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Testimony Against HB259

Recognizes civil unions from other states as valid

Our state already restricts who may marry by banning an individual's parent, grandparent, child, grandchild, sibling, aunt, uncle, niece, or nephew and now members of the same sex. These restrictions apply equally to all.

Sections 4 (1-6) clearly state that civil unions will be exactly like marriage in effect.

The average homosexual marriage lasts less than two years. Most homosexual marriages are not monogamous and thus are prone to physical disease which is a burden on the health care systems of the state and affects the average citizen with higher insurance rates. Insurance rates are so high already that many Montanans cannot afford health insurance. Homosexuals have a shortened lifespan because of their unhealthy lifestyle. Aids is on the rise again because of the cavalier attitude of the majority of homosexuals. This does not give the state or society in general a reliable base for its communities.

This bill makes civil unions the same as marriage in every way against the express will of the people of Montana who just recently overwhelmingly affirmed marriage the rights of marriage to belong to a one man/one woman union. This bill makes a mockery of democratic rule of Montanans to direct the society in which they choose to live. Homosexual couples may still choose to live as they wish without interference, but the majority does not have to certify that choice. The majority has spoken and wishes to keep one-man to one woman marriage as the solid foundation for the society in which they live.

HB259 should be rejected as a blatant attempt to create all the rights of marriage for homosexual couples in defiance of the will of the majority of Montanans who voted overwhelmingly to define marriage as between one man and one woman.

If HB259 is not rejected outright it should be amended to read a civil union can only be between one man and one woman to reflect the will of the majority of Montanans. This is the only respectful way for the legislature to represent their constituency.



National Association for Research & Therapy of Homosexuality

"Born that way"
theoryWhat do clinical
studies say?

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Publications

Psychological Issues

Medical Issues

Social, Ethical, &
Political Issues

Available Resources

from Parenting & Family

search:

Dr. Jeffrey Satinover Testifies Before Massachusetts Senate Committee Studying Gay Marriage

[back to homepage](#)

On April 28, 2003, psychiatrist Dr. Jeffrey Satinover testified before the Massachusetts Senate Judicial Committee on various issues surrounding the subject homosexuality and the future of the family in America. Dr. Satinover is a member of NARTH's Scientific Advisory Committee.



Massachusetts is now debating the legalization homosexual marriages. If such marriages are legalized in that state, a legal challenge of traditional marriage is expected in the remaining 49 states.

Dr. Satinover, author of *Homosexuality and the Politics of Truth*, urged the senators to carefully consider their actions. He observed:

"As you all know, most keenly, the question before you is not merely one of academic dispute; rather, upon the outcome of your deliberations will depend the foundational social structure, hence direction of the Commonwealth in future, and in significant measure, that of our Nation as well."

He continued:

"It is therefore most urgent that these deliberations be based not only on compassion, and justice, but on the factual truth as well. Indeed, unless resting upon truth, neither justice nor compassion can long endure against shifts in sentiment."

Dr. Satinover discussed the following claims of homosexual activists, and offered a rebuttal to each of them. The claims he challenged were--

1. That homosexuality has been repeatedly demonstrated to be--and is in fact--an innate, genetically-determined condition.
2. That homosexuality is an immutable state.
3. That the only disadvantages of homosexuality are those caused by social disapproval and discrimination.
4. That a society composed of same-sex couples raising children in family-like units will differ in no undesirable ways from a society composed of traditional family units.

Dr. Satinover's testimony is reprinted below.

Jeffrey Satinover, MD is a Board-Certified Psychiatrist. He holds degrees from MIT (S.B., Humanities and Science), Harvard (Ed.M., Clinical Psychology and Public Practice), the University of Texas (M.D.) and Yale (M.S., Physics.) He completed his residency in Psychiatry at Yale with a year as Fellow of The Yale Child Study Center. He holds a Diploma in Analytical Psychology from the C. G. Jung Institute of Zurich. Dr. Satinover has practiced psychotherapy and/or psychiatry since 1974. He is the

author of numerous articles in peer-reviewed journals of psychology and of neuroscience, chapters and books, among them Homosexuality and the Politics of Truth.

April 28, 2003

Honorable Members, Citizens of Massachusetts:

The debate over homosexuality is one of the most contentious and divisive in which our society has ever engaged. On the face of it, one might wonder that so intensely personal and private a matter could achieve such public weight, but wonder aside, it has: In this legislation now under consideration by the State of Massachusetts, all the varying points of that debate come into sharp opposition.

As you all know, most keenly, the question before you is not merely one of academic dispute; rather, upon the outcome of your deliberations will depend the foundational social structure, hence direction of the Commonwealth in future, and in significant measure, that of our Nation as well.

It is therefore most urgent that these deliberations be based not only on compassion, and justice, but on the factual truth as well. Indeed, unless resting upon truth, neither justice nor compassion can long endure against shifts in sentiment.

That as a society we strive no longer to condone - rather to condemn --cruelty toward people attracted to members of their own sex is an absolute requirement of both justice and humanity. But we would be short-sighted indeed were we to advance this, as any other, just cause based on fictions: Not only will the inevitable uncovering of those fictions, however delayed, provide an excuse for bigotry to reclaim its unearned place, it will engender beliefs, attitudes and policies that, by flying in the face of reality, will lead to an increase, rather than a decrease in the happiness all are entitled to pursue. Nature (and if you prefer, "Nature's God") cannot be fooled.

A number of claims have become central to the argument that the definition and privileged status of marriage ought be expanded to include couples of the same sex. These claims are:

- **That homosexuality has been repeatedly demonstrated to be, and is in fact, an innate, genetically-determined condition.**
- **That homosexuality is an immutable state of an individual.**
- **That the only disadvantages of homosexuality are those caused by social disapproval and discrimination.**
- **That a society composed of same-sex couples raising children in family-like units will differ from a society composed of traditional family units in no undesirable ways.**

None of these claims are even remotely true, however widely believed they may have become; the evidence of the kind that "everyone knows" simply does not exist; even a cursory examination of the actual sources behind these claims will reveal a very strong preponderance of evidence to precisely the contrary; the claims are simply fiction. I have below assembled a selection of statements from prominent researchers. A far wider and more comprehensive bibliography of scientific references is provided as an attachment. Most of the statements below have been selected according to three basic principles:

(1) They are the general conclusions of prominent scientists whose research is well-respected.

(2) The scientists cited have specifically identified themselves as "gay" or "lesbian" and/or as more generally sympathetic to "gay activist" political positions.

(3) Their research is precisely that widely cited and believed as providing evidence *directly contrary to what they themselves found and acknowledge*. (It is to the credit of a number of them that they have publicly acknowledged that their own evidence contradicts what they had believed and had hoped to confirm.)

CLAIMS vs. THE EVIDENCE

Claim 1. That homosexuality has been repeatedly demonstrated to be, and is in fact, an innate, genetically-determined condition.

- Dean Hamer of the National Institutes of Health performed and published the research most widely cited as pointing to a "gay gene." Dr. Hamer testified in the Colorado Proposition 2 court case that he was "99.5% certain that homosexuality is genetic." He later came to the following conclusions:

"The pedigree failed to produce what we originally hoped to find: simple Mendelian inheritance. In fact, we never found a single family in which homosexuality was distributed in the obvious pattern that Mendel observed..."

- Hamer's study was duplicated by Rice et al with research that was more robust. In this replication the genetic markers found by Hamer turned out to be of no statistical significance:

"It is unclear why our results are so discrepant from Hamer's original study. Because our study was larger than that of Hamer's et al, we certainly had adequate power to detect a genetic effect as large as reported in that study. Nonetheless, our data do not support the presence of a gene of large effect influencing sexual orientation..."

- Simon LeVay, a neuroanatomist at The Salk Institute in San Diego, founded the Institute for Gay and Lesbian Education in San Francisco after researching and publishing the study of hypothalamic structures in men most widely-cited as confirming innate brain differences between homosexuals and heterosexuals, as he himself initially argued. He later acknowledged:

"It's important to stress what I didn't find. I did not prove that homosexuality is genetic, or find a genetic cause for being gay. I didn't show that gay men are born that way, the most common mistake people make in interpreting my work. Nor did I locate a gay center in the brain."

Furthermore:

"Since I looked at adult brains, we don't know if the differences I found were there at birth, or if they appeared later."

Also pertinent to the present debate is his observation that:

"...people who think that gays and lesbians are born that way are also more likely to support gay rights."

- Dr. Mark Breedlove at the University of California at Berkeley, referring to his own research: "[My] findings give us proof for what we theoretically know to be the case - that sexual experience can alter the structure of the brain, just as genes can alter it. [I]t is possible that differences in sexual behavior cause (rather than are caused) by differences in the brain."

- Prominent research teams Byne & Parsons, and Friedman & Downey, both concluded that there was no evidence to support a biologic theory, but rather that homosexuality could be best explained by an alternative model where "temperamental and personality traits interact with the familial and social milieu as the individual's sexuality emerges."
- Richard Pillard, is the coauthor of the two major twin studies on homosexuality most often cited as providing family evidence for homosexuality being inherited. He noted to an interviewer that he, his brother, and his sister are all homosexual and that one of his daughters from a now-failed marriage is bisexual. He speculated that his father was also homosexual. The interviewer, Chandler Burr, comments re Pillard: "Many of the scientists who have been studying homosexuality are gay, as am I." The interview is part of a book Burr wrote that purports to demonstrate that virtually all reputable scientists consider homosexuality genetic.

This is certainly what Pillard both wanted and expected to confirm by his research: "These studies were designed to detect heritable variation, and if it was present, to counter the prevalent belief that sexual orientation is largely the product of family interactions and the social environment"

But that is not what he found. Rather, he concluded:

"Although male and female homosexuality appear to be at least somewhat heritable, environment must also be of considerable importance in their origins."

Claim 2. That homosexuality is an immutable state of an individual.

The 1973 decision to delete homosexuality from the diagnostic manual of the American Psychiatric Association has had a chilling effect on scientific objectivity with respect to homosexuality and on both public and professional attitudes concerning its permanence as an individual characteristic. The decision tended to confirm the sentiment that, since homosexuality has been voted out as a formal "disorder," it need not, cannot and should not be "treated", regardless of the principle that in a free society individuals should be free to pursue happiness each according to his own lights, consonant with the well-being of others.

But the American Psychiatric Association, like most other professional-practitioner associations, is *not* a scientific organization. It is a professional guild and as such, amenable to political influence in ways that science per se must not allow itself to be. Thus, the decision to de-list homosexuality was not made based on scientific evidence as is widely claimed. As Simon LeVay (cited above) acknowledges, "Gay activism was clearly the force that propelled the American Psychiatric Association to declassify homosexuality."

But of far greater import is the fact that whether it is deemed a "disorder" or not, it is undesirable to many, and susceptible to change. The evidence for this fact should not be obscured by the false assumption that homosexuality is either innate and unchangeable, or a "lifestyle choice" and changeable at will. It is neither: It is most often a deeply- embedded condition that develops over many years, beginning long before the development of moral and self-awareness, and is genuinely experienced by the individual as though it was never absent in one form or another. It is, in other words, similar to most human characteristics, and shares with them the typical possibilities for, and difficulties in, achieving sustained change.

- A review of the research over many years demonstrates a consistent 30-52% success rate in the treatment of unwanted homosexual attraction. Masters and Johnson reported a 65% success rate after a five-year follow-up. Other professionals report success rates ranging from 30% to 70%.
- Dr. Lisa Diamond, a professor at the University of Utah, concludes that,

"Sexual identity is far from fixed in women who aren't exclusively heterosexual."

- Dr. Robert Spitzer, the prominent psychiatrist and researcher at Columbia University has been the chief architect of the American Psychiatric Association's diagnostic manual and he was the chief decision-maker in the 1973 removal of homosexuality from the diagnostic manual. He considers himself a gay-affirmative psychiatrist, and a long time supporter of gay rights. He has long been convinced that homosexuality is neither a disorder nor changeable. Because of the increasingly heated debate over the latter point within the professional community, Spitzer decided to conduct his own study of the matter. He concluded:

"I'm convinced from the people I have interviewed, that for many of them, they have made substantial changes toward becoming heterosexual...I think that's news...I came to this study skeptical. I now claim that these changes can be sustained."

When he presented his results to the Gay and Lesbian committees of the APA, anticipating a scientific debate, he was shocked to be met with intense pressure to withhold his findings for political reasons. Dr. Spitzer has subsequently received considerable "hate mail" and complaints from his colleagues because of his research. Douglas C. Haldeman, Ph.D., an independent practitioner in Seattle, WA, is a prominent gay-affirmative theorist. He comments, "From the perspective of gay theorists and activists. . . the question of conversion therapy's efficacy, or lack thereof, is irrelevant. It has been seen as a social phenomenon, one that is driven by anti-gay prejudice in society..."

- Regarding change and the right to treatment, lesbian activist Camille Paglia states the following, in terms considerably sharper than most of us feel comfortable with:

"Is the gay identity so fragile that it cannot bear the thought that some people may not wish to be gay? Sexuality is highly fluid, and reversals are theoretically possible. However, habit is refractory, once the sensory pathways have been blazed and deepened by repetition - a phenomenon obvious in the struggle with obesity, smoking, alcoholism or drug addiction...helping gays to learn how to function heterosexually, if they wish, is a perfectly worthy aim."

Furthermore, just as locking onto a "choice versus genetic" dichotomy obscures reality, so, too, does locking onto "unchangeable versus therapeutic change." For it is also the case, well-documented but unobserved and unremarked upon, that the *majority of "homosexuals" become "heterosexual" spontaneously, without therapy.*

By way of introduction to the scientific evidence for this, it's worth citing Paglia again:

- "We should be honest enough to consider whether homosexuality may not indeed be a pausing at the prepubescent stage where children anxiously band together by gender..."

The scientific evidence is as follows:

The most comprehensive, most recent and most accurate study of sexuality, the National Health and Social Life Survey (NHSLs), was completed in 1994 by a large research team from the University of Chicago and funded by almost every large government agency and NGO with an interest in the AIDS epidemic. They studied every aspect of sexuality, but among their findings is the following, which I'm going to quote for you directly:

- "7.1 [to as much as 9.1] percent of the men [we studied, more than 1,500] had at least one same-gender partner since puberty. ... [But] almost 4

percent of the men [we studied] had sex with another male before turning eighteen but not after. These men. . . constitute 42 percent of the total number of men who report ever having a same gender experience."

Let me put this in context: Roughly ten out of every 100 men have had sex with another man at some time - the origin of the 10% gay myth. Most of these will have identified themselves as gay before turning eighteen and will have acted on it. But by age 18, a full half of them no longer identify themselves as gay and will never again have a male sexual partner. And this is not a population of people selected because they went into therapy; it's just the general population. Furthermore, by age twenty-five, the percentage of gay identified men drops to 2.8%. **This means that without any intervention whatsoever, three out of four boys who think they're gay at age 16 aren't by 25.**

Claim 3. The only disadvantages of homosexuality are those caused by social disapproval and discrimination.

To mistakenly support three out of four gay identified men in their identification with homosexuality is not a benign mistake. Bailey (of the twin study) recently examined the question as to whether homosexuality is associated with a higher level of psychopathology. He concluded:

- "Homosexuality represents a deviation from normal development and is associated with other such deviations that may lead to mental illness.. [or, another possibility]... that increased psychopathology among homosexual people is a consequence of lifestyle differences associated with sexual orientation."

He specifically cited "behavioral risk factors associated with male homosexuality such as receptive anal sex and promiscuity." He noted that it would be a shame if "sociopolitical concerns prevented researchers from conscientious consideration of any reasonable hypothesis."

The specific concern in supporting young men in a gay identification is that innumerable studies from major centers around the US and elsewhere note that a twenty-year-old man who identified himself as gay carries 30% (or greater) risk of being HIV positive or dead of AIDS by age 30. A recent Canadian study published concluded that in urban centers gay male identification is associated with a life expectancy comparable to that in Canada in the 1870's.

Claim 4. A society composed of same-sex couples raising children in family-like units will differ from a society composed of traditional family units in no undesirable ways.

There has recently been an attempt to demonstrate that raising children in a same-sex household has no ill effect. These studies are few in number, none have ever looked at those areas where difficulties would be expected and one of the most repeatedly cited researchers was excoriated by the court for her testimony when she refused to turn over her research notes to the court even at the urging of the ACLU attorneys for whom she was testifying.

What is known, from decades of research on family structure, studying literally thousands of children, is that every departure from the traditional, stable, mother-father family has severe detrimental effects upon children; and these effects persist not only into adulthood but into the next generation as well.

In short, the central problem with mother-mother or father-father families is that they deliberately institute, and intend to keep in place indefinitely, a family structure known to be deficient in being obligatorily and permanently either fatherless or motherless.

[top of page]

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