

A CHRISTIAN UNDERSTANDING OF HOMOSEXUALITY

Introduction

Over the past 45 years, our society has undergone a *revolution* – there is really no other way to describe it – in the prevailing cultural attitudes towards homosexuality and various related ‘alternative’ sexualities, an entire range of behaviors now collectively referred to by the acronym LGBTQ – Lesbian, Gay, Bisexual, Transgender, and Queer (this last term being a catch-all for identities and behaviors that do not fit into any of the preceding categories). Most of the contemporary population has come of age during this revolution. Older readers will remember a time when if such things were even mentioned, it was usually in the form of a tasteless joke, or in the context of an insult. Indeed, the behaviors associated with homosexuality were once criminally punishable in almost every jurisdiction – federal, state, and local – in the United States, and similarly abroad. To be ‘outed’ credibly as someone who engaged in homosexual behavior usually meant that one’s reputation and career were ruined. Active homosexuals stayed carefully closeted, as they could become targets of blackmail or worse.

Today, not only does our society broadly tolerate homosexual behavior, it is legally recognized and given protected status. The US Supreme Court’s *Obergefell* decision in June of 2015 made the United States the 22nd country to officially recognize same-sex marriage. Homosexual characters are everywhere in television and films, and the attention of social progressives is moving towards the mainstreaming of ever more exotic sexual identities. Young people are growing up in an environment where casual acceptance of homosexuality and bisexuality is increasingly seen as the norm, and where dissenters from the new orthodoxy are regarded with contempt, not only as ignorant and unenlightened, but as positively evil.

This change in attitudes presents an array of challenges as we seek to live our lives as Christians. In some respects, the issues we face are similar to those of our brethren in late-classical antiquity. On the other hand, for them the norms of pagan sexuality represented a long-prevailing status quo, for which the Church was proclaiming a revolutionary alternative. For us, we face a newly remade moral landscape, and one which, far from being static, is evolving rapidly as it is driven forward by powerful social and political forces.

As we will necessarily discuss the biology and sociology of homosexuality, we will first ask, in advance, the pardon of any who are made uncomfortable by hearing medical – especially, anatomical – terminology, which will figure in

certain sections. We will not go out of my way to offend; but neither will we substitute euphemisms for the usual scientific terms of art.

The ‘Four Core Beliefs’ of Western Society about Homosexuality

The revolution described is based on the widespread acceptance in Western society of four (4) core beliefs. All these beliefs are asserted to be ‘scientific’ in nature; the fourth is also a widespread cultural expectation. The campaigns of homosexual activists over the last 40 years have largely succeeded in institutionalizing this new understanding, and have created an all-embracing belief system that is aggressively defended against contradiction or skepticism from any quarter. The key elements of this belief system are as follow:

- 1) *Homosexuals are born that way.* Same-sex attraction (or if you prefer, sexual *orientation*) is innate, and largely genetically determined.
- 2) *Same-sex attraction is immutable.* Any attempt to reverse it entails a profound denial of self, and may result in mental problems such as depression, suicide, and alcohol and drug abuse. This is why homosexuals should be treated as a protected class, just as are racial and ethnic groups whose statuses are innate and immutable. Therefore, the proper role of psychiatry and psychology (and supporting social organizations) for those who are dissatisfied with their same-sex attraction is not to help them change – even if they wish to – but to help them to become comfortable with their homosexuality.
- 3) *Homosexuality is normal.* It is similar to other social categories such as race and ethnicity. Since, in this view, homosexuality is not an illness and is not pathological, it should be accepted and not discouraged in any way. Aside from sexual orientation, active homosexuals are just like everyone else.
- 4) *Orientation equals behavior and self-identity.* Once a person experiences same-sex attraction, that is *who they are*. It becomes their main identity – more important than religion, education, social class, ethnicity, personal interests, or anything else. They immediately become a part of the ‘LGBTQ community’, a subculture with clear expectations for their future behavior. In other words, if you experience same-sex attraction, you’re gay – and therefore expected to live a ‘gay lifestyle.’ Any other way of life would be inauthentic and a denial of self, of ‘who you truly are.’

In this discussion, we will consider the extent to which these beliefs are true or not – and what insights the teachings of our faith can provide us.

We need first to have a thorough understanding of this phenomenon – historically, scientifically, and spiritually. So comprehensive has been the assault on the realities surrounding this issue that many Christians have been influenced by it, at least at the margins. For that reason, the ‘educational’ portion of this discussion will be the most detailed and comprehensive. We will start with some historical and cultural observations.

Historical & cultural overview of the phenomenon

In beginning our discussion, we begin with a basic fact:

Human sexual *behavior* is almost completely mutable.

(We’ll consider the issue of *attraction*, or *orientation*, a bit later in the discussion.)

Sexual behavior is conditioned by cultural norms, by socialization, by personal experience, by religion, by philosophy – and to a minor extent, by certain biological factors. Human beings, in a fallen and unenlightened state, function *polysexually*.

With respect to the specific behavior under consideration, one ethnographic study found that 21% of the historical and contemporary cultures surveyed accepted or ignored homosexuality, 12% had no concept for it, 26% discouraged but did not punish it, and 41% strongly disapproved of and punished it.¹

We will consider a few examples.

In the ancient world, attitudes towards homosexual behavior ranged from 1) the institutionalization of the behavior by society, to 2) fierce intolerance, and 3) everything in between.

That it existed, for example, among the Canaanites of the 21st century BC is evident from the familiar Biblical account of Sodom – whose name forms the root of our word, *sodomy*, for certain unnatural sexual practices.²

In China, homoerotic art exists from a number of periods in China’s long history. However, the Song Dynasty (11th century AD) criminalized homosexual prostitution; and in the 16th century the Qing Dynasty criminalized all homosexual intercourse. Literary references are more difficult to identify, since Chinese erotic poetry invariably employs elaborate metaphors when discussing sexual topics; it is often difficult to specify the gender specifics of the parties. Thailand, on the other hand, has had a long history of effeminate males, which in Thai society are sometimes regarded as a third gender.

In the New World, the Spanish conquistador Vasco de Balboa reported homosexual behavior among upper class natives of Panama.³ Among Plains Indian tribes, there existed the phenomenon of the so-called ‘two-spirited’ person, typically a male with feminine behavioral traits. These individuals sometimes functioned as shamen, and interacted sexually with tribesmen of the same biological gender.⁴

The Greco-Roman world deserves more of our attention, both because it is often cited approvingly by contemporary homosexual activists, and more importantly, because it was into this environment that Christianity first emerged.

In classical Greece, a range of norms prevailed among the various city-states. The practice of *pederasty* is significant. This was a relationship intellectual, emotional, and sometimes sexual, between an adolescent youth and an older man, each pair consisting of an older *erastês* (ἔραστής, or ‘lover’) and a younger *erômenos* (ἔρώμενος, or ‘beloved’), both of whom would be citizens of approximately equal social rank. The prevalence of this practice varied widely by city and social class. The popular view of archaic and classical Sparta, that the city encouraged pederasty in the ranks of its soldiers, is probably incorrect; the only classical writer with first-hand experience of Spartan military training, Xenophon, explicitly denies it. Thebes, on the other hand, was known for its 4th-century ‘Sacred Band’, composed of 150 pairs of *erastai* and *erômenoi*, who served as elite troops for the city. The written record is most extensive for classical Athens, where many scholars argue that pederasty was an upper-class phenomenon, a form of mentoring and career sponsorship. Early in his career, Plato speaks approvingly of these relationships; in his later writings, he changes his view, describing them as unnatural and suggesting that they be banned. Aristotle, on the other hand, accepts them as a matter of course.

By contrast, homosexual relationships between adult men were considered inappropriate, especially for the ‘passive’ partner, and were often an object of insult and mockery by comic writers.

It should be noted that these cultural practices and attitudes were rooted, in part, in a deep misogyny. Women in most Greek city-states were regarded as extreme inferiors. The existence of true love was considered impossible in the context of so unequal a relationship. As one classical scholar put it, “among Athenian upper class males, if you wanted children, you went to your wife; if you wanted sex, you went to a prostitute; if you wanted love, you went to a boy or youth.”⁵

There is less evidence for female homosexuality in the ancient world. The Greek archaic period poetess, Sappho of Lesbos (7-6th centuries BC), wrote much that is

homoerotic in character, and in the process gave us our contemporary terms *Sapphic* and *Lesbian*. However, the character of her literary output is almost unique. Moreover, our knowledge of the lives of aristocratic women in archaic Greece is extremely limited; it is impossible to state, one way or the other, whether Sappho was *bisexual* or *lesbian* in the contemporary sense of those words.⁶

In general, among males in the Greco-Roman world a distinction was drawn between the active and passive partners in same-sex activity. Typically, the ‘active’ (i.e., penetrative) partner was subject to little opprobrium, provided that his partner was of lower status: in general, non-citizens, by reason of sex or social class. This was particularly true – and highly characteristic – of late-Republican and early-Imperial Roman mores. An adult male Roman citizen could function in a dominant sexual role with any non-citizen – slave, freedman, performer, or prostitute – without comment. On the other hand, in contrast to the Greek pattern, young male citizens were strictly off-limits, as the passive role was seen as demeaning to the youth’s social status. In the Roman army, in striking contrast to Greek – and now contemporary Western – views, homosexual conduct between soldiers was severely punished as a serious breach of military discipline.

Significantly, the question of *orientation* was non-existent; there are no classical Greek or Latin counterparts to our contemporary concepts of *homosexuality* and *heterosexuality* in English.⁷

As one would expect, Roman mores changed steadily after the adoption of Christianity by St. Constantine, with a steadily increasing discrimination against homosexual practices. According to Zonaras (Book III), both Theodosius the Great and St. Justinian condemned sodomites to forfeiture of possessions and severe punishments. In the Roman East, proscriptions against homosexual conduct became fully institutionalized in law by 618 AD.

Islamic cultures, although sharing the proscriptions against homosexuality of other Abrahamic religions, have as a matter of practice taken the view that penetrative intercourse is not effeminate, and that only the passive partner is ‘homosexual.’

A full anthropological survey of this phenomenon is beyond the scope of this discussion. However, there are three (3) principal observations to be made from even a cursory historical overview. First is the relative scarcity of evidence, empirically, for *biological determinism* as a principal factor (unless, perhaps, it is simply to observe that fallen man is capable of anything). Behaviors, as we have observed, vary widely from culture to culture. Second is the relative lack of *identity* as an element in most ancient cultures where homosexual behavior was widely practiced. There are few parallels to contemporary Western society, where

orientation and identity are front and center. And third is the importance of *accepted social norms* in conditioning sexual behavior. We will discuss all of these, as we continue.

The Teachings of the Church: the Judeo-Christian Tradition

In the preceding survey, we have not yet considered the example of Old Israel, and referred only in passing to the influence of Christianity on the later Roman Empire – in part because they are exceptional, but principally because the testimony of the Church stands apart from all merely human history, as inspired by the oracles of God. While certain cultures, building only on their natural knowledge of God, have in various times and places embraced chastity as an ideal, it is only in the teaching of the Church that we find this understanding elevated to a cardinal virtue.

Most are all familiar with the relevant citations in Scripture, so they will not be enumerated in detail. However, it should be noted, that while these may be to most conservative Christians self-evident truths, the preceding historical survey suggests how ‘revolutionary’ and transformative they were to the life of fallen man.

The people of God – the patriarchs and Old Israel – had definite views about which sexual behaviors were permissible and which were not, by which they stood out from among the peoples of ancient Canaan. The revelations to the Israelites, from the Law of Moses, were direct and specific:

From Leviticus in chapter 18 [22, 30]:

You shall not lie with a male as with a woman; it is an abomination . . .
defile not yourselves therein: I am the Lord your God.

The 20th chapter of the same book goes so far as to make such behavior a capital crime [13]:

If a man lies with a male as with a woman, both of them have committed an abomination; let them be put to death: their blood is upon them.

And similarly, in Deuteronomy [23:17]:

There shall be no whore of the daughters of Israel, nor a sodomite of the sons of Israel.

In the Old Testament histories, the books of the Kings, we find King Rehoboam criticized because he permitted sodomites in Judah, and King Asa praised because he drove them out.

The views of the New Testament writers were consistent with their Old Covenant forbearers. The Apostle Paul, in his letter to the Romans [1:22-27], comments:

Professing themselves to be wise, they became fools . . . Wherefore God also gave them up to uncleanness through the lusts of their own hearts, to dishonor their own bodies between themselves . . . women exchanged natural relations for those that are contrary to nature; and the men likewise gave up natural relations with women and were consumed with passion for one another, men committing shameless acts with men and receiving in themselves the due penalty of their error.

In his first letter to the Corinthians [6:9-10], he writes further:

Do not be deceived: neither the sexually immoral, nor idolaters, nor adulterers, nor men who practice homosexuality, nor thieves, nor the greedy, nor drunkards, nor revilers, nor swindlers will inherit the kingdom of God.

And in his first letter to Timothy [1:9-10a]:

Knowing this, that the law is . . . made . . . for the lawless and disobedient, for the ungodly and for sinners . . . for whoremongers, for them that defile themselves with mankind . . .

In the General Epistle of the Apostle Jude [7], we read:

Sodom and Gomorrah, and the surrounding cities, which likewise indulged in sexual immorality and pursued unnatural desire, serve as an example by undergoing a punishment of eternal fire.

Christianity emerged into the world of late-classical antiquity with a radical, life-transforming alternative to the worldview of pagan society. Among these new, life-changing virtues was a chaste life as the aim of every faithful Christian. The Apostle Paul alludes to this in his first letter to the Corinthians [6:11]:

And such were some of you. But you were washed, you were sanctified, you were justified in the name of the Lord Jesus Christ and by the Spirit of our God.

And again, in his letter to the Colossians [3:5-8]:

Put to death therefore what is earthly in you: sexual immorality, impurity, passion, evil desire, and covetousness, which is idolatry. On account of these the wrath of God is coming. In these you too once walked, when you were living in them. But now you also put off all these.

Note that these verses makes clear that among the Christians in Corinth and Colossae were people who had led sexually immoral lives prior to their conversion to Christianity. Corinth, in particular, in both classical and apostolic times, was notorious for its sexual immorality.⁸

The Holy Fathers of the first centuries of Christianity bluntly describe the world they sought to transform. St. Cyprian of Carthage writes:

“Oh, if placed on that lofty watch-tower, you could gaze into the secret places – if you could open the closed doors of sleeping chambers and recall their dark recesses to the perception of sight – you would behold things done by immodest persons which no chaste eye could look upon; you would see what even to see is a crime; you would see what people imbruted with the madness of vice deny that they have done, and yet hasten to do – men with frenzied lusts rushing upon men, doing things which afford no gratification even to those who do them.” *St. Cyprian of Carthage, “Letters” c. 250 AD*

St. John Chrysostom writes:

“All of these affections [in Rom. 1:26-27] . . . were vile, but chiefly the mad lust after males; for the soul is more the sufferer in sins, and more dishonored than the body in diseases. The sins against nature are more difficult and less rewarding, since true pleasure is only according to nature. But when God abandons a man, everything is turned upside down! . . . A murderer only separates the soul from the body, whereas these destroy the soul inside the body . . . There is nothing, absolutely nothing more mad or damaging than this perversity.” *St. John Chrysostom, “Homilies on Romans”*

And in words which surely must seem, to us, prophetic, St. John in another place writes:

“The worst of it is that such an abomination is committed boldly and that the monstrosity becomes the law. Nobody nowadays fears, nobody blushes. They boast and they laugh at these actions. The people who abstain appear stupid and they who condemn are regarded as fools. If they appear to be weaker they are crushed with blows. If they are stronger, people laugh, people mock them and make many jokes about them. They have no redress in tribunals or in law.” (*Against the Opponents of Monastic Life, III.8*)

Perhaps there is also some consolation here for us, that the worldly attitudes against which St. John preached sound so familiar to us.

Concerning those in Holy Orders who fall into these sins, Saint Basil the Great writes:

“The cleric or monk who molests youths or boys or is caught kissing or committing some turpitude, let him be whipped in public, deprived of his tonsure, and () reduced to eating rye bread once a day in the evening three times per week. After six months living in a separate cell under the custody of a wise elder with great spiritual experience, let him be subjected to prayers, vigils and manual work, always under the guard of two spiritual brothers, without being allowed to have any relationship . . . with young people.” (*St. Basil the Great, in St. Peter Damien, Liber Gomorrhianus*)

We find similar comments in St. Clement of Rome, in St. Aristides, in the Epistle of St. Barnabas, in Blessed Augustine and in Tertullian.

The early Canons of the Orthodox Church also speak to these practices:

From the **92 Canons of St. Basil** (affirmed specifically by the 4th, 6th, and 7th Ecumenical Councils):

Canon 7:

“Sodomists and bestialists and murderers and sorcerers and adulterers and idolaters deserve the same condemnation, so that whatever rule you have as regarding the others observe it also in regard to these persons.”

Canon 62:

“As for any man who uncovers his nakedness in the midst of males, he shall be allotted the time [i.e., 15 years] fixed for those transgressing in the act of adultery.”

From the **35 Canons of St. John the Faster**:

Canon 9:

“As for sexual intercourse of men with one another, such as practicing double masturbation, it received the stated penance of up to eighty days [together with strict fasting and one hundred prostrations a day].”

It should be noted that the canon for double masturbation is precisely twice the penance prescribed for solo masturbation in the preceding Canon 8 because, as St. Nicodemos of the Holy Mountain notes: “each of these offenders is not only

hurting himself, but is also hurting his brother, and this makes the sin a double sin” (*The Rudder*, p. 938).

Canon 18:

“It has seemed advisable to exclude any man who has been so mad as to copulate with another man from Communion for three years, weeping and fasting, and towards evening confined to *xerophagy* (i.e., a strict vegan raw diet), and doing two hundred prostrations. But as for one who prefers to take it easy, let him fulfill the fifteen years [i.e., of Canon 62 of St. Basil].”

We see in these Canons a number of things. The first is that, as in Scripture and the writings of the Fathers, unnatural acts are regarded with great seriousness. Second, that the act of anal sodomy is regarded as a much greater fall than certain other homosexual behaviors; and third, that even anal sodomy is grouped with a number of other sexual sins, such as adultery. This has some significance for us, since in the context of this country’s ‘culture wars,’ it is easy to fall into the trap of regarding temptations of this kind as a kind of ‘ultimate sin,’ rather than as one of a number of related passions against which man in his fallen state must struggle.

However, this perspective does not extend to a view that ‘fornication is fornication’ (i.e., regardless of whether it is same-sex or opposite-sex). It is clear from the canons and writings of the Fathers, that homosexual fornication, at least in the context of anal sodomy, is regarded as more serious than heterosexual fornication, just as adultery is so regarded.⁹

In summary, an enormous weight of Scripture, together with the Holy Fathers and the Holy Canons, fences us from homosexual behavior. That our loving Lord, Who *is love* (1 John 4:8), and desires that we *might have life, and that . . . more abundantly* (John 10:10), so directs, gives unassailable witness to the destructiveness, of both soul and body, of these behaviors. Some reasons why this is so will become plain during the portion of the discussion on the science of homosexuality.

St. Paul urges us to *be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God.* (Romans 12:2). The word translated here as ‘world’ is not the usual *κοσμός* (‘*kosmos*’), the material world, but *αἰώνι* (‘*aioni*,’ eon or time) – the *age* in which we live. And this is our challenge as Christians, that we not allow ourselves to be conformed to this age, but to the will for us of our loving Lord.

This understanding – that unnatural sexual relations are destructive of soul and body, and therefore to be discouraged – was universal in the Christian world for the next 1300 years.

The process of change in the United States

The Judeo-Christian view of homosexual behavior was dominant in the cultures of Western nations from the 4th century to the mid-20th – a period of some 1700 years, and also was, officially at least, the view of the Muslim world. Even cultures outside the Abrahamic religions were influenced by their dominant worldview.

How then, did an almost complete reversal of this understanding occur in little more than a generation?

It should be emphasized, at the outset, that it had very little to do with science – rather, it has been characterized by the systematic *suppression* of science.

The roots of the change in popular attitudes are much deeper than the last 50 years. In the 18th century, the writers and philosophers of the Enlightenment largely saw the fallen state of man as *natural*. Associated with this was an increase in religious skepticism, challenging Western culture's Christian foundations and restraint of man's passionate impulses. The psychological theories of the late-19th and early-20th centuries (e.g., those of Sigmund Freud and his contemporaries), following their Enlightenment forbearers, described attempts to curb the spiritual illnesses of fallen human nature as unhealthy 'repression.' In the characterization of sociologist Pitirim Sorokin and others, the cultural mentality of the West became increasing 'sensate' – that is, one in which truth is drawn exclusively from the senses, and in which pleasure is therefore always the goal, because pleasure is always the (material) good.

In literature, the years prior to World War I saw few novels with homosexual characters, and in these novels the homosexual characters typically came to a bad end. Following World War I, Hemingway wrote a number of short stories with homosexual characters and themes that may be described as descriptive and cynical in tone, as opposed to cautionary. However, the first novel to deal openly with homosexuality and to achieve wide distribution was Gore Vidal's *The City and the Pillar*, in 1948. In this novel, Vidal – himself a lifelong homosexual – portrayed overt homosexuality as a natural behavior. Even among the literary establishment of that day, this was too much; major newspapers would not advertise the novel, and magazines blacklisted Vidal's work for a number of years. Eugene O'Neill's famous play, *Cat on a Hot Tin Roof*, in 1955, brought an

underlying homosexual theme to Broadway, complete with a star-studded cast, but this aspect of the play was written out of the 1958 Hollywood film based upon it.

In the field of scientific research – although perhaps it is now more aptly regarded as science fiction – the *Kinsey Reports* of 1948 and 1953 opened sexual topics for discussion, including homosexuality, that had formerly been taboo. Although Alfred Kinsey's work is now widely recognized as flawed, it had a significant impact for many years. The notorious 10% figure for the incidence of homosexuality in the general population originates with Kinsey. During the 1970s and 1980s, gay activists quoted this figure as often as possible. (Although one would think that it should have been so thoroughly discredited as to be extinct today, it can be found in contemporary brochures prepared for adolescents questioning their sexuality. Notwithstanding the discrediting of much of his research, Kinsey was treated sympathetically in a 2004 film.)

However, underlying changes in Western culture were laying the foundation for a major shift in the attitudes of the general public. Although couples had long controlled their fertility with various prophylactic devices, the introduction of oral contraception in 1960 contributed to the separation of procreation and sex in the mind of the public. The affluence and leisure of the post-war period facilitated pleasure-seeking in all its forms. And although nominal religious observance remained strong through the mid-1960s, at least in America, there was a significant 'social' dimension to this participation, which masked a strong current of theological liberalism and the decay of traditional religious belief.

These intellectual and social currents contributed to what is usually referred to as the 'sexual revolution' of the 1960s, 1970s, and 1980s. These trends led to an increase in divorce, premarital sex, and abortion, and also paved the way for the mainstreaming of homosexuality. Popular 'sex manuals' (e.g., *The Joy of Sex*, in 1972, followed by *The Joy of Gay Sex*, in 1977) presented sex as a recreational activity to be practiced using an array of techniques, including sodomy. The widespread adoption among heterosexual couples of sexual practices formerly associated principally with homosexuals – for example, oral sex, mutual masturbation, and anal sex – tended to blur the distinctions between the two in the mind of the public.

In a broader context, the movement to remove traditional attitudes around homosexuality (and a myriad of other sexual constraints) was part of a larger project, to bring every aspect of traditional culture under skeptical challenge.

The movement to mainstream homosexuality has been, from the start, a *political* struggle.

The start of a formal movement in the United States can be traced to the New York Stonewall Riots of mid-1969. In the 1960s, the New York City Police Department routinely raided bars, bathhouses, and clubs catering to a homosexual clientele, in enforcement of then-current anti-sodomy and public decency laws. Their raid on the Stonewall Inn on June 28, 1969 attracted a large crowd, and the police lost control of the situation. Rioting occurred over several days. This event served as a catalyst, and within six months, two ‘gay rights’ organizations focusing on confrontational tactics and three homosexual periodicals had been founded. The first ‘Gay Pride’ march was conducted in New York, San Francisco, Los Angeles, and Chicago on June 28, 1970, the first anniversary of the riots. Such events are now held worldwide at this time of year, in commemoration of these events.

If the Stonewall Riots were the initial catalyst, unquestionably the most significant enabler of the homosexual revolution was the 1973 removal of homosexuality as a psychiatric illness by the American Psychiatric Association (APA). The story of how this occurred is representative of the politicization of science pursued by homosexual activists from the very inception of the movement.

As an example of the *status quo ante*, in 1963 the New York Academy of Medicine asked its Committee on Public Health to report on the subject of homosexuality. The Committee reported that:

Homosexuality is indeed an illness. The homosexual is an emotionally disturbed individual who has not acquired the normal capacity to develop satisfying heterosexual relations.

Significantly, however, the same report also noted that:

Some homosexuals have gone beyond the plane of defensiveness and now argue that deviancy is a “desirable, noble, preferable way of life.”

In the *Diagnostic and Statistical Manual* (DSM) of the APA, homosexuality was initially (in 1953) defined as a ‘sociopathic personality disturbance’; in the DSM-II of 1968, as a ‘sexual deviation.’ DSM-II read, in part:

This category is for individuals whose sexual interest are directed primarily towards objects other than people of the opposite sex, toward sexual acts . . . performed under bizarre circumstances . . . Even though many find their practices distasteful, they remain unable to substitute normal sexual behavior for them.

No new scientific evidence emerged during the 1960s and early 1970s to contradict these statements. How, then, did the APA come to make such an extraordinary reversal?

Franklin Kameny, a homosexual activist, said “I feel that the entire homophile movement . . . is going to stand or fall upon the question of whether or not homosexuality is a sickness, and upon our taking a firm stand on it.”¹⁰ Indeed, it would be difficult to promote a mental illness or pathology as a civil right. Their principal target therefore became the classification in the DSM-II.

In the absence of supporting scientific evidence, the only possible avenue was political action. This took two forms: internal and external.

In the early 1970s, open homosexuals were not permitted to practice psychiatry. As a result, homosexual psychiatrists were very closely closeted; not surprisingly, they regarded overturning their professional association’s definition of homosexuality as an illness as a most-desired goal. With this in mind, they began to work their way into the upper echelons of the Association.

In parallel, outside homosexual activist groups began a campaign of disruption against APA meetings and conventions. At the 1970 annual meeting, Gay Liberation Front members disrupted events with what they termed ‘guerilla theater,’ in an effort to delegitimize the proceedings. At the 1971 meeting, Kameny stormed the conference at the head of thirty protesters, shouting “We are here to denounce your authority to call us sick or mentally disordered . . . For us, as homosexuals, your profession is the enemy incarnate . . .”¹¹ He followed up this disruption with a letter to the *Psychiatric News* which promised future action, and threatened that if the APA did not change their position on homosexuality, they would act to discredit the entire profession of psychiatry.

If these sound like storm trooper tactics, this is quite literally true. The co-founder of ACT-UP/DC, Eric Pollard, stated frankly:

I have helped to create a truly fascist organization. We conspired to bring into existence an activist group that . . . could effectively exploit the media for its own ends, and that would work covertly and break the law with impunity . . . we subscribed to consciously subversive modes, drawn largely from the voluminous *Mein Kampf*, which some of us studied as a working model.¹²

Meanwhile, the efforts of the underground homosexual lobby within the APA were beginning to bear fruit. Dr. John P. Spiegel became president-elect of the APA in 1973. Dr. Spiegel was a homosexual so carefully closeted that his own family did

not suspect it until he revealed it on his 70th birthday. In fact, Spiegel had for some time been leading a covert group of activists within the APA, some of whom began referring to themselves informally as the GayPA. They had facilitated the disruptive activities of outside agitators by providing press passes that gave them access to APA meetings.

At the 1973 Honolulu meeting, Dr. Robert Spitzer, head of the APA's committee on nomenclature, was convinced by a meeting with homosexual activists to draft a change to language in the DSM. The key phrase in the forthcoming DSM-III would be that

Homosexuality *per se* is one form of sexual behavior and, like other forms of sexual behavior which are not by themselves psychiatric disorders, is not listed in this nomenclature of mental disorders.

The sole caveat to this change was that homosexuals who were unhappy with their same-sex attraction could still be diagnosed with 'ego-dystonic homosexuality.' Even this caveat would be removed in 1987, in the DSM-III Revised.

The new language was submitted simply to a vote of the Board of Trustees, without a single supporting scientific paper. The matter was later submitted to a referendum of the membership, who were lobbied in advance by a letter signed by unidentified GayPA members, and funded and partly written by the National Gay Task Force (NGTF), which had purchased the APA's mailing list. Because a majority of the APA members who responded voted to support the change in the classification of homosexuality, the decision of the Board of Trustees was allowed to stand. But in fact only one-third of the membership did respond. Four years later the journal *Medical Aspects of Human Sexuality* conducted a survey of the membership, which reported that 69% of psychiatrists disagreed with the vote, and still considered homosexuality a disorder.

As lesbian activist Barbara Gittings put it,

It never was a medical decision – and that's why I think the action came so fast. After all, it was only three years from the time that feminists and gays first zapped the APA at a behavior therapy session to the time that the Board of Trustees voted in 1973 to approve removing homosexuality from the list of mental disorders. It was a political move.¹³

Dr. Charles Socarides, a psychoanalyst in the field of homosexual treatment, noted that the decision "involved the out-of-hand and peremptory disregard and dismissal not only of hundreds of psychiatric and psychoanalytic research papers and reports but also of a number of other serious studies by groups of psychiatrists,

psychologists, and educators over the past seventy years.”¹⁴ The 1973 APA decision, he said

remains a chilling reminder that if scientific principles are not fought for, they can be lost – a disillusioning warning that unless we make no exceptions to science, we are subject to the snares of political factionalism and the propagation of untruths to an unsuspecting and uninformed public, to the rest of the medical profession and to the behavioral sciences.¹⁵

The decision appalled even some liberal psychiatrists. Drs. Rogers Wright and Nicholas Cummings noted that it was “the first time in the history of healthcare that a diagnosis or lack of diagnosis was decided by popular vote rather than scientific evidence.”¹⁶ Even a supporter of the homosexual cause, Professor Ronald Bayer, commented

The entire process, from the first confrontation organized by gay demonstrators at psychiatric conventions to the referendum demanded by orthodox psychiatrists, seemed to violate the most basic expectation about how questions of science should be resolved. Instead of being engaged in a sober consideration of data, psychiatrists were swept up in a political controversy . . . The results was not a conclusion based on an approximation of the scientific truth as dictated by reason, but was instead an action demanded by the ideological temper of the times.¹⁷

The American Psychological Association followed suit in 1975, and today states, as a ‘scientific fact’, that “being gay is just as healthy as being straight”, and that “same-sex sexual attraction, behavior, and orientation *per se* are normal and positive variance of human sexuality.”

The APA has not slowed in its march towards a polysexual future. The 1994 edition of the DSM (DSM-IV) further altered its definitions of ‘paraphilias’ or sexual perversions. In order for an individual to be considered to have a paraphilia – such as sado-masochism, voyeurism, exhibitionism, and pedophilia – the DSM requires that, in addition to having or acting on such impulses, the patient’s “fantasies, sexual urges or behaviors” must “cause clinically significant distress or impairment in social, occupational or other important areas of functioning.” In other words, it’s only a ‘problem’ if it’s a problem for the patient. In the 2013 DSM-V, ‘gender identity disorder,’ in reference to transsexualism, was replaced with a more neutral phrase, ‘gender dysphoria,’ in the context of an embrace of hormone therapy and gender-reassignment surgery as clinical ‘best-practice.’ (To a considerable extent, transgenderism has now replaced homosexuality as the next psychological and civil-rights frontier.)

As the mainstream psychiatric and psychological associations abandoned science (and credibility) on these issues, dissenting practitioners established the National Association for Research and Therapy of Homosexuality (NARTH), which continues to regard homosexuality as a treatable dysfunction.

This particular part of contemporary history has been discussed at length to make the point that the Church need not concede the science around this issue and rely on spiritual arguments alone. The science has been politicized from the start, and the new orthodoxy ferociously defended by homosexual activists and their allies.

With the science discredited, the homosexual movement was able to move into high gear, positioning its activity as a new phase of the civil rights struggle. The public health scourge of AIDS in the 1980s was turned to an occasion for public sympathy, which took care to skim over the key behaviors which led to the epidemic (some may recall the ostracism which commentator Andy Rooney received in the late 1980s for simply stating the fact, on the television program *60 Minutes*, that HIV/AIDS is overwhelmingly a disease of receptive anal intercourse). Only a few in the medical community remember that the original name for this illness was GRID – “gay-related immune disorder.” The nomenclature was changed to direct attention away from origins of the epidemic.

Gay activists took pains to portray homosexual life, especially among male homosexuals, as patterned upon heterosexual norms. It was important to avoid alienating otherwise sympathetic heterosexuals by confronting them with the realities of the gay lifestyle. One late-80s activist guide recommends, for example, that “In any campaign to win over the public, gays must be portrayed as victims . . . Persons featured in the media campaign should be . . . indistinguishable from the straights we’d like to reach.”¹⁸ Another strikes a similar note: “The masses must not be repulsed by premature exposure to homosexual behavior itself.”¹⁹

Organizing took place on college campuses and in high schools, where so-called ‘Gay-Straight Alliance’ clubs became a common feature. Idealistic young people were recruited and indoctrinated with the new post-scientific mythology of homosexuality’s normality and innocuousness. These new orthodoxies are now largely institutionalized in curricula.

In academia, certain faculty in the humanities began to gravitate to studies related to homosexual figures, influences, themes, and the rapidly-evolving cultural landscape itself. These specialists began to coalesce into their own field, with the first program in ‘gay and lesbian studies’ established at the City University of New York in 1986, and the first department of ‘Queer Studies’ (officially the Gay, Lesbian and Bisexual Studies Department) established at the City College of San

Francisco in 1989. At present, there are over 40 such university programs and departments. Emerging from the activity of these specialists came, by the early 1990s, ‘Queer Theory’, which challenges the idea that sexual activity or identity is part of the essential self, and that all such identities are merely social constructs. The anarchist thinking is obvious; those who recognize its post-structuralist roots are, of course, correct.

In the military, a historic ban on homosexuals in the service was modified to a so-called Don’t Ask Don’t Tell (DADT) policy in 1994 that excluded closeted homosexuals. This nuance was eliminated by a bipartisan act of Congress in 2010. Despite assurances that the repeal of DADT would have no adverse effect on discipline, serving officers report that homosexuals now flaunt their orientation and behavior, in mockery of traditionally-minded officers and service personnel. In 2016, the Defense Department lifted the ban on transgender individuals serving openly in the military, and provided funding for hormone therapy and surgery for service personnel wishing to transition their gender.

The broadcast media, ever alert to social trends and fashionable left-wing causes, began aggressively to insert homosexual characters and themes into television and films. It is almost quaint to recall some of the early homosexual characters on television (older readers may recall a portrayal by Paul Burke in a 1970 episode of the television series *Medical Center*, where he sadly declares to a teary-eyed woman with a romantic interest in him, “I am a homosexual – not one of the obvious ones, thank God!”). Times change. By 2003, we had *Queer Eye for the Straight Guy*, based on the premise that homosexual men are superior to heterosexual men in matters of fashion, style, personal grooming, interior design, and culture. Homosexual characters are often depicted on television as wittier, hipper, more creative, and better dressed than straights – in every way, a superior class of human. They are also represented vastly out of proportion to their incidence in the general population. This has affected public perceptions to the point that a 2011 Gallup survey found that “U.S. adults, on average, estimate that 25% of Americans are gay or lesbian” (versus an actual figure of around 1.6%).

As the homosexual rights project became increasingly institutionalized in the public’s mind as a civil rights struggle, homosexuals began to seek – and receive – protected class status. This has led to the assertion of a full range of ‘rights’: to nondiscrimination in housing, employment, and retail trade, to adoption, and most recently, to marriage. This progression is unstoppable, given the assumptions of officially secular (and some not officially secular) governments, and the suppression of contrary science. Politicians, rarely better (and often worse) than the publics they serve, have responded both to these changes in public attitude, and also, to the political clout of organized homosexual activists. The assertiveness of

organized homosexual pressure groups has already been discussed; their significant financial commitments to sympathetic (or purchasable) politicians should not be underestimated. Nor have the courts been a source of restraint; to the contrary, they have been quicker to appreciate the implications of protected class status. Although politicians, in 1996, could still be influenced to pass the Defense of Marriage Act (excusing states from recognizing marriages in other states not recognized in theirs), a 5-4 majority of the US Supreme Court struck that down in 2013, and the same 5-4 majority in the 2015 *Obergefell* decision established homosexual marriage as a constitutional right in the United States of America, superseding all previous federal, state, and local legislation and judicial decisions to the contrary.

The *Obergefell* decision, by the way, enjoys wide popular support. A May 2016 Gallup poll found that 61% of adult Americans agree with the Court's judgment that same-sex marriages be legally recognized, similar to the 58% found in a 2013 WP-ABC survey; in the latter poll, support among younger adults under age 30 exceeded 80%. Polls in Western Europe find similar sentiments.

Activist groups have not been inclined to be generous in victory, and openly call for private associations (including the Church) to 'change with the times.' Many organizations have already submitted to these demands. A number of large mainstream Protestant denominations – the United Church of Christ (UCC), Episcopal Church, Evangelical Lutheran Church in America (ELCA), and Presbyterian Church – USA (PCUSA) – ordain openly homosexual clergy, and are moving to (or have already established) ceremonies that recognize same-sex unions. The Boy Scouts, one of whose stated methods is to provide 'strong male role models,' now allow openly homosexual leaders, following the opening of the youth ranks to self-identified homosexual Scouts, although these are officially barred from engaging in homosexual activity at events. Girl Scouts and Camp Fire are officially 'inclusive,' and prominent LGBT women are held up as role models. Uniformed Boy and Girl Scouts participate in Gay Pride marches.

In response to a 2012 state law, California public schools have developed curricula "that ensures kindergarten through 12th-grade students learn about LGBT figures and the roles they played in shaping society." Proposed themes and topics include "Teaching second graders about family diversity and non-traditional families", and fourth-grade lessons on the "possibilities and motivations for same-sex relationships in Gold Rush-era California."

The American Academy of Pediatrics has endorsed the adoption of children by homosexual couples.

Nearly all large public universities, in pursuit of diversity goals, have active programs to identify and support self-identified LGBTQ students.

Punitive measures are imposed on individuals whose Christian consciences will not permit them to facilitate same-sex unions. In Oregon, a couple that refused to bake a cake for a gay wedding was fined by the state's commissioner for labor and industries an enormous sum that bankrupted their business, making of them an 'example.' Others call for the withdrawal of tax-exempt status for traditionalist religious groups, on the grounds that they 'discriminate.' First Amendment protections of religious expression and association are summarily dismissed with the slogan, "freedom of religion is not freedom to discriminate."

The attention of activist groups has now turned to mainstreaming a wide range of transgendered identities, seeking to institutionalize the 'Queer Theory' mentioned earlier, asserting that all gender identities are essentially a matter of taste, and should be fully supported and accommodated by society.

That's how the revolution happened, and where it stands today. Let's turn now to the science.

The Science of Homosexuality

Our discussion of the science of homosexuality will systematically refute numbers 1, 2, and 3 of the 'four core beliefs.' Number 4 will be examined in the context of Christian anthropology – i.e., the Church's understanding of the human person and condition in the world.

First, what is the incidence of homosexual identity in the general population?

The National Health Interview Survey (NHIS), which is the government's principal tool for assessing Americans' health and behaviors found that 1.6% of adults self-identify as homosexual, while 0.7% consider themselves bisexual.

This is consistent with the 2013 Centers for Disease Control and Prevention (CDC) survey, in which 2.3% of the population identifies itself as homosexual or bisexual. This was the first large-scale government survey measuring Americans' sexual orientation.

Separately, an analysis of 2014 CDC survey data in 19 states, by the Williams Institute at the UCLA School of Law found that 0.6% of adults self-identify as transgender.

The overwhelming majority of adults, 96.6%, labeled themselves as heterosexual in the 2013 survey. An additional 1.1% declined to answer, responding “I don’t know the answer,” or that they were “something else;” this percentage (and the latter response) is consistent with the number of people who self-identify as ‘asexual’, a choice not provided in the NHIS.

The figures are lower than some earlier estimates of the size of the homosexual and bisexual population, which have typically placed the overall proportion of homosexual identity among men at 2.8% and among women at 1.4% (an aggregate rate of 2.1%), and bisexual identity at 1.8%. Needless to say, these figures are all dramatically lower than the long-discredited Kinsey ‘10%.’

Recent surveys in the UK and Western Europe yield similar results.

Belief 1

Let’s consider each of the ‘four core beliefs’. The first was: *Homosexuals are born that way.*

Is homosexuality genetic? Is it innate? Or in colloquial language, are homosexuals ‘born that way’?

In reality, the proper scientific question should be, in the words of one psychiatrist,

To what degree is homosexuality (or any other behavioral trait) genetic and non-genetic, innate and acquired, familial and non-familial, intrauterine-influenced and extrauterine-influenced, affected by the environment and independent of the environment, responsive to social cues and unresponsive to these cues, and when and in what sequence do these various influences emerge to generate their effects and how do they interact with one another; and after we have put these all together, how much is left over to attribute to choice, repetition, and habit?²⁰

This is a much more difficult question to answer, although it is the proper scientific question. However, let us consider our original questions.

To begin, we should first clarify the distinction between ‘genetic’ and ‘innate.’ A trait is ‘genetic’ if it is found in the subject’s genetic coding, and consequently heritable from generation to generation. Such genes may be expressed, not expressed (e.g., recessive), or partially expressed (usually through the action of multiple genes).

‘Innate’ is a much broader term that encompasses both traits that are genetic, and those which are acquired through other physical/biological means, such as the action of hormones and other influences on intrauterine development.

With respect to a purely genetic link to homosexuality, some scientific research exists.

In 1993, American geneticist Dean Hamer, a scientist at the US National Cancer Institute, found in a study of 100 homosexual men, families with several gay males on the mother’s side, suggesting a gene on the X chromosome. His research asserted that pairs of brothers who were openly homosexual shared a small region at the tip of the X chromosome, and proposed that it contained a gene that predisposes a male to homosexuality. Hamer’s conclusions were controversial, and later studies appeared to contradict his results.

A larger study of gay brothers in 2013 at Northwestern University, using the many genetic markers now available through the Human Genome Project, tended to confirm Hamer’s work. A region of the X chromosome called Xq28 had some correlation with men's sexual behavior – although scientists had no idea which of the many genes in the region are involved, nor how many lie elsewhere in the genome. Another stretch of DNA on chromosome 8 also appeared to play a role in male sexual orientation – though again the precise mechanism was unclear.

Much recent work in psychiatric genetics indicates that expression of traits is often correlated not simply with the presence or absence of a genetic marker, but by the number of copies of a particular gene in the DNA (i.e., by the number of *copy number variants*, or CNVs) – which considerably complicates any predictive analysis.

What is striking about these gene studies, in general, is how *weakly* they correlate with actual expressed sexual identity. Studies of identical twins, which share exactly the same DNA, show that the identical twin of a homosexual man is more likely to identify as straight than gay.²¹ This means that even a perfect genetic test, which recognized every gene linked to sexual orientation, would be less predictive of future orientation than flipping a coin.

For this reason, it is best to regard genetic markers as predisposing, but by no means determinative. Similar genetic markers exist for both alcoholism and drug addiction. To use an athletic example, genes for height may predispose one to play basketball, but do not mean that one will necessarily participate in the sport.

Compared to the search for ‘gay genes’, the research into intrauterine influences reveals more candidates. Hormones have an important role in fetal sex

differentiation, and so anomalies in hormonal exposure may affect sexual orientation or gender identity in the developing fetus.

Recent studies have provided evidence suggesting the effect of prenatal androgen levels on future sexual behavior. It has long been known, for example, that birth order is correlated with incidence of homosexual identity (younger brothers have a higher rate), and androgen levels are known to vary with birth order. Similarly, stress hormones can cross the placental barrier and interfere with a fetus' production of sex hormones, and studies have suggested that maternal stress during pregnancy is correlated with a higher incidence of homosexual and bisexual identity in offspring.

There are a number of other hormones potentially implicated in a predisposition to homosexuality, but the research is typically only suggestive, rather than conclusive.

Again we refer back to the identical twin studies. Identical twins are not only genetically the same, they also have the same intrauterine influences. As we noted before, the identical twin of a homosexual man is more likely to be straight than gay. That means that even a full accounting of all genetic *and* intrauterine effects – that is, all innate factors – is still less predictive of future sexuality than flipping a coin.²²

Biological determinism is a double-edged sword for gay activists, as they sometimes only belatedly realize. Modern medicine allows for prenatal genetic screening, which can be used to abort fetuses with a predisposition to homosexuality. Similarly, intrauterine influences predisposing to homosexuality may be treatable in future during pregnancy, just as we administer folic acid to mothers to prevent spinal bifida.

However, any science that overtly seeks to correct errors in sexual orientation is subject to attack by gay activists and their allies.

In 1995, Oregon Health Sciences University (OHSU), Oregon State University (OSU), and the USDA Sheep Experiment Station at Dubois, Idaho, began researching the phenomenon of 'male-oriented' rams – obviously less valuable for breeding purposes – with a view to identifying genetic markers or developing prenatal corrective treatments. In 2006, this project came to attention of gay activists, and prominent homosexuals such as Martina Navratilova loudly decried the study.²³ To their credit, OHSU and OSU have continued the research, which suggests that intrauterine hormonal effects may keep the brain from fully masculinizing, leading to sexually male-oriented rams.²⁴

If genetic and intrauterine influences are less predicative of future sexuality than a coin flip, then clearly, post-natal environmental factors must be of great importance: family structure, socialization, personal choices and experiences. There is no question that these environmental influences have a significant influence on the development of sexuality; in fact, there were over eighty years of research and clinical experience in this field which the APA chose to overlook in its 1973 decision.

The clinical and research record indicates that in the background of homosexuals one or more of the following is often present:

- an emotional mismatch between the child and same-sex parent, such as the overt or implied rejection by a hyper-masculine father of a son who is sensitive by nature and unenthusiastic about the father's interests
- an emotional mismatch between the child and the opposite sex parent, creating alienation towards the opposite sex
- sexual abuse of the child by either parent
- a rejection of the child by his or her same-sex peers

The first of these may give rise to a profound longing for love from that parent, a longing that may be enacted in later relations with peers of the same sex. This longing may also become sexualized – that is, linked to the anxiety-relieving capacity of orgasm.

The second of these may give rise to the child's fear of that parent, which will likely show itself later as a heightened wariness and avoidance of opposite-sex relations.

It should be mentioned that support for these concepts is hardly limited to those who see homosexuality in negative terms. Social critic and historian Camille Paglia, herself a prominent homosexual figure for decades, strongly supports this view. Dr. Paglia wrote the following:

I have said many times before that I do not believe homosexuality is inborn but that it is an *adaptation* to specific circumstances and possibilities. What many gay men are remembering as their innate gayness was in fact some other attribute (often an artistic gene) that may have led to a dislocation from roughhousing male bonding. The sex instinct, which comes later, is in my view heavily symbolic among human beings I understand the biological imperative of hormones, which drive male and female to mate and reproduce. But why is anyone entirely gay? It seems incontrovertible to me that at root there is indeed a dissatisfaction of some kind with the opposite

sex, grounded in early experiences and reinforced in adolescence. There is not a single gay person whom I have known over the course of my life since high school for whom childhood factors played no role whatever in his or her adult choice. And yes, behavior is a choice, even if fantasy and imagination are uncontrollable.²⁵

Many studies describe the complex interactions between these and other factors, which are characterized as ‘psychic traumas.’ What is important to recognize is that first, the susceptibility to such traumas varies widely between individuals (i.e., some are highly sensitive to these influences, while others are more resilient), and second, that it is the individual’s *perception* of these influences that is decisive, rather than an objective measure of harmfulness. Obviously, sexual or physical abuse are objectively harmful, although individual resilience varies; emotional factors are more subjective and difficult to quantify. This point should be emphasized because parental behavior, for example, can range from being objectively “bad” to “good,” while still not meeting the needs of a child, through no fault of the parents.

Although these types of trauma are unusually common in the childhoods of homosexuals, there may be other, less typical, traumas present. Even more generalized disturbances in family life, such as parental separation and loss, are correlated with an increased incidence in homosexual identification.

Whatever the source of trauma, it can lead to the use of self-medicating, anxiety-reducing behaviors: alcohol and drug abuse, promiscuity, homosexuality, and others. An individual will often combine more than one of these behaviors; hence, the correlation between homosexuality, and drug and alcohol abuse. These behaviors are at first soothing, then habitual, then compulsive, and finally addictive.

As with many behaviors, repetitive experiences of these kind rewire the brain (specifically, the neocortex) over time; we become ‘hard wired’ to certain behaviors. This physically alters the brain in ways that cannot be entirely undone, if at all, and so will be modified only with great difficulty. Connections in the pleasure centers of the brain are particularly powerful, releasing opioid chemicals; the pleasure areas of the brain are most intensely activated at the moment of sexual orgasm; this is why any time chastity is lost, the road back to it is so difficult. Modification therefore requires a greater effort of will, additional repetition of the new behavior, and more time, the more deeply embedded in the brain the old behavior has become.

Belief 2

Let's consider the second of the 'four core beliefs': *Same-sex attraction is immutable.*

Is same-sex attraction, from whatever combination of innate and environmental factors, immutable? Can it be altered through treatment?

The answer to the first question is unquestionably, 'no'; to the second, a qualified 'yes'.

With respect to the first, we may begin with a basic statistic: three out of four boys who think they are homosexual at age 16 aren't by age 25, with no intervention whatsoever.²⁶ That sexual identity is mutable is an evident fact, not even worth serious debate.

In discussing the treatment of same-sex attraction or active homosexuality, the chilling effect of the suppression of science should again be noted. Between 1966 and 1974, over one thousand articles on the treatment of homosexuality were published in academic and professional journals; between 1975 and 1979, forty-two; in the early 1990s, one.

Notwithstanding the suppression of research and the discouragement of clinical practice, many groups across the country do treat homosexuality, with a success rate at least comparable to the treatment of other addictions. Since most of these (although not all) are ministries which generate little 'hard' data, this enables hostile skeptics to remain invincibly resistant to acknowledging their effectiveness.

As has been suggested, the success rate varies significantly based on the extent to which habituation has taken place. For those who have not yet begun acting on the behaviors that lead to addiction, education and counseling can be very effective. Once addiction is present, the therapeutic needs become dramatically different.

In 2003 testimony, psychiatrist Jeffrey Satinover noted

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%.²⁷

Remarkably, Dr. Robert Spitzer, who as head of the APA nomenclature committee had written and steered through the 1973 DSM change, came to agree. In 2001 he conducted his own study of 200 subjects on the mutability of sexual identity,

expecting it to discredit therapeutic approaches. Instead, he found the contrary. Spitzer wrote:

There is evidence that change in sexual orientation following some form of reparative therapy does occur in some gay men and lesbians . . . the majority of participants gave reports of change from a predominantly or exclusively homosexual orientation before therapy to a predominantly or exclusively heterosexual orientation in the past year . . . I approached this quite skeptical, and I've been convinced otherwise.

Warned that publication of his paper would constitute professional suicide, Spitzer nevertheless delivered it at the 2001 annual APA meeting²⁸ and submitted it to the journal *Archives of Sexual Behavior*.²⁹ Retribution was not long in coming, as gay activists furiously attacked this 'treason' from a figure prominent in their founding mythology. Spitzer for years defended his work, nor were any flaws in it ever found.²⁹ However, social pressure took its toll, and in 2012, nearly 80 years old and suffering from Parkinson's, Dr. Spitzer 'recanted' before gay activists. His Dutch colleague, Dr. Gerard van den Aardweg, said that in discussing potential follow up research with Dr. Spitzer, the latter replied that "he would never touch the whole subject ever again. He had nearly broken down emotionally after terrible personal attacks from militant gays and their supporters. There was an outpouring of hatred."³⁰

In an affidavit, Dr. Michelle Cretella testified that

Despite Dr. Spitzer's 'apology' to the homosexual community for publishing this study, there has been no new data to contradict his original results. Dr. Spitzer's research remain scientifically sound , and his original conclusion – that some highly motivated individuals with unwanted homosexual attraction can change – still stands. This is why Dr. Kenneth Zucker, editor of the *Archives of Sexual Behavior*, never published an official retraction of Spitzer's study.³¹

Dr. van den Aarweg reported similar results from his own therapeutic work:

From extensive analysis of a series of 101 persons I had in treatment, I have derived the following summarizing statements about the effectiveness of our therapy. Of those who continued treatment – 60% of the total group – about two-thirds reached at least a satisfactory state of affairs for a long period of time. By this is meant that the homosexual feelings had been reduced to occasional impulses at most while the sexual orientation had turned predominantly heterosexual, or that the homosexual feelings were completely absent, with or without predominance of heterosexual interests.

Of this group, however, about one-third could be regarded as having been changed ‘radically’. By this is meant that they did not have any more homosexual feelings, and in addition that they showed a fundamental change in overall emotionality from negative to positive – from instability to reasonable, normal stability – with a follow up period of at least two years.³²

If same-sex attraction is sometimes mutable, it cannot be immutable.

One thing should be emphasized: all of the foregoing information relates to *unwanted* same-sex attraction. Once an individual has *embraced* a homosexual identity, these statistics no longer apply. Sometimes clergymen are approached by parents whose child has ‘come out’ to them as homosexual and asked, “Is there some place we can send them?” The answer to this is no, unless the child is ambivalent or unhappy about their same-sex sexual attractions.

Belief 3

Let’s consider the third of the ‘four core beliefs: *Homosexuality is normal*. Is homosexuality ‘normal’? Are active homosexuals ‘just like everyone else’ from a social standpoint, with the exception of whom they love?

The answer of science to that question, from a medical and epidemiological standpoint, is that active male homosexuality is a serious public health issue. Female homosexuality, despite differences in sexual practices and a far lower level of promiscuity, also has a surprisingly high correlation with early mortality.

A principal driver in male homosexual health outcomes is the practice of anal intercourse, which is practiced by a large majority of homosexual men. The most rigorous single study, the Multicenter AIDS Cohort Study of nearly five thousand homosexual men, found that over 80% had engaged in receptive anal intercourse in the previous two years. It should be noted that these adverse health outcomes would exist even in the absence of the human immunodeficiency virus, or HIV. The lining of the rectum is quite fragile – very unlike the construction of the vagina. Anal intercourse tears the rectal lining of the receptive partner, regardless of whether a condom is worn, and the subsequent contact with highly toxic fecal matter leads to a host of diseases, many of which are virtually unknown among non-homosexuals.

The risk of anal cancer soars for those engaging in anal intercourse. According to one study, it rises by an astounding 4,000%, and doubles again for those who are HIV positive.³³

When combined with promiscuity and other oral-anal practices of active male homosexuals, the litany of their characteristic illnesses is extensive, and should be sufficient to establish the public health dimensions of these behaviors. These include:

- the usual sexually transmitted diseases, such as gonorrhea, *Chlamydia trachomatis*, syphilis, herpes simplex virus, human papilloma virus, pubic lice, and scabies
- enteric diseases, such as infections with *Shigella* species, *Campylobacter jejuni*, *Entamoeba histolytica*, *Giardia lamblia* ('gay bowel disease'), Hepatitis A, B, C, and D, and cytomegalovirus
- trauma, related to and/or resulting in fecal incontinence, hemorrhoids, anal fissures, foreign bodies lodged in the rectum, rectosigmoid tears from the insertion of foreign objects, allergic proctitis, penile edema, chemical sinusitis, inhaled nitrite burns, and sexual assault of the patient
- throat and oral cancers
- and last, but certainly not least, acquired immunodeficiency syndrome, or AIDS

Again, it must be emphasized that many of these problems are independent of whether or not condoms are worn. And many homosexual men, particularly those in long-term relationships, prefer not to use them. In their absence, various immune diseases can be added to the list, stemming from the introduction of foreign biological matter into the intestinal tract. And some are related to sexual practices other than anal intercourse.

Promiscuity is a striking characteristic of male homosexuality. Depending on the survey, monogamy or semi-monogamy (10 or fewer lifetime partners) is practiced by less than 2% of respondents.³⁴ Even for those in committed long-term relationships, monogamy is rare. In one study of couples, less than 5% maintained fidelity, and of 100 couples in the research that had been together for at least five years, none had.³⁵ The Multicenter AIDS Cohort Study found that a significant majority of men (69-83%) reported having 50 or more lifetime sexual partners.

Other studies report dramatically higher numbers; one study found that 43% of male homosexuals estimated having sex with 500 or more different partners, and 28% with 1,000 or more different partners. Seventy-nine percent said that more than half of these partners were strangers, and 70% said that more than half were men with whom they had sex only once.³⁶

These numbers rise with age, as one would expect; many older respondents return answers such as “over 1,000”, “too many to count”, or “I have no idea.” Average partners during the last twelve months average eight. If we factor in the reality that male homosexuals are a very small proportion of the population and constitute a relatively closed group, the communicability of illnesses is correspondingly magnified.

By contrast, the authors of *Sex in America* found that 90% of heterosexual women and more than 75% of heterosexual men have never engaged in extramarital sex.

These statistics should be sufficient to establish that the behavior of male homosexual couples is not, in general, ‘just like everybody else.’

A study of data collected by the 2013 and 2014 National Health Interview Surveys by the Vanderbilt School of Medicine and the University of Minnesota School of Public Health³⁷ found significant health disparities among male homosexuals, lesbians, and bisexuals. Compared to heterosexual women, lesbians were 91% more likely to report poor or fair health; bisexual women were over 100% more likely to report multiple chronic conditions, compared to heterosexual women. Homosexual men, lesbians, and bisexuals were all more likely than their heterosexual counterparts to experience psychological distress, and to drink and smoke heavily.

These characteristic and chronic health problems translate, collectively, to a significant reduction in lifespan for homosexuals, as compared with heterosexuals. In a 1997 study in the *International Journal of Epidemiology*, the median age of homosexual men dying from all kinds of causes was 42, compared to 75 for married men generally, and 57 for unmarried men generally. And the median age of lesbians at death was 45 compared to 79 for married women, and 71 for unmarried women generally.

It should be noted that this study was done at a time when mortality from HIV/AIDS was much higher than it is today. Since treatment has improved significantly since then, the mortality rate for homosexual men has likely improved. Unfortunately, there is little, if any, recent research specific to this topic, as any research with the potential to cast homosexual behavior in a negative light has become politically toxic to undertake. However, the Vanderbilt/Minnesota study cited above suggests continued poorer health outcomes, and consequent higher rates of mortality.

What is striking in this study is the high mortality for homosexual women, who have been relatively unaffected by the AIDS epidemic, and who generally experience fewer physical illnesses related to promiscuity. This suggests that

underlying drivers for them are higher-than-average rates of emotional problems and related addictive behaviors, which, as noted previously, are highly correlated with homosexual behavior.

Statistically, active homosexuality has a negative effect on life expectancy. The ‘gay lifestyle’ is neither gay nor a lifestyle – it is more accurately characterized as a destructive addiction. And like alcoholism and drug addiction, these impacts cannot effectively be addressed except through treatment, behavioral change, and support.

Belief 4

Let’s consider the last of the ‘four core beliefs: *Orientation equals behavior and self-identity*. Are all the desires that humans experience natural to man, and therefore proper to pursue to the extent they do not involuntarily injure others? And if one is inclined to a certain behavior, does that inclination define one’s essential self?

This is the view of much of contemporary society. If for the Romans homosexuality was a behavior one chose to engage in, today many regard it as a core ‘identity.’ Given this definition, discussion of changing homosexuality is viewed as hating ‘who someone is,’ rather than addressing a behavioral issue.

As Christians, we understand that we were created with a higher part of the soul in spiritual union with God; that we are *fallen* creatures that have lost that spiritual union, and who therefore are at war within ourselves; and that we earnestly desire, in the very depths of our soul, to reestablish that lost union with God. We may attempt to medicate the pain of that lost union – to fill the resulting void – with many things: money, power, possessions, physical pleasures of various kinds. But none of these things can compensate for that loss; none can cure the underlying illness.

In our fallen state, we have an ‘orientation’ to passions of many kinds. Sexual passions are merely one of these. As fallen human beings, we have an ‘orientation’ to gluttony, an ‘orientation’ to abuse alcohol or drugs, an ‘orientation’ prone to anger and judging, an ‘orientation’ for laziness, an ‘orientation’ of indifference to God and our fellow man. When we treat same-sex attraction as an identity, we are equating an individual with a passion. It is only when we begin to heal our fallen nature that we begin to transcend these ‘orientations’ – our passions – and to live as children of God.

It was to heal fallen mankind that the second Person of the Trinity took on our nature and entered into the world as Jesus Christ, uniting Divinity to our humanity. By this salvific act a path was opened for fallen humanity to enter into union with the Creator, and to become fully realized individuals in God. Having chosen to walk this path and enter the Church is the core ‘identity’ of any Christian. Although one may exercise various roles in society – parent, worker, teacher, student, and the like – none of these roles are ‘identities’ in the same sense that we have an identity as *Christians*.

As we are created as a natural union of soul and body, our gender identity is mirrored within soul and body. In our fallen state, the intrinsic harmony of soul and body is lost; the body no longer serves the soul, but struggles with it. If our psychological identity and urges are at variance from our body’s gender, this is also a consequence of the Fall and the resulting struggle. This is in stark contrast to the attitudes of our secular society, which assigns, as did the ancient Greeks, personal identity entirely to the mind. This essentially pagan, secular attitude was eloquently expressed by Chastity Bono (daughter of singers Cher & Sonny Bono) on *Good Morning America*, shortly before beginning sexual reassignment surgery: “Gender is between your ears, not between your legs.”

And so to the question recently posed to a one Christian leader in a public hearing, and to which he gave a halting and most unsatisfactory answer – “Do you believe that God made me gay?” – we can confidently give an answer to the correct, if only implied, question, “No, God did not create anyone to live their life as a homosexual.”

An all-embracing mythology

As one considers the extraordinary fabric of falsehoods and suppression of the truth that has characterized the evolution of this issue in the West, it is impossible not to hear the laughter of our ancient Enemy, the Father of Lies. This is one of his greatest masterpieces. Indeed, it is almost incomprehensible that gay activists, a small subset of people within a tiny minority, have been able to overturn reality within an entire culture in so short a period, unless it be with the help of an ancient intelligence and malice that we can scarcely comprehend.

That the Enemy enjoys the degradation of humanity is a given. But always, his ultimate target is the Ark of Salvation itself, the Church – to bring it under ostracism and persecution, and to direct people away from its saving message. That the kindly intentions of well-meaning people have been turned to hostility

towards the Church's traditional teaching, and towards the Church herself, is an extraordinary accomplishment of his malice and art.

One of the most tragic aspects of this new social orthodoxy is that rather than guiding those who struggle with this passion to counseling and support, they are now subject to relentless propaganda that rejects any consideration of seeking help, and urges them to whole-heartedly embrace a self-destructive path. It is as if we told drug addicts, 'hey, it's okay that you want to do drugs, it's who you are – just be sure to use clean needles.' An absurdity, to be sure, but this is essentially what homosexuals and pre-homosexuals are now told. And this view, if embraced by the sufferer, will likely separate them from the Church.

Counseling

We have discussed in the preceding sections the general success rates of therapeutic approaches to this problem. Most of these were purely secular approaches, although some were ministries. As with Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), the introduction of a spiritual dimension measurably increases success rates, and so many of the most successful programs have been ministries.

And this is unsurprising. Beyond the mere acknowledgment of a higher power that can affect the lives of men, a genuine understanding of the nature of man is, and should be, invaluable in treating the ailments of our fallen state.

Only a few of us have the training to treat addiction. So what can be done, in a practical way, to help someone who is struggling with this passion?

To begin, we will say very directly and emphatically, that the first rule is *not to judge* anyone for experiencing this passion. Flee judging like the plague. Not only will it make it almost certain that any counsel you offer will be rejected, but when you judge, you fall into sin yourself. So guard your soul. Remember, in our fallen state we are all subject to many passions, of which this is just one – not something uniquely sinful and set apart.

Certainly, we may counsel individuals who are struggling with feelings of same-sex attraction that have not yet begun to act upon them. We want to lead them to question the 'four core beliefs' generally, but especially number 4, which has the potential to lead them down a self-fulfilling path. You will recall that that one said: *Orientation equals self-identity and behavior. Once a person experiences same-sex attraction, that is who they are.*

Let's look at some practical examples.

Say you have a young friend who confides to you that they are experiencing same-sex attraction, and say they ‘think they might be gay.’ The first thing you might do is to tell them that it’s normal to experience many physical attractions at their age, and that it doesn’t necessarily mean that this is how they’re going to be long-term.

If your friend is an Orthodox Christian, you should definitely encourage them to discuss their feelings with their spiritual father. This may seem obvious, but the reality is that many people are ashamed to tell their confessor all their thoughts, for fear of being judged and rejected. Actually, the reverse is true; father confessors hold in high regard their spiritual children who speak frankly and hold nothing back: in the words of one bishop, “they are the most precious treasures.”

If your friend is not Orthodox, one thing you should tell them is that they have choices in life that *are* their choices, and that they shouldn’t feel pressured to behave or live in a certain way just because someone puts a label on them. You might warn them against getting ‘counseling’ or ‘help’ from LGBTQ organizations, because “they’re basically going to put a label on you and tell you how to live.” This ‘appeal to freedom’, if we may so term it, is especially attractive in a culture that extols personal liberty, however often misapplied. It legitimizes a cautious and waiting approach, rather than encouraging experimentation. In other words – “don’t be in a hurry.”

If the topic of pornography comes up, you can express the opinion that “it’s bad news, and basically messes up your mind.” This is a subject unto itself that could be discussed at great length, but in the context of this topic one should recall the processes of desensitization, habituation, and addiction; exposure to pornography presents a false impression of reality, creates an addictive response, and hardens us to things that we would by nature reject.

Depending on your situation, and your relationship, you might express concerns about the destructive physical aspects of the lifestyle.

How do we respond in the situation where a friend *embraces* an alternative sexual identity, and begins to live ‘the lifestyle?’

This is one of the hardest situations to deal with, because we need to refrain from judging them personally for having made the decision, while not implicitly endorsing or ‘affirming’ their choice. It is appropriate to reassure people of your friendship, while expressing frankly your concerns about the destructive physical and spiritual effects of their lifestyle. For someone who is not religious, or whose spirituality is accepting of homosexuality, this might prompt the question: “What spiritual effects?” To this, we should simply reply that our understanding of spiritual life is that we are striving to transcend, or overcome, our passions – and

that to identify with any one of them makes this difficult or impossible. Some people might not ‘get’ that, but in some cases, it may prompt a genuine curiosity about what our faith does teach.

To be sure, some individuals will not let you make that distinction – being their friend, but not ‘affirming’ their lifestyle. They will make their friendship conditional upon your approval of their behavior. Be aware that in some cases this stems from *insecurity* – they need to hear everyone say that everything’s fine, that it’s ‘cool’ that they’re gay. Withholding that much-desired approval can sometimes, in the long run, help them to question the choice. Sometimes we will lose friends, but always put them on the spot first with what they’re doing – “So I have to approve of everything you do, to be your friend?” (And to the likely retort, “It’s who I am”, the reply: “No, it’s not who you are – it’s only a way you are.”)

What about family? How should a Christian family deal with a member that has embraced an alternative sexual identity and abandoned the Church, either for secularism or for a religious organization supportive of their new lifestyle? Everything just said about friends in this situation applies to family members, except that it is even more difficult and painful. Many families simply cut off these individuals since, admittedly, they are very poor role models for younger family members. On the other hand, people in this situation are already self-isolated to a considerable extent within the ‘LGBTQ community,’ which is a self-reinforcing subculture. Giving them continuing exposure to normal, healthy family life may be helpful in leading them to question that subculture. Naturally, boundaries must be established, but in speaking to therapists who work in this area, their guidance is to err on the side of more contact, rather than less. It will only be when the individual desires to change that change will be possible – just as it would be if the person were addicted to alcohol or drugs. Beyond prayer, the only practical step may be for family members to simply ask that individual, from time to time – “Are you happy?” And perhaps then there will be an opening, at some point, to introduce the idea that change is possible, if they desire it.

Finally, what if you, yourself, are experiencing same-sex attraction?

This discussion should have equipped you with much information that will be helpful. Again, your spiritual father should be a key resource. If, for some reason, he is not helpful to you, you should seek out another priest who can counsel you constructively in dealing with this particular passion.

Sometimes general counseling and spiritual support will be sufficient to address this passion. However, at some point you and your spiritual father may decide to call upon outside resources, especially if habituation has already taken place.

With respect to secular resources, the NARTH Institute will make referrals to qualified therapists. It should be noted that this will be done strictly in keeping with the desire of the prospective patient. Remember that the positive results of treatment described previously were achieved by ‘highly motivated’ patients, who earnestly desired to change. Let us also recall that in some states, it is illegal for individuals under eighteen to receive this type of therapy, even if they want it. Sadly, it may be necessary to wait for the assistance of a professional therapist, if you’re under 18, although it would be better to first try to find a workaround with a qualified therapist, or to approach a faith-based ministry.

For in addition to secular resources, there are many ministries that work with individuals struggling with same-sex attraction, sometimes in cooperation with NARTH, and often staffed by people who have themselves come out of the gay lifestyle. I should mention, in passing, how impressive these people typically are; they have truly come through the fire, and achieved a strength, wisdom, and humility that is deeply moving. Many have published their own personal stories as an inspiration to others. Most of these ministries are run by evangelicals of one stripe or another, if for no other reason than they are more numerous on the ground, and so have the scale and resources to support a specialist ministry. They all emphasize that the individual is pursuing Christ, not heterosexuality, and that by His grace change is possible (remembering, in particular, 1 Corinthians 6:11, *And such were some of you: but ye are washed, but ye are sanctified, but ye are justified in the name of the Lord Jesus, and by the Spirit of our God*). They are used to working collaboratively with the parish pastors of the individuals they are counseling. Meeting Orthodox Christians is often a new experience for them, but in general they are respectful and supportive of the individual’s existing spirituality. A worthwhile resource is a video documentary produced by one of these groups, entitled *Such Were Some of You*. The testimonies of the ex-homosexuals in this film, male and female, are truly inspiring, and have a credibility that no one without such a history can possibly have.

Remember always that we are, first and foremost, children of God and His Church, united to Him and to each other through the Holy Mysteries. The choices that we make in life *are* our choices. God respects our free will absolutely, and with the assistance of His grace we *can* make God-pleasing choices for our lives.

Closing remarks

It is relevant to make some observations about a relatively new phenomenon (or, at least, only recently receiving attention in the media) – that of ‘gay celibate Christians.’ These are individuals who identify as homosexual, but reconcile this with traditional Christian moral teaching by remaining celibate. They blog on a

website entitled *Spiritual Friendship* (spiritualfriendship.org), taking their name and inspiration from a treatise written by the 12th century Cistercian monk, Aelred of Rievaulx,³⁸ and many speak eloquently of their personal journeys to this position. Needless to say, they face criticism from gay activists, who regard their position as unrealistic and untenable for most. However, many Christians would also assert that their position begs the question, why? That is, if you have chosen to live celibately, what is the relevance of your personal sexual attractions?

A more fundamental objection can be made to this odd juxtaposition of identities, in that it implicitly challenges the Church's understanding of the unity of soul and body of man as created. As discussed in a previous section, our identity as Christians is paramount. As Daniel Mattson, a Catholic who himself experiences same-sex attraction, wrote recently in *Crisis* magazine:

Despite what most people might think, the virtue of chastity, like all other virtues, isn't so much concerned with what we do or don't do. Rather, chastity is the virtue that helps us see things truly and objectively – things as they *really are* – within the realm of sexuality. This clarity of vision is necessary for true human freedom and human flourishing. It is chastity that gives us the freedom to order our sexual appetites and therefore make decisions that correspond with reality. Christ lived as a chaste man, not because He followed every dot and tittle of the law (which of course He did), but rather, because He lived in accordance with the truth of what it means to be a man, made in the image and likeness of God. Like Christ, a man who truly knows who he is will naturally lead a life of chastity . . . Put more simply, the reason it is immoral for me to live out a life according to my subjective desires and inclinations is precisely because I am not, in fact, a gay man . . . Nor is *any* man.³⁹

Our fallen nature is, in other words, not *who* we are, but a *way* we are. And it is by God's grace that we can seek to become who we truly are.

Summary

The Church is *the pillar and ground of the truth* (1 Tim. 3:15), founded upon the teachings of *Jesus Christ the same yesterday, and today, and forever* (Heb. 13:8). She is not swayed by the winds of contemporary social and political philosophies, but continues to offer the path to the healing of the human person and the restoration of fallen human nature. Among the virtues, a chaste life remains the aim of every faithful Christian. Unnatural acts are proscribed because they are destructive of soul and body. With respect to marriage, the Church understands it as an institution established by God before the Fall, *Therefore shall a man leave*

his father and his mother, and shall cleave unto his wife: and they shall be one flesh (Gen. 2:24), and later blessed by our Lord Jesus Christ with His first miracle at Cana of Galilee (John 2:1-11). This understanding has not, and will not, change.

The Church is a spiritual hospital for fallen mankind. In the Fall, man became subject to a multitude of infirmities of body and soul, which can find healing only through the fullness of spiritual life within the Church, which leads to union with God in Christ. The Church welcomes sinners and strugglers with every passion, and offers a path of healing and restoration to all.

Christians in the United States should be prepared to live in a cultural environment increasingly hostile to traditional morality in general, and to Christianity in particular. To create such an environment of hostility, and ultimately to bring the Church under active persecution, has always been the aim of our invisible enemies, who indeed have had their role in bringing about these societal changes. Given the steep trajectory of change in societal attitudes on this issue, increasing persecution of the Church and discrimination against Her faithful members is likely.

In the face of such hostility and ostracism, we must respond with both truth and love. We must live up to our highest aspirations, making clear the other-worldly dimension of Christianity. Our forbearers emerged into the world of late-classical antiquity with a radical, life-transforming alternative to the worldview of pagan society; increasingly, this will be our position in our secularist society. The days of ‘fitting in’ will come to an end. Under persecution, we will either become more Christian or less; there will be no middle ground.

We should not be daunted by these things, remembering the words of our Lord and Savior, *In the world ye shall have tribulation: but be of good cheer; I have overcome the world* (John 16:33). The Church has experienced many periods of persecution in Her history, and has only added to Her choir of saints. May we be accounted worthy of them. Amen.

Footnotes

¹ Bancroft, John, *Adolescence and puberty*, June Machover Reinisch, p.162.

² See Genesis chapters 14, 18, & 19; also the Book of Jude.

³ Mártir de Anglería, Pedro, in *Décadas del Mundo Nuevo*, 1530. De Anglería mentions that “only the nobles and the gentlemen practiced that kind of desire. (The) indigenous people knew that sodomy gravely offended God.”

⁴ Medicine, Beatrice, “Directions in Gender Research in American Indian Societies: Two Spirits and Other Categories” in W. J. Lonner, D. L. Dinnel, S. A. Hayes, & D. N. Sattler (Eds.), *Online Readings in Psychology and Culture* (Unit 3, Chapter 2), Center for Cross-Cultural Research, Western Washington University, Bellingham, WA, 2002.

⁵ This remark is paraphrasing and expanding upon two classical writers: Xenophon, “Surely you don’t think men have children with their wives because of sexual desire, when the streets and brothels are full of women who can satisfy such needs?” and Pseudo-Demosthenes, “We have prostitutes for sexual pleasure, mistresses to look after our daily comforts, and wives for the procreation of legitimate children and to act as managers of our households.” (as quoted in Freeman, Philip, *Searching for Sappho*, W. W. Norton & Company, 2016).

⁶ Freeman, *ibid.*

⁷ Saara Lilja, *Homosexuality in Republican and Augustan Rome* (Societas Scientiarum Fennica, 1983).

⁸ See, for example, the introduction of the Corinthian Woman in Aristophane’s *Lysistrata*; and the Apostle Paul’s comments in 1 Corinthians 5:1.

⁹ Note that anal sodomy is also a serious sin in a heterosexual context. In the Explanation following Canon 35 of St. John the Faster, “If any man perform arseneocotia upon his wife, he shall be penanced for eight years, faring the while with xerophagy after the ninth hour and doing two hundred prostrations daily.”

¹⁰ Tobin, Kay and Wicker, Randy, *The Gay Crusaders*, Arno Press, 1972, p. 98.

¹¹ “The Militant Homosexual”, *Newsweek*, August 23, 1971, p. 47.

¹² Eric Pollard, “Time to Give Up Fascist Tactics”, Letters to the Editor, *Washington Blade*, January 31, 1992.

¹³ Interview with Gittings in Marcus, Eric, *Making History: The Struggle for Gay and Lesbian Equal Rights, 1945-1990: An Oral History*, 1972.

¹⁴ Socarides, Charles W., “Sexual Politics and Scientific Logic: The Issue of Homosexuality”, *The Journal of Psychohistory*, Winter, 1992.

¹⁵ Ibid.

¹⁶ Wright, Rogers H., and Cummings, Nicolas A., eds., *Destructive Trends in Mental Health; The Well-Intentioned Path to Harm*, Routledge, 2005, p. 9.

¹⁷ Bayer, Ronald, *Homosexuality and American Psychiatry*, Princeton University Press, 1987, pp. 3-4.

¹⁸ Kirk, M., and Madsen, H., *After the Ball: How America Will Conquer its Fear and Hatred of Gays in the 90s*, Doubleday, 1989.

¹⁹ Kirk, M., and Pill, E., “The Overhauling of Straight America”, *Guide*, November 1987, p. 24.

²⁰ Satinover, Jeffrey, *Homosexuality and the Politics of Truth*, Baker Books, 1996.

²¹ Bailey, J. M., and Pillard, R. C., “A Genetic Study of Male Sexual Orientation,” *Archives of General Psychiatry* 48 (1991), pp. 1089– 96; King, M., and McDonald, E., “Homosexuals Who Are Twins: A Study of 46 Proband,” *British Journal of Psychiatry* 160 (1992), pp. 407– 9; Bailey et al., “Heritable Factors,” pp. 217– 23.

²² Ibid.

²³ “Martina Navratilova lashes out against ‘gay sheep’ experiments”, *The Advocate*, November 3, 2006.

²⁴ Roselli, et al, “Sexual partner preference, hypothalamic morphology and aromatase in rams,” *Physiology & Behavior*, November 2004; Roselli, et al, “The development of male-oriented behavior in rams,” *Frontiers in Neuroendocrinology*, April 2011, pp. 164-169.

²⁵ *Salon*, January 14, 2009.

²⁶ The National Health and Social Life Survey (NHSLs), completed with government funding in 1994 by the University of Chicago, found that “7.1% (to as much as 9.1%) of the men studied (more than 1,500) had at least one same-gender partner since puberty . . . almost 4% of the men had sex with another male before turning 18 but not after. These men . . . constitute 42% of the total number of men who report ever having a same-gender experience.” In other words, approximately 10% of men will have sex with another man at some point in their life – the origin of the ‘10%’ myth. Most will have identified themselves as ‘gay’ before age 18, and acted upon it. But by age 18, half of them no longer so identify themselves, and will never have another same-sex partner. By the age of 25, the percentage of men that identify as homosexual falls to 2.8%. From this it follows that three out of four boys who think they are ‘gay’ at age 16 aren’t by age 25.

- ²⁷ Satinover, Jeffrey, “Testimony before the Massachusetts Senate Committee”, 2003.
- ²⁸ Entitled “Can Some Gay Men and Lesbians Change Their Sexual Orientation?”
- ²⁹ *Archives of Sexual Behavior*, Vol. 32, No. 5, October 2003, pp. 403–417.
- ²⁹ Other than asserting that the veracity of his subjects’ responses could not be independently verified. Given the treatment Spitzer received, few of the subjects of his study would have been willing to identify themselves in any case.
- ³⁰ van den Aardweg, Gerard, “Frail and Aged, a Giant Apologizes”, *MercatorNet*, May 31, 2012.
- ³¹ Cretella, Michelle A., Affidavit in *Ferguson vs. JONAH*, May 18, 2013.
- ³² van den Aardweg, Gerard, *Homosexuality and Hope: A Psychologist Talks About Treatment and Change*, Servant Books, 1986.
- ³³ Daling, J. R. et al., “Correlates of Homosexual Behavior and the Incidence of Anal Cancer,” *Journal of the American Medical Association* 247, no. 14 (9 April 1982), pp. 1988-1990.
- ³⁴ See, for example, Bell, A. P. et al., *Sexual Preference*, Indiana University Press, 1981.
- ³⁵ McWhirter, D., and Mattison, A., *The Male Couple: How Relationships Develop*, Prentice-Hall, 1984.
- ³⁶ Bell, A. P., and Weinberg, M. S., *Homosexualities: A Study of Diversity among Men and Women*, Simon and Schuster, 1978, pp. 308–9.
- ³⁷ *JAMA Internal Medicine Online*, June 28, 2016.
- ³⁸ That Aelred’s passionate asceticism is regarded by some contemporaries as an example of proto-gay spirituality, surely says more about our times than Aelred’s.
- ³⁹ Mattson, Daniel, “The Strange Notion of Gay Celibacy”, *Crisis Magazine*, January 26, 2015.