral-lets-stop-pretending-they-are

Gilley, B., Boghossian, P., & Lindsay, J. (2021, August). *Responding to social justice rhetoric: A cheat sheet for policymakers.* Parents Defending Education. https://defendinged.org/wp-content/uploads/2021/08/Responding-to-Social-Justice-Rhetoric.pdf

Graham P. (2023). Transgender children and young people: How the evidence can point the way forward. *BJ Psych Bulletin*, *47*(2), 98–104. https://doi.org/10.1192/bjb.2022.3

Gonzalez, M., & Gorka, K. (2022, November 14). *How cultural Marxism threatens the United States—and how Americans can fight it.* Heritage Foundation. https://www.heritage.org/progressivism/report/how-cultural-marxism-threatens-the-united-states-and-how-americans-can-fight

Gonzalez, M., & Mobley, M. (2024, June 24). *How the revolutionary ecosystem sustains pro-Palestinian protests and the BLM movement.* Heritage Foundation. https://www.heritage.org/global-politics/report/how-the-revolutionary-ecosystem-sustains-pro-palestinian-protesters-and-the

Grossman, M. (2023). *Lost in Trans Nation: A child psychiatrist's guide out of the madness*. New York, NY: Skyhorse Publishing.

Hardin, N. (2024, June 7). *How preferred pronouns threaten free speech*. Alliance Defending Freedom. https://adflegal.org/article/how-preferred-pronouns-threaten-free-speech.

Hamilton R. (2013, June). The frustrations of virtue: the myth of moral neutrality in psychotherapy. *J Eval Clin Pract.* 2013 Jun;19(3):485-92. doi: 10.1111/jep.12044. PMID: 23692232.

Heil, D., Berkowitz, P., Epstein, R. A., Ali, A. H., Davenport, D. (2020, August 24). *Free speech*. The Hoover Institution. https://www.hoover.org/research/free-speech-1

Hisle, J. (2023, February 9). Heartbroken over girls hating their bodies, counselor mom pushes for state law change. US Policies and Impacts. *The Epoch Times.* https://www.theepochtimes.com/us/heartbroken-over-girls-hating-their-bodies-counselor-mom-pushes-for-state-law-change-5029267?utm_source=ref_share&utm_campaign=copy

Ho, F., & Mussap, A. J. (2019). The gender identity scale: Adapting the gender unicorn to measure gender identity. *Psychology of Sexual Orientation and Gender Diversity, 6*(2), 217–231. https://doi.org/10.1037/sgd0000322

Howsepian, A.A. (2009, Spring). On referring. *Ethics and Medicine*. 29(1) 31-47. https://www.ethicsandmedicine.com/journals/2009/EM25-1_web_version.pdf

Jones, A. (2022). I can't really work any normal job: Disability, sexual ableism, and sex work. *Disability Studies Quarterly.* Vol. 42 No. 2: Spring 2022.https://dsq-sds.org/index.php/dsq/article/view/9094/7750

Kaplan, D. April 2014. Ethical implications of a critical legal case for the counseling profession: Ward v.

Wilbanks. *Journal of Counseling & Development,* Vol. 92, pp. 142-146. https://www.counseling.org/docs/default-source/ethics/ethical-implications.pdf?sfvrsn=2

Kapos, S. (2024, June 7). Pro-Palestinian protestors are backed by a surprising source: Biden's biggest donors. *Politico*, Arlington, VA. https://www.politico.com/news/2024/05/05/pro-palestinian-protests-columbia-university-funding-donors-00156135

Keffler, M. (2021). *Desist, detrans & detox: Getting your child out of the gender cult*. Arlington, VA: Advocates Protecting Children.

Labrador, R. R. (2024, May 3). *Title IX*. Labrador Letter. Office of the Attorney General, State of Idaho. https://www.ag.idaho.gov/newsroom/labrador-letter-title-ix/

Linde, L. E. (2016, October). The ACA code of ethics: Clarifying values and referrals in counseling. *Counseling Today*. 59(4), pp. 20-21. American Counseling Association, Alexandria, VA. https://www.counseling.org/docs/default-source/default-document-library/october-2016.pdf?sfvrsn=441149

Lyon Martin Community Health. (2022). *Guaranteed income for trans people (GIFT) program application.* San Francisco, CA. https://www.giftincome.org/_files/ugd/40a234_fa065a88cf9b481bbae6e47c5598270c.pdf

Matsuno, E. (Ed.), Webb, A., Hashtpari, H., Budge, S., Krishnan, M., & Basam, K. (n.d.). *Nonbinary gender identities fact sheet*. American Psychological Association Division 44. The Society for the Psychology of Sexual Orientation and Gender Diversity. Retrieved July 24, 2024, from https://www.apadivisions.org/division-44/resources/nonbinary-fact-sheet.pdf

McClusky, K. D. (Judge). (2024, June 13). *Memorandum ruling*. US District Court, Western Division of Louisiana, Monroe Division. Retrieved from https://dm1l19z832j5m.cloudfront.net/2024-06/Rapides-Parish-School-Board-v-US-Dept-Ed-2024-06-13-MPI-Ruling.pdf

McFarland, P. (2024, January 29). *Protect the conscience rights of Idaho therapists*. [Video.] https://www.youtube.com/watch?v=jzjpJd8gGYw

Myers, J. E., & Sweeney, T. J. (2005). *Counseling for wellness: Theory, research, and practice*. Alexandria, VA: American Counseling Association.

Neumann, D. (2019, June 18). Black Lives Matter co-founder: Maine can be a leader in dismantling white nationalism. *Maine Beacon*. https://mainebeacon.com/black-lives-matter-co-founder-maine-can-be-a-leader-in-dismantling-white-nationalism/

New King James Version (2024). Bible Gateway. https://www.biblegateway.com/

Oliver, C. (Presenter). (2021, July 15). *Racial justice full presentation of diversity, equity, & inclusion*. TCOM Channel. Retrieved from https://www.youtube.com/watch?v=vGbpiZDP85M

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2015). *Multicultural and social justice counseling competencies: Counseling and advocacy*

interventions. American Counseling Association. https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20

Reed, G. M., Drescher, J., Krueger, R. B., Atalla, E., Cochran, S. D., First, M. B., Cohen-Kettenis, P. T., Arango-de Montis, I., Parish, S. J., Cottler, S., Briken, P., & Saxena, S. (2016). Disorders related to sexuality and gender identity in the ICD-11: Revising the ICD-10 classification based on current scientific evidence, best clinical practices, and human rights considerations. *World Psychiatry, 15*(3), 205-221. https://doi.org/10.1002/wps.20354

Rudow, H. (2013, January 9). Resolution of EMU case confirms ACA Code of Ethics, counseling profession's stance against client discrimination. *Counseling Today*. American Counseling Association, Alexandria VA. https://ctarchive.counseling.org/2013/01/resolution-of-emu-case-confirms-aca-code-of-ethics-counseling-professions-stance-against-client-discrimination/

Serano, J. (2007). *Whipping girl: A transsexual woman on sexism and the scapegoating of femininity*. Berkley, MI: Seal Press. https://juliaserano.blogspot.com/2014/10/cissexism-and-cis-privilege-revisited.html

Seiler, L. (2023). *Trans Formation: A former transgender responds to LGBTQ*. Credo House Publishers: Grand Rapids Michigan.

Stark, C. (2022, July). Supporting transgender and gender-expansive youth. *Counseling Today*. https://www.counseling.org/publications/counseling-today-magazine/article-archive/article/legacy/supporting-transgender-and-gender-expansive-youth

State of Idaho. (2023). *2023 legislation: House Bill 71.* Official Website of the Idaho Legislature. https://legislature.idaho.gov/sessioninfo/2023/legislation/h0071/

State of Idaho. (2024a). *2024 legislation: Senate bill 1352*. Official Website of the Idaho Legislature. https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2024/legislation/S1352.pdf

State of Idaho. (2024b). *Idaho statutes: Title 16 juvenile proceedings, Chapter 24 children's mental health.* https://legislature.idaho.gov/statutesrules/idstat/Title16/T16CH24/SECT16-2402/

State of Idaho. (2024c). *2024 legislation: Senate bill 1329*. Official Website of the Idaho Legislature. https://legislature.idaho.gov/sessioninfo/2024/legislation/s1329/

State of Idaho. (2024d) *2024 legislation: House bill 421*. Official Website of the Idaho Legislature. https://legislature.idaho.gov/sessioninfo/2024/legislation/h0421/

State of Idaho. (2024e). *2024 legislation: House bill 538.* Official Website of the Idaho Legislature. https://legislature.idaho.gov/sessioninfo/2024/legislation/h0538/

Stepman. J. (2024, June 11). DC authorities shrug as pro-Hamas vandals deface statues of American heroes. *The Daily Signal.* https://www.dailysignal.com/2024/06/11/dc-authorities-shrug-pro-hamas-vandals-deface-statues-american-heroes/

The Nobel Prize. (1964). *Martin Luther King Jr. acceptance speech*. The Nobel Peace Prize 1964. https://www.nobelprize.org/prizes/peace/1964/king/acceptance-speech/

Tittsworth, J., & Lev, A. I. (2009). *What social workers need to know about gender identity: Transgender, transsexual, and gender non-conforming experience.* National Association of Social Workers. https://www.socialworkers.org/LinkClick.aspx?fileticket=JZB4otcz2XE%3D&portalid=0

Visser, A. (2023, November 10). *The right to truth! Ethics, love and the Jacob's well encounter*. Alliance for Therapeutic Choice and Scientific Integrity Institute. [Presentation]. Las Vegas, NV, United States. https://www.therapeuticchoice.com/participant-page/eefabcfd-b872-4694-b3cd-9915fcadcf3a

Ward v. Polite. (2012, January 27). Case: 10-2100/2145. Document: 006111196290. United States Court of Appeals for the Sixth Circuit. https://dm1l19z832j5m.cloudfront.net/public/2021-12/Ward-v-Polite-2012-01-27-Appellate-Decision.pdf

Wood, K., Becker, J.,& Thompson, J. (1996). Body image dissatisfaction in preadolescent children. *Journal of Applied Developmental Psychology*. 17, 85-100. https://doi.org/10.1016/S0193-3973(96)90007-6

Wilson, M.-M., & Garrido, M. (2022, February 22). *Across the sexual orientation and gender identity spectrum: A call to action*. [Transcript]. Optum Health Education Distance Learning Network. https://www.optumhealtheducation.com/sites/default/files/course/2022-03/Transcript%20-%20Across%20the%20Sexual%20Orientation%20and%20Gender%20Identity%20Spectrum%20VF.pdf

Whiting, J. (2021, November 30). Therapists can be warm, helpful and wise, but not neutral. *Psychology Today*. https://psychologytoday.com/us/blog/love-lies-and-conflict/202111/therapists-can-be-warm-helpful-and-wise-not-neutral

Wright K. S. (2017). The principles of Catholic social teaching: A guide for decision making from daily clinical encounters to national policy-making. *Linacre Quarterly*. 2017 Feb;84(1):10-22. https://doi.org/10.1080/00243639.2016.1274629. Epub 2017 Mar 10. PMID: 28392595; PMCID: PMC5375653.

ISSN 2994-7529
Journal of Human Sexuality
Volume 15, 48-68

An Analysis of the Retracted Article by Rabak and Lan (2023): A Challenge for Peer Review and Scientific Integrity

Walter R. Schumm, Ph.D.[1]

[1]*Kansas State University*

An article, allegedly by Rabak and Lan (2023), was retracted after its authors confessed to its research as fabricated (Rabak & Lan, 2024). Possibly the authors meant to create a "win, win" catch-22 trap situation where if the fabricated paper was accepted, it would seem to discredit a journal in which Sullins (2015) had published a controversial article. But if it was rejected, the authors could have claimed the journal was biased against papers with LGBT topics, which might also seem to discredit the journal and Sullins (2015). Notably, the editor and reviewers for Sullins (2015) were *not* the same as those for Rabak and Lan (2023), limiting whatever point was at issue. Furthermore, numerous top-tier journals have published articles later retracted, negating the idea that a journal is "fake" just because one of its articles is later retracted or had included fabricated data or results. Rabak and Lan (2023) survived peer review in part because a second round of peer review was avoided, possibly because the authors–and thus the editor–had pleaded for an extremely rapid review (three days). However, superficial errors may only be typographical and can be corrected and may not mean an article has been faked. Most editors and reviewers assume that submitted papers are legitimate because of the serious nature of fabrication and subsequent adverse consequences for scholars if detected. At the same time, there are statistical tests available for deeper testing of research that can detect fabrication, tests that did indicate that Rabak and Lan (2023) was a fabrication. Since Rabak and Lan (2024) have indicated that they had wanted to discredit Sullins (2015), a further discussion of the merits and limitations of Sullins (2015) is included. Implications for journal editors and peer reviewers are discussed, as well as for graduate education in research methodology and ethics.

Keywords: Questionable research practices, fabricated articles, retractions, scientific fraud, peer review

---

Walter R. Schumm, Ph.D., is Emeritus Professor of Applied Family Science, Department of Applied Human Sciences, College of Health and Human Sciences, Kansas State University, recently retired after 42 years of teaching and research at Kansas State. His earned degrees include a bachelor's degree in physics from the College of William and Mary (Virginia), 1972; a master's degree in family and child development from Kansas State University, 1976; and a Ph.D. in family studies from Purdue University in 1979. He was the editor of the journal *Marriage & Family Review* from 2010 to 2020 and continues to serve as an associate

editor/reviewer for numerous social science journals. He is a Fellow with the National Council on Family Relations (NCFR) and a certified family life educator. His primary research interests have included military families and same-sex parent families, often with a focus on strengths or weaknesses of methodologies used in studying diverse types of families. He retired as a colonel, U.S. Army, in 2002 after nearly 30 years of service in the Army Reserve and Army National Guard, having commanded units from detachment, separate platoon, and company levels to battalion and brigade levels.

Correspondence concerning this article should be addressed to Dr. Walter R. Schumm, 1151 Lane 6, Powell, WY 82435. Email: schumm@ksu.edu.

Because I was one of the three scholars who reviewed Rabak and Lan (2023), I would like to respond to their admission (Rabak & Lan, 2024) that their article used fabricated results (i.e., was faked). Because the authors appear to remain anonymous, I shall refer to their discussion of their fake paper and of Sullins (2015) by the pen names of Rabak and Lan (2024). Considerations of the reproducibility of science (Hergovich et al., 2010; Johnson et al., 2017; Nosek et al., 2022; Open Science Collaboration, 2015; Patil et al., 2016) and/or confirmation bias (Nickerson, 1998; Schumm, 2015, 2021) may be related to this issue but are beyond the scope of the discussion here.

History

Rabak and Lan (2023) sent their paper to the *Journal of Education, Society, and Behavioural Science* to try, it seems, to demonstrate that its review process was less than thorough, or alternatively, that it featured an anti-LGBTQ+ bias. They requested a rapid review, an option offered by the journal. The editor asked three reviewers, including myself and reviewers from India and Hong Kong, to return their reviews within three days, which we did, with suggested revisions. Specifically, the email letter dated March 6, 2023, requesting my review, said specifically: "Author of this manuscript politely requested an urgent decision due to her upcoming job interview and thesis submission. Author of this manuscript will be grateful to the reviewer for the urgent review comments. I would be grateful if you would kindly find some time to review the above-mentioned manuscript and send your valuable comments within 8 March 2023." This comment implied that a female graduate student needed help desperately and urgently, even though it is not clear how the editor knew the primary author was a woman or even a graduate student per se. This request was a very unusual imposition upon the prospective peer reviewers and may have set the stage for them to focus on unusually fast and possibly less rigorous reviews.

However, it appears that the editor accepted the paper before the reviewers had a chance to review a revised version of the paper (the editor, who was from Romania, did see a revised version). In my review, I noted several limitations of the paper: the paucity of references, it did not study fathers, the sampling process was unclear, scale reliabilities were not reported, main effects (handedness, religiosity, education, age, race, parental sexual orientation) in the regression analysis were not reported, social desirability response bias had not been measured or controlled, and the minimum and maximum ages of the mothers were not reported, making a test of the validity of the data impossible (since legitimate data will usually have a range of results from three to eight if you divide the range by the standard deviation; Schumm et al., 2018).

Rabak and Lan (2023) may have cringed a bit as my comment on the ages of the mothers came close to questioning if their paper might have been fabricated; they did not appear to respond to that particular comment in their reply to the editor and did not include the minimum and maximum ages of the mothers in their revision. Had I seen a revised version of the paper that left out that information on mothers' ages, it would have been a red flag, increasing my suspicions about the report. It probably should have been a red flag for the editor regardless. The other reviewers noted that the paper was only "fair" in terms of scientific correctness, that the abstract was not comprehensive, and that the paper had structural issues. It would appear that the reviewers, on first review, were looking for major issues rather than specific problems with internal consistency and might have focused on smaller issues if a revision had dealt with the "major" issues already raised. Furthermore, they naively trusted the authors to be legitimate, honest scholars, and were not assessing the paper for evidence of fabrication, even though one reviewer did hint at that possibility.

After their paper (Rabak & Lan, 2023) was accepted and published, they claimed that the publication process was not only deceitful (changed the date of receiving the paper to make the review period seem longer than it was) but "comically inept" (Rabak & Lan, 2024). Rabak and Lan (2024) noted numerous issues with their 2023 article that they believed should have come to the attention of the review process. The names and the assigned university were fake. They provided an incorrect square kilometer area for Singapore (720/500). One of their several demographic variables summed to 101%. They presented a fake scale, the Acceptance of Sexual Minorities (ASM) Scale. They claimed that a random sample of only 200 persons found exactly 100 each of right and left-handed mothers with LGB children. They claimed 85% of their sample was White compared to 96% of Singapore being Asian. In several instances, they reported different coefficients in the narrative versus the tables. One reported significance level was .2S5 (letters are not used in reporting significance levels). Their description of the ASM scale varied from a 5- to 7-point Likert scale. Most of their 12 to 15 (depending on the version) references were fabricated, irrelevant, or altered in some way. They claimed it should have been easy to detect that the paper was a fake (Rabak and Lan, 2024).

However, if one were to assume scholars are being truthful with their papers, that might not have been as easy as they believe. At the same time, there are even more reasons to doubt their paper's validity, as well as ways to statistically test its validity. Rabak and Lan (2024) specifically described the Journal of *Journal of Education, Society, and Behavioural Science* as "a fake journal", claiming that it had "all the hallmarks of a fake journal" because "They accept almost any kind of research in any field that's vaguely related to their journal name – even those that are not original or showed no results. The second reason we know it's a fake journal is because we wrote and submitted a fake scientific paper to them, and it got published." Furthermore, Rabak and Lan (2024) extensively criticized the research of Sullins (2015) and other conservatives, their fabricated paper being one part of that process of trying to discredit Sullins (2015). In particular, it should be noted that Rabak and Lan (2024) claimed that "Donald Paul Sullins' work is junk science" and that "Donald Paul Sullins' papers were published in a fake journal" – hence it is reasonable to conclude that a primary objective of trying to test the

journal was to discredit, not only the journal's review process, but moreover the research of Dr. Sullins, a professor of sociology from the Catholic University of America, even though his article had been published eight years earlier under a different journal editor, different journal title, and different reviewers. After the authors admitted to fabricating the article, it was removed from the journal's website.

Objectives

First, it may be useful for readers to consider the nature of the peer review process in general in academia, with particular attention to the question of whether top tier social science journals are immune to publishing papers with fabricated/fake data or results. Second, it may also be useful to illustrate possible explanations of how the editor and the three reviewers did not detect the fabricated nature of Rabak and Lan (2023) and, furthermore, how easy explanations might have excused the observed anomalies and still allowed for publication of this fake paper. Third, there are several ways in which scholars could have done further tests, on the Rabak and Lan (2023) paper (or other papers) to evaluate their scientific validity. Fourth, since the ultimate objective of Rabak and Lan (2023) was to discredit the journal and an article previously published in it (Sullins, 2015), it is appropriate to review the credibility of Sullins' (2015) article, even though his article had been published eight years earlier under a different journal name, editor, and different reviewers. Finally, implications and recommendations for peer review will be discussed.

Review of Literature on Peer Review in General and Rabak and Lan (2023) as an Example

Peer Review Processes in General

I think it is optimistic to think that all scholars, including undergraduate and graduate students, understand many of the details behind the process of peer review. Peer review has a long history, dating back thousands of years to ancient Greece (Shanmugam, 2022). Shanmugam (2022) reports that the first U.S. journal to adopt peer review was in 1818– *The American Journal of Science* at Yale University, edited and financially supported by Professor Benjamin Silliman. Peer review has strong advocates and strong critics, a polarized situation (Tennant & Ross-Hellauer, 2020, p. 2). While "peer review is routinely and widely criticized" (Tennant & Ross-Hellauer, 2020, p. 1), some even say that "the current system of blind peer review is obsolete" (Shanmugam, 2022, p. 21); yet Kassirer and Campion (1994) argue that peer review is indispensable.

In contrast, Shanmugam asserts that "the system of peer review is biased, unjust, unaccountable, incomplete, easily fixed, often insulting, usually ignorant, occasionally foolish, and frequently wrong" (p. 2). One problem may be that, as Radun (2023) has observed, that "recruiting peer reviewers has been increasingly difficult in recent years… so it is possible that even the best journals sometimes adopt the take-what-you-can-get strategy" (p. 335).

Furthermore, Shanmugam argues that "scientific progress is often made by departing from conventional wisdom," yet conventional wisdom "often dictates what is being published by major scientific journals today," thus having "negative effects on the peer-review process and on scientific progress" (p. 11). Peer reviewers may be "so tied to the conventional wisdom that they feel duty-bound to go to

extraordinary measures to find reasons for rejecting a manuscript with unconventional ideas (Shanmugam, 1986, 2022, p. 11). A possible result of this "conventional wisdom" problem is the fact that numerous very innovative papers that were initially rejected by scientific journals were later awarded Nobel prizes for their scientific advances (Campanario, 2009). In the area of social sciences, conventional wisdom may be highly correlated with so-called progressive political correctness.

How Did Rabak and Lan Survive Peer Review?

One could argue that any reasons given for the acceptance of a fabricated paper would be little more than "lame excuses." Justification theory (Schumm, 2024) would support a tendency for editors and reviewers in such a situation to defend and try to explain their actions. However, a discussion of even weak/lame explanations may help future editors and reviewers from repeating past mistakes. First, my experience as an editor (for the journal *Marriage & Family Review*, 2010-2020) as well as peer reviewer for dozens of other journals, is that many submitted papers contain glaring errors of punctuation, spelling, grammar, and even typographical errors within their results. Sometimes there are English language deficiencies in general. If an editor or peer reviewer were to reject any paper that had such errors, they might have few to review, much less publish. Worse, the ability of many scholars to provide complete references, accurate and in consistent journal style, often seems lacking. Some journals have even given up the attempt to deal with this for new submissions, allowing authors to repair their references and make sure there is a 1:1 ratio of citations to references *after* the paper has been accepted. Some journals also will repair English language issues in a paper *after* it has been accepted.

Thus, peer reviewers may tend to focus less on correcting references or weak English, even internal inconsistencies, than otherwise might be hoped. If you assume scholars are being honest and that journals will allow authors to correct their references after the paper is accepted, then it might not be as surprising that peer reviewers would overlook errors among references or language. It is also possible that the editor for the Rabak and Lan (2023) paper did not follow the journal's own guidelines for emergency review (e.g., guidelines that include using more reviewers than normal and involving a second or third editor). Furthermore, it is widely recognized that detection of fraud is difficult even during multiple peer reviews (Radun, 2023, p. 332; Tennant & Ross-Hellauer, 2020, p. 3). Tennant and Ross-Hellauer went on to state that "fraudulent behaviour, or questionable research practices, still enter the scholarly record at high proportions, even though peer review occurs" (p. 7). Shanmugam (2022) asserts that peer review is "almost useless for detecting fraud" (p. 2).

When I received Rabak and Lan (2023) to review, I (mistakenly) operated from an assumption that the editor had already reviewed this paper as a possible scam and had cleared it. Did the editor notice any discrepancies between their names, university, and their source data (email or physical addresses)? An email of jinrabak@gmail.com was used to the editor). For example, when I submit a paper to a journal, my email is schumm@ksu.edu, which provides my last name, education source, and identifies a specific university while my physical address would tie me to a specific department or at least to the same town as Kansas State University. For a genuine university researcher to use a Gmail

address would be a surprise. I checked the July to December (2022) issues of *Marriage & Family Review* (under a new editor) and found only 20% (3/15) of corresponding authors used Gmail addresses.

Data or results fabrication is one of the most serious types of scientific misconduct, and it risks serious academic consequences (Nurunnabi & Hossain, 2019). Because of the presumed rarity of such fabrication, as well as its serious academic consequences, many editors and peer reviewers may not be inclined to suspect it. Indeed, I was not looking for signs of fabrication during my first review, although there was a potential question raised in my review regarding a lack of data for the ages of the women in the study, which made it difficult to check that data for validity or possible fabrication.

Rather, given the short deadline, I was looking for plausibility and being left-handed myself as a child, it made some sense that a left-handed mother might be more understanding of a sexual minority child's situation, even though the narrowness of the hypothesis was an issue in my mind–the expenditure of a lot of effort to collect such a large sample for such a narrow theory. Rabak and Lan (2024) seem to expect reviewers to be geographical experts, which I am not when it comes to the geographical sizes of cities I have never visited. While the authors (2023) claim they said they used a random sample, they actually said they used random household visits, which left open that they randomly visited households but only collected data from eligible participants, leading to the 200 cases they used. They never used the term "random sample" per se in Rabak and Lan (2023). While reviewers could be faulted for not noticing that Singapore is 96% Asian, the other reviewers (e.g., India, Hong Kong) lived much closer to Singapore than myself. Another subtle issue with Rabak and Lan (2023) was that the longest sections of their paper were for the introduction and conclusion, when methodology usually occupies a much larger part of a paper in order to permit others to replicate the research.

As far as the reference issues, I trust authors to be truthful about their sources; generally, I look for issues of style deviation as much as anything else. Not expecting any scholar to fake references, I did not look for that as an issue and overlooked the problems there. Furthermore, my copy of the initial paper for Rabak and Lan (2023) did not contain 14 or 15 references as Rabak and Lan (2024) stated but rather only 12, which should have been a signal by itself, noted in my review–many journals will not accept papers that have fewer than 30 references. Regarding the numerical discrepancies, my approach is often to focus first on larger issues and on second review fine tune the process by focusing on whether numbers match up across narrative and tables. However, as best as I can tell from the website and my recollection, I did not get a chance to perform a second review, which normally allows a reviewer to verify if the recommendations in their first review have been considered by the paper's authors.

Finally, in their revision, the authors did not fully respond to my criticisms (e.g., did not provide estimates of the reliability of their measures in their current study, did not provide the range of ages of their participants), which I could never deal with since I did not get to see their revised version, as best I recall, at which point I could have noted that. One major issue for reviewers is when authors fail to take recommended changes, corrections, or improvements into account and ignore the advice given by reviewers, that becomes a red flag in itself. Had the review process gone to a second review, it is likely that

more of the issues would have been noted and perhaps the scam nature of the paper would have been detected.

On the other hand, the numbers within Tables 2, 3, and 4 did appear to be internally consistent, even though they differed from the narrative. When I write a paper, I usually do the tables first and then the narrative, leading me to focus on the results in tables first. The paper also presented an apparently significant interaction effect with a clear figure of the interaction pattern, a type of result often overlooked in many papers of lower quality. The large sample size, assuming it was valid, was also a strong plus for the paper since many studies prior have featured far smaller sample sizes for the relevant groups (e.g. Regnerus, 2012a,b; Sullins, 2015). The paper also appeared to address an issue that may not have been studied very much previously, a favorable situation in my opinion. Rejecting the paper simply because of its topic of research (e.g., LGBT research) or because it needed some improvements wasn't a reasonable or legitimate option in my opinion.

Methods for Detecting Fabricated Research

It is not clear what methods were used to generate the research results fabricated by Rabak and Lan (2023). We may never know *how* they did it unless they inform us themselves, which they did not do when they reported the fact of fabrication (but not the how) (Rabak and Lan, 2024). Perhaps others can speculate further on the how question.

Fortunately, how they did it is *not* a pre-requisite for being able to assess whether their reported results featured serious anomalies indicative of fabricated research. Here two general methods will be used. First, the ways in which Rabak and Lan (2023) attempted to design their fabricated paper will be considered. Were their methods sophisticated enough that they could not be excused merely as typographical errors? Second, are there ways in which deeper methods of analysis can be used to detect fabrication of results, methods that could be applied to the results reported in Rabak and Lan (2023)?

Results

Typographical Errors?

It is much more difficult to prove fraud than to speculate that it might have occurred. Let us suppose that a reviewer had gotten suspicious about Rabak and Lan (2023) and had noted the many apparent internal inconsistencies in their report. Would Rabak and Lan have just sent up a white flag and admitted their fraud? Justification theory (Schumm, 2024) would suggest not. By that theory, if you are caught doing something wrong, you have several possible responses: (1) Admit it and apologize, make amends; (2) Deny the situation occurred; (3) Deny responsibility even if it did occur; (4) Deny guilt even if responsible; (5) Blame someone else; (6) Justify what you did as if it were the right thing to do, for a greater cause; and if all else fails, (7) Minimize the level of the problem/mistake (no big deal, right?). How would this have worked out if a second review had found some or all the issues? Table 1 shows the issue and the likely response if noticed by a reviewer.

Table 1.

Had Rabak and Lan (2023) Been Challenged for Their Anomalies, How They Might Have Explained or Justified Each of Those Anomalies to Avoid Rejection of Their Fabricated Paper

Issue	Likely Response	Remarks
Author names were fake	We were trying to ensure a truly blind review	Some journals won't do blind reviews, so maybe they do feel this is needed
Author's university was fake	We were trying to ensure a truly blind review	Perhaps they don't want their university to find out if their article had been rejected
Area of Singapore was incorrect	Typographical error	Our typist messed it up
Demographic variable summed to 101%	Rounding error or typographical error	Actually 101% does occur in legitimate research
Acceptance of Minorities Scale was fabricated	We got the name of the scale wrong or we invented it ourselves	Our typist messed up again
Age of mothers, as reported, did not include decimals (e.g., average age was 43 rather than say, 43.2	We inadvertently left off decimals three times for mothers' ages in Table 1	We will include those in our revision
The overall percentage for Blacks in Table 1 was 5 but was 5 for left-handed mothers and 6 for right-handed mothers; the overall percentage, given that the two groups are the same size, would have had to been 5.5 rather than 5.0	We made a typographical error for the overall percentage.	We will change that in our revision
Random sample?	We did not say we had a random sample per se, we had a random sample of households from which we picked eligible respondents	They never did say their sample was entirely random, only their initial selection of households
Exactly 200 participants, 100 each in each of two groups	We sampled each group until we got 100 in each	Researchers do this all the time, obtaining a quota for each group
85% of the sample was White	We meant to say 85% Asian and 5% White, sorry	That typist issue again
Different results in narrative versus the tables	The tables were correct but we did have typographical errors in the narrative	Typist issue

Significance level of 2S5	Sorry, another typographical error, easily corrected	Typist issue
Is the ASM 5-points per item or 7 points?	We meant five points, another typographical error	If 7 points, easier to show actual fraud, than if 5 points
References had issues	We were cutting and pasting references from other sources and may have made some mistakes; we will fix the problem before the paper is re-reviewed	This type of error does happen, especially when cutting and pasting from several sources
Article rejected for too many apparent errors	It is apparent that your journal, which published Sullins (2015) article, is biased and anti-gay	If the paper had been rejected, the authors could have easily accused the journal, its editor, and all three of its peer reviewers, including Dr. Schumm, of anti-LGBTQ+ bias as the underlying reason, regardless of the validity of the reviewers' comments

The point of Table 1 is that even if the authors had been caught with these issues, there would have been an easy, seemingly cogent response for each of them. If they had responded to each item in their reply to the editor, most editors would have taken them and their changes at face value and accepted the revised paper. And why not? So far there would have been no proof of fraud. Rabak and Lan (2024) seem to imply that if some reviewer had detected their anomalies, they would have admitted to faking the paper; but I would counter that with all they had at stake, I don't think they would have sent up a white flag yet. I think they would have worked around the issues as shown in Table 1 and still tried to get their fake paper published. Being an LGBTQ+ issue paper, I think an editor–not wanting to seem biased or homophobic–would have needed strong proof to reject the paper. Had the paper been rejected outright, I would guess the next step would have been to accuse the journal, its editor, and the three reviewers of anti-LGBTQ+ bias, which would fit a narrative of the journal having accepted the Sullins (2015) because of that same presumed bias. Rabak and Lan (2024) may have seen the situation as a catch-22 "win, win"–rejection would imply bias, acceptance would imply incompetence. Either way, they win and have something with which to discredit the journal and hence, Sullins (2015).

Deeper Methods for Detecting Fabrication of Results; Further Tests for Rabak and Lan (2023)

Yet can there be strong proof that the paper was fabricated, proof beyond what could be explained away as a "few" typographical errors? That is what will be

discussed next–how such proof might have been provided.

Rabak and Lan (2024) seem to believe that it is rare for top tier journals to fail to identify fake research; nothing could be more incorrect. Elsewhere, we have explained how several scholars have succeeded (if one could call it that) at getting dozens of articles through peer review and published in top tier journals, despite having been fabricated (Schumm, Crawford, Lockett, AlRashed, & Ateeq, 2021, p. 29). For a prime example, top tier social science journals, for twenty or more years, failed to detect that a university distinguished professor from Florida State University had been submitting fabricated data and analyses without detection through multiple levels of peer review, including papers presented at conferences (which require peer review and then allow for audience review), having multiple co-authors (who presumably reviewed their own papers), journal peer review by two or more qualified experts, as well as options for post-publication peer review (Breznau, 2021; Pickett, 2020; Savolainen, 2024; Schumm, Crawford, Lockett, Ateeq, & AlRashed, 2023; Schumm, Crawford, Lockett, AlRashed, & Ateeq, 2024).

Thus, it is, without question, possible for top tier journals to fail to detect fabricated papers, not just once, but many times, and not just for a few months (Rabak and Lan, 2024), but for decades. It might even be the case that top tier journals are more likely to publish fake papers because of the higher status associated with publishing in such presumably credible journals; if a scholar can get fabricated research published in top tier journals, why waste one's time publishing in lower tier journals? Regardless, we have to agree with Rabak and Lan (2024) and others (Radun, 2023; Shanmugam, 2022; Tennant & Ross-Hellauer, 2020) that scientific peer review can and perhaps even often does fail to detect issues with fraudulent data or results in scientific journals (Schumm, Crawford, Lockett, AlRashed, & Ateeq, 2021, p. 36).

There are at least nine ways to detect major research errors in published articles that have used small samples (Schumm, Crawford, Lockett, AlRashed, & Ateeq, 2021). Doing a deeper dive into the fake article, readers should have noticed that the range of the ASM scale with ten items had to run between 5 and 50 (5 point version) or between 7 and 70 (7 point version). None of the means presented were equal to or higher than 5.0, thus of nine mean scores reported, none were possible, unless the reported scores were for an average of the ten items in the ASM scale. Furthermore, they did not report actual ranges for their scale or for mothers' ages, which meant that our method of comparing standard deviations with ranges could not be used in its most ideal form. However, two of their standard deviations were the same, something Hartgerink and Wicherts (2016) said would be "extremely rare" (p. 6). Furthermore, the ratio of ideal range (5 – 1 = 4) to the standard deviations was between 3.92 and 6.67, within the expected range of 3 to 8 but still consistently on the high side. If one were to assume that the ideal range was 6 (7 – 1 = 6), then the ratio would have been between 5.88 and 10.00, with five of the 12 ratios greater than 8, outside the range of what is likely for the ratio of range divided by standard deviation. Applying the GRIM (Brown & Heathers, 2017) and/or SPRITE tests (Schumm, Crawford, & Lockett, 2019a, b) test to each of the nine means led to acceptable solutions for three of the nine means (3.52, 2.76, 2.33), "close" but not acceptable solutions for three of the nine (4.28, 4.44, 2.73), while three were impossible (4.52, 3.13, 2.92). The GRIM test can be checked by multiplying the mean by the sample size when a scale has only

integer values; the result should be an integer; for the last three "impossible" mean scores, that result did not yield integer values.

Furthermore, using the t-test calculator from Graphpad [https://www.graphpad.com/quckcalcs/ttest2/] the four t-test values reported were incorrect, usually by substantial margins (13.13 rather than 7.52; 17.76 rather than 10.81; 10.45 rather than 3.38; 1.03 rather than 1.15). For two of the t-tests in Table 4, the degrees of freedom reported were incorrect (85 rather than 98; 111 rather than 98), which should have been noticed since the sum of the cases for those two t-tests (87 and 113) were not equal to the implied sample size of 100 (for the reported $df = 98$). The chi-square statistic was incorrectly reported as 64.11, while it should have been 42.75; Cramer's V was reported as .56 when it would have been .46.

While it is not clear that Benford's Law applies to means and standard deviations (Schumm et al., 2023), in Tables 2, 3, and 4 of Rabak and Lan (2023), one would expect about a third of the first 24 digits (i.e., 8) to be ones but only a single digit of one was reported. In terms of the last digits of the means and standard deviations in Tables 2, 3, and 4, there are the following counts for digits 0 through 9: 1, 1, 8, 6, 3, 0, 1, 1, 2, 1. Since the last digit should be approximately random (Schumm, 2023a,b), we should obtain roughly equivalent counts for each number, but instead, a one-sample chi-square test yields a value of 16.0 ($p < .03$), which indicates that the assignment of last digits was not random. Thus, if suspicions had been aroused about Rabak and Lan (2023), there were multiple ways to examine its validity statistically (Schumm, Crawford, Lockett, AlRashed, & Ateeq, 2021) as well as using freely available web-based statistical packages (Schumm, Dugan, Nauman, Sack, Maldonado, Conyac, & Patterson, 2021). Because these issues represent more than just a superficial analysis of Rabak and Lan (2023), it would have been much more difficult for them to refute or explain them away.

Table 2.

Additional Anomalies Found in Rabak and Lan (2023) That Would Have Been More Difficult to Explain/Justify After Review

Issue	Testing	Remarks
Range of ASM Scale	From scores of 5 to 50 or 7 to 70, outside of the ranges of reported scores	Rabak and Lan (2023) likely were reporting item averages, dividing scale scores by ten, the number of items
Two standard deviations were the same	Extremely rare occurrence	Sometimes rare occurrences do occur
If ASM Scale used five point items	Ratio of range to SDs would fall between 3.92 and 6.67, somewhat on the high side of expected range between 3 and 8	
If ASM scale used seven point items	Ratio of range to SDs would fall between 5.88 and 10.00, with 5/12 of	Most such ratios fall between 3 and 8, seldom above 8

	those reported greater than 8	
Mean scores and GRIM testing	Of the nine mean scores reported, six are impossible	Although three of the six are "close" to viable
Four t-test results and their degrees of freedom	All of the four test results reported are incorrect by wide margins using the data presented and half of the reported degrees of freedom are incorrect	Such major errors would be unlikely, even though one could claim typographical errors as the cause
Chi-square test and value of Cramer's V	The chi-square test is incorrect as is Cramer's V for the raw data reported	Maybe typographical errors could be blamed but unlikely a valid reason
Benford's Law	Of the 24 values of means and SDs, eight would have been expected to start with a digit of "1" but only one of the eight did	While Benford's Law does seem mainly to apply to regression coefficients, it may not always apply to means and SDs
Terminal digits as random	Terminal decimal point digits should be approximately random; the distribution of such digits was not random, with a chi-square of 16.00, $p < .03$.	

Criticism of Sullins (2015)

However, the point of submitting a scam paper to this journal was to try to discredit the journal, as an intermediate pathway to discrediting an earlier publication in the same journal by Dr. Paul Sullins (2015). First, that article was reviewed and edited by different scholars than used for Rabak and Lan (2023); thus, the possible "sins" of the editor and reviewers for Rabak and Lan (2023) were not relevant for the review process for Sullins (2015). Rabak and Lan (2024) proceed to present several criticisms of Sullins (2015), including that the gay or lesbian respondents could not have been married in 1995 when the survey had been conducted, that the measure of depression was broken into smaller subscales, that some of Sullins's results favored the children of same-sex parents as if Sullins did not mention that finding, that Sullins used three first person statements, that he cited Regnerus's (2012a, b) study, and that Sullins reported results that were not statistically significant or were not tested for significance at all. Rabak and Lan (2024) concluded that Sullins (2015) was a "convoluted mess of a paper" that was "junk science at its highest form, and a low blow to the scientific community at large," which may sound like psychological projection, or just plain hypocrisy, to those who dislike fabrication of research regardless of the rationale (i.e., that the ends justify the means).

Comments on Sullins (2015)

First, Sullins (2015) attempted to replicate earlier work by Wainright et al. (2004, 2006, 2008) using the same

variables, outcome measures, and sample. In terms of the marital status issue (how could same-sex parents be legally married before 2015?) respondents to the survey could report that they were in a marriage-like relationship as well as a legal marriage. 40% of the gay or lesbian parent couples reported that they were in a marriage-like relationship in the data used by Wainright et al. (see Sullins, 2015, p. 9). If Sullins was incorrect to credit those couples with a "married" status, one would have to agree that Wainright et al. (2004, 2006, 2008) were likewise incorrect. Sullins did use subscales from the CES-D but did so to replicate the methods used by the earlier analyses. If using subscales or items from the CES-D was an issue, it was an issue for both Sullins (2015) and Wainright et al. (2004, 2006, 2008). Sullins did mention results that were significant or not and, in contrast to the claims of Rabak and Lan (2023), mentioned that some results significantly favored the children of same-sex parents. Furthermore, in Sullins (2015), Figures 1 through 6 focused on interaction effects rather than main effects, but Sullins did note the presence of significant main effects that favored the children of same-sex parents within those six figures.

Sullins (2015) did use a first-person reference at three points; while this was frowned upon when I began my career as a professor in 1979, over time, with the support of feminist scholars, the trend has been more toward the use of personal pronouns. Sullins (2015) did cite the Regnerus study, which did receive much commentary afterwards, both more favorable (Regnerus, 2012b; Schumm, 2012) and unfavorable (reviewed in Schumm, 2015). Notably, some scholars agreed with Regnerus's results inasmuch as relationship instability was found to mediate, even possibly explain, any associations between family structure and various outcome measures (Allen & Price, 2020; Gates, 2015; Rosenfeld, 2015, Schumm, 2018, pp. 84-89). Rabak and Lan (2023) did not mention that Sullins (2015) had detected, in contrast to previous peer reviews of the same data, that only 17 of the same-sex female couples were lesbian parent couples of the 44 "same-sex" couples analyzed by Wainright et al. (2004), Wainright and Patterson (2006, 2008), and Patterson and Wainright (2012). Sullins (2015) also added data from three gay parent couples to his analyses, for a total of 20 genuine same-sex parent couples. Sullins (2015, pp. 11, 14-15) also was the first to notice that over 70% of the children of same-sex married couples reported having been forced to have sex against their will, of which a majority had been molested by a family caregiver (not necessarily a same-sex parent) in their past.

That issue is plausible–for example, Balsam, Rothblum, and Beauchaine (2005) found that nearly 44% of lesbians and 48% of bisexual women in their study had reported childhood sexual abuse. For all their criticisms, some justified, of conservatives, Rabak and Lan (2024) did not mention parallel criticisms of progressive scholars which, in contrast to their 2024 report, had been published in peer reviewed journals (Schumm, 2015, 2021; Schumm, 2020a, b; Schumm & Crawford, 2018; 2019a, b; 2020a, b; 2021; Schumm, Pakaluk, & Crawford, 2020), along with an article that commented on issues in both conservative and progressive scholars' research (Schumm & Crawford, 2023), including that of Dr. Sullins. Schumm's research has been subjected to analysis and criticism as well, by conservative scholars (Sutton & Cretella, 2018).

Discussion

Implications

The article by Rabak and Lan (2023) is not alone in containing a variety of anomalies that should lead to questions from reviewers. I have recently reviewed more than one paper where the numbers in the narrative did not match the numbers reported in the tables. Many papers lack adequate referencing and citations. Some articles (Elwood et al., 2020) have referenced as keystones of their literature review, articles (Hatzenbuehler, 2014) that have been retracted; specifically, Elwood et al. cited Hatzenbuehler et al. (2014) stating that "Furthermore, lesbians, gay men, and other sexual minorities who live in American regions with greater levels of prejudice are more likely to die approximately 12 years prematurely from cardiovascular diseases, homicide, suicide, and other causes than sexual minorities who live in more tolerant areas" (p. 935).

Furthermore, some articles (Elwood et al., 2020, p. 939) claim to represent lesbians and gay men as sexual "minorities" but those particular minorities actually scored higher on income levels and educational levels than did all respondents. Some papers have reported results as non-significant that when re-analyzed yielded results that were significant–and vice versa (for examples, see Schumm and Crawford, 2024). Some papers had results with small effect sizes that were significant but had results with larger effect sizes that were not significant (see Schumm and Crawford, 2023, p. 202-203). I've seen cases where the results were significant but by dividing the sample into smaller subgroups, the results appeared to become non-significant (Schumm & Crawford, 2023, 2024). However, outright fabrication of results is a far more serious academic problem than such issues, as relevant as they may be for assessing the validity of research reports based on authentic data and non-fabricated results.

Furthermore, if a scholar wants to slant their research to either find or not find significant results, there are dozens of ways to do this subtly in ways that many reviewers may not notice (Schumm & Crawford, 2024). This problem of confirmation bias (Schumm, 2015, 2021) appears to be widespread. As long as desired or appealing results are obtained, research that is eventually proven to be largely fraudulent can be accepted for years, even decades, without any suspicion or complaints, despite multiple levels of peer review (e.g., informal faculty meetings to discuss ongoing research projects, conferences, papers submitted to academic journals papers after review by multiple co-authors, post-publication critiques). Reviewers need to be alert for such issues.

Finally, since the ultimate objective of the fabricated, fake Rabak and Lan (2023) paper appears to have been to discredit the journal and a particular article previously published in it (Sullins, 2015), it seems appropriate to consider the issue of conflicts of interest (Radun, 2023). By addressing Dr. Sullins' research in an ad hominem manner, Rabak and Lan (2024) exposed their own conflict of interest. Post-publication reviews can be helpful in advancing social science, but such reviews should be even-handed and represent both the positives and negatives of articles under review (Lanier, 2021). Radun concludes that conflicts of interest among editors and peer reviewers that lead to "biased review[s] with personal insults" (p. 338), "especially regarding controversial issues in small research fields, [are] indeed dangerous and harmful to the scholarly community" (p. 339). The implication, that Radun (2023) has noted, is that "if such [peer] reviews contain personal insults or question the authors' motivation, they

should always be discarded because they are clear signs of a serious COI [conflict of interest]" (p. 334). Reviewers should be alert for such issues.

Recommendations

I believe that today graduate students at some universities are receiving less training in how to do a peer review of a journal article. Learning how to do peer review is not a "sexy" kind of training. It involves careful attention to detail and takes time. If you start with the assumption that papers will not have inconsistencies or errors because they are by scholars with Ph.D.'s, you may not even look for such things and, not looking for them, overlook them, that is, fail to "see" or detect them. Hence, it is my recommendation that graduate programs include academic and practical training on peer review.

The editor of the *Journal of Education, Society, and Behavioural Science* should maintain the article on the journal's website so comments about it can be fact checked and so it can be used for training others in the detection of fraudulent research. However, the word FABRICATED and RETRACTED in large letters should be placed across the first page of the article. Journals that provide for emergency review must be especially careful to guard against authors trying to take advantage of their emergency procedures. Editors must assume at least partial responsibility for detecting and, if possible, desk rejecting scam papers because the editor is the primary and initial interface between the paper's author and the peer review process, even if editors depend on peer reviewers to identify or prove fraudulent work.

Graduate programs should clarify that criticism of research should not be received as disrespect or emotional harm; without criticism, research is apt to degenerate in quality and value. Constructive criticism can and should be used to lead to higher quality research. At the same time, due to constraints of time and funding, all research will feature limitations, including even simple typographical errors; thus, criticism cannot mean that a research report has no value–it just may have limitations that may not be correctable. In some situations, internal inconsistencies such as those in Rabak and Lan (2023) may reflect simple typographical errors, nothing more. Limitations are important because they warn us to limit the applicability of any given bit of research, no matter how interesting or in tune with our own biases.

Editors and peer reviewers should know that faked research can be detected with a variety of methods; even if they are not familiar with those methods, if they suspect a research report has been faked, they should contact scholars who can confirm or disconfirm their concerns. Editors and peer reviewers should also be alert for conflicts of interest as indicated by attempts to discredit persons rather than merely offering criticism of specific aspects of the research reports of other scholars. Some journals have begun a process of sending out papers before peer review to an independent scholar for an assessment of whether the paper is deserving of being sent out for peer review, likely an attempt to, among other things, detect serious problems such as fabricated research prior to peer review and, perhaps, to reduce the need for further reviews and the overall burden on the journal's support team.

Conclusion

The fact that any particular journal fails to detect any one fake or fabricated paper in the process of peer review does not demonstrate that the journal is lower tier or lacks credibility. Numerous high quality scholarly

journals have failed to detect a large number of faked papers. One must ask if it is worth engaging in one of the most serious forms of scientific misconduct in order to try to discredit a journal, much less to discredit an author in that journal several years prior, especially when the editors and reviewers were different? If a person is willing to lie about science in order to criticize someone, should they be believed about their other claims? If a person feels it is acceptable to lie for the "greater good," why not lie about lesser things as well? In this particular case, not only did the Rabak and Lan (2023) misrepresent themselves but they appealed to the emotional desires of editors and peer reviewers to help them out, presenting themselves, at least to the journal's editor, as a female graduate student with a need for an extraordinarily fast review, not only deceiving but even betraying a remarkable kindness from everyone involved in the expedited peer review process.

However, improvements in journal operations by editors and peer reviewers can increase the chances of detecting anomalies in submitted papers and analyzing them in sufficient depth to detect likely situations of data or results fabrication. If papers seem to present conflicts of interest in terms of *ad hominem* attacks on other scholars, further investigation may be needed, and such papers should be revised without such attacks before publication. While any paper may feature typographical errors or missing references, patterns of multiple such errors may indicate serious problems, even potential fraud, and should lead to very careful peer and editorial review.

References

Allen, D., & Price, J. (2020). Stability rates of same-sex couples: With and without children. *Marriage & Family Review*, *56*, 51-71. https://doi.org/10.1080/01494929.2019.1630048

Balsam, K. F., Rothblum, E. D., & Beauchaine, T. P. (2005). Victimization over the life span: A comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology*, *73*(3), 477-487. https://doi.org/10.1037/0022-006X.73.3.477

Breznau, N. (2021). Does sociology need open science? *Societies*, *11*(1), 9-25. https://doi.org/10.3390/soc11010009

Brown, N. J., & Heathers, J. A. (2017). The GRIM test: A simple technique detects numerous anomalies in the reporting of results in psychology. *Social Psychological and Personality Science*, *8*(4), 363-369. https://doi.org/10.1177/1948550616673876

Campanario, J. M. (2009). Rejecting and resisting Nobel class discoveries: Accounts by Nobel Laureates. *Scientometrics*, *81*, 549-565. https://doi.org/10.1007/s11192-008-2141-5

Elwood, W. N., Irvin, V. L., Liu, B., Lee, R., & Breen, N. (2020). Health-related influences of extending marital benefits to same-sex couples: Results from the California Health Interview Survey. *Family Relations*, *69*(5), 934-943. https://doi.org/10.1111/fare.12507

Gates, G. J. (2015). Marriage and family: LGBT individuals and same-sex couples. *The Future of Children*, *25*(2), 67-87. https://doi.org/10.1353/foc.2015.0013

Hartgerink, C. H. J., & Wicherts, J. M. (2016). Research practices and assessment of research misconduct.

ScienceOpenResearch. https://doi.org/10.14293/S2199-1006.1.SOR-SOCSCI.ARYSBI, v1.

Hatzenbuehler, M. L., Bellatorre, A., Lee, Y., Finch, B., Muennig, P., & Fiscella, K. (2014). Structural stigma and all-cause mortality in sexual minority populations. [Retracted] *Social Science and Medicine*, *103*, 33-41. https://doi.org/10.1016/j.socscimed.2019.112463

Hergovich, A., Schott, R., & Burger, C. (2010). Biased evaluation of abstracts depending on topic and conclusion: Further evidence of a confirmation bias within scientific psychology. *Current Psychology*, *29,* 188-209. https://doi.org/10.1007/s12144-010-9087-5

Johnson, V. E., Payne, R. D., Wang, T., Asher, A., & Mandal, S. (2017). On the reproducibility of psychological science. *Journal of the American Statistical Association*, *112*(517), 1-10. https://doi.org/10.1080/01621459.2016.1240079

Kassirer, J. P., & Campion, E. W. (1994). Peer review: Crude and understudied, but indispensable. *JAMA*, *272*, 96-97. https://doi.org/10.1001/jama.272.2.96

Lanier, W. L. (2021). Dealing with inappropriate-, low quality-, and other forms of challenging peer review, including hostile referees and inflammatory or confusing critiques: Prevention and treatment. *Accountability in Research*, *28*(3), 162-185. https://doi.org/10.1080/08989621.2020.1815010 /

Nickerson, R. S. (1998). Confirmation bias: A ubiquitous phenomenon in many guises. *Review of General Psychology*, *2*(2), 175-220. https://doi.org/10.1037/1089-2680.2.2.175

Nosek, B. A., Hardwicke, T. E., Moshontz, H., Allard, A., Corker, K. S., Dreber, A., Fidler, F., Hilgard, J., Kline Struhl, M., Nuijten, M. B., & Rohrer, J. M. (2022). Replicability, robustness, and reproducibility in psychological science. *Annual Review of Psychology*, *73*(1), 719-748. https://doi.org/10.31234/osf.io/ksfvq

Nurunnabi, M., & Hossain, M. A. (2019). Data falsification and question on academic integrity. *Accountability in Research*, *26*(2), 108-122. https://doi.org/10.1080/08989621.2018.1564664

Open Science Collaboration. (2015). Estimating the reproducibility of psychological science. *Science*, *349*(6251), aac4716. https://doi.org/10.1126/science.aac4716

Patil, P., Peng, R. D., & Leek, J. T. (2016). What should researchers expect when they replicate studies? A statistical view of replicability in psychological science. *Perspectives on Psychological Science*, *11*(4), 539-544. https://doi.org/10.1177/1745691616664636

Patterson, C. J., & Wainright, J. L. (2012). Adolescents with same-sex parents: Findings from the National Longitudinal Study of Adolescent Health. In D. M. Brodzinsky & A. Pertman (Eds.), *Adoption by lesbians and. gay men: A new*

dimension in family diversity. New York: Oxford University Press.

Pickett, J. T. (2020). The Stewart retractions: A quantitative and qualitative analysis. *Econ Journal Watch*, *17*(1), 152-190.

Rabak, J., & Lan, H. G. (2023). Left-handed mothers and LGBTQ+ child acceptance in Singapore: Exploring the link through early life rejection. *Journal of Education, Society, and Behavioural Science*, *36*(4), 13-18. https://doi.org/10.9734/jesbs/2023/v36i41216

Rabak, J., & Lan, H. G. (2024). *Anti-LGBTQ fake science is spreading in Singapore*. https://heckinunicorn.com/blogs/heckin-unicorn-blog/anti-lgbtq-fake-science-is-spreading-in-singapore? Updated January 8, 2024, 54 pages. Singapore, Republic of Singapore.

Radun, I. (2023). Nonfinancial conflict of interest in peer review: Some notes for discussion. *Accountability in Research*, *30*(6), 331-342. https://doi.org/10.1080/08989621.2021.1989677

Regnerus, M. (2012a). How different are the adult children of parents who have same-sex relationships? Findings from the New Family Structures Study. *Social Science Research*, *41*, 752-770. https://doi.org/10.1016/j.ssresearch.2012.03.009

Regnerus, M. (2012b). Parental same-sex relationships, family instability, and subsequent life outcomes for adult children: Answering critics of the New Family Structures Study with additional analyses. *Social Science Research*, *41*, 1367-1377.

Rosenfeld, M. J. (2015). Revisiting the data from the New Family Structure Study: Taking family stability into account. *Sociological Science*, *2*, 478-501. https://doi.org/10.1016/j.ssresearch.2012.08.015

Savolainen, J. (2024). Unequal treatment under the flaw: Race, crime, and retractions. *Current Psychology*, 43(17), 16002-16014. https://doi.org/10.1007/s12144-023-04739-2

Schumm, W. R. (2015). Navigating treacherous waters – one researcher's 40 years of experience with controversial scientific research. *Comprehensive Psychology*, *4*, 24, 1-40. https://doi.org/10.2466/17.CP.4.24

Schumm, W. R. (2018). *Same-sex parenting research: A critical assessment*. London: Wilberforce Press.

Schumm, W. R. (2020a). Changes over the decades in selected LGBTQ research findings. *JSM Sexual Medicine*, *4*(2), 1029, 1-8. https://doi.org/10.47739/2578-3718/1029

Schumm, W. R. (2020b). Avenues for future LGBT theory and research. *JSM Sexual Medicine*, *4*(2), 1031, 1-7.

Schumm, W. R. (2021). Confirmation bias and methodology in social science: An editorial. *Marriage & Family Review*, *57*(4), 285-293. https://doi.org/10.1080/01494929.2021.1872859

Schumm, W. R. (2023a). A further examination of excesses or deficits of terminal zeroes in scientific research: Using binomial testing to assess probabilities for different anomaly classifications as a function of different sample sizes of coefficients with terminal digits. *Biomedical Journal of Scientific & Technical Research*, *52*(4), 43992-43995.

https://doi.org/10.26717/BJSTR.2023.52.008293

Schumm, W. R. (2023b). Assessing last decimal digits in retracted research articles: Accounting for missing zeroes. *SCIREA Journal of Sociology*, *7*(4), 276-286. https://doi.org/10.54647/sociology841134

Schumm, W. R. (2024). *Justification theory*. Unpublished working paper, Manhattan, Kansas.

Schumm, W. R., & Crawford, D. W. (2018). How have other family journals compared in LGBT research to the top seven journals in the field? *Marriage & Family Review*, *54*(6), 521-530. https://doi.org/10.1080/01494929.2018.1460145

Schumm, W. R., & Crawford, D. W. (2019a). Evaluating the quality of literature reviews in the social sciences: Developing a measure of quality with an illustration. *Psychology Research & Applications*, *1*(2), 47-69. https://dx.doi.org/10.22606/pra.2019.12003

Schumm, W. R., & Crawford, D. W. (2019b). Scientific consensus on whether LGBTQ parents are more likely (or not) to have LGBTQ children: An analysis of 72 social science reviews of the literature published between 2001 and 2017. *International Journal of Women's Studies*, *20*(7), 1-12. Available at: https://vc.bridgew.edu/jiws/vol20/iss7/1

Schumm, W. R., & Crawford, D. W. (2020a). Assessing citation bias in scientific literature. *American Journal of Biomedical Science & Research*, *10*(3), 274-276. https://doi.org/10.34297/AJBSR.2020.10.001514

Schumm, W. R., & Crawford, D. W. (2020b). Is research on transgender children what it seems? Comments on recent research on transgender children with high levels of parental support. *The Linacre Quarterly*, *87*(1), 9-24. https://doi.org/10.1177/0024363919884799

Schumm, W. R., & Crawford, D. W. (2021). Can social desirability be detected statistically at the macro-sociological level? *Psychology Research & Applications*, *3*(1), 14-28. https://doi.org/10.22606/pra.2021.31002

Schumm, W. R., & Crawford, D. W. (2023). Difficulties with methodology in social science research with controversial issues regarding human sexuality. *The Linacre Quarterly*, *90*(2), 194-216. https://doi.org/10.1177/00243639221082213

Schumm, W. R., & Crawford, D. W. (2024). Sixteen approaches for deconstructing theory, research, or literature reviews claiming a "no difference" (null) result in the social sciences. *The Natural Family: A Journal of Research and Public Policy*, *36*(3-4), 155-176.

Schumm, W. R., Crawford, D. W., Higgins, M., Lockett, L., AlRashed, A., & Bin Ateeq, A. (2018). Estimating the standard deviation from the range: A replication of analyses of demographic data reported in *Marriage & Family Review* 2016 – 2017. *Marriage & Family Review*, *54*(8), 777-792. https://doi.org/10.1080/01494929.2018.1500128

Schumm, W. R., Pakaluk, C. R., & Crawford, D. W. (2020). Forty years of confirmation bias in the social sciences: Two cases of selective citations. Internal Medicine Review, 6(4), 1-14. https://doi.org/10.18103/imr.v6i4.875

Schumm, W. R., Crawford, D. W., & Lockett, L. (2019a). Patterns of means and standard deviations with binary variables: A key to detecting fraudulent research. *Psychology Research and Applications*, *1*(4), 112-118. https://doi.org/10.26717/BJSTR.2019.23.003851

Schumm, W. R., Crawford, D. W., & Lockett, L. (2019b). Using statistics from binary variables to detect data anomalies, even possibly fraudulent research. *Biomedical Journal of Scientific and Technical Research*, *23*(1), 17151-17153. https://doi.org/10.22606/pra.2019.14004

Schumm, W. R., Crawford, D. W., Lockett, L., AlRashed, A., & bin Ateeq, A. (2021). Nine ways to detect possible scientific misconduct in research with small (N < 200) samples. *Psychology Research and Applications*, *3*(2), 29-40. https://doi.org/10.22606/pra.2021.32001

Schumm, W. R., Crawford, D. W., Lockett, L., AlRashed, A., & bin Ateeq, A. (2024). Research anomalies in criminology: How serious? How extensive over time? And who was responsible? *Accountability in Research*, online advance. https://doi.org/https://doi.org/10.1080/08989621.2023.2241127

Schumm, W. R., Crawford, D. W., Lockett, L., bin Ateeq, A., & AlRashed, A. (2023). Can retracted social science articles be distinguished from non-retracted articles by some of the same authors, using Benford's Law or other statistical methods? *Publications*, *11*, 14, 1-13. https://doi.org/10.3390/publications11010014

Schumm, W. R., Dugan, M., Nauman, W., Sack, B., Maldonado, J., Conyac, C., & Patterson, C. (2021). Using free websites to perform statistical calculations in basic statistics courses at high school or college levels. *SunKrist Sociology and Research Journal*, *2*(1), 1009, 1-7.

Shanmugam, G. (1986). Conventional wisdom and scientific progress. *Geology*, *14*(8), 718. https://doi.org/10.1130/0091-7613(1986)14<718a:CWASP>2.0.CO;2

Shanmugam, G. (2022). The peer-review problem: A sedimentological perspective. *Journal of the Indian Association of Sedimentologists*, *39*(3), 24. https://doi.org/10.51710/jias.v39i1.243

Sullins, D. P. (2015). The unexpected harm of same-sex marriage: A critical re-appraisal, replication, and re-analysis of Wainright and Patterson's studies of adolescents with same-sex parents. *British Journal of Education, Society, & Behavioural Science*, *11*(2), 1-22. http://dx.doi.org/10.2139/ssrn.2589129

Sutton, P. M., & Cretella, M. (2018). A review and summary of Walter Schumm's *Same-Sex Parenting Research: A Critical Assessment*. *Journal of Human Sexuality*, *9*, 101-107.

Tennant, J. P., & Ross-Hellauer, T. (2020). The limitations to our understanding of peer review. *Research Integrity and Peer Review*, *5*: 6, 1-14. https://doi.org/10.1186/s41073-020-00092-1

Wainright, J. L., Russell, S. T., & Patterson, C. J. (2004). Psychosocial adjustment, school outcomes, and romantic relationships of adolescents with same-sex parents. *Child Development*, *75*(6), 1886-1998. https://doi.org/10.1111/j.1467-8624.2004.00823.x

Wainright, J. L., & Patterson, C. J. (2006). Delinquency, victimization, and substance use among adolescents with female same-sex parents. *Journal of Family Psychology*, *20*(3), 526-530. https://doi.org/10.1037/0893-3200.20.3.526

Wainright, J. L., & Patterson, C. J. (2008). Peer relations among adolescents with female same-sex parents. *Developmental Psychology*, *44*(1), 117-126. https://doi.org/10.1037/0893-3200.20.3.526

ISSN 2994-7529

Journal of Human Sexuality
Volume 15, 69-79

Nature and Nurture: Same-Sex Attraction

Gary Bondy[1]

[1]*Department of Psychology, Rhombus University*

Since homosexuality, here referred to as same-sex attraction (SSA), was removed from the Diagnostic and Statistical Manual (DSM) in 1973, mixed results were provided from studies on SSA etiology. This paper attempts to unpack and critically examine some recent SSA etiology research from both nature (biological) and nurture (interactions between non-social and social environments with biology). Nature research reveals a few complex genetic components, underwhelming twin concordance rates, and how SSA can be conceptualized from an evolutionary perspective. Nurture research reveals a fraternal and sororal birth order effect, a possible maternal immune response hypothesis, and hidden qualitative evidence for controversial family dynamics etiologies. In conclusion, SSA's origins are vastly unknown, leaving many possibilities open to interpretation and the cliché, "need for more research" definitely applies here. The question lies in when scientific societies will decide that critical thinking is the most important aspect in research motivation.

Keywords: Homosexuality, same-sex attraction, nature vs. nurture, literature review, research

Nature and Nurture: Same-Sex Attraction

Homosexuality, here referred to as same-sex attraction (SSA), was removed from the American Psychiatric Association's Diagnostic and Statistical Manual (DSM) in 1973 (American Psychiatric Association, 1974; Abel et al., 2022). Even though the second and third versions of the DSM contained language like "sexual orientation disturbance" (SOD) and ego-dystonic homosexuality (Drescher, 2015), both of these terms have also been removed. Virtually every scientific and psychological association has moved away from pathologizing SSA and toward normalizing SSA as a natural human sexuality variant (American Counseling Association [ACA], 2017; American Medical Association [AMA], 2022; American Psychological Association [APA], 2021; National Association of Social Workers [NASW], 2015).

Researchers have been trying to find where sexual orientation comes from for

---

Gary Bondy, M.S., received his master's degree in research psychology and data analysis from Azusa Pacific University. He is currently an office manager at his local church in Glendale, CA and a Rehab Aide at a local skilled nursing facility in Tujunga, CA. He is actively working toward earning a second master's degree in counseling psychology and a professional clinical counselor license in the state of California.

Correspondence concerning this article should be addressed to Gary Bondy, 4001 La Crescenta Ave., La Crescenta, CA 91214, United States. Email: gbondy15@apu.edu

Many years with few concrete answers. Findings in nature range from genetics and discordant epigenetics to fraternal birth order, while nurture, or environment, suggests prenatal effects and little to no evidence of social or family dynamics' involvement (Ablaza et al., 2022; Balswick & Balswick, 2019; Cook, 2021; Diamond, 2021; Ganna et al., 2019; Savolainen & Hodgson, 2021). The most likely understanding is that sexual orientation is not influenced by one overarching factor, but a combination of many variables. This review will unpack some recent research in both nature and nurture etiological attributions of SSA.

Nature Findings

The Big Ganna et al. (2019) Study

Ganna et al. (2019) conducted the largest genome-wide association study (GWAS) to date on same-sex sexual behavior. This study discovered five chromosomal loci that involve sex hormone regulation and olfaction and indirectly lead to 8-25% of the variance in same-sex sexual behavior. The Ganna et al. (2019) study faced harsh criticism, however, for irresponsible sexual orientation measurement, labeling a large group of people as SSA when their only measure for SSA was ever versus never having a same-sex partner in their *main* analysis (Gonzalez Vazquez, 2022; Hamer et al., 2021; Whitehead & Whitehead, 2023). Ganna et al. (2019) admitted that having only two classifications in their main analysis was to increase their sample power. Still, Whitehead and Whitehead (2023) highlighted that the males in the Ganna et al. (2019) study that had the genotype tissue expression of note were only 0.4% more likely to have any same-sex partners. There were multiple methods and findings within the Ganna et al. (2019) study that made Whitehead and Whitehead (2023) call into question, "whether their study was of people with SSA or of sexual explorers" (pg. 153; see Hamer et al., 2021 for another critique). Gonzalez Vazquez (2022) reviewed the four most popular SSA genetic studies and concluded that none of the studies measured sexual orientation correctly, especially Ganna et al. (2019). When any study fails to use a validated, reliable measure for important variables, the results need to be handled with extreme caution.

Despite the limitations, Diamond (2021) reviewed the Ganna et al. (2019) study and highlighted an important finding the original authors did not emphasize. In a post-main analysis assessing phenotypic continuum correlation, there were four people-group classifications to their sample of sexually active "non-heterosexuals:" People with (1) exclusive same-sex behavior, (2) over two-thirds same-sex behavior, (3) one-third to two-thirds same-sex behavior, and (4) less than one-third same-sex behavior. Cross-trait linkage disequilibrium regressions found that the genetic correlation between groups one and two was a whopping 0.95. In contrast, groups one and three had a 0.80 correlation while groups one and four had an insignificant correlation of 0.13. In other words, the Ganna et al. (2019) study suggested that the more "same-gender" (their word choice) partners people had, the more genetically similar they were to each other. In contrast, people with fewer same-gender partners were quite genetically *dissimilar* to people with exclusively same-gender partners. These striking correlations suggest that similar genes are working together to produce a predisposition to a continuum of same-sex sexual behavior outside of heterosexuality and mostly heterosexuality. Sanders et al. (2021) found loci associated with childhood gender

nonconformity, but some of the loci were also associated with or near loci related to autism spectrum and mood disorders.

Twin Studies

Twin studies are useful for discovering the genetic linkage for certain traits by observing the concordance rates, or the percentage of how often a monozygotic (MZ) or identical twin pair shares a trait. Examples of traits that almost always have 100% concordance rates in MZ twins are hair color, eye color, and skin pigmentation (Whitehead & Whitehead, 2023). For sexual orientation, twin studies are quite inconsistent. Older research was prone to sampling biases like screening for homosexual participants from lesbian, gay, bisexual (LGB) community publications and press (Bailey & Pillard, 1991; Whitam et al., 1993), resulting in inflated concordance rates (Cook, 2021; Datta, 2021; Kocharyan, 2019; Whitehead & Whitehead, 2023).

In twin studies, assessing pairwise concordance in a large, random sample is far more statistically superior to *proband* concordance in a convenience sample (Whitehead & Whitehead, 2023). The latter methodological flaws are likely implemented and unreported in older SSA twin studies (Whitehead & Whitehead, 2023). Pairwise comparison takes the raw percentage rate that both pairs of twins share a trait, while proband concordance measures the *risk* of "illness" or *chances* that a twin will share a trait (Hari Kumar & Modi, 2014). However, these chances are likely affected by shared and nonshared environments (Cook, 2021) while pairwise concordance provides the actual prevalence.

A literature search for the last six years did not produce any *recent* articles assessing new concordance rates in twin registries. Given the mixed and confusing results in twin concordance studies, one thing is clear: Ultimately, whether (a) the pairwise concordance is 11% for males and 14% for females (Whitehead & Whitehead, 2023), or (b) the proband concordance is 20% for males and 24% for females (Bailey et al., 2000), if SSA was *strongly* influenced by genetics, these rates should be much higher than they are. This is because twin studies are the strongest evidence to determine whether traits are genetic or environmental (Whitehead & Whitehead, 2023). The combined results suggest that genes play a weaker role, while the "unique environmental factors […] play a decisive and maybe dominating role" (Kocharyan, 2019, pg. 71). Later, this paper will unpack some possible environmental factors.

Nature Conclusion

Considering all the complex, nuanced facets of genetic findings with SSA, it is important to revisit the basics of genetics. Genes are ultimately biochemical protein recipes made up of deoxyribonucleic acid (DNA) wrapped around histones that ultimately shape physical cellular function and traits (Whitehead & Whitehead, 2023). Any genetic component of a behavior is very weak, indirect, and involves hundreds, even thousands, of complex genes. With SSA, researchers are still finding it difficult to come to a clear and replicable genetic answer (Cook, 2021; Whitehead & Whitehead, 2023). In his critical review of SSA genetics studies, sexuality and science writer Sayantan Datta (2021) wrote, "Genes only dictate *what we are,* and not *who* we are. In my opinion, the current state of genetics research disallows it from making claims about complex human behaviors" (pg. 186).

Nature-Nurture Interaction Findings and Evolutionary Perspectives

Non-Social Environment: Fraternal Birth Order & Maternal Pre-Natal Immune Response

The fraternal birth order effect (FBOE) is an empirically acknowledged theory that posits the greater number of older brothers a person has, the more likely that person will develop SSA or a variable related to SSA (e.g., be in a same-sex marriage or union). Referencing limitations in prior research regarding FBOE, Ablaza et al. (2022) conducted a rigorous, novel data approach study on tens of thousands of men and women in same-sex unions. They not only found a significant FBOE but also a *sororal* birth order effect (SBOE; i.e., an increased number of older sisters) for *both* males and females. Specifically, the greater the number of older siblings a person had, the more likely that person would be in a same-sex union.

FBOE is linked to the maternal immunological theory behind male sexual orientation, which proposes that having a first-born son exposes the mother to male histocompatibility (H-Y) antigens that are responsible for creating male-typical sexual and neurological characteristics. Based on findings from Ablaza et al. (2022), being a first-born son is not significantly associated with same-sex partnership, but being a younger sibling with more older brothers is. With more male offspring, females can sometimes develop an immune response towards and create antibodies for H-Y antigens. These antibodies have the potential to bind with the H-Y antigens and interfere with their typical processes in male fetus development and could result in sons with SSA (Ablaza et al., 2022; Bailey et al., 2016; Cook, 2021). Mothers of SSA sons, in comparison to mothers of heterosexual sons, showed a significantly higher degree of antibodies to neuroligin 4, a protein important for fetus male brain development (Bogaert et al., 2018; Cook, 2021). However, this was done with a relatively small sample of mothers with SSA sons (n = 48).

It should be noted that these biological factors are simply things that *predispose* people to develop SSA and are not the main causal pathway. Whitehead & Whitehead (2023) cited literature that suggested the FBOE only accounts for around 17% of SSA cases and noted that the present state of the literature is only speculative. If there were an attack on male hormones from the mother's female body, the testes would likely be attacked even more, meaning men with SSA would struggle with fertility issues. However, this is not the case (Whitehead & Whitehead, 2023). It should be known that in the recent strong evidence of FBOE (Ablaza et al., 2022), the two classes of people with the highest share of population-wide same-sex unions were males with four older brothers and females with one older sibling. "Highest," meaning these two groups only had a 0.9% share of people who had same-sex unions. Although the *pattern* of more siblings does increase the likelihood of same-sex unions, it is not by much. Finally, a very recent statistically corrective and complex multiverse meta-analysis study with an n of over 2.5 million people suggested that the overall association between older brothers and SSA was small (Vilsmeier et al., 2023). The researchers noted, and corrected for, a plethora of statistical problems within FBOE and MIH research and concluded that the connection between increasing older brothers and SSA was uncertain and inconsistent.

Evolutionary Implications on SSA Trait Inheritance

Savolainen and Hodgson (2021) briefly summarized the evolutionary implications of SSA. They challenged the notion that

SSA is an evolutionary paradox because it is thought that SSA would result in fewer offspring, and therefore, be antagonistic toward advancing species' populations. Based on previous research, they considered multiple theories including two noteworthy ones: the bisexual advantage theory and the discordant epigenetic marks theory.

First, the bisexual advantage theory posits that both humans and animals engage in both homosexual and heterosexual behavior for nonreproductive and reproductive purposes. Sexuality can lie on a spectrum, meaning that humans and animals are between, and not necessarily exclusively, heterosexual and homosexual. Some nonreproductive purposes could be bonding, tension release, reconciliation, the assertion of dominance, etc. (e.g., in bonobos and chimpanzees). Those with more bisexual tendency phenotypes are thought to have better evolutionary fit due to a balance of homosexual and heterosexual behavior, engaging in boding or dominance in addition to reproduction. Those that are exclusively homosexual will not procreate, and those exclusively heterosexual may succeed less than homosexuals in animalistic, ritualistic bonding or dominance behaviors (Savolainen & Hodgson, 2021).

Second, similar to the nature-nurture interaction framework in the maternal prenatal immune response theory, the discordant epigenetic marks theory is grounded in epigenetics, which is the overall process or result of DNA methylation or histone modifications. In a situation where a mother is giving birth to a male, instead of concordant epigenetic marks, sometimes mothers can pass discordant epigenetic marks onto their sons. This is where they develop typical male genitalia but their sexual preference is typical of females (i.e., male SSA). In other words, the mother can pass on the correct epigenetic marks that do not inhibit normal penis development in males, *but could* pass on incorrect epigenetic marks that predispose the boy toward, or increase the chance, of the boy possessing a more feminine sexual orientation toward males. The same situation can take place in the form of a father passing a sexual preference typical of males to a daughter (i.e., female SSA; Rice et al., 2012, as cited in Savolainen & Hodgson, 2021).

The bisexual advantage theory and the discordant epigenetics theory are simply evolutionary explanations to describe the seemingly contradictory relationship between evolution's advancement of the species and same-sex behavior in species. Essentially, they are evolutionary scientists' way of reconciling the natural etiology of SSA and the evolutionary, biological reality of procreation. Though probable, the bisexual advantage and discordant epigenetics theories need far more genetic and biochemical research to determine their validity. Whitehead and Whitehead (2023) compared the prevalence of SSA to the prevalence of epigenetic-caused and mutation-caused diseases, and determined that SSA is too common in comparison to be the result of epigenetics or mutation.

Social/Familial Environment: Why the Dearth of Research?

A detailed literature search across Google Scholar and the EBSCO Psychology and Behavioral Sciences Collection yielded only unrelated results for searches such as "environmental factors for homosexuality," despite many biological and genetic papers mentioning environmental contributors (Ganna et al., 2019; Sanders et al., 2021). Perrotta (2020) cited copious research that suggested the brains of those with SSA match those of the opposite sex; meaning that men with SSA show brain activity and

anatomy like heterosexual women and women with SSA show brain activity and anatomy like heterosexual men. Perrotta (2020) also said it is unclear whether these differences exist because of genetic determinism or if sociocultural and environmental factors shape the brains in this way. Later, Perrotta (2021) used a questionnaire and clinical interview measure to note marked increased differences in SSA people regarding sexual abuse, family history of mental illness, dysfunctional parenting, and more. However, the sample was not representative and Perrotta created the measures with no psychometric qualities provided. Still, Perrotta (2020, 2021) argued that SSA should be considered *between* pathology and normal in that it is interconnected with many mental disorders and discordant neural physiology and function. That is, these brains are not acting according to their assigned sex at birth, which could indicate a problem.

A common argument is that people with SSA struggle more with mental health because of minority stress due to being a part of a stigmatized community (Toomey et al., 2018; Walker, 2013). However, a recent meta-analysis suggests that despite Western culture's efforts to destigmatize and normalize SSA (e.g., more recognition of same-sex marriage and more representation in the media), people with SSA are still at elevated risk of mental disorders like depression and suicidality (Wittgens et al., 2022). Even in the most liberal European countries where same-sex unions and marriage have been recognized for decades, people with SSA are struggling with their mental health clinically and significantly more than heterosexuals (Hobbes, 2017). This is not to say that legal recognition of same-sex marriage *is the only* thing people with SSA need for their mental health to improve, it is just an indicator.

Minority stress is still a viable variable that contributes to mental health disparities, but what other hidden variables could be out there? Self-reported minority stress could be related to neuroticism and temperamental differences between same-sex and opposite-sex attracted people (Bailey, 2020, 2021). Why are these variables being ignored while minority stress is almost automatically the assumed culprit (Bailey, 2020, 2021)? After all, even research suggests that the psychological community is ideologically skewed to the left, including how their science is written (Eitan et al., 2018; Rosik, 2017). This could explain why, for example, a search for "gay men's attitudes toward fathers" consistently came up with research related to "attitude toward gay fathers" which is a different combination of the search words with a striking difference in meaning. Additionally, the psychological community's liberal bias could also be why institutional review boards are not likely to accept research proposals about family dynamics' etiological contribution to SSA. It is also extremely unethical for a research team to take babies, place them into a negative family environment or a positive one, and see what results. These are the reasons why it is important to look at controversial research done in the past that analyzes the lives of people with *unwanted* or *ego-dystonic* or *identity-incongruent* SSA. Perhaps mental health disparities–even the attractions themselves–could be explained by differences in family dynamics between people with SSA and heterosexuals.

Family Dynamics and SSA

The late Dr. Joseph Nicolosi, PhD, was the creator of reparative therapy, which mostly addressed the psychoanalytic theory sources of unwanted feelings of SSA in males. He dedicated his career to documenting his

clients' stories, clinical cases, and various transformations (Nicolosi, 1991, 2016, 2017, 2022). In these works, Nicolosi often cites older psychoanalytic research in the 20th century regarding etiological thought as well as his clients' life experiences. The most common theme in his work is the triadic narcissistic family dynamic (TNFD), in which temperamentally sensitive, SSA male clients explain that they have had a domineering and overinvolved mother and a distant or ambivalent relationship with their father. Some think that TNFD is not the cause of SSA, but it is simply the parental dynamic reaction to a temperamentally sensitive child. This could be the case, but the large body of Nicolosi's documented clinical practice suggests that SSA may at least correlate with the TNFD, although more recent research is needed to substantiate that claim. Similar clinical work for women with unwanted SSA revealed common themes of sexual abuse, maternal enmeshment or coldness, and paternal ambivalence (Hallman, 2008).

Recent research in this area is hard to find. When I (Bondy, 2021) asked 156 mostly male participants of "sexual orientation change efforts" about their etiological beliefs regarding *their* SSA, the most common qualitative feedback consisted of family dynamics strikingly similar to what was found in Nicolosi's work, followed by male-perpetrated sexual abuse. Golden (2021) studied fathers of gay sons and found that they scored the lowest in a "time and talking together" subscale and generally reported indirect, non-physically engaged father involvement. This conflicts, however, with a qualitative study on how positive fatherhood can produce and benefit a positive sense of homosexual identity (van der Merwe, 2018). These samples, however, are small due to the difficulty of reaching a representative, random sample of sexual minorities, especially the subsample of those people dissatisfied with their SSA feelings.

Concluding Remarks

Nuanced are all the plethora of details within the scope of sexual orientation etiology. I have attempted to unpack some recent findings in both nature and nurture, in addition to their combined interaction with each other. Nature and nurture need not be at odds with one another, as every human being is carefully influenced by their genetics, biology, and environment in different ways. Perhaps there are *different kinds* of homosexuality *based on* etiology where one person can possess a more genetically influenced SSA (e.g., individuals who do not identify with the Nicolosi, TNFD family pattern) while another person feels that their family environment or some other outside source fostered it. What the scientific communities know for sure is that, as always, there needs to be more research done on both nature and nurture sides to either bridge the gap or pick the stronger one. The problem lies in psychology's overall liberal bias (Eitan et al., 2018; Rosik, 2017), making it harder for people to suggest a nurture model as they are afraid of being rejected and labeled "bigot" or "hater." The scientific acceptance of exploring a nurture model can only happen when critical thinking, rather than political correctness or submission to identity politics, takes center stage at the heart of research motivation.

References

Abel, K., Kirk Wiese, L.A., Park, J., & Williams, I.C. (2022). Perceptions about discrimination in a rural, older, racially and ethnically diverse cohort. *Online Journal of Rural Nursing and Health Care, 22*(2), 3-

28. https://doi.org/10.14574/ojrnhc.v22i2.712

Ablaza, C., Kabatek, J., & Perales, F. (2022). Are sibship characteristics predictive of same sex marriage? An examination of fraternal birth order and female fecundity effects in population-level administrative data from the Netherlands. *The Journal of Sex Research, 59*(6), 671-683. https://doi.org/10.1080/00224499.2021.1974330

American Counseling Association. (2017). *Subject: Resolution on reparative therapy/conversion therapy/sexual orientation change efforts (SOCE) as a significant and serious violation of the ACA Code of Ethics.* https://www.counseling.org/docs/default-source/resolutions/reparative-therapy-resoltution-letter--final.pdf?sfvrsn=d7ad512c_4

American Medical Association. (2022). *Sexual orientation and gender identity change efforts (so-called "conversion therapy").* https://www.ama-assn.org/system/files/conversion-therapy-issue-brief.pdf

American Psychiatric Association (APA). (1974). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: American Psychiatric Association.

American Psychological Association. (2021). *APA resolution on sexual orientation change efforts* [PDF]. https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf

Bailey, J.M. (2020). The Minority Stress Model deserves reconsideration, not just extension. *Archives of Sexual Behavior, 49,* 2265-2268. https://doi.org/10.1007/s10508-019-01606-9

Bailey, J.M. (2021). It is time to stress test the Minority Stress Model. *Archives of Sexual Behavior, 50,* 739-740. https://doi.org/10.1007/s10508-021-01912-1

Bailey, J.M., Dunne, M.P., & Martin N.G. (2000). Genetic and environmental influences on sexual orientation and its correlates in an Australian twin sample. *Journal of Personality and Social Psychology, 78*(3), 524-536. https://doi.org/10.1037/0022-3514.78.3.524

Bailey, J.M. & Pillard, R.C. (1991). A genetic study of male sexual orientation. *Archives of General Psychiatry, 48*(12), 1089-1096.

Bailey, J.M., Vasey, P.L., Diamond, L.M., Breedlove, S.M., Vilain, E., & Epprecht, M. (2016). Sexual orientation, controversy, and science. *Psychological Science in the Public Interest, 17*(2), 45-101. https://doi.org/10.1177/1529100616637616

Balswick, J.K. & Balswick, J.O. (2019). *Authentic human sexuality: An integrated Christian approach.* InterVarsity Press Academic.

Bogaert, A.F., Skorska, M.N., Wang, C., Gabrie, J., MacNeil, A.J., Hoffarth, M.R., VanderLaan, D.P., Zucker, K.J., & Blanchard, R. (2018). Male homosexuality and maternal immune responsivity to the Y-linked protein NLGN4Y. *Biological Sciences, 115*(2), 302-306. https://doi.org/10.1073/pnas.1705895114

Bondy, G. (2021). Subjective experiences in sexual orientation change efforts: A mixed-method analysis. *The Journal of Human Sexuality, 12,* 87-122.

https://www.journalofhumansexuality.com/journals

Cook, C.C.H. (2021). The causes of human sexual orientation. *Theology & Sexuality, 27*(1), 1-19. https://doi.org/10.1080/13558358.2020.1818541

Datta, S. (2021). Finding (homo)sexuality in the genome: A critique of genetic investigations on sexuality. In P. Kumar (Ed.), *Sexuality, abjection, and queer existence in contemporary India* (178-190). Routledge India. https://doi.org/10.4324/9781003193531

Diamond, L.M. (2021). The new genetic evidence on same-gender sexuality: Implications for sexual fluidity and multiple forms of sexual diversity. *The Journal of Sex Research, 58*(7), 818-837. https://doi.org/10.1080/00224499.2021.1879721

Drescher, J. (2015). Queer diagnoses revisited: The past and future of homosexuality and gender diagnoses in DSM and ICD. *International Review of Psychiatry*, *27*(5):386-95. https://doi.org/10.3109/09540261.2015.1053847

Eitan, O., Viganola, D., Inbar, Y., Dreber, A., Johannesson, M., Pfeiffer, T., Thau, S., & Uhlmann, E.L. (2018). Is research in social psychology politically biased? Systematic empirical tests and a forecasting survey to address the controversy. *Journal of Experimental Social Psychology, 79,* 188-199. https://doi.org/10.1016/j.jesp.2018.06.004

Ganna, A., Verweij, K.J.H., Nivard, M.G., Maier, R., Wedow, R., Busch, A.S., Abdellaoui, A., Guo, S., Fah Sathirapongsasuti, J., 23andMe Research Team, Lichtenstein, P., Lundstrom, S., Langstrom, N., Auton, A., Mullan Harris, K., Beecham, G.W., Martin, E.R., Sanders, A.R., Perry, J.R.B., … & Zietsch, B.P. (2019). Large-scale GWAS reveals insights into the genetic architecture of same-sex sexual behavior. *Science, 365*(6456), 1-22.

Golden, S. (2021). The relationship between father involvement and father-role confidence for fathers of gay sons. *The Journal of Human Sexuality, 12,* 147-167. https://www.journalofhumansexuality.com/journals

Gonzalez Vazquez, I. (2022). The gay gene(s)? Rethinking the concept of sexual orientation in the context of science. *Biology & Philosophy, 37*(45), 1-22. https://doi.org/10.1007/s10539-022-09875-w

Hallman, J. (2008). *The heart of female same-sex attraction: A comprehensive counseling resource.* Intervarsity Press.

Hamer, D., Mustanski, B., Sell, R., Sanders, S.A., & Garcia, J.R. (2021). Comment on "Large-scale GWAS reveals insights into the genetic architecture of same-sex sexual behavior." *Science, 371*(6536).

Hari Kumar, K.V.S. & Modi, K.D. (2014). Twins and endocrinology. *Indian Journal of Endocrinology and Metabolism, 18*(1), 48-52. https://doi.org/10.4103/2230-8210.145074

Hobbes, M. (2017, March 2). Together alone: The epidemic of gay loneliness. *HuffPost.* https://highline.huffingtonpost.com/articles/en/gay-loneliness/

Kocharyan, G. (2019). On the influence of genetic factors on the formation of

homosexuality by data of twin studies. *Psychological Counseling and Psychotherapy, 11,* 67-73. https://doi.org/10.26565/2410-1249-2019-11-08

National Association of Social Workers. (2015). *Sexual orientation change efforts (SOCE) and conversion therapy with lesbians, gay men, bisexuals, and transgender persons.* https://www.utah.gov/pmn/files/517781.pdf

Nicolosi, J. (1991). *Reparative therapy of male homosexuality: A new clinical approach.* Jason Aronson, Inc.

Nicolosi, J. (2016). *Shame and attachment loss: The practical work of reparative therapy.* Liberal Mind Publishers.

Nicolosi, J. (2017). *A parent's guide to preventing homosexuality.* Liberal Mind Publishers.

Nicolosi, J. (2022). *The best of Joseph Nicolosi: Collected articles by the originator of reparative therapy.* Liberal Mind Publishers.

Perrotta, G. (2020). Sexual orientations: A critical review of psychological, clinical and neurobiological profiles. Clinical hypothesis of homosexual and bisexual positions. *International Journal of Sexual and Reproductive Health Care, 3*(1), 27-41. https://doi.org/10.17352/ijsrhc.000012

Perrotta, G. (2021). Clinical evidence in sexual orientations: Definitions, neurobiological profiles, and psychological implications. *Annals of Psychiatry and Treatment, 5*(1), 43-64. https://dx.doi.org/10.17352/apt.000030

Rosik, C.H. (2017). A tale of two task forces: Evidence of a growing diversity problem within psychology? *The Journal of Human Sexuality, 8,* 11-26. https://www.journalofhumansexuality.com/journals

Sanders, A.R., Beecham, G.W., Guo, S., Dawood, K., Rieger, G., Krishnappa, R.S., Kolundzija, A.B., Bailey, J.M., & Martin, E.R. (2021). Genome-wide linkage and association study of childhood gender nonconformity in males. *Archives of Sexual Behavior, 50,* 3377-3383. https://doi.org/10.1007/s10508-021-02146-x

Savolainen, V. & Hodgson, J.A. (2021). Evolution of homosexuality [PDF]. *Encyclopedia of Evolutionary Psychological Science,* 2525-2532. https://doi.org/10.1007/978-3-319-19650-3_3403

Toomey, R.B., Ryan, C., Diaz, R.M., & Russell, S.T. (2018). Coping with sexual orientation-related minority stress. *Journal of Homosexuality, 65*(4), 484-500. https://doi.org/10.1080/00918369.2017.1321888

Van der Merwe, J. (2018). *Homosexual men's experiences of paternal relationships during the sexual identity formation period* [Master thesis, University of the Free State].

Vilsmeier, J.K., Kossmeier, M., Voracek, M., & Tran, U.S. (2023). The fraternal birth-order effect as a statistical artefact: Convergent evidence from probability calculus, simulated data, and multiverse meta-analysis. *PeerJ, 11,* 1-56. https://doi.org/10.7717/peerj.15623

Walker, M.D. (2013). When clients want your help to "pray away the gay:" Implications for couple and family therapists. *Journal of Feminist Family Therapy, 25*, 112-134.

https://doi.org/10.1080/08952833.2013.777875

Whitam, F.L., Diamond, M., & Martin, J. (1993). Homosexual orientation in twins: A report on 61 pairs and three triplet sets. *Archives of Sexual Behavior, 22*(3), 187-206. https://doi.org/10.1007/BF01541765

Whitehead, N.E. & Whitehead, B.K. (2023). *My genes made me do it! Homosexuality and the scientific evidence* [PDF]. Whitehead Associates.

Wittgens, C., Fischer, M.M., Buspavanich, P., Theobald, S., Schweizer, K., & Trautmann, S. (2022). Mental health in people with minority sexual orientations: A meta-analysis of population-based studies. *Acta Psychiatrica Scandinavica, 145*(4), 357-372. https://doi.org/10.1111/acps.13405

ISSN 2994-7529
Journal of Human Sexuality
Volume 15, 80-87

Care for Non-Heterosexuality in the Current Asian Landscape: An Interview with Bryan Shen

Christopher H. Rosik[1,2]
[1]*Link Care Foundation*
[2]*Fresno Pacific University*

Bryan Shen is both a lay missionary and a counselor/supervisor registered with the Singapore Association for Counseling. He trains counselors, counsels in Thai or English and has given educational talks to clergy, seminaries and family life ministries of many religious groups in Thailand, Malaysia, Singapore, and the Philippines. In this interview with Christopher Rosik, Bryan shares about his background, his work with Asians experiencing unwanted same-sex attractions, and his assessment of the current cultural and religious tensions around non-heterosexuality in Asia.

Keywords: Asia, Non-heterosexuality, Counseling, Family Dynamics

CR: Hello, Bryan. Thank you for allowing our Alliance audience to learn more about who you are and your unique contextual setting in Asia for working with individuals who experience unwanted same-sex attractions and gender in-congruence. Before we go there, could you start by telling us a little about your personal background (such as family of origin, formative experiences, faith history, marriage and the like)?

BS: I was born in the early nineteen sixties at a time when Singapore's society was third-world, poor, and backward. My father did not complete high school, like many in his generation didn't. I was also born into the Catholic faith and baptized as an infant. However, there was very little religious instruction. There was none in school, none at the Catholic church I attended, and my parents never instructed us in the Catholic faith because their conversion into Catholicism also didn't include much instruction. I was the middle boy of three sons, and the least favored by my father. His relationship with me has been tumultuous since my earliest memories. I was reserved and quiet. My mother told me I didn't start speaking until I was three years old. I was very aware that my older and younger brothers were favored. I was socially better in school, but always quiet at home. Shortly

Correspondence concerning this article should be addressed to Christopher H. Rosik, 1734 W Shaw Ave., Fresno, CA 93711. Email: christopherrosik@linkcare.org

after entering an all-boys high school, I had a strong admiration for a classmate. There was no awareness of the word "homosexuality" in those days, and gay still only meant "happy." With hindsight, if LGBT awareness, narratives, encouragement to experiment, and social permissiveness existed then, I'm sure I would easily have been led down a very different path early in life. Fortunately, this admiration was a non-exclusive friendship mixed with healthy camaraderie with other classmates, and we still meet regularly today almost 47 years later.

My Catholic faith can best be described as "on a conveyor belt." There was weekly Sunday mass attendance, knowledge of a few prayers by rote, milestones of first Holy Communion at age 8, and Confirmation at age 15. But I had no intellectual, devotional, or spiritual interest. I wasn't even aware that such engagements in faith existed. Reading any paragraph from the Bible always made me sleepy. For most of my teenage high school years, my academic results were average, even though I did not study much. However, I did well in the school's Air Cadet military activities, which eventually led me to join the Air Force shortly after completing high school.

CR: How about your professional life? I understand you came to your current work following some time in military service. Please tell us more about that.

BS: During my schooling years, the Prime Minister then, Mr. Lee Kwan Yew, made “bilingualism” an educational necessity for Singapore, because diverse ethnicities and languages had contributed to social problems. While English was the main language of education and government, Mr. Lee believed bilingualism would play an important role in improving social harmony across different races and generations. He wasn't wrong, but those below him in the Education ministry were overly severe on those who were not "bilingual." While my English was fine, I was hopeless in Chinese because, firstly, I am not Chinese. I am a Peranakan. We are more familiar with English and Malay even though we have Chinese names. Secondly, my Chinese teachers were harsh to anyone who had Chinese names but could not speak Chinese. I hated studying Chinese. I was branded a "monolingual" and was not allowed to continue my education after high school. As I was active as an Air Cadet in school, I joined the Air Force at the age of 17. Singapore was in dire need of pilots at that time, so I signed up. Very quickly I realized the attrition rate for pilot trainees was as high as 90% at that time, and I had few other career options if I was attritioned. So I worked hard. I eventually became a fighter pilot flying the Northrop F-5E Tiger II, the "best fighter aircraft" Singapore had at that time. I was in the Air Force for 16 years.

CR: What was involved in your journey from military service to serving those with unwanted SSA and gender incongruence?

BS: This was a long journey, covering 30 years. As a pilot in the Singapore Air Force, there were a lot of expectations; from keeping up with military equipment advances to sharpening the practice of applying technical knowledge in real-time scenarios; balancing rest and alertness to keeping up physical fitness and decorum. I was fully occupied in ways that kept any SSA from arising to consciousness. A few times it did arise, but Singapore society in the nineteen eighties was still very conservative. Anti-homosexual sentiments were unspoken and intrinsic in the collective mindset, including mine. In the tenth year of my military service, I was an instructor pilot and I “fell in love” with a student pilot. These feelings were totally uncontrollable *and* completely unacceptable to me. I did not reveal it to anyone, not even to the

student. I could not believe how much a human could be attracted to another human of the same sex in mind, body, and soul. My mind was screaming, “why, why, why can’t I fall in love with a woman in the same way?”

I was considered one of the most eligible bachelors at that time. If it was a woman, the whole society would have rejoiced. “So why this?!” The cognitive dissonance was severe. Every sight of a young man and woman holding hands or embracing each other was internally excruciating to me. In desperation, I threw myself further into work. Unfortunately, a problematic senior officer pushed me to react in a way that enabled him to put me “on charge,” but it also exposed this senior officer as problematic. Outwardly, the career consequences were not major, but inwardly, I fell into a deep abyss of meaninglessness and despair. I could not sleep for more than two hours, but I also could not stay awake for more than two hours. I was smart enough to know how to hide it from my colleagues and people around me. They noticed me being more pensive and reflective, but they just attributed it to the recent unfortunate events. It lasted for two and a half years. I call it my “dark years.” It included suicide ideation. Money, status, positions, rank, luxury, expensive food, and anything associated with "high class" didn't matter anymore. Slowly, I recovered, but like a soul that went through a kind of purgation–I was now searching for meaning.

The missionary life began to beckon. I eventually requested to resign from the Air Force, and I became an “Independent Lay Missionary.” A few years later, I was stationed at a Catholic mission center in Northern Thailand. Six years later, the Thai Prime Minister, Mr. Thaksin Shinawatra, was ousted in a coup. The Thai military government that took over changed their visa regulations. I could only stay in Thailand intermittently. By then, I realized that as a foreigner who could speak Thai, the locals would tell me their secrets they would not tell their elders. So with visas now more restrictive, I decided to study professional counseling at an Australian University. Some years later, I was one of the first fully qualified and registered counselors who could speak both English and Thai. Eventually, about a third of all Catholic seminaries in Thailand asked me to help their seminarians.

Over a period of 10 years, I have helped over 50 batches of seminarians and worked with over 700 seminarians on a one-to-one basis. It is during this period that I came to know, learn, and understand, deeply, the struggles of these people—religious, conservative, and wanting so much to do what is right and good—who struggle with their unwanted SSA. Eventually, I was asked to give talks to conservative religious communities to enlighten them about such matters. These talks were effective in removing prejudices, misconceptions, and fear, and helped to refocus attention on many developmental issues that the family and society can unknowingly affect. The effect of these talks was more clients who were deeply hidden subsequently seeking my help. These are not just clients with non-heterosexuality who do not want to identify as part of the LGBT community but include parents who are too ashamed when their children come out identifying as part of the LGBT community.

CR: How was your faith involved in this process?

BS: With hindsight, God was fully involved, because I had very little faith to begin with. My first ten years in the Air Force were like a "dream" for many young men, but my faith was perfunctory. I remember a period of busyness and not going to Sunday mass for seven weeks in a row. When I fell into the darkness of deep

despair and meaninglessness, I metaphorically crawled back to Church pleading. Relief and answers came very slowly, over a period of about 16 years. The first time a Bible chapter caught my attention was reading Romans 1 during my "dark years." I was amazed that homosexuality existed 2,000 years ago. I started reading, or rather searching, the Bible for anything to relieve the severe cognitive dissonance and meaninglessness I had. Bit by tiny bit, parts of the Bible began to illuminate even though the relief seemed too little at the time. I subscribed to Catholic Digest (which sadly is no longer available) which gave bits and pieces of spiritual sustenance. Coming out of the "dark years" only meant sleep patterns slowly returning to normal. However, my outlook was drastically different compared to before the "dark years." The importance of climbing up the ranks and having more status was fading, but my thirst for deeper meaning was heightened.

After leaving the Air Force and becoming an "Independent Lay Missionary," I did many retreats in between missionary work. These continued to grow my faith which has a significant role in stabilizing my emotions (about unwanted SSA and meaningless in life) and preparing me to learn—firstly through the master's course in counseling, and secondly through the many religious clients and seminarians who confided their deepest secrets and struggles to me. My listening disposition was sculptured by God, and much of what I have learned and know today is almost entirely through these deep sharings of my clients. My learning is still ongoing, and my work with clients today involves a significant amount of finding meaning together through all that God has allowed to happen, with faith.

CR: Tell us about the work you are currently doing and the ministry you have founded.

BS: Much of my work today involves social (systemic) education about the underpinnings of same-sex attractions and non-heterosexuality. The main objective is to reduce prejudice, misconceptions, and abuse, and to increase understanding, followed by improved social and family life. I give talks to communities and training to people—like pastors, religious leaders, church staff, young adults, and mental health professionals—who want to know more about how to deal with cases involving such issues. The community talks I give frequently result in long-hidden clients asking for help. I do not advertise or make my work known, but word gets around. I never get requests for talks and training from LGBT-affirming groups or communities, but the requests from conservative religious communities are numerous. They come from predominantly Christian communities in Singapore, Malaysia, Thailand, the Philippines, Indonesia, Vietnam, and Cambodia. The Muslim community in Singapore has also asked for my talks and training. The time and effort invested in giving such talks and training is more efficient in preventing and reducing problems compared to helping clients one-to-one at a time. Every talk gives hope to the deeply hidden, nudging, and giving them reasons to seek help. And I cannot attend to so many clients one-on-one. Fortunately, in Asia, there are more than a few people interested in knowing how to attend to such client cases. I also spend time training counselors, giving supervision, and having case conferencing within group supervision sessions. These counselors in turn are attending to such clients one-to-one, including cases involving parents whose child has come out to live as a gay, lesbian, or some identity the parents can't understand or accept.

CR: What is different about doing this work in an Asian setting versus a western setting? What is similar?

BS: This depends on to which country in Asia this question applies. For example, the Taiwanese Government is pro-LGBT while countries like Brunei, Malaysia, and Indonesia are very against it. The difference between pro and against is wide, not just between Asian countries, but also within any Asian country. This is because the divides in education, economic status, and exposure to Western ideas are wide, too. Some Asian countries also tend to be very diverse ethnically, culturally, and linguistically. So the first point is the need for safe spaces for each group of people, not unlike people with different faiths should be allowed to live their lives according to their religious beliefs in their own homes and places of worship such as churches, temples, and mosques. I think here is where there are some similarities with such work in a Western setting. No one should impose their beliefs onto others of different beliefs. And no one should try to provoke the sensitivities of others. Not only should this apply to the LGBT community attempting to impose their beliefs onto the religious communities, but also the religious communities forcing their beliefs onto the LGBT communities.

Asian societies also tend to be more religious, more family-oriented in multi-generational settings, more culturally embedded, and have a greater deference to social structures. Many of these maintain conservative views about gender. Therefore, the amount of what the LGBT community calls "internalized homophobia" is not only larger but also more deeply hidden. So the second point is that the common Western approach to accept oneself as gay/lesbian and seek support from affirming communities and mental health professionals is very unlikely to work. Neither would legislation to encourage greater acceptance and diversity in education and in the workplace. At best, such efforts only serve to fracture Asian families and societies and damage their unity. What works is a systemic approach of educating these conservative religious communities about what is needed to have healthy family relationships and how the neglect of these contributes to the development of non-heterosexuality and reduced mental health. Such work not only improves the quality of their family and community life, but is also in line with their religious precepts, objectives, and motivations.

CR: I'm sure there have been many highs and lows while engaged in such counseling and advocacy work. Can you name a few of each?

BS: When communities come together to listen to the educative talks, they inevitably realize the more important issue is not about encroaching LGBT movements and agendas, but about the importance of improving family life and being good role models. This is realized with much gravity as well as reduced prejudice, misconceptions, and fear. Their readiness to welcome, listen, and understand those who struggle with unwanted Same-Sex Attractions also increases. Seeing this transformation in the community is always a good high. It also increases the safety and motivation of those who are deeply hidden to seek help. Regardless of the wounds and challenges they have, they are no longer alone in their struggles. Many of these individuals, and parents, go on to build long-term friendships, not just with me but with their community. To see how their lives improve for the better over time is always rewarding.

Parents who refuse to look at their contribution to their child's problem are certainly sad. Here in Asia, fathers typically do not want to come with their wives for

counseling to understand their children. It's good if they come together, and better if they work together to improve their relationship with each other, which in turn improves their home environment. However, such couples, whose child has left home to stay in Western societies where identifying as LGBT is supported and affirmed, are often left with a pain similar to losing a child–especially when the child does not want to return, is living with a same-sex partner, and has left the family's religious faith. Social media algorithms that feed children what they are searching for often suggest more pro-LGBT narratives. These are heavy downers. Perhaps the greatest disappointment is seeing clergymen with hidden Same-Sex Attractions committing the sin of omission by failing to deal with the issues at the roots because of fear and lack of courage. I know of a Catholic priest who intentionally chose to omit the truth of how family and social dynamics contribute to homosexuality to placate gay Catholics who have become an important part of his emotional support. The commonality he has with them is "there is no need to look at a person's background." He gains political points for the local church by being the face that "shows love and compassion to LGBT people." In doing so, he has deprived the Church of dealing with underlying problems of greater gravitas. As St. Edith Stein said, "do not accept anything as love which lacks truth."

CR: How has your work in this area been received by the general public in Asia and by religious leaders?

BS: On one hand, Asians tend to avoid arguments and disagreements. The saying “agree to disagree” is seldom said between two people. Instead, there is a stronger tendency to avoid any contentious subject or avoid anyone who deals with contentious issues. So often, I am met with unspoken reticence from community and religious leaders who do not want to have anything to do with this work. On the other hand, there are communities, their leaders, parents, and individuals who want to know how to make sense of the whole issue of non-heterosexuality, and importantly how can it make sense in light of their religious faith. Almost always, when they come together to listen to the educational talks, they receive it and understand its importance (of improving themselves as participants in the social system around individuals with non-heterosexuality) on their lives. They are very appreciative, and word gets around.

CR: What do you see as the chances of Asia not being as captured by LGBT ideology as we in the West have been?

BS: Asia is very diverse in culture, traditions, religion, and divides. Please allow me to answer this question for two broad categories of Asian countries. And a key determinant of outcomes is how much the education (about the familial and social factors around non-heterosexuality) is given, received, ignored, or suppressed.

Countries like Taiwan, Thailand, China, India, Korea, and Singapore have cultures that favor familial generativity in traditional ways. Expectations of children to "do well in life and bring good name to the family" exist perhaps in higher amounts compared to Western countries. These expectations include doing well in respectable universities and being well-versed in global matters. This also exposes the children to Western ideas and LGBT narratives that elicit sympathies. Some in the younger generation are keen to be seen as internationally knowledgeable and liberal. Without the education to provide a holistic anthropology that is in line with their cultural traditions and religious faith, these countries have better chances of adopting more LGBT ideology bit by bit as the younger generation takes over the older generation. However, the chances also vary from country to country.

In the second category are countries with strong anti-LGBT stances that do not allow LGBT ideologies and expressions to be displayed. Malaysia, for example, confiscated 164 rainbow-colored Swatch watches in May 2023. Many Islamic countries have similar suppressions, including arrests at gay bars and sting operations. However, such countries also have higher incidences of unlicensed treatments, therapies, rituals, and "prayers to cure." Many individuals go through these out of desperation and pressure from the family and society. Inevitably, harm is done, some grievously. These are fodder for the LGBT movement. The stronger the anti-LGBT actions are, the more the LGBT indignation and movement is fed. Without the education to improve understanding, LGBT ideology and anti-LGBT sentiments would only grow stronger in tandem. In these countries, the education may even be ignored or suppressed by both sides; the pro-LGBT regarding it as enabling conversion therapy, and the anti-LGBT regarding it as sympathizers of the LGBT.

CR: How can the Alliance be of most assistance to you and those you serve?

BS: I think the Alliance can be of great assistance by being with us, observing and feeling what is unfolding in Asia. While we can help deepen your insights into what is happening in Asia, you can also provide insights from what has happened in the West. You could also proactively suggest research findings that support and enhance our work of educating the masses in Asia. Perhaps you could also help point out how educational, political, and even faith-based institutions in the West have subverted truths for reasons we in Asia are not aware of and need to be warned of. With technologies like video conferencing, your presence at our talks and education would be appreciated. Moreover, if you can come to Asia and let us bring you around, the deeper experience and sharing can be mutually beneficial while you give us the joy of letting you experience Asian hospitality and cuisine.

CR: Have there been any political efforts to prohibit people from pursuing change in their unwanted sexual attractions and behavior or gender incongruence?

BS: There have been efforts to influence and prod politicians in various Asian countries to ban "conversion therapy." Taiwan leads by coming some way to warn their mental professionals not to help anyone pursuing change. On the other end, in countries where unlicensed treatments, therapies, rituals, and "prayers to cure" exist together with strong anti-LGBT sentiments, there is little political motivation to ban "conversion therapy." In between these two ends, there is much ignorance and lack of clarity of what is meant by "conversion therapy," and even less awareness of the difference between bad sexual orientation change efforts (SOCE) and proper therapeutic assistance to understand developmental issues and explore healing choices – inclusive of systemic education for familial and social improvement and support. There is still much work to be done before political efforts have enough clarity to do what is beneficial for their society and families.

CR: Do you have any predictions about what is likely to happen with this?

BS: Most of what I predict would be a mix of two outcomes. The first is a slow erosion of cultural traditions that favor familial generativity while LGBT "acceptance" makes more inroads. For some countries, those who identify as LGBT may eventually be regarded as another distinct group to respect, not unlike people of different religious faiths who need to be respected. It would also come with awareness of what issues to avoid to maintain the semblance of

"peaceful co-existence." However, there will also be a price to pay in terms of declining birth rates and mental health. This is because there is still much ignorance about underlying familial and social issues that contribute to "striving for perfection and good name", delayed marriages, poor family dynamics, and non-heterosexuality.

The second outcome is a growing animosity between anti-LGBT groups and pro-LGBT players. Foreign pro-LGBT players intent on spreading what they think is right may also increase resentment in countries and communities with strong cultural-religious traditions and anti-LGBT sentiments. This will cause strain and fractures in internal and international relations.

My prediction for Asia with this issue is currently less than optimistic for the majority of the people. Contributing to this is the vast number of other issues needing attention (such as poverty, corruption, inequality, widening divides and polarization, etc.) that preoccupy and distract civil and community leaders from being aware of the deeper and more important issues underneath the LGBT movement. On the other hand, I have engaged with communities, leaders, parents, and individuals who—because they are impacted personally or by familial or communal affiliation—want to know the deeper and more important issues. They are not many, but they are a sign of hope. I am reminded of Luke 13:24, which reads "strive to enter the narrow gate," and Matthew 7:13-14, saying, "enter by the narrow gate, since the road that leads to destruction is wide and spacious, and many take it; but it is a narrow gate and a hard road that leads to life, and only a few find it."

CR: What encouragement would you give to those who serve and work with individuals who seek change?

BS: There is an Asian saying: "To preach to someone not ready to listen is a waste of time. Not to preach to someone ready to listen is a waste of human beings." Therefore, I'd encourage being always alert and on the lookout for anyone ready to listen. This can be anybody who makes up the important people around individuals who seek support and betterment. What you say could make a difference in the familial and communal environment of these individuals in small ways as well as in big ways. You could be invited to speak to a community or family, and thereafter the individuals may feel safer to seek help. More importantly, when individuals have familial and communal support and understanding, they generally do better than if they are seeking to help themselves alone. Last but not least, I want to say, from my experience working with many individuals, that when we are able to provide understanding, meaning, and integration with their faith, these individuals can live out the mission that responds to what God has allowed them to experience in their lives—in surprising and awe-inspiring ways.

ISSN 2994-7529

Journal of Human Sexuality
Volume 15, 88-91

Transgender Trauma:
A Teenage Detransitioner's First-Hand Account

Christopher H. Rosik[1,2]

[1]*Link Care Foundation*

[2]*Fresno Pacific University*

Jane (not her real name) is a 15-year-old girl who recently detransitioned after several years of pursuing a transgender identity. She expressed a desire to her mother, Kim (also a pseudonym), to share her story with a larger audience and thereby in some way redeem the trauma she has experienced in her encounter with transgender ideology. Since her family was known to me, she reached out through her mother to see if there was a way I could communicate her experiences to others, and the idea for this interview and its placement in the journal was borne. Jane provided this interview, along with her mother's input, in mid-July of 2024.

Keywords: LGBT, detransition, mental health, victimhood, dissociation

CR: Jane, thank you for your desire to tell your story and thank you, Kim, for your willingness as her mother to allow her to share her story with our readers. Without giving specific locations, could you tell us a little about your life prior to the events of Jane identifying as a boy?

JANE: I am the first-born of an intact family and have one younger brother. I went to public school during the week and church on the weekends. As a little kid, I was into Disney princesses and dolphins. As I got older, I discovered anime and Greek mythology. I grew up with friends who were manipulative and struggled to find good people.

KIM: She was raised in a Christian household with very involved maternal grandparents. She was always very "girly." As a little girl, she loved to dress up as a princess, watch movies about princesses, talk about her future wedding, paint her nails, etc. In the fourth grade, she began to be bullied publicly by her best friend, which

---

Christopher H. Rosik is a licensed California psychologist who works and the Link Care Foundation in Fresno, California. He is also a clinical faculty member at Fresno Pacific University. Dr. Rosik is a Past-President of the Alliance for Therapeutic Choice and Scientific Integrity and currently serves as the editor for the *Journal of Human Sexuality*.

Correspondence concerning this article should be addressed to Christopher H. Rosik, 1734 W Shaw Ave., Fresno, CA 93711. Email: christopherrosik@linkcare.org

led to the dissolution of that friendship. Because this friend had bullied her publicly, not too many girls wanted to take a chance on having their own reputation sullied by hanging out with her. This limited her to just about four female friends. Two at school and two at church. Three out of the four were all heavily impacted by LGBT online information. At the end of Jane's fourth grade year, the pandemic started, isolating her even more. She would FaceTime with these friends who continued to educate her on trans and gay ideology.

CR: I understand that your journey into LGBT+ identities began during the pandemic lockdowns. How old were you at that time? During this time, what was life like for you and what things led you into alternate sexual and gender identities?

JANE: YouTube and fan fictions. I would watch anime and then I would want to see certain couples in fan fictions. But the fan fictions were almost always homosexual. At first, I was pairing hetero couples, but when influenced by the constant same sex couples I began to think the homosexual couples made more sense. All of my friends only "shipped" the gay couples. If I put a hetero couple together my friends would have a negative reaction. I began to think these alternate identities are more common than they are.

KIM: Jane was 10 when the pandemic hit, but I don't think she learned of LGBT issues until after she turned 11.

CR: What was the impact of this in terms of your emotional and relational health, including your relationship with your parents? Was your school performance negatively affected as well?

JANE: The more I got into the LGBT stuff, the more I started resenting my parents and thinking they were abusive. I knew they wouldn't support me in being LGBT, so I began to look at past experiences with my parents and twist the truth or exaggerate to make myself the victim. I held a lot of grudges. Forgiveness is not really a thing for those outside of the community. It's an "us versus them". I just didn't want to be around people as much. I stayed up in my room all day consuming content that was isolating me and convincing me that I was part of the LGBT community. I began to not care about school, but I think that was the depression.

KIM: It's hard to differentiate between how much her anxiety and depression caused her to question her gender and sexuality or if her questioning affected her identity led to more anxiety. My guess is that even without learning this ideology she would have still suffered with her mental health during puberty. However, I don't think she would have been so easily influenced had she not been depressed and anxious and dealing with the trauma of being bullied. She became more reclusive, had flat affect, and did not engage with the family as much as she had previously. Her social identity—cutting her hair short and wearing big baggy clothes—only further isolated her from finding healthy friends at her new school. Clearly our online parental controls were no match for what she was finding online.

CR: How did your thinking about yourself, your parents, and others change from before to after you began to identify as LGBT+?

JANE: Looking back, I realize I was really judgmental toward everyone who wasn't part of the community. I was angry all the time and I took it out on my family and friends. Being bullied made me feel like a victim "no one understands me" and that became an identity. It's hard to be happy when you're always the victim and looking for proof that you're the victim. I still struggle with that a bit, and I am working on

that with my therapist. I am becoming more honest with myself which has been pretty hard to realize I'm not perfect.

CR: You told me you were also bullied a lot at school. Did this occur prior to identifying as LGBT+ or after identifying or both?

JANE: The bullying at public school started before. I started Christian school with an LGBT identity and was called the f slur, gay girl, etc. The bullying at public school made me believe I was different and then I just adopted a different identity, making the bullying worse. It was a cycle. If I would've been my true self, I may not have been bullied.

KIM: Prior. She learned how terrible it can be to be a preteen girl and envied how the boys related to each other during recess.

CR: Your parents obviously were very concerned as all this was going on and took you both to a therapist and to the Amen Clinic. Were these good experiences for you? Did the therapy allow you to consider the possibility you might not be a boy, or were you encouraged to adopt a transgender identity?

JANE: I didn't tell my therapist about my identity until my parents found out. I had already been in therapy for a year. I had a feeling she wouldn't agree with me and would disrupt my fantasy. That is also why I didn't tell my parents. I was always questioning if my new identity was true. I couldn't voice any doubts out loud. When I questioned my identity online and searched for answers what I got was, "If you wonder if you're gay, you're gay." I was so committed to the LGBT path I didn't want any more confusion, so I didn't tell any adults. When I finally told my therapist I had a girlfriend, she wasn't judgy, but she asked a lot of questions. Her questions helped me realize that I wasn't actually attracted to my girlfriend, and I hadn't been attracted to anyone yet.

CR: A lot of trans-identified youth and their parents are told that unless the child is allowed to at least socially transition, they will be at a high risk of suicide. Tell us about any experience you had with self-harm and suicidal thoughts? If you had such thoughts and impulses, why do you think you struggled with them? Did transitioning reduce or increase these feelings?

JANE: Transitioning was harmful in the way that it continued my delusions. I think I self-harmed regardless of my trans identity. I was just miserable from depression and that is why I self-harmed. Becoming trans is a form of dissociation. It was a break from my miserable life to create a new identity that had more power. The new identity was a victim. And a victim holds the power in our current culture. I was falsely empowered.

CR: There was a culminating event in this journey that finally turned the tide and led you to detransition. Could you share the events leading up to and after your trip to the hospital ER and what was critical in your decision to re-identify as a girl?

JANE: I took a handful of pills when my parents discovered what I was doing online. I had been reading erotica, both homo and hetero. While in the hospital I started thinking how much of this LGBT stuff has been bad for me. I felt gross. Knowing my parents knew about it made me wonder if they thought I was gross. I felt embarrassed. I asked my mom—why do I feel relieved when people call me he/him? My mom said that maybe I enjoyed taking a break from being a girl since my reality was so hard. I had created an alter ego that I could go to and hide. When she said that, it clicked, and I came to terms with what I

had been wondering for so long. It wasn't easy to realize I was wrong. I felt stupid. I asked my mom to remind me that I am a girl, and she showed my photos from when I was little. An hour after my revelation, we went to Target for female clothing.

KIM: My husband and I hugged and sighed with relief. We had suspicions that she had socially transitioned. That Target trip was one of the best moments of my life. I got my Jane back.

CR: Some skeptics would say that you only detransitioned due to pressure from your family. How would you respond to that accusation?

JANE: I wasn't pressured at all by my family. I could've said "no" to my mom's suggestion and she would have still loved me. But she knew who I really am. They didn't pressure me because they didn't even know. My parents stayed firm about who they knew me to be and didn't try to persuade me. They just reflected reality to me. They would have never called me by a different name because they would know that is not really me.

CR: What's it been like for you since you detransitioned? How has your life changed?

JANE: I've been happier. I've been able to wear dresses without feeling ashamed or uncomfortable. I have been able to let myself be happy by the things that always made me happy. Adopting a trans identity made me lose a few important years of being a girl. I can't get that time back. I have done my best to make up for lost time by taking advantage of my parents and grandma's generosity of buying new clothes. They say they don't mind. We were all a bit trigger happy with our purchases. I'm closer with my friends now that I am my real self. I am less demanding of them. I have apologized to them for forcing them to call me a different name. I no longer feel like a victim except when I think of how LGBT ideology hurt me. I am less angry these days.

CR: What guidance would you give to youth struggling with these issues as you once did? What advice would you give to parents of young people who have adopted a transgender identity?

JANE: Kids—allow yourself to question but if you have a bad feeling about something don't try to stifle it because you feel judgmental or homophobic/transphobic. Trust your gut. Being heterosexual doesn't mean you're a bigot. Be mindful of what you consume online. If you find yourself questioning your identity it's a good idea to get offline. Parents—don't take the phone away. Don't be forceful because they will just resent you. Be kind and lead them the best you can. Ask them questions. The questions my mom asked me are the questions I didn't allow myself to ask myself.

KIM: Do not let your kids have a phone before age 14. At all. It is my biggest regret.

ISSN 2994-7529
Journal of Human Sexuality
Volume 15, 92-95

Review of Sam Jolman's *The Sex Talk You Never Got: Reclaiming the Heart of Masculine Sexuality*

Andrew J. Rodriguez, LPC
Integrity Christian Counseling
Pottstown, PA

Sam Jolman, a Christian licensed professional counselor in Colorado, offers *The Sex Talk You Never Got* (2024) as a corrective to the deficient or even warped education on sex and sexuality most men received in their formative years. This book offers an alternative to the polarizing narratives regarding sexual arousal and desire, one from a society that propagates licentiousness and sexual objectification, and one from conservative religious communities that focuses on sexual purity. Based on biblical insight and 20-plus years of counseling men, Jolman offers an extensive vision for masculine sexuality that promotes sexual maturation and integration.

He begins by blessing men's sexuality. He asserts that men have neglected and abandoned their sexuality. At a surface level, this may seem self-evidently false, given the saturation of pornography and promiscuity in our culture. But Jolman makes a strong case for how men's authentic sexuality is actually malnourished and uncultivated. Being sexual is not the same as being sexually mature. To reach sexual maturity, Jolman argues that men's sexuality needs to be mothered (nurtured) and fathered (blessed) so that men will understand that sexuality is underpinned by our capacity for beauty, sensuality, and love.

In the absence of proper sexual formation, men's sexuality becomes malformed. It needs to be acknowledged, healed, and freed. Jolman purports that all men have pushed their sexuality into the shadows to some degree, hence the need to bless one's sexuality. "To bless is to behold something or someone, to tell the story, and to give the good a name . . . a blessing nurtures, grows, shapes, and affirms. It helps some part of you become more fully alive" (p. xxvi).

After this introduction, Jolman declares to the reader that he is fundamentally a lover. We were designed to be moved by beauty. And beauty is deeper than mere appearance. "When we've taken in the *essence* of a thing, then and only then have we beheld its beauty" (p. 4). The capacity to take in the true and full beauty of a person is the

---

Andrew Rodriguez, MS, LPC, is a Christian psychotherapist in Pennsylvania and owner of Integrity Christian Counseling. He is certified in Reintegrative Therapy, trained under Joseph Nicolosi, Jr. He explores the intersection of psychology, theology, and sexuality on his YouTube channel, PsychoBible.

Correspondence concerning this article should be addressed to andrew@integritychristiancounseling.care; 1200 E. High St, Ste. 314, Pottstown, PA 19464.

foundation of sexuality.

To receive beauty in all its fullness, God gifted humanity with senses. We interface with reality through the senses. Society mistakenly equates sensuality with sexuality, but they are distinct. Sexuality emerges from sensuality. The senses are meant for more than survival, but also for delight. The emotional response to beholding beauty is awe.

Jolman helpfully distinguishes arousal from lust: Sexual arousal is a bodily response to stimuli, whereas lust is an act of desire. When arousal and desire differ, there is an arousal non-concordance. Likewise, awe differs from lust. Not all arousal is sexual even. Some bodily arousal is toward awe, which is expansive in that it beholds the fullness of an experience. Conversely, lust narrowly obsesses over specific body parts or fantasies, distorting or reducing one's experience of the other person. Lust stops at the pleasure beauty elicits, but the pleasure beauty stirs in the body is meant to stir the heart to love.

Jolman criticizes our tendency to refer to sex as a drive, making the point that a bodily drive is necessary for survival. Though humanity needs sex to survive into the next generation, no individual person *needs* sex to survive. Therefore, sex is a desire, not a need. The danger in viewing sex as a need is that men treat the sexual urge as one they must answer and are powerless to control. This approach precludes curiosity and puts men in a survival-reaction mode.

A major emphasis in Jolman's book is how sexuality is ultimately about awe. Engaging the world with awe is our path back to innocence. A man's sexuality is meant to propel him to awe and gratitude—ultimately, to worship. Awe is the sense of reverence for the power and transcendence of what one beholds. Quoting from researchers on the phenomenon of awe, Jolman further describes awe as being on the upper reaches of pleasure and on the boundary of fear. Beauty evokes awe because there is power in beauty. And it inspires men to excel into their full potential.

If sexuality is rooted in awe, which is characteristic of childlike innocence, then sex is meant to be play. "If romance is the adventure of love, then sex is love at play" (p. 58). Like playing a game, sex is the dance of separate teams engaging in mutual enjoyment. Like a play on stage, all sex follows a script. Jolman further defines the qualities of childhood play, which must be re-integrated with sexuality. Play is reverent, freely chosen, requires a proper setting (a playground), and has rules. Play is a mixed neurological state, blending sympathetic nervous system activation with parasympathetic soothing. Play is not just a means to an end; it is the objective of sex itself. Quoting his mentor, Dan Allender: "Love is the giving and receiving of pleasure to the glory of God" (p. 76).

With these definitions established, chapters four, five, and six serve as guides to exploring one's personal story regarding sexuality, particularly how it has gone askew. Sex education is not some lecture about reproduction and sexual morality; it is always an embodied experience of myriad stories forming one's sexuality. "We aren't simply informed but are rather formed in our imagination, our relationship to our bodies, and our view of others" (p. 89). A mature man must be alive in the areas of embodiment, attachment, and sexuality. Unfortunately, precisely because the awe associated with innocent sexuality draws us to worship our Creator, Evil has its own agenda for our sexual formation: to write all your arousal scripts to end in shame and fear. Jolman explores the many ways in which attachment loss, sexual abuse, and other childhood wounds (replete with client case

examples) produce sexual arousal templates that conflict with one's values and virtues.

In the final two chapters, Jolman offers the keys toward sexual maturation and healing—both theological and practical. God wants men to recover the original blessing of innocence and awe for which he's made them. "Anything less than an alive and related heart just won't ever sit well in us. We will always want intimacy, freedom and wholeness, true virility and aliveness. And even when you cannot or will not want it for yourself, even then God will never stop wanting it for you" (p. 165). God desires for us to be unashamed in our nakedness and glory in our vulnerability.

Jolman points to Jesus' demonstration of God's kindness curing our shame. Our instinct is to escape shame through contempt. The alternative is to receive kindness from God and others, and to show kindness to ourselves. This starts with pausing our reactions—quite literally—and breathing, calming down the threat reaction systems in our bodies. Instead of shutting down into a shame state, stay attuned and alive to the body, which requires vulnerability and courage. Staying present to oneself when in a state of arousal is an act of compassion that avoids the pitfalls of pity and self-medicating. This kindness leads to repentance as one shows curiosity about one's sin and follows with self-compassion.

We then need to reawaken and keep awake our capacity to be moved by beauty. This resurrects innocence. Since innocent awe is at the heart of play, cultivating a life of awe develops and matures the lover within oneself. Men must embrace the aroused life, being embodied, regulated, and present. This goes beyond sexuality. In their efforts to combat sexual sin, men have dissociated from sensuality. All of life is sensual, which is the generator of sexuality. Jolman declares, "I'm inviting you to live an aroused life as an act of self-love and self-nurture. The sex talk you never got left you neglected, exposed, wounded, and yes, immature. It's time you rise to fight for the goodness of your sexual self" (p. 191).

Jolman concludes with casting a vision for how men can heal and protect the whole world when they embrace the masculine call to love. God created men to reflect his image and honor the dignity of each person. God did not create sex to be a tool for power, escape, or irreverence; he created it to be a vehicle for love. When men live and relate with innocence (which is neither ignorance nor pure sinlessness, but awe and wonder), combined with shrewdness, men can confront evil with courage. The lover within, which promotes the good of others, is the engine to write a better story for oneself and the whole of humanity.

Application to Same-Sex Sexuality

The Sex Talk You Never Got is not written specifically to men with same-sex attraction (though he mentions a case vignette of a man whose story played out in compulsive same-sex activity). Nonetheless, I would recommend it as a resource for sexuality strugglers (both men and women) and their loved ones. It is vitally important that those with an unwanted sexual attraction experience—especially if persistent—have a vision for their sexuality greater than the reduction or reversal of their attractions.

Several concepts elucidated in Jolman's book are particularly important for individuals with unwanted same-sex attraction. Firstly, he provides a language for sexual feelings that is sorely needed, especially among those from very strict or fundamentalist religious backgrounds. Sensuality is broader than sexuality. Arousal is broader than sexual arousal. Arousal differs from desire. And arousal and desire are distinct from the sin of lust. In an array of religious cultures, all of these categories

get conflated as sin. This primes one to react to one's sensual arousal and longings with shame, which only inadvertently increases the allure of the associated stimuli. The concept of arousal non-concordance (one's arousal template not aligning with one's desires) could be a welcome idea to sexuality struggler.

Even among those proclaiming an "ex-gay" identity, it is common to observe a pervasive shutdown of sensuality altogether, rather than an embrace of the aroused life. Many of these men continue in quiet desperation, never getting activated as lovers—even if they do enter into a natural (heterosexual) marriage. Their innocence has been buried in shame and they miss out on the keys of curiously learning from their stories, employing self-compassion, and cultivating daily experiences of awe to stir forth their lover within.

As a student of Joseph Nicolosi, the father of reparative therapy, and a practitioner of his son Joseph Nicolosi, Jr's Reintegrative Therapy, I identified numerous parallels between Jolman's approach and the approach of both Nicolosis. Nicolosi Sr's scenario preceding homosexual enactment (Nicolosi, 2016), which I dub the "self-state model," is echoed perfectly in Jolman's description of awe, innocence, play (all emblematic of the assertion self-state), fear and shame (the double-bind and shame self-state), disconnection from one's expressive emotions (the gray zone self-state), and contempt-driven sexuality (homosexual enactment self-state). Like Nicolosi, Jolman recognizes problematic sexual arousal templates as being rooted in attachment loss. Similar to Jolman's work, both reparative therapy and Reintegrative Therapy are affect-focused.

Though Jolman primarily received his training from Dan Allender and his story work approach, the emphasis on self-compassion overlaps with the mindful, curious approach we take in Reintegrative Therapy. When in a state of experiencing unwanted sexual arousal, we train clients to respond with nonjudgmental interest and self-regulation, such as through the same deep breathing Jolman describes. Further, in certain Reintegrative protocols, we employ self-compassion as part of trauma memory reprocessing. The resonance is quite encouraging and will hopefully advance acceptance of the work we do with individuals in distress over unwanted same-sex sexual arousal templates and desires.

References

Jolman, S. (2024). *The sex talk you never got: Reclaiming the heart of masculine sexuality*. Nelson.

Nicolosi, J.J. (2016). *Shame and attachment loss: The practical work of reparative therapy* (Rev.Ed.). Liberal Mind.

ISSN 2994-7529
Journal of Human Sexuality
Volume 15, 96-108

Review of *The Cass Review: Independent Review of Gender Identity Services for Children and Young People (Final Report)*

Christopher H. Rosik[1, 2]

[1]*Link Care Foundation;* [2]*Fresno Pacific University*

On April 10, 2024, the final report on transgender care of minors in England, dubbed *The Cass Review* (hereafter referred to as "the Review"), was published. Commissioned by the British National Health Service (NHS), this report is considered the most extensive systemic review to date of the science pertinent to gender services for children and adolescents. The report was chaired by Hilary Cass, a retired consultant pediatrician and the former president of the Royal College of Pediatrics and Child Health. While the Review is intended primarily for an English audience of health professionals and policy makers, it has sent shock waves around the western world and is being heatedly debated among North America stakeholders. Hence, anyone with an interest in the topic of care for minors who report gender dysphoria should be familiar with this Review. Because of its importance, I will go into some detail in this review with extensive quotations of the Review to make clear the findings are being presented accurately and forthrightly.

Cass was selected for this task in part because she had no prior involvement in or fixed views on this area of care. The Policy Working Group (PWG) was comprised of several academics and specialists in this field, as well as a number of NHS England staff, and Cass was asked to chair the group. The PWG was established in January of 2020 and provided a preliminary report of its findings in 2022. The current publication constitutes the PWG's final report. The PWG was tasked with reviewing the scientific evidence for puberty blockers and masculinizing/feminizing hormones,

---

Christopher H. Rosik is a licensed California psychologist who works and the Link Care Foundation in Fresno, California. He is also a clinical faculty member at Fresno Pacific University. Dr. Rosik is a Past-President of the Alliance for Therapeutic Choice and Scientific Integrity and currently serves as the editor for the *Journal of Human Sexuality*.

Correspondence concerning this article should be addressed to Christopher H. Rosik, 1734 W Shaw Ave., Fresno, CA 93711. Email: christopherrosik@linkcare.org

among other foci, as well as making recommendations to the NHS about caring for this population going forward. In addition, the PWG met with over 1,000 individuals from interested parties and organizations to build awareness and improve understanding.

Context and History of Treatment for Gender Incongruence

The Review provides a helpful overview of the evolution of treatment and the treatment population regarding gender incongruent minors. In 1989, the Gender Identity Development Service (GIDS) in England saw fewer than 10 children a year, mostly pre-pubertal birth-registered males, with a main focus on psychotherapy. Only a few were referred for hormone treatment around the age of 16. This focus on therapy changed with the emergence of the "Dutch Protocol", which involved the use of puberty blockers from early puberty and was trialed in the UK beginning in 2011. Despite a lack of support for the use of puberty blockers from preliminary results of this trail study, in 2014 the use of puberty blockers moved from a research-only protocol to being available in routine clinical practice within England. It seems suspect to me that "The results of the study were not formally published until 2020, at which time it showed there was a lack of any positive measurable outcomes" (p. 25). The Review adds, with typical British understatement: "The adoption of a treatment with uncertain benefits without further scrutiny is a significant departure from established practice" (p. 25).

The Report also takes note of similar developments in treatments in the U.S. context, identifying Diane Ehrensaft as a main advocate of the gender affirmative model. Ehrensaft described three approaches in 2017: (a) the Bradley and Zucker approach that can include helping a child accept the gender that matches their biological sex, (b) the watchful waiting model of the Dutch protocol, and (c) the gender affirmative model, which "allows that a child of any age may be cognizant of their authentic identity and will benefit from a social transition at any stage of development" (p. 70). This gender affirmative model quickly came to dominate the health care approach for gender dysphoria throughout the West.

The Review also examines the changes over time in the patient populations of minors being referred to GIDS. It notes that the more recent cohort is markedly different from the earlier one, evidencing greater complexity, high levels of neurodiversity and/or co-occurring mental health issues (e.g., depression, anxiety, eating disorders) and a higher prevalence of Adverse Childhood Experiences (ACEs) than the general population. Samples from the UK Clinical Practice Research Datalink "recorded prevalence of gender dysphoria in people aged 18 and under increased over 100-fold between 2009 and 2021. This increase occurred in two phases; a gradual increase between 2009 and 2014, followed by an acceleration from 2015 onwards" (p. 87).

In considering the causes of this striking jump in gender dysphoria, the Report allows for biological influences but notes that "Since biological factors have not changed in the last 10 years it is necessary to look at other possible reasons for the increase in referrals and the disproportionate representation of birth-registered females" (p. 117). The Report considers a number of alternative explanations, but questions those that are most favored by advocates of so-called gender affirming care (GAC). In particular,

the claim that the rise in prevalence rates reflects greater societal acceptance is strongly rebutted:

> ...much greater acceptance of trans identities…is not an adequate explanation for the overall phenomenon. Arguments that counter this explanation include:
>
> - the exponential increase in numbers within a 5-year timeframe is very much faster than would be expected for the normal evolution of acceptance of a minority group;
> - the rapid increase in numbers presenting to gender services across Western populations;
> - the change in prevalence from birth-registered males to birth-registered females. The current profile of transgender presentations is unlike that in any prior historical period;
> - the sharp differences in the numbers identifying as transgender and non-binary and presenting to gender services in Generation Z and younger Millennials compared to those over the age of 25-30. It would be expected that older adults would also show some signal of distress regarding their gender, even if they felt unable to 'come out'"
> - the failure to explain the increase in complex presentations. (p.117)

In addition, the Report affirms the likelihood of ACEs as a predisposing factor in the rise of cases, which cannot be simply reduced to a consequence of minority stress.

> "The association is likely to be complex and bidirectional– that is, in some individuals preceding mental ill health (such as anxiety, depression, OCD, eating disorders), may result in uncertainty around gender identity and therefore contribute to a presentation of gender-related distress…For other individuals, gender-related distress may be the primary concern and living with this distress may be the cause of subsequent mental ill health. Alternatively, both sets of conditions may be associated with and influenced by other factors, including experiences of neurodiversity and trauma." (p. 119-120)

The Report acknowledges the plausible influence in gender-questioning young people of online information that describes normal adolescent discomfort as a possible sign of being trans. Consistent with my therapeutic experience of gender dysphoric adolescents, the oversized role of particular trans influencers on young people's beliefs and understanding of their gender is also noted. Overall, the Report concludes "There is no single explanation for the increase in prevalence of gender incongruence or the change in case-mix of those being referred to gender services" (p. 122). This is precisely why they stress the necessity of a thorough assessment and consideration of a broad range of causative influences in order to ensure the best therapeutic care for these youth.

Interestingly, one putative cause often

offered for transgender identity is summarily dismissed by the Review. Congenital adrenal hyperplasia (CAH) is a genetic condition leading to high levels of testosterone in genetic females leading to partially masculinized genitalia. The Review's evaluation concludes that,

> Only 2-5% will have gender dysphoria that leads to gender reassignment; however, some will have a weaker female identity. Therefore, it appears that in CAH, while prenatal testosterone exposure has a strong impact on gender role behaviour, gender identity predominantly aligns with sex of rearing. (p. 101)

Gatekeeping of the Field by a Small Group of Professionals and Advocates

One jarring undercurrent to the Review is the degree to which the field of care for gender dysphoric minors has been dominated, if not co-opted, by a small group of professionals and trans advocates. Cass herself, in her forward, observed that "for this group of young people expertise has been concentrated in a small group of people, which has served to gatekeep the knowledge" (p. 15). The Review relatedly observed later that, within a UK context, "Over a number of years, the children and young people at the heart of this review have been bypassed by local services and directed to a single national service that, whilst passionate and wholly committed to their care, had developed a fundamentally different philosophy and approach compared to other paediaatric and mental health services" (p. 232).

Current Guidelines and the WPATH Problem

The Review evaluates current standards on gender care for minors in the field and is unrelenting in its criticism of WPATH guidance. According to its assessment, the Review found that "most of the guidelines described insufficient evidence about the risks and benefits of medical treatment in adolescents, particularly in relation to long-term outcomes. Despite this, many then went on to cite this same evidence to recommend medical treatments" (p. 130). Only recent guidelines from the Swedish and Finnish governments linked the lack of robust evidence regarding medical treatments to a recommendation that treatments should only be provided within a research framework or a research clinic. Furthermore, Finland was alone in routinely assessing for a history of trauma among these youth. Hence, the Review only recommended these guidelines for use in practice, questioning the reliability of other guidelines and noting that most have not followed the international standards for guideline development.

Specifically with regard to WPATH's guidelines, the Review notes that "WPATH 8 cited many of the other national and regional guidelines to support some of its recommendations, despite these guidelines having been considerably influenced by WPATH 7" (p. 130). It then observes dryly, "The circularity of this approach may explain why there has been an apparent consensus on key areas of practice despite the evidence being poor" (p. 130). WPATH is also criticized by the Review for relying heavily on expert opinion rather than systematic reviews of the evidence, adding that WPATH fails to state that some of its recommendations are based on clinical consensus, thus overstating the strength of the evidence in making its recommendations. Later in the Review, the authors make this scathing assessment

about WPATH 8's take on social transition: "However, none of the WPATH 8 statements in favour of social transition in childhood are supported by the findings of the University of York's systemic review" (p. 163).

UK Gender Clinic's Refusal to Participate

Having read some reports about the *Cass Review* prior to reading it myself, I nevertheless was completely surprised by statements in the Review about what appeared to be outright stonewalling by six of the seven adult gender clinics that operated in the UK. The intent of the Review was to obtain some longitudinal (though retrospective) data on the long-term outcomes for gender dysphoric children and youth by obtaining records from adult gender clinics for those minors whose care had been continued at these clinics as adults, with the aim of tracking outcomes over a 15-year period. Sadly, the Review reported that "attempts to improve the evidence base have been thwarted by a lack of cooperation from the adult gender services" (p. 20), and "despite efforts to encourage the participation of the NHS gender clinics, the necessary cooperation had not been forthcoming" (p. 33).

Appendix 4 of the Review specifically addresses the recalcitrance of these clinics, including a tabulation of their responses to the invitation to participate in the proposed study. Unsurprisingly, concerns about funder motivation and political interference appears to have loomed large in the rationale to opt out. Specifically, there was expressed concern that "the unintended outcome of the study is likely to be a high profile national report that will be misinterpreted, misrepresented or actively used to harm patients and disrupt the work of practitioners across the gender dysphoria pathway" and "taking part in a study of this kind could bring into question the integrity of clinic staff and the relationships they have with patients" (Appendix 4, p. 9).

In her letter about the matter to the NHS national director, dated March 20, 2024 (Appendix 11), the exasperated sounding Cass reports:

> "…despite your welcomed efforts to obtain cooperation, most of the NHS gender clinics have refused to take part in this research...It is therefore hugely disappointing that the NHS gender services have decided not to participate with this research. I am frustrated on behalf of the young people and their families that the opportunity to reduce some of the uncertainties around care options has not been taken…this was a world leading opportunity to look at outcomes for c. 9000 young adults and add to the evidence base."

In most every respect, the behavior of the UK NHS Gender Identity Development Service (GIDS) reads as a CYA effort to obfuscate potential evidence of negligent "care." One hopes that the UK government takes up the Review's recommendation to pursue this research project in the near future.

Broader Concerns about the GIDS Departing from Professional Standards

The Review was also critical of the GIDS commitment to publishing and following its own research, stating,

> Although the GIDS service had set up a research study to evaluate the use of puberty blockers, it failed to publish the results for four years, and continued to act outside of its own findings, and the limitations of the service specification….In the case of puberty blockers, there was another system weakness in that an off-label use went beyond the usually level of permissiveness in extending use to a very different indication. (p. 231)

This unacceptable behavior seems to have been a reflection of professional shoddiness generally at these clinics, both in record keeping and in an obligation to alternative conceptualizations of the minor's presenting clinical picture:

> Throughout the course of the Review, it has been evident that there has been a failure to reliably collect even the most basic data and information in a consistent and comprehensive manner; data have often not been shared or have been unavailable. (p. 39)

> There was a lack of evidence of professional curiosity as to how the child/young person's specific social circumstances may impact on their gender dysphoria journey and decisions. (p. 137)

Undoubtedly, findings such as these led to the Review's call to insist that future psychiatric and medical intervention for these young people be conducted only within a strict research protocol so that actual outcomes can be traced.

Evidenced-Based Concerns about Gender Affirming Care

Although the Review ends up coming down quite hard on the social and medical interventions of gender affirming care (GAC) with minors, Cass initially tries to stake out a middle position in the debate:

> This is an area of remarkably weak evidence, and yet results of studies are exaggerated or misrepresented by people on all sides of the debate to support their viewpoint. The reality is that we have no good evidence on the long-term outcomes of interventions to manage gender-related distress. (p. 13)

In evaluating the scientific evidence for GAC interventions, the Review defines terms related to the four levels of certainty about their empirical support: High certainty, moderate certainty, low certainty, and very low certainty. Since the Review's findings related primarily to the latter to levels of certainty, it is worth providing their definitions. With a *low certainty* labeling, the true effect of the intervention might be markedly different from the estimated effect. In the *very low certainty* category, the true effect of an intervention is probably markedly different from the estimated effect. In fact, none of the primary interventions of GAC are supported by evidence that is not low in certainty at best. "It is troubling," confesses the Review, "that so little is know about this cohort and their outcomes" (p. 215).

Social Transition

The Review defines social transition as referring to "social changes to live as a different gender, such as altering hair or clothing, name change and/or use of different pronouns" (p. 158). After reviewing the relevant literature, the authors conclude:

> The information above demonstrates that there is not clear evidence that social transition in childhood has positive or negative mental health outcomes. There is relatively weak evidence for any effect in adolescence. However, sex of rearing seems to have some influence on eventual gender outcomes, and it is possible that social transition in childhood may change the trajectory of gender identity development for children with early gender incongruence. For this reason, a more cautious approach needs to be taken for children than for adolescents. (p. 164)

Given this state of the science, the Review later recommends, "Partial rather than full transition may be a way of ensuring flexibility, particularly given…that being in stealth from early childhood may add to the stress of impending puberty and the sense of urgency to enter a medical pathway" (p. 164).

Concerns are raised with the social transition of minors in part because the formal diagnosis of gender dysphoria "is not reliably predictive of whether that young person will have longstanding gender incongruence in the future, or whether medical intervention will be the best option for them" (p. 34). This situation is especially acute for prepubescent cases, where the evidence indicates that "children who present with gender incongruence at a young age are most likely to desist before puberty, although for a small number the incongruence will persist" (p. 41). Given this risk of social transition solidifying a transgender identity and medicalized developmental pathway, the Review asserts it is important to view such transition as an "active intervention" since it may have "significant effects on the child or young person in terms of their psychological functioning and longer-term outcomes" (p. 158).

Puberty Blockers

The Review acknowledges beneficial reports of the use of puberty blockers with minors, but observes, "as demonstrated by the systemic review the quality of these studies is poor" (p. 179). Similarly, the argument that they allow the youth to buy time before deciding on a treatment pathway is not supported by the evidence: "These data suggest that puberty blockers are not buying time to think, given that the vast majority of those who start puberty suppression continue to masculinising/feminising hormones, particularly if they start earlier in puberty" (p. 176).

Another justification for the administration of puberty blockers for minors is the amelioration of gender dysphoria and emotional distress generally. Here the Review counters this reasoning and avers for other exploratory approaches:

> One of the given rationales for puberty blockers is that they may improve gender dysphoria or overall mental

> health. The evidence to date does not provide strong support for this. Furthermore, even after masculising/feminising hormones, dysphoria may still persist. Therefore, it is important to explore other approaches for addressing the gender-related distress, which in itself is debilitating. These may be of value regardless of whether or not an endocrine pathway is chosen. (p. 155)

Elsewhere, the Review adds further context, stating, "It is not unexpected that blocking these surges may dampen distress and improve psychological functioning in the short-term in some young people, but this may not be an appropriate response to pubertal discomfort" (p. 179). Without a control group, positive mental health outcomes "could be due to placebo or concomitant psychological support" (p. 179).

Finally, the Review raises serious questions about the impact of delaying puberty on an adolescent's development.

> Once on puberty blockers, they will enter a period when peers are developing physically and sexually whilst they will not be, and they may be experiencing the side effects of the blocker. There are no good studies on the psychological, psychosocial and developmental impact of this period of divergence from peers. (p. 196)

In general, the impression left by the authors indicates that exercising great caution in considering puberty blockers is needed, in stark contrast to the way GAC seems often to be undertaken.

Cross-Sex Hormones

The use of masculizing/feminizing hormones with gender dysphoric minors also appears to be based on problematic research. For example, "A significant weakness of the studies evaluating psychological or psychosocial function was the short follow-up interval, with many following-up for less than 1 year, and a smaller number for up to 3 years" (p. 184). The Review describes several studies that reported a significant continuance of mental health concerns, increases in psychopharmacological medication use, and an ongoing need for psychiatric support post-introduction of cross-sex hormones.

I found a particularly insightful observation in the Review's discussion of the positive reports concerning hormone treatments for gender dysphoria. The authors astutely observe that

> …when young people commence on the hormones of their identified gender after a period of puberty suppression, they start to experience a sense of libido and a change in their physical appearance. Many report a period of "gender euphoria." This makes it surprising that the observed improvements in psychological functioning in the first year of masculinising/feminising hormones are *relatively modest*. Their experience of puberty will then be based on their identified gender, which

> may have permanent neuropsychological effects. (p. 194, emphasis added)

Overall, this systemic review of the literature

> …demonstrated poor study design, inadequate follow-up periods and a lack of objectivity in reported the results. As a result, the evidence for the indicated uses of puberty blockers and masculinising/feminising hormones in adolescents are unproven and benefits/harms are unknown. (p. 194)

This poor scientific quality of the relevant studies "make provision of sound information and properly informed consent very challenging" (p. 195). Again, I hear this as a dramatic understatement of the situation.

Suicide

In the context of discussing these social and medical interventions, the Review makes some incredibly important statements concerning the issue of suicide. Most mental health professionals and a growing number of people in society at large are aware of the threat regularly given to parents hesitant to medically transition their gender dysphoric children: i.e., for biological females, "Do you want a live son or a dead daughter?" This assertion of heightened suicide risk without medical transitioning is utterly debunked by the Review. In referring to one large study of Canadian, UK, and Dutch gender clinics (de Graff et al., 2020), the Review noted

> There was variation between clinics, but across the three clinics, rates of suicidality ranged from 27% to 55%. These rates of suicidality were significantly higher than for the general adolescent population, but similar to non-trans identified youth referred to child and adolescent mental health services. (p. 95)

The Review cites statistics from the National Child Mortality Database (NCMD) on factors involved in the suicide of 91 children and young people in the UK in 2020 and found household functioning to be the most common factor (69%), followed in order by mental health needs (55%) bullying (23%), neurodevelopmental conditions (15%), and sexual orientation, sexual identity and gender identity (9%) (p. 96). In general, the Review notes that "suicide in children and young people are relatively rare events, compared to adults" (p. 95).

The best summary on the issue is found toward the end of the Review, leaving little doubt that this threat made to parents by health providers should be considered a form of emotional blackmail with no basis in science.

> It is well established that children and young people with gender dysphoria are at increased risk of suicide, but suicide risk appears to be comparable to other young people with a similar range of mental health and psychosocial challenges. Some clinicians feel under pressure to support a medical pathway based on widespread reporting that |" gender-

> affirming treatment reduces suicide threat. This conclusion was not supported by the above systemic review. (p. 186)
>
> Tragically deaths by suicide in trans people of all ages continue to be above the national average, but there is no evidence that gender-affirmative treatments reduce this. Such evidence as is available suggests that these deaths are related to a range of other complex psychosocial factors and to mental illness. (p. 195)

It is unfathomable how much emotional trauma has been induced in parents (and their minor children) by healthcare gender ideologues in the name of a science that clearly does not exist.

Detransitioners

The Review also addresses the existence of significant numbers of individuals who come to regret their medical gender transition and seek to detransition back to the gender aligned with their biological sex. The authors note that this may not be a simple or easy pathway: "The Review has heard that people experiencing regret may be hesitant to engage with the gender services that supported them through their initial transition" (p. 43). It is not surprising that those regretting their transition might not return to the doctors, therapists, and clinics that originally oversaw and perhaps encouraged them in the decision to medicalize their transition. The Review noted, "Clinicians reported seeing an increasing number of detransitioners, describing how they often moved between clinics as they preferred not to return to the clinic that had originally treated them" (p. 226). This hesitancy and the research attrition it likely causes are a significant reason the results of follow-up studies are probably painting a more favorable picture than exists in the real-world experiences of gender dysphoric persons.

A related problem the Review mentions is the elongated time frame it appears to take before regret may set in: "The Review has heard from a number of clinicians working in adult gender services that the time to detransition ranges from 5-10 years, so follow-up intervals on studies on medical treatment are too short to capture this" (p. 188). This time frame was also found in an audit on the characteristics of individuals who had detransitioned undertaken at The Tavistock and Portman Gender Development Clinic, which appears to have been less than cooperative overall.

> Findings from the audit were discussed with the Review. The time for people to choose to detransition was 5-10 years (average 7 years). Common presenting features and risk factors such as high levels of adverse childhood experiences, alexithymia (inability to recognize and express their emotions) and problems with interoception (making sense of what is going on in their bodies) were identified in the audit, and this audit would be informative for clinicians assessing young people with a view to starting masculinising/feminising hormones. The Review asked to have access to this audit in order to understand some of the qualitative findings, but

> the trust did not agree to this. (p. 189)

Although it is commonly asserted that pressure from family and society in the form of discrimination are often the reason people detransition, the Review cites evidence that such explanations are far down the list of documented motivations. Instead, as the Review describes,

> Reasons for detransition were diverse and included individuals becoming more comfortable in their natal sex, being concerned about medical complications of transitioning, that mental health did not improve during transitioning, being dissatisfied with physical results, and discovering gender dysphoria was caused by something specific such as trauma or abuse. (p. 188)

One additional reason of particular notice that was offered for individuals transitioning and later detransitioning is homophobia, i.e., the difficulty with accepting themselves as lesbian, gay or bisexual. This is no doubt one of the main factors currently creating something of a wedge between the LGB and the T identities over this issue.

Critique and Recommendations

While the Review is in so many ways a needed breath of fresh air for anyone who desires to see the helping professions return to their senses regarding the care of gender dysphoria in children and adolescents, one aspect of this document does fall short of sufficiency. The issue of "conversion therapy" understandably does not receive a great deal of attention in the Review, but where it is mentioned, the analysis assumes current professional and cultural narratives are accurate. Regrettably, the Review does not once define what it means by "conversion therapy" but appears to adopt a definition that centers on coercion and forcing people to change their perception of who they are.

The Review of course is sensitive to accusations of gender care practices being construed as non-affirming and hence labeled "conversion therapy." In response to this concern, the authors argue points quite germane to clinicians and others working with individuals who wish to explore their potential for change in their unwanted same-sex feelings and behaviors.

> The intent of psychological intervention is not to change the person's perception of who they are but to work with them to explore their concerns and experiences and help alleviate their distress, regardless of whether they pursue a medical pathway or not. It is harmful to equate this approach to conversion therapy as it may prevent young people from getting the emotional support they deserve. (p. 150)

> Throughout the Review, clinicians working with this population have expressed concerns about the interpretation of potential legislation on conversion practices and its impact on the practical challenges in providing professional support to gender-questioning young people. This has left some clinical staff fearful of

> accepting referrals of these children and young people.
>
> Clinical staff must not feel that professional responsibility may expose them to the risk of legal challenge, and strong safeguards must be built into any potential legislations on conversion practices to guard against this eventuality. This will be of paramount importance in building (as opposed to diminishing) the confidence of clinicians working in this area. Any ambiguity could serve to further disadvantage these children and young people rather than support them. (p. 202).

The Review closes by outlining the need to "build research capacity into the national network" (p. 215). It recommends standardized process for referral within the UK health system and a tight research protocol around medical treatments in particular, e.g., puberty blockers "will only be available under a research protocol" (p. 43). This call for overhauling the current model of care is a clear but backdoor admission that the current practice of medicalized treatment for gender dysphoric minors amounts to little more than a society-wide experimental endeavor on many unwitting young people. The Review also argues for the development of a rigorous system for creating a much needed large and longitudinal data set for this population, so that treatments and standards of care can eventually have an evidentiary basis that is more than low or very low certainty.

The Review calls for their plan to be implemented by NHS England, which "should establish robust and comprehensive contract management and audit processes and requirements around the collection of data for the provision of these services" (p. 230). In addition, the authors call for appropriate scrutiny and clinical governance to avoid "incremental creep of practice in the absence of evidence" (p. 231). To me, this is a polite way of saying we need to apply the brakes on the scientifically suspect practices of gender affirming care. Finally, in perhaps the most direct appeal to the American Psychological Association and other mental health organizations across the West, the Review recommends, "Professional bodies must come together to provide leadership and guidance on the clinical management of this population taking into account the findings of this report" (p. 231). Concerned clinicians, academics, and politicians in North American should be quite thankful to Cass and her many colleagues behind the Review for this challenge. Despite immediate attempts to discredit the Review (Mackintosh, 2024; McNamara et al., 2024), the pressure is mounting on proponents of unbridled affirmation of transgender identities in children and adolescents to reconsider their stance and return to an approach grounded in science and professional curiosity.

Although it may take another decade in North America, it is apparent that it is now a matter of *when* rather than *if* this reassessment regarding the psychological and medical care for gender dysphoric minors takes place.

References

Cass Review (2024). *Final Report. The Cass review: Independent review of gender identity services for children and young people*. Retrieved

from https://cass.independent-review.uk/home/publications/final-report/

Mackintosh, T. (April 20, 2024). Cass Review: Gender care report author attacks 'misinformation'. *BBC News*. Retrieved from https://www.bbc.com/news/health-68863594

McNamara, M., Baker, K., Connelly, K., Janssen, A., Olson-Kennedy, J., Pang, K. C., Scheim, A., Turban, J., and Alstott, A. (2024). *An Evidence-Based Critique of "The Cass Review" on Gender-affirming Care for Adolescent Gender Dysphoria*. Retrieved from https://law.yale.edu/sites/default/files/documents/integrity-project_cass-response.pdf

ISSN 2994-7529
Journal of Human Sexuality
Volume 15, 109-110

Review of Richard Cohen's *A Therapist's Guide: Assisting those with Same-Sex Attraction & their Loved Ones*

Keith Vennum
Private Practice
Orlando, Florida

At 176 pages, this is a fitting sequel to Cohen's five other books (Cohen, 2016, 2020, 2022a, 2022b, 2023). Chapters in Part I, entitled "Blueprint for Healing," are directed toward therapists. In this section, Cohen addresses these seven topics: Simple Truths about Same-Sex Attraction (SSA), Meaning Behind (SSA), Ten Potential Causes of SSA, Seven Stages of "Coming Out," How to Assist Those Who Experience Unwanted SSA, Four Stages of Resolving Unwanted SSA, and Need for Healthy Touch in the Healing Process. In Part II, Cohen provides a "Blueprint for Assisting Families and Friends with SSA Loved Ones." He concludes with References, Resources and Supportive Organizations.

Cohen reframes unwanted gay feelings from being a curse for the struggler to being "the psyche's attempt to heal and grow into the fullness of one's masculinity or femininity." The process of therapy involves working through the pain of past trauma and forming healthy same-sex attachments which transform self-concept. This process typically takes one and a half to three years. Cohen points out the importance of proper treatment for the dual diagnosis client prior to effective psychotherapy. Cohen follows with many helpful examples he has experienced over his career, including things a therapist should never do. Cohen details four types of women that one may encounter in therapy by quoting from Janelle Hallman (2008). A helpful chart on page 50 details ten potential variables creating same-sex attraction. On page 73, Cohen details four states for resolving unwanted same-sex attraction. On pages 79-83, Cohen shares a detailed questionnaire he

---

Keith Vennum, MD, LMHC, is Secretary of the Alliance for Therapeutic Choice and head of the medical division. He practices mental health counseling part-time in Orlando, FL, where he is licensed and in good standing with the State of Florida.

Richard Cohen, MA is a Christian psychotherapist and educator based in Bowie, MD, and Executive Director of PATH Positive Approaches to Healthy Sexuality. *A Therapist Guide* is published by Path Press 2023, available at Path Press P.O. Box 2315 Bowie, MD 20718, Barnes & Noble, Amazon Books, Google Books, and PATH.

Correspondence regarding this review should be addressed to Keith Vennu, 150 E Robinson St. Unit 2201 Orlando, FL 32801. E-mail: kmunnev@yahoo.com

uses with clients. In pages 87-121, the four stages of healing are detailed. In Part II, pages 131-164,
Cohen includes twelve principles for change in the context of his blueprint for Assisting Families and Friends with SSA loved ones. Two pages of references are given, as well as two pages listing organizations which support change.

Those therapists wishing to increase their ability to support those with unwanted same sex attractions would do well to read this book. They will learn Cohen's perspective on (a) the meaning behind same-sex attraction (SSA), (b) his four-stage model of resolving unwanted SSA, (c) how to assist family members and friends, and (d) a twelve-step program to create loving and lasting changes in the family system.

References

Cohen, Richard (2020). *Being Gay: Nature, Nurture or Both?* Bowie, MD: PATH Press.

Cohen, Richard (2023). *Counselor Training Program.* Bowie, MD: PATH Press.

Cohen, Richard (2016) *Gay Children, Straight Parents: A Plan for Family Healing*. Bowie, MD: PATH Press.

Cohen, Richard (2022a) *Rich's Home. Bowie, MD: PATH Press.*

Cohen, Richard (2022b) *Understanding Our LGBTQ+ Loved Ones.* Bowie MD: PATH Press.

Hallman, Janelle (2008) *The Heart of Female Same-Sex Attraction.* Grand Rapids, MI: IVP Press.

Alliance for Therapeutic Choice and Scientific Integrity

ALLIANCE

Journal of Human Sexuality

PO Box 519
Warroad, MN 56763
www.JournalofHumanSexuality.com www.TherapeuticChoice.com
952.486.8912 JHS@therapeuticchoice.com

ISSN 2994-7529

9 772994 752005