Part 1: Diverse Human Sexuality: Viewpoint of a Christian Sexologist

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Revised February 20, 2014

Some wise person reported that for every complex problem there is a simple answer, and it is usually wrong. Because sexuality issues are complex we must avoid the temptation to oversimplify either the origin of sexual orientation or the wide range of human sexual behavior. Most of the clients who have identified themselves as lesbian, gay, bisexual or transgender (LGBT) I have treated over the past thirty plus years would take issue with the suggestion that sexual orientation was ever a choice. Some were devoutly attempting to follow Christ and reconcile the conflict between what they felt internally and what they believed or had been taught that the Bible teaches.

What follows in Section I is representative of what I believe the majority of professionals in the field believe about diverse human sexuality (DHS) and is based, in most part, on one of the most widely used texts for undergraduate and graduate sex education, authored by Robert Crooks and Karla Baur (Brooks/Cole Publishing Company, 7th ed., 1999, 270-278).

Section II is a review of recent statements regarding sexual orientation by the leading medical and mental health academies and associations. Section III is a summary of a report prepared for educators by a coalition of education, health, mental health and religious organizations addressing attempts to change sexual orientation and behavior. Section IV provides a brief history of Exodus International. Section V provides information and guidance (not legal advice) for licensed mental health providers and/or churches regarding sexual orientation education and counseling to the public. Section VI represents the role science, clinical experience and, most important, my spiritual journey played in leading to my conclusions regarding sexual orientation and my decision to write this article.

I. Sexual Orientation: Definitions and Theories

Homosexual: One whose primary sexual, psychological and social orientation, overtly or covertly, is directed towards members of the same sex. While the term "gay" was originally used to describe male same sex attraction, it is sometimes used today to refer to males and females with same sex attraction. "Lesbian" is the most commonly used term to describe women attracted to the same sex.

Bisexual: One who is attracted sexually, psychologically and socially to both sexes. Some texts insist that bisexuality can be transitory, transitional or even same sex attraction in denial. It is this author's perspective that the same could be said of all kinds of sexual attraction and a mature bisexual is just as likely as any to know if his/her bisexual attraction is longterm or transitional.

Common misunderstandings are that (a) an individual is *always clearly* either heterosexual or homosexual, or (b) that if a person has had even limited sexual experience or interest in the same sex he or she is a homosexual.

Author's note: While the focus of this article is primarily sexual attraction to the same sex and not gender identity (the experience of being male or female) both groups are often targeted for sexual orientation discrimination and violence and are not mutually exclusive. In addition, transgender is commonly included in references to diverse sexual orientation (LGBT). Some gay, lesbian and bisexual people are transgender. The definitions below (transsexual and transgender) are from a combination of sources and my own observations.

Transsexual: one who emotionally and psychologically feels that he or she belongs to the opposite sex. This term usually refers to those who wish, whether successful or not, to realign their gender and sex through use of medical intervention to acquire characteristics of the opposite sex.

Transgender: an umbrella term referring to those whose identities cross over, move between, or in some way defy the socially defined borders between genders. Medical or social transitions may or may not be pursued.

Sexual Orientation as a Continuum: Alfred Kinsey was the first researcher to identify sexuality as a continuum from "0" (Exclusively Heterosexual) to "6" (Exclusively Homosexual). He discovered that 2% of women and 4% of men were Exclusively Homosexual. More recently another research project reported 1.4% of women and 2.8% of men identify themselves as homosexual. However, if the survey was worded to identify *feelings of attraction* toward someone of the same sex the numbers went up to 5.5% of women and 6% of men.

Origin of Sexual Orientation: Most ideas as to the origin of same sex orientation fall under (a) Psychosocial Theories or (b) Biological Theories.

Psychosocial Theories tend to place emphasis on incidents in one's life, parenting or psychological issues. Default Theory suggests that unhappy experiences with the opposite sex led to a choice to become gay. Seduction Theory believes that a person becomes a homosexual through seduction or exposure to homosexual behavior. The "Exotic Becomes Erotic" Theory suggests sexual "choice" in adolescence or adulthood results from the absence of play behavior with the gender they did not play with as children. There is no credible research to support any of the above theories.

Biological Theories seem to focus on one of the following: Hormones, Brain Anatomy, Genetics or what is called Gender Nonconformity.

Hormone studies reveal a critical period in fetal development when the fetus is very sensitive to levels of sex hormones. Animal research seems to back up this notion but it is unwise to generalize these findings to include humans at this time, and obviously, this kind of research cannot be done on a human fetus.

Brain research in 1991 revealed significant structural differences in the anterior hypothalamus of homosexual and heterosexual men, but we don't know if this is the cause or result of same sex interest or behavior.

Genetic factors may very well contribute to same sex oreintation, say those studying identical twins, fraternal twins and adoptive brothers. They discovered that when one brother was homosexual, so were 52% of the identical twins, 22% of the fraternal twins, and 11% of the adoptive brothers. The same pattern was found in female twin studies. These are powerful findings that also may explain the anatomical differences in the brain research mentioned earlier.

Gender Nonconformity research strongly suggests that whatever determines gender conformity in childhood (playing and demonstrating characteristics typically associated with that gender) predicts adult sexual orientation. In other words, whatever biological factors determine one seems to determine the other. Other studies, too numerous to mention here, also suggest brain differences not only between men and women, but between homosexual and heterosexual individuals. Regardless of the research on these issues, the public is split evenly: 44% say it is a matter of choice; 43% say it is something that cannot be changed.

The viewpoint that sexual orientation is strongly biologically based, or inborn, or determined at an early age has also been reinforced by the work of Edward Stein in his book, *The Measure of Desire*, (Oxford: Oxford University Press, 1999, 120). More recently, Wikipedia (September 30, 2013) quotes the work of Garcia-Falgueras and Swabb (2010): "The fetal brain develops during the intrauterine period in the male direction through a direct action of testosterone on the developing nerve cells, or in the female direction through the absence of this hormone surge. In this way, our gender identity (the conviction of belonging to the male or female gender) and sexual orientation are programmed or organized into our brain structures when we are still in the womb. There is no indication that social environment after birth has an effect on gender identity or sexual orientation."

II. Recent Statements from Medical and Mental Health Associations

Official statements regarding sexual orientation (Wikipedia, September 30, 2013) representing the leading medical and mental health academies and associations follow:

The **American Academy of Pediatrics** stated in Pediatrics in 2004:

Sexual orientation probably is not determined by any one factor but by a combination of genetic, hormonal, and environmental influences. In recent decades, biologically based theories have been favored by experts. Although there continues to be controversy and uncertainty as to the genesis of the variety of human sexual orientations, there is no scientific evidence that abnormal parenting, sexual abuse, or other adverse life events influence sexual orientation. Current knowledge suggests that sexual orientation is usually established during early childhood.

The **American Psychological Association**, **American Psychiatric Association,** and the **National Association of Social Workers** stated in 2006:

Currently, there is no scientific consensus about the specific factors that cause an individual to become heterosexual, homosexual, or bisexual—including possible biological, psychological, or social effects of the parents' sexual orientation. However, the available evidence indicates that the vast majority of lesbian and gay adults were raised by heterosexual parents and the vast majority of children raised by lesbian and gay parents eventually grow up to be heterosexual.

The **Royal College of Psychiatrists** stated in 2007:

Despite almost a century of psychoanalytic and psychological speculation, there is no substantive evidence to support the suggestion that the nature of parenting or early childhood experiences play any role in the formation of a person's fundamental heterosexual or homosexual orientation. It would appear that sexual orientation is biological in nature, determined by a complex interplay of genetic factors and the early uterine environment. Sexual orientation is therefore not a choice.

In addition, the **American Association of Marriage and Family Therapists** (AAMFT) Board of Directors (October 17, 2005) adopted the following statement:

AAMFT Position on Couples and Families:

AAMFT believes that all couples who willingly commit themselves to each other, and their children, have a right to expect equal support and benefits in civil society. Thus, we affirm the right of all committed couples and their families to legally equal benefits, protection, and responsibility.

As opportunities arise, AAMFT will support public policy initiatives that strengthen marriages, couples, civil unions, and families through the provision of technical assistance.

The **American Association of Sex Educators, Counselors and Therapists** (ASSECT) states in their website under "Vision of Sexual Health" the following (October 9, 2013):

Sexual Variability and Rights: AASECT recognizes the many varieties of sexuality including, but not limited to, the full range of sexual orientations, gender, transgender, and intersex positions, as well as erotic preferences and lifestyles. AASECT opposes the application of labels such as "normal" and "abnormal" to these variations in the healthy sexual expression of adults, and AASECT believes that all sexual and cultural minorities should enjoy sexual freedom, equal civil rights, and parity of social opportunities and privileges.

III. Regarding Attempts to Change Sexual Orientation and Behavior

Following an upsurge of efforts demanding equal time in schools for programs designed to change sexual orientation, a 2006 publication was prepared for school principals, educators and school personnel by a coalition of education, health, mental health and religious organizations. The publication, "Just the Facts About Sexual Orientation & Youth," was endorsed by the following: American Academy of Pediatrics, American Association of School Administrators, American Counseling Association, American Federation of Teachers, American Psychological Association, American School Counselor Association, American School Health Association, Interfaith Alliance, National Association of School Psychologists, National Association of Secondary School Principals, National Association of Social Workers, National Education Association, School Social Work Association of America.

The following are quotes from that document:

Like most heterosexual youths, most lesbian, gay, and bisexual youths are healthy individuals who have significant attachments to and make contributions to their families, peers, schools, and religious institutions. However, lesbian, gay, and bisexual youth must also cope with the prejudice, discrimination, and violence in society and, in some cases, in their own families, schools, and communities.

. . . in one study, these students were more likely than heterosexual students to report missing school due to fear, being threatened by other students, and having their property damaged at school.

One result of the isolation and lack of support experienced by some lesbian, gay and bisexual youth is higher rates of emotional distress, suicide attempts, and risky sexual behavior and substance use.

The terms reparative therapy and sexual orientation conversion therapy refer to counseling and psychotherapy aimed at eliminating or suppressing homosexuality. The most important fact about

these "therapies" is that they are based on a view of homosexuality that has been rejected by all the major mental health professions.

Despite the general consensus of major medical, health, and mental health professions that both heterosexuality and homosexuality are normal expressions of human sexuality, efforts to change sexual orientation through therapy have been adopted by some political and religious organizations and aggressively promoted to the public. However, such efforts have serious potential to harm young people because they present the view that the sexual orientation of lesbian, gay, and bisexual youth is a mental illness or disorder, and they often frame the inability to change one's sexual orientation as a personal and moral failure.

Quoting the American Psychiatric Association, the publication reports,
The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior, since the therapist alignment with social prejudices against homosexuality may reinforce self-hatred already experienced by the patient.

Regarding efforts to change sexual orientation through religious ministries the document reports,
Because ex-gay and transformational ministries usually characterize homosexuality as sinful or evil, promotion in schools of such ministries or the therapies associated with such ministries would likely exacerbate the risk of marginalization, harassment, harm and fear experienced by lesbian, gay and bisexual students.

Regarding the unique risks encountered by gay and lesbian young people, Wikipedia (September 30, 2013) under topic of "Homosexuality: Gay and Lesbian Youth" refers to several studies reporting the following:
Gay and lesbian youth bear an increased risk of suicide, substance abuse, school problems, and isolation because of a "hostile and condemning environment, verbal and physical abuse, rejection and isolation from family and peers." Further, LGBT youths are more likely to report psychological and physical abuse by parents or caretakers, and more sexual abuse. Suggested reasons for this disparity are that (1) LGBT youths may be specifically targeted on the basis of their perceived sexual orientation or gender non-nonconforming appearance, and (2) that "risk factors associated with sexual minority status, including discrimination, invisibility, and rejection by family members. . . may lead to an increase in behaviors that are associated with risk for victimization, such as substance abuse, sex with multiple partners, or running away from home as a teenager."

A 2008 study showed a correlation between degree of rejecting behavior by parents of LGB adolescents and negative health problems in the teenagers studied: Higher rates of family rejection were significantly associated with poorer health outcomes. On the basis of odds ratios, lesbian, gay and bisexual young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.

At the time of this writing two states have passed laws prohibiting licensed mental health providers from providing any kind of treatment designed to change a minor's sexual orientation, and it appears that a number of other states are watching closely the challenges to these laws. These laws do not infringe on efforts of a religious individual or group to do so, but it certainly gives rise to a serious assessment of a practice that is condemned by every major health and mental health organization in the country. The following account of the country's leading Christian proponent of conversion therapy should also elicit a careful examination of the religious and psychological issues at stake.

IV. A Brief History of Exodus International

Exodus International, a non-profit, interdenominational ex-gay Christian organization, was founded in 1976 and became strongly identified with efforts to change or suppress same sex interest and behavior through "reparative therapy." The organization grew to include over 150 ministries in the USA and Canada and 17 additional countries. In 2009 the organization took over the Focus on the Family conferences, *Love Won Out* (also known as *True Story*), designed to help people overcome same sex interest and desires. Exodus Youth Network was formed in 2007.

In 1979 the organization made news when one of its founders (Michael Bussee) and one of the leaders within Exodus became partners, divorced their wives, left the group and participated in a commitment ceremony in 1982 by exchanging rings and vows. Their story is told in a documentary, *One Nation Under God* (1993). In 2007, after the death of his partner, co-founder of Exodus, Michael Bussee, issued an apology for his involvement in promoting orientation change through Exodus. Also apologizing were Jeremy Marks, former president of Exodus International Europe, and Darene Bogle, the founder of Paraklete Ministries, an Exodus referral agency. The apology stated in part, "Some who heard our message were compelled to try to change an integral part of themselves, bringing harm

to themselves and their families." In April 2010 Bussee stated, "I never saw one of our members or other Exodus leaders or other Exodus members become heterosexual, so deep down I knew that it wasn't true."

In 2013, following removal from his position as Chairman of Exodus International, allegedly for his reported behavior in a gay bar the month before on October 3, 2000, John Paulk, also active in Focus on the Family and manager of Focus on the Family's Homosexuality and Gender Division, renounced his former cause. He continued by stating that his sexual orientation had never truly changed and followed with "I do not believe that reparative therapy changes sexual orientation; in fact, it does great harm to many people." (Wikipedia, October 1, 2013)

In an Associated Press story published in the Fort Worth Star-Telegram, June 21, 2013, under the headline of "Christian group apologizes to gays," the leader of Exodus International apologized to the gay community for inflicting "years of undue suffering." The article also reported that Exodus leader, Alan Chambers, married to a woman and outspoken about his own sexual attraction to men, stated that "While there has been so much good at Exodus, there has also been bad. We've hurt people." Chambers announced plans to close the organization and the launching of a new effort to promote reconciliation.

V. Licensure vs. Religious Freedom and Responsibility

The following is not intended to be comprehensive coverage of this topic and should not be interpreted as legal advice.

Since mental health providers are licensed by the state there is an expectation by the state that they will not use their license as a means of influencing or attempting to impose religious beliefs upon clients seeking professional help. This should not be interpreted to mean that therapists may not have religious beliefs or practices, or that there are no conditions under which revelation of one's personal faith would be inappropriate. Mental health providers must be sensitive to religious beliefs held or not held by the client/patient and not assume the client/patient shares the therapist's religious traditions or beliefs.

Licensed providers are not allowed to use treatment methods that are not acceptable standards of practice of the profession without documentation of credible research validating the efficacy of that approach. The state has the obligation to protect the health of all of its citizens, especially its children and adolescents who are more vulnerable to authority figures. Therefore the state establishes minimum standards (licensure) for those who represent themselves to the public as qualified to provide mental health services. These include educational graduate degrees (specific to the mental health discipline) and clinical standards of documented supervision during and following completion

of related degrees. The practitioner must qualify for and pass state board exams specific to his or her mental health field. Following thousands of hours of post degree supervision by a state approved supervisor, the licensed clinician is required to acquire state approved continuing education hours in order to maintain his or her licensure.

For those providing sexual orientation education or counseling to the public on behalf of a church, or in affiliation with a church, licensure should be acquired or the same level of oversight and accountability should be in place to protect the health of those in the community it serves. The intent and motivation to help is admirable but Christian leaders must remember that it is the *perception* of the consumer that more often is relevant when litigation is involved. State licensure is not a perfect system but it does represent significant oversight and requires accountability of the provider to a state board of examiners and professional associations that often have more rigorous standards than the state itself.

The legal system has the responsibility of balancing the freedom of individuals and groups to practice religious beliefs with the freedom of its citizens to seek professional help from its licensed providers without religious coercion. This is especially relevant should the potential outcome of this service pose risks to the health or survival of a vulnerable citizen. Churches (synagogues and mosques) need to be cautious and responsible in the exercise of the constitutional freedom granted if religious entities want to keep the state from intervening in its affairs. For this reason it is important that religious leaders and denominational representatives stay abreast of the acceptable practices adopted by the leading health and mental health entities of our society and consider carefully their findings when attempting to minister to the mental health needs of the community at large.

I have long proposed and worked energetically with colleagues of mine, with little success, to create professional standards and accountability among clergy that would be endorsed and supported by autonomous congregations. I continue to hold the belief that a self-regulating professional ministry association that incorporated continuing education and accountability would in time become a standard churches would follow in the selection or “calling” of pastors and ministry associates. I believe such an association would provide support and expertise and would prevent questionable practices and/or affiliation with ministries that appear to be helpful on the surface but have the potential for serious harm. Until that vision is a reality, at least within the free church tradition, each minister functions as his or her own ethicist and expert in making decisions about how ministries and services provided in the community impacts the counselee. Each congregation must hold accountable its own leaders and appropriate decision-makers as it seeks to find answers to questions as basic and relevant as I believe its role should be in quality sex education and counseling. The failure to do so may not only harm those seeking help but place the individuals and institutions involved at risk should damages result from such efforts.

At the time of this writing a law suit against providers of conversion therapy for fraudulent business practices has been filed in New Jersey by The Southern Poverty Law Center. On the other side of the issue a suit has been filed by two therapists and a leading organization in support of conversion therapy against the state of New Jersey on behalf of a 15 year old boy, who claims, with the support of his parents, that he has been helped by conversion therapy. These likely represent the beginning of litigation efforts across the country and time will tell what emerges from these suits.

I believe that patients/clients seeking help with sexual orientation issues deserve to know that there are Christian professionals who hold different perspectives regarding sexual orientation. I encourage therapists to describe these differences as objectively as possible, be prepared to treat that individual or refer to another therapist if his/her approach is not compatible with the client's goals. It is the client's goals that are important in making this decision.

I will add that after three decades of studying these issues while engaged in clinical practice, supervision and teaching, I am still learning. I would encourage physicians, social workers, professional counselors and especially marriage and family therapists who plan to provide counseling or psychotherapy related to sexual issues to equip themselves well in this field. The risks for everyone are too high to do anything less.

VI. A "Willful Blindness" is Healed: My Own Awakening

C. S. Lewis referred to his atheism prior to his conversion to Christianity as "willful blindness." A renowned literary critic at both Oxford and Cambridge, he had perhaps missed the true message of the most profound piece of literature ever written. This description undoubtedly describes my state of spiritual blindness before I began seeing what I call "the light shining under the door" leading to a spiritual epiphany regarding diverse sexual orientation.

From a scientific perspective I already leaned strongly to the notion that there are indeed biological factors involved in the origin of sexual orientation, and that the closer one scores to the "Exclusively Homosexual" end of the continuum the greater role this biological factor plays. But the limitations inherent in the scientific study of the origin of sexual orientation combined with the variety of interpretations of biblical passages passed on for thousands of years through complex languages and cultures represented a substantial challenge for me.

In time, my study of the available research and my overwhelming volume of clinical exposure led me well beyond the question of a "reasonable" doubt. However, the questions that haunted me as a Christian and ordained minister were, "How could you go against what for centuries have been the

interpretations of scriptures regarding same sex behavior? How could you come to such conclusions with conviction when your religious heritage—your own moderate wing of your denomination—those who nurtured, educated, ordained and employed you overwhelmingly oppose your convictions?"

The first part of the answer is that I have diligently reviewed these passages, their historical settings, the languages involved and the variety of scholarly interpretations of them, and have arrived at a broader context, especially when viewed through the teaching and actions of Jesus. (See references at end of article.) But the reason I decided to "come out" as a heterosexual Christian sexologist who believes in the "whosoever will" of the gospel should come as no surprise: I began to listen to the right Voice.

For many years I wrestled internally with the conflict between what I was observing in Christian pulpits, publications, and *especially* in denominational resolutions that tried to spiritualize rejection of gays with "hate the sin but love the sinner" language. But what I was observing privately in the lives of gays, lesbians, and bisexuals who were devout people of faith was a great deal of unnecessary pain. When you take mental health seriously as a "calling" you don't pick who will show up at your door. God continued to allow very special people to cross my office threshold and from them I learned a great deal.

Why do I believe I do not have the right to ask, even if possible, a gay, lesbian or bisexual to change his or her sexual orientation? Because I am not God and I am not privy to what goes on between an individual and the God who gave and sustains that person's life. Because only God determines who is qualified for the Kingdom of God and I find nothing in the teachings of Jesus that requires people to make a biological or psychological change they do not have the power to make. Jesus had a way of knowing the heart of each invitee into the Kingdom and sometimes the breadth of his invitation baffles us. But two things are clear to me in God's "whosoever" invitation: I personally have done nothing to earn God's invitation, and it is not my place to judge who is and who is not welcome into the family of faith. This same God began, in my quietest moments of contemplative prayer* (see my definition below), to reveal to me the privilege and responsibility I have to use my influence, however small, by confessing my willful blindness and by sharing what I see when the scales are removed.

Restlessness always precedes major change. I've learned to recognize and welcome that sense of unrest. I began recognizing the Voice I heard as the Voice of creation, the Voice of love, the Voice of redemption and reconciliation, affirming and confirming within me that the time to exercise the voice given *me* was now. And, as always, when we act by faith upon the message of this Voice, regardless of the consequences, there is joy. Listening to this Voice will almost always mean swimming upstream, definitely against the current. The time had come to answer the question, "Whose voice will you listen to? Those whose support and affirmation you have so earnestly sought

and received or the Voice that has over a lifetime faithfully guided you through difficult choices and turbulent waters?"

The answer was and is simple, but not easy. Blind faith is never blind if you are attuned to *every* means of revelation God provides. I am a slow learner, and not a very courageous one. I must always do war with my lifelong desire for approval. But, in the end, I am learning to allow that Voice to give meaning to my decades of academic, scientific and clinical exposure to human behavior. It is unethical and immoral to receive a gift and not share it, regardless of the consequences.

My Baptist education and heritage taught me the meaning of "soul competency." *Every* Christian has the freedom and responsibility to interpret scripture. My undergraduate and seminary theological training emphasized the importance of looking studiously at the historical context of scripture, the languages and processes through which the scripture miraculously survived, but, above all, to recognize the *living God* of the scripture over and above a legalistic obsession with the written *record* of God's revelation to his people. Very much the same passion Jesus had against legalism within his own Jewish heritage. For me the process of interpretation of scripture is woven into a broader fabric of my spiritual formation and practice of contemplative prayer.

Since the fifth century devout Catholics have honored and practiced *lectio divina*, meaning divine reading, or what some call "praying the scriptures." It is believed that through this process God's Spirit who inspired the words is present to interpret and apply the words in a meaningful way to each person who consents to God's presence. In many ways and over many years I have opened my mind and heart to God's Presence as the only authoritative interpreter of scripture. Often it was a truly scary experience to invite God in to override my comfort zones of beliefs and theories. Occasionally, the outcome has been a careful evaluation and reconsideration of the meaning and application of a passage to the cultural and religious setting of our day.

In the coming decade, as we apply our increasing knowledge of the developing human brain to decoding the secrets of our prenatal sexual development, I believe we will be able to answer the "origin" question. Thinking Christians have always expanded our religious understanding to compliment undeniable facts of science, i.e., the orbital path of the earth around the sun, or the shape of planet earth itself, without destroying our faith in a living God who set it all in motion. As a researcher in human behavior and practitioner I have to admit that I have moved from the primary "nurture" camp of believers for most of my career, believing that the environment is the primary shaper, to looking more closely at the "givens" at birth. Both are important, but soon we will be capable of answers that will illuminate our search for the origin of human sexual orientation.

In my spiritual journey God admonishes me to resist the predisposition to judge those who don't see things the way I do. My dear friend, the late Gert Behanna, renowned author, speaker and recovering alcoholic, used to say that her most perplexing sin was looking down on people who look

down on people. I know about this challenge also. I have a great deal to learn from those who disagree with me and I will try not to be judgmental since I have been a part of the problem I'm describing. I do indeed respect my colleagues in ministry and the mental health field who have different perspectives on same sex orientation and behavior. Many of these support reparative therapy in their churches and professional practices. Some appear to me to oversimplify what they believe to be the origin of same sex orientation and some leave the impression that reparative therapy is a cure for diverse sexual interest and behavior. I certainly believe one's faith in a loving God is a powerful force in changing behaviors. I do not question the motives, sincerity or dedication of those who see this issue differently. Among those I've known personally, their efforts represent what they believe is a calling with no other political or theological agenda. However, I view LGBT issues differently and approach therapy from a different perspective.

I am aware of cases where the client seeking to avoid same sex behavior has chosen and reportedly been able to do so for a period of time. I no longer believe, however, that this is necessary to a devout faith in God and discipleship as taught and modeled by Jesus. For two thousand years Christians have been divided and institutionalized based on different interpretations of selected Bible passages. Yet, we all share a common faith based on the words of Jesus found not only in the often quoted John 3:16, but also the verse that follows it,

God did not send his Son into the world to condemn its people. He sent him to save them! (CEV)

Whatever our perspectives on diverse human sexuality Jesus left no doubt as to how his followers are to respond to those rejected, marginalized in our culture, or do not fit into our own expectations. *He has not called us to define who is and who is not acceptable to him. Given the examples we have in the life of Jesus we do not need to ask, "What WOULD Jesus do?" We need only to look at what Jesus DID.* When we do this we will become expressions of love, acceptance and appreciation of all of his creation. We can all do this regardless of our perceptions of the origin of sexual orientation.

*Contemplative prayer, in my experience, is not a specific event in time but an ongoing process of openness in communion with God. It is the outcome of the disciplines of simplicity, silence, solitude and surrender guiding my sensitivity and service to the world about me. It is experiencing God's Presence. (From *Experiencing God's Presence: A Personal Guide Through Six Spiritual Disciplines*, by Dan McGee, available through the website below.)

For more information and theological perspectives on diverse human sexuality:

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About the author

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For over a decade Dr. McGee supervised the counseling and psychological services of the Baptist General Convention of Texas, first as director and later as an independent contractor. He was responsible for the assessment of ministry students in nine universities and two seminaries. He co-authored a special format of the renowned Birkman Method® designed for Christian leaders based on a two-year study of effective Christian leaders which he coordinated. He is best known in his profession for the creation of the ABCs of Stress® model designed to reduce emotional stress responses of hostility, anxiety and depression. This model is based on his own original research with stress prone individuals.

In his retirement he works as an independent contractor at the Center for Counseling & Enrichment, a ministry of the First Baptist Church, Arlington, Texas. As CEO of Dan McGee Associates, Inc. he provides consulting and leadership assessment services to churches and non-profit organizations and provides certification for stress management consultants. He is author of *Choosing Balance: The ABCs of Stress Management* and *Experiencing God's Presence: A Personal Guide Through Six Spiritual Disciplines*, available through the website below.

He and his wife, Sandra, authored the book *Celebrating Sex in Your Marriage* and Dan served as issue editor of a theological journal on sexuality and the church. He is an ordained minister with experience at almost every position in Texas Baptist church life, and has over thirty years of experience in private practice specializing in marriage, sexual and stress-related issues.

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