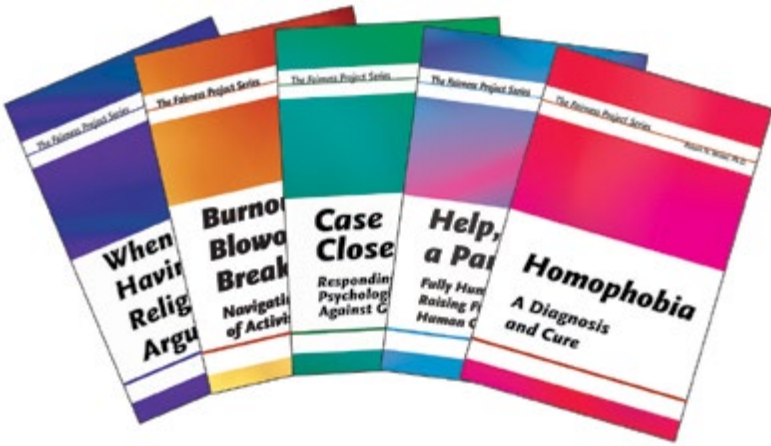


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*Robert N. Minor, Ph.D.*

# ***Case Closed!***

***Responding to  
Psychological Arguments  
Against LGBTQ People***



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## Case Closed!

### Responding to Psychological Arguments Against LGBTQ People

“The **American Psychological Association** urges all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations.” (January 1975)

“...the **American Psychiatric Association** calls on all international health organizations, and individual psychiatrists in other countries, to urge the repeal in their own country of legislation that penalizes homosexual acts by consenting adults in private. And further, the APA calls on these organizations and individuals to do all that is possible to decrease the stigma related to homosexuality wherever and whenever it may occur.” (December 1992).

“The **American Counseling Association** opposes portrayals of lesbian, gay, and bisexual youth and adults as mentally ill due to their sexual orientation; and supports the dissemination of accurate information about sexual orientation, mental health, and appropriate interventions in order to counteract bias that is based on ignorance or unfounded beliefs about same-gender sexual orientation.” (March 1988)

“The **American Psychiatric Association** opposes discrimination against transgender people and calls for their civil rights to be protected.” (January 2019)

The **American Medical Association and 15 other professional associations**: “Our organizations, which represent nearly 600,000 physicians and medical students, oppose any laws and regulations that discriminate against transgender and gender-diverse individuals or interfere in the confidential relationship between a patient and their physician.” (July 2019)

“The **American Psychological Association** calls upon psychologists in their professional roles to provide appropriate, nondiscriminatory treatment to transgender and gender variant individuals and encourages psychologists to take a leadership role in working against discrimination towards transgender and gender variant individuals.” (August 2008)

People who really want to understand issues will listen to other views and consider them. People who hold onto their biases for a variety of personal and emotional reasons fish for any basis **outside themselves** to deflect challenges to the status quo that require their own emotional growth and support the progress of movements for equality.

Some people plainly don't want to accept lesbians, gay men, and bisexual and transgender human beings, or don't want to face the hard work of examining the origins of the biases in their own lives. They latch onto any straws that might keep them from admitting their own prejudices and fears. This protects them from examining their homophobia, transphobia, and discrimination by focusing their personal problems outward on non-heterosexual individuals, transgender people, and heterosexual allies who support basic human rights for all people.

They hunt for support for their stands in religion, tradition, dominant institutions, and science. And since all four have been used historically to bolster prejudices of every sort, there are numerous, long out-dated ideas or scientific theories and religious dogmas that can be used to maintain personal attitudes.

The popular use of pseudo-psychological theories to argue that LGBTQ people are not only condemned by religious dogmas but sick, unhealthy, and in need of curing, increased in the last century. In many circles it still fuels "ex-gay," "reparative," and "conversion" movements and "ministries."

We might expect that psychological understandings should no longer be used in this way. After all, it was actually *a half century ago* that all the major professional associations began to settle most issues.

On December 15, 1973, the American Psychiatric Association, after an extensive review of scientific literature and consultation with experts in the field, removed homosexuality from its list of mental disorders. On January 24-26, 1975, the American Psychological Association agreed. That means psychiatrists, psychologists, and counselors who are in compliance with professional expectations and ethics do not consider homosexuality a mental illness.

Since then, *all* major professional medical and psychological associations have affirmed the existence of non-binary and transgender individuals. The old XX and XY gender markers have been found scientifically inadequate.

A number of conservatives refused to go along with the revised professional standards. They blamed the changes on pressure from "activists." They formed small splinter groups to continue to promote anti-LGBTQ theories and lucrative, money-making, anti-LGBTQ "therapies" (actually attempts at brainwashing). They continued to use psychological talk and old professionally rejected theories to cover religious and personal prejudices.

## I. For professionals, the psychological debate is over

**1. All mainstream psychological, medical, and educational organizations agree that homosexuality and transgender identification are *not* mental illnesses.** Further research and study have resulted in even stronger statements from these and other professional associations than the earlier ones.

“Psychologists, psychiatrists and other mental health professionals agree that homosexuality is not an illness, mental disorder or an emotional problem. Over 35 years of objective, well-designed scientific research has shown that homosexuality, in and itself, is not associated with mental disorders or emotional or social problems. Homosexuality was once thought to be a mental illness because mental health professionals and society had biased information.” (American Psychological Association, “Answers to Your Questions About Sexual Orientation and Homosexuality,” August 1998)

In December 1994, an American Medical Association report called for “nonjudgmental recognition of sexual orientation by physicians.” It recommended that psychotherapy be directed to help LGBTQ people to “become comfortable with their sexual orientation.” Further statements continue to reaffirm and strengthen their position.

The American Academy of Pediatrics and the Council on Child and Adolescent Health also stated that homosexuality and non-identification with one’s assigned gender at birth are not choices and cannot be changed.

The World Health Organization removed homosexuality from its list of mental illnesses in 1981 and followed with affirmation of transgender identities.

**2. All mainstream professional psychological and educational associations *reject* “therapies” meant to change a person’s sexual orientation or force a gender identity.**

On August 14, 1997, the American Psychological Association adopted a resolution that: (1) raises ethical concerns about attempts to change someone’s sexual orientation, (2) reaffirms psychology’s opposition to any anti-LGBTQ bias, and (3) reasserts every client’s rights to unbiased treatment.

- “Therefore, be it resolved, that the American Psychological Association opposes portrayals of lesbian, gay, and bisexual youth and adults as mentally ill due to their sexual orientation and supports the dissemination of accurate information about sexual orientation, and mental health, and appropriate interventions in order to counteract bias that is based in ignorance or unfounded beliefs about sexual orientation.”

Back in 1999, eleven professional organizations jointly issued: *“Just the Facts About Sexual Orientation & Youth: A Primer for Principals, Educators and School Personnel”*

- The American Psychiatric Association
- The American Psychological Association
- The American Academy of Pediatrics
- The American Counseling Association
- The American Association of School Administrators
- The American Federation of Teachers
- The American School Health Association
- The National Association of School Psychologists
- The National Association of Social Workers
- The National Education Association
- The Interfaith Alliance Foundation

These professional organizations released the “Fact Sheet” to counter the rise in the aggressive promotion by conservative, religiously-based, anti-LGBTQ groups of so-called “reparative therapy,” “conversion therapy,” and “transformational ministries.” These anti-LGBTQ groups claim that they can convert LGBTQ people to their definitions of a “straight lifestyle.”

The eleven organizations also expressed concern about harassment of gay and lesbian youth, condemned reparative therapy as potentially harmful and of little or no effectiveness, and noted that “transformational ministries” represent only one part of Christianity. All have continued to repeat these concerns and added protection for transgender youth and adults while supporting same-sex unions and adoption as healthy for society and children.

**3. All mainstream psychological organizations reject the faulty psychological theories on which attempts to change are based.** The spokespeople of anti-LGBTQ organizations promote out-dated, unproven, discredited, and destructive theories. They *begin with* the professionally rejected assumptions that homosexuality is a problem and that binary gender roles are innate. Homosexuality and transgender identity, they claim, are associated with such things as identification with the “wrong” parent or the “wrong” gender role, or the arrest of “normal” psychological development.

## II. The psychology of the situation

**1. “Success” rate claims for change are unproven.** No long-term studies are available for those who have attempted to change sexual orientation.

All the claims are based upon limited individual testimonies of those who say they have changed and on selecting clients to interview, not on solid scientific procedures. Claims of success are made without follow-up studies. They ignore all those who, after the “therapy,” re-identify as LGBTQ, including many of the leaders of the “conversion” movements themselves.

**2. Bisexuality is a sexual orientation that may explain some claims of change.** By definition, bisexuality refers to people who are attracted to both genders. Testimonies of “cures” for bisexual people, if even reliable, are not examples of a change of sexual orientation. Bisexual people have merely been convinced to exclusively express love for the other gender.

**3. Individual claims involve many psychological factors other than sexual orientation and gender dysphoria.** All of the following play a part in any diagnosis: unidentified and unrecognized personal circumstances and histories, a variety of conscious and unconscious motivations, desperate needs for attention and acceptance, experiences of anti-LGBTQ discrimination, childhood trauma, and family of origin dysfunctions. These factors are similar across sexual orientations and gender identities.

Realistically, we cannot know what individual cases mean when trying to analyze personal claims of change:

- what discrimination has been experienced by the person;
- what unmet childhood needs are met through the attention and acceptance received for “changing;”
- whether the claims made are actually true;
- whether the claims are based more on emotional denial;
- what other pressures and motivations they have felt;
- what the hidden individual, personal circumstances are.

The models put forward as “converted” have their own problems multiplied by societal prejudices. Who knows what they all are?

**4. The range of psychological problems people have is similar, no matter what their sexual orientation or gender identity.** There are emotionally healthy and unhealthy heterosexual, homosexual, bisexual, and transgender people. Those who promote anti-LGBTQ prejudice will blame the emotional problems of LGBTQ people on their sexual orientation or gender identity.

When a man molests boys, they ask: “Why are homosexuals like that?”  
When a man molests girls, they never ask, “Why are heterosexuals like that?”

**5. Discrimination against LGBTQ people itself causes psychological problems.** Gay men, lesbians, and bisexual and transgender people

experience harassment, death threats and others, violence, prejudice, ridicule, rejection, and isolation both directly and indirectly. These are sources of emotional stress. Anyone experiencing such stress will seek means to alleviate it, often in unhealthy, destructive, and self-hating ways. This resulting stress itself concerns the professional associations.

**6. Arguing psychology is another way not to take personal responsibility for prejudices.** Using unprofessional psychological claims, people can deny their personal prejudices: “I wouldn’t be against those people, but psychology says it’s sick, abnormal and curable. So I have to think of LGBTQ people as sick. It’s not *my* fault; it’s science.” Just as when using religion this way, they deny any bigotry by clinging to “scientific” language to legitimize their ideas.

### III. Don’t get caught up arguing psychology

**1. The psychology of homosexuality or transgender identities is not the issue.** Remember, that’s settled. We can get caught up again and again arguing psychology with people in response to the anti-LGBTQ use of what we know now are unprofessional, ethically questionable psychological theories and claims. It’s exhausting. But often we want to be “nice” about it, we don’t want to offend, or we hope we can “help them understand.” Sincere people are interested in learning. Others will hear nothing of it.

**2. It’s all been said before.** All the anti-LGBTQ arguments, and psychological theories have been presented before. Nothing new has been said on the subject for the last thirty years and longer. No new anti-LGBTQ theories. No new anti-LGBTQ ideas. What people who still use psychology to argue against LGBTQ people are doing is promoting a return to the days when issues of sexual orientation and gender identity weren’t understood and bias skewed opinion. They may be sincere. They may be successfully fundraising. But they are promoting out-dated, long-rejected theories.

**3. The responses to anti-LGBTQ theories are all readily available.** The reasons why these anti-LGBTQ arguments are rejected by all mainstream organizations are available to anyone online and in print. Remember, the professional organizations’ responses to these anti-LGBTQ positions are now often over a half-century old.

### IV. Get down to the real issues beneath psychological arguments

When you find yourself in an argument that uses psychology:

**1. Don’t argue about whether it’s a choice or not.** Research has made it clearer that sexual orientation and gender identity are not a choice. *But, no matter what the evidence, choice isn’t the issue.* Arguing that LGBTQ people have no choice is a trap and a put-down of LGBTQ people. It says: “Poor things, they wouldn’t be the way they are if they could help it.”

Don't get diverted into this argument. Instead, respond:

"We don't know what the origin of heterosexuality is, but evidence seems to indicate it's inborn."

"I'm with all the professionals who affirm the health and rights of transgender people."

"I don't believe the origin of heterosexuality is an important issue."

"I don't care. That's not the issue to me."

**2. Don't make the happiness or unhappiness of people the issue.** We can't know whether any people are *really* happy or not. We can't make generalizations about any group of people. Happiness is difficult to measure objectively, self-reported (often misreported), and based on many personal factors in people's lives that they probably haven't examined.

**3. The issue is professionalism.** The professional standards for determining whether a counselor, psychologist, or psychiatrist is acting ethically have been set by their professional organizations:

- Professionals teach that homosexuality and gender variance are normal variations in the human condition.
- Professionals reject so-called therapies whose goal is to change one's sexual orientation or return one's gender identification to strict binaries.
- Professionals are not neutral on this issue. They "take the lead" in ending prejudice and discrimination against gay men, lesbians, and bisexual and transgender people.

We can only assume that any so-called "therapists" who do not meet these professional standards, and continue to promote prejudice and "cures" are, frankly, acting unprofessionally, even unethically. If they merely don't stand up for LGBTQ people, the professional ethics say, they are acting unprofessionally! And we should say so.

We have the duty to question the professional credentials of anyone who does not meet these standards. We must assume, as the professional associations say, that those who do not meet these standards are promoting ignorance and bigotry. For whatever personal reasons, they continue to obsess over these issues as if they psychologically need to do so themselves.

**4. Recognize you do not have to be an expert, or have a perfect response.** Listen carefully if you want, but do not be bullied by "therapeutic" language, anecdotes, or claims of credentials. Stand your ground. Anti-LGBTQ arguments are not based in psychology but personal prejudices. Always remember that the issue is settled.

**5. Make your response persistent, clear, and concise.** Make sure it's also

accountable. It is *your* response. *You* are responsible for your beliefs. *You* don't hide behind psychology. Don't worry about getting fancy. And do not hesitate to repeat it over and over.

"I know that people believe that, but the major professional organizations reject it as unprofessional, so I don't believe it"

"No, I disagree."

"No, I think that is wrong."

Then repeat and repeat and repeat again.

**6. Feel free to walk away.** You don't have to respond. You don't have to be *the* representative of LGBTQ communities. Give yourself permission to leave, and treat yourself gently when you do.

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It's not that anti-LGBTQ "experts" don't know that they are acting as enemies of mainstream science. They know it and refuse to change the prejudices upon which they've built their self-image and careers.

In their attempts to "convert, cure, or change" sexual orientations and transgender identities that they don't like, they refuse to give up their lucrative strategies. They refuse to recognize what all mainstream psychological organizations have been saying, much of it for over 50 years. Yes, that's well over half a century!

It's time we stopped arguing and start expecting them to catch up to modern science. We don't need to be on the psychological defensive. We don't need to play into their game of responding to the same old claims they have made for years about issues that have been settled for decades.

There is just no debate here. We need to say that, repeat it, and act like it. It's over! Full stop!

**Further reading:**

American Counseling Association. "Non-Discrimination Position Statement" <https://www.counseling.org/about-us/social-justice/nondiscrimination>

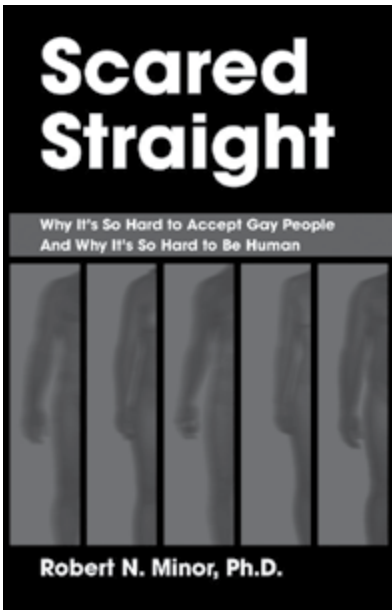
American Psychiatric Association. "Position Statement on Conversion Therapy and LGBTQ Patients." <https://www.psychiatry.org/about-apa/policy-finder/position-statement-on-conversion-therapy-and-lgbtq>

American Psychological Association. "Sexual Orientation and Gender Diversity" <https://www.apa.org/pi/lgbt/>

Joan Roughgarden, *Evolution's Rainbow: Diversity, Gender, and Sexuality in Nature and People*. 10th anniversary edition. Berkley: University of California Press, 2013.

Lambda Literary Award Finalist  
Independent Publisher Book Award Finalist  
"Book of the Week" – [www.menstuff.org](http://www.menstuff.org)

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# SCARED STRAIGHT

Why It's So Hard to Accept Gay People  
And Why It's So Hard to Be Human.

by Robert N. Minor, Ph.D.

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Robert N. Minor, M.A., Ph.D., is author of *When Religion Is an Addiction, Scared Straight: Why It's So Hard to Accept Gay People and Why It's So Hard to Be Human*, and *Gay and Healthy in a Sick Society*.

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