

Psychologist Testifies in Favor of Ohio Defense of Marriage (DOMA) Bill

*Contradicting testimony from members of the Ohio Psychological Association,
Warren Throckmorton Says The Court Should "Examine Very Closely the Claims of
Mental Health Organizations"*

House Bill 272

"To amend section 3101.01 of the Revised Code to specifically declare that same-sex marriages are against the strong public policy of the state, to declare that the recognition or extension of the specific statutory benefits of legal marriage to nonmarital relationships is against the public policy of the state, and to make other declarations regarding same-sex marriages."

Testimony given before the Senate Finance and Financial Institutions Committee of the Ohio Senate

January 20, 2004

By Warren Throckmorton, Ph.D.

Honorable Chair and committee members, I was pleased to offer testimony to the House of Representatives committee on Juvenile and Family Law on November 12, 2003. I have written extensively on matters of homosexuality and sexual orientation and am today pleased to be able to provide information and testimony to this committee.

Many people who support the marriage privilege for gays and therefore oppose HB 272 do so because they believe one is born with one's sexual orientation and it is analogous to one's height. We wouldn't say as a society: Only those above six feet tall may be married. So the reasoning goes, we shouldn't exclude or include people based on an immutable physical attribute. This is not a necessarily a conservative or liberal issue, a Republican or Democratic issue.

Poll and poll, survey and after survey shows that support for gay marriage is linked to the perception of genetic determinism. In my testimony of November 12, 2003 before the House committee, I questioned this genetic determinism. I believe the evidence points to an interaction of biology and environment to create sexual feelings but I do not believe the evidence indicates in any way that such sexual feelings are hard-wired or are analogous to height.

On these points and others, the House of Representatives committee heard testimony after mine from Drs. Jensen and Fradkin from the Ohio Psychological Association. You are likely to hear similar testimony today. In their testimony, they criticized my remarks and indicated that the available evidence did not support my positions. Drs. Jensen and Fradkin oppose HB 272 and presented testimony that slanted the research in their direction. I wrote to the Ohio Psychological Association after their testimony and pre-

sented reasons why I believed they were in error on a number of points. I have included that letter as an addendum to my written remarks today.

Genetic Factors in Cause

Concerning sexual orientation, Dr. Jensen said this: "There is substantial peer-reviewed research that *sexual orientation*, for most individuals, is determined at a very young age, resulting from a complex interaction of genetic, biological, and early hormonal influences. Viewed from this perspective, a person's *sexual orientation* is primarily a physical attribute, very much like a person's height. While both could be altered to some degree by environmental variables, especially in very extreme circumstances, they are primarily 'hard-wired'."

Now in fact, the nature and origin of sexual orientation may or may not be directly relevant to this legislation, however, Dr. Jensen apparently thought it was relevant enough to make that claim. As noted above, to many observers, if homosexuality is genetically determined there is a stronger case for re-defining marriage. However, whatever your position on this social and legal matter, there is no basis for distorting the research on sexual orientation to achieve that objective. Dr. Jensen did just that. Allow me to read a quote from the 2000 American Psychiatric Association Fact Sheet on Sexual Orientation:

Some people believe that sexual orientation is innate and fixed; however, sexual orientation develops across a person's lifetime... to date there are no replicated scientific studies supporting any specific biological etiology for homosexuality. Similarly, no specific psychosocial or family dynamic cause for homosexuality has been identified...

The truth is, the precise origin of sexual orientation is something of a mystery at present. We know that there may be some genetic factors that appear to be more common in gay men and certain lesbians than in straights but we have no reason to believe that even those factors determine one's sexual orientation in any direct way. There is a big difference between a trait being influenced by genetics or environment, and that same trait being determined by either of those factors.

To be specific, Dr. Jensen told the House of Representatives that sexual orientation is a physical attribute, like height.

This is easily shown to be false. In research reported in *Twin Research* in 2003, researchers found very high correlations for height. In various countries, the height of identical twins demonstrated correlations of between .85 and .94. A perfect relationship is 1. So for all practical purposes, if one identical twin is six feet tall, then the other would also be approximately six feet tall and so on. These correlations strongly implicate the role of genetics for this physical attribute.

However, homosexual orientation is not shared by identical twins at a rate anywhere close to the attribute of height. The most recent research by Michael Bailey and colleagues found a 20% concordance for gay males and a 24% concordance for lesbians. And so in a group of 100 homosexual men who have an identical twin, 20 of those twins will have an identical twin who is also homosexual and 80 will have a twin who is heterosexual. These pairs share the same genetics but they are quite discordant on the trait of sexual orientation, thus suggesting an environmental component in the development of sexual feelings and identity. It is important to note that these identical twins were reared together.

My point in all of this is to caution the members of the legislature to examine very closely the claims of mental health organizations concerning research and homosexuality. Dr. Jensen wrote in her House testimony that sexual orientation was like height in terms of the genetic influence. Certainly she knows these statistics. I made the Ohio Psychological Association aware of them and yet they stand behind the testimony of Dr. Jensen. She also told you that there existed "substantial peer-reviewed research" concerning the biological origins of homosexuality and yet the physician body, the American Psychiatric Association said there were "no replicated scientific studies supporting any specific biological etiology for homosexuality." Now both assertions cannot be true. I will leave to you to determine who may have a more accurate analysis of the research.

The Ohio Psychological association may tell you that there is other research that bears on the question of the biological influences on sexual orientation and they would be correct. There is interesting research being conducted concerning adult brain differences between gays and straights. However, if identical twins do not share a trait, then the role of genetics in the cause of any brain differences we may find must be questioned. We also know that brain differences can be caused by experience and behavior as well as influence the direction of behavior. In other words whatever biological factors exist, the environment appears to play a pretty substantial role in impacting the sexual behavior of a person. Otherwise, identical twins should have a higher rate of concordance on the trait of homosexuality than reported above.

Drs. Jensen and Fradkin contended in their testimony that research demonstrates no meaningful differences between gay and straight parents. In my testimony to the House I referred to a study of children raised by lesbian mothers compared to those raised by single heterosexual mothers. As Dr. Jensen points out, that particular study did not report a statistically significant impact on children declaring themselves exclusively homosexual. Dr. Jensen then says that the study merely shows there are "differences in the attitudes and beliefs of children raised by gay parents, such as being more accepting of others and less likely to identify with traditional masculine and feminine gender role stereotypes."

As with the analogy to height, this characterization is not accurate. The study by Golombok and Tasker found that there was a statistically significant difference between maternal environments on the issue of entering a same-gender sexual relationship. Let me put real numbers to this. Out of 25 study participants, five women and one man raised by lesbian mothers had been involved in same-sex relationships whereas none of the children raised by heterosexual single mothers had entered such relationships. According to the authors of the study, this difference was statistically significant.

Further, when you include the bisexually oriented people raised in lesbian households you do get a significant difference in sexual identity based on being raised in a lesbian home. Sixteen percent (16%) of the group raised by lesbian mothers was either bisexual or exclusively lesbian whereas none (0%) of the group raised by a single heterosexual mother were bisexual or gay. Dr. Jensen and the Ohio Psychological Association would have you uninformed about these facts and tell you that children raised in homes where there is a gay parent makes no difference in the sexual development of children.

Another study that bears on this issue is another conducted by Michael Bailey and colleagues. In a study of boys with homosexual fathers, he found that the percentage of boys who were homosexual in the sample studied was 9.3%. Now the percentage of the population that is assessed to identify as a gay male is about 2%. This means that having a homosexual father in this sample increased the likelihood of homosexual identity in boys by approximately 4.6 times. Dr. Bailey and his team had a variety of alternative explanations as to why this increased probability might not relate to parenting but the actual data is clear. One cannot say with absolute certainty why the percentage is higher. However, to give the public and the legislature the impression that the research is voluminous and consistent that gay parenting has no impact upon the sexual orientation of children is disingenuous at worst and wildly optimistic at best.

For those interested in additional careful, detailed examination of the studies concerning gay parenting, I would point you to a book by Robert Lerner and Althea Nagai, called *No Basis*.

In his testimony before the House, Dr. Fradkin, representing the Ohio Psychological Association said I misquoted from a study of psychologists that found psychologist less likely to refer an adoptive child to a gay couple over a straight couple. I will quote from the study's abstract:

"Results indicated that participants who rated the gay male and lesbian couples with a female child were less likely to recommend custody for these couples than participants who rated the heterosexual couples."

You should know that the psychologists surveyed were all licensed psychologists who are quite a bit more liberal politically and socially as a group than non-psychologists. Yet, these professionals, respectful of diversity that they are, determined that there is something about placing a girl with a gay couple that is less desirable than placing that same girl with a straight couple.

Fidelity in Gay Relationships

Concerning the issue of fidelity of gay male relationships, I am in awe of Dr. Fradkin's efforts to rebut this. I will agree that there are likely some gay and lesbian couples that are reasonably stable and monogamous. However, this is not the statistical majority of relationships and the incidence of unfaithfulness is much greater among gay men than straights. I will simply provide a quote from a peer-reviewed report that states the nature of the case better than I can:

"In contrast to these similarities with opposite sex couples, the practice of sexual nonmonogamy among some gay couples is one variable that differentiates gay and heterosexual couples. Whereas it has been established that extra-marital sex is a risk factor for relationship dissolution in heterosexual couples (e.g., Spanier & Thompson, 1984; Weiss, 1975), sex with other men does not predict dissatisfaction and separation among some male couples (e.g., see Kurdek & Schmitt, 1985-1986; Larson, 1982; McWhirter & Mattison, 1984). Some researchers even have reported that male couples' openness to sex outside of the couple constitutes a condition of male couples' adjustment (e.g., Harry, 1979)."

In surveys, 60 - 70% of gay male couples report unfaithfulness to their primary partner. In contrast, surveys repeatedly find only 13 - 25% of heterosexual couples report unfaithfulness to their mates. As Julien and colleagues suggested above, a high level of unfaithfulness is one of the hallmark differences between gay male and heterosexual relationships. How this data influences one's views on the legislation is a matter for individual determination. However, the data should not be distorted whatever the

impact may be on public opinion or policy.

Conclusion

I have sought to do two things at once. One, I hope to caution this legislature against accepting the positions of organized psychology on this issue without critical analysis. The Ohio Psychological Association is aware of the data presented in my testimony but for some reason doesn't want the public to know about it.

My second mission was to give you a clearer sense of the data concerning the subject of this legislation. I would be happy to address any questions you may have at this time. ■

Note: For a follow-up to Dr. Throckmorton's testimony, see page 50 of this Bulletin, "Expert Witness in DOMA Case Distorted the Evidence."

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