

Homosexuality: Some Neglected Considerations

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ABSTRACT

In recent decades, American perceptions of homosexuality have changed significantly, largely because of the questionable concept of the homosexual “orientation”: a genetic or biological, rather than a behavioral, etiology. These newer beliefs greatly influence how its morbidity, mortality, and social impact are seen, often causing us to overlook how the “gay” male lifestyle significantly increases the incidence of infectious disease and shortens life expectancy by about 20 years.

History

Homosexuality in Ancient Times

Homosexual behavior has always existed, and was accepted throughout the ancient world; Greek kings and Roman emperors all engaged in it. These men were also involved with women, and decisions about sexual partners were seen as entirely a matter of individual choice and responsibility.

Historically, homosexual behavior has been viewed as both criminal and sinful ever since Judaism first defined it as an “abomination”—along with incest, adultery, and bestiality¹—and Christianity continued this stance. Judaism and Christianity’s new prohibitions represented an immense moral and legal change that greatly strengthened family life.²

Homosexuality in 19th and 20th Century Germany

In 1869, German same-sex devotees created the term “homosexual”—seemingly more neutral and “scientific” than pejorative terms like “sodomite.” They claimed they were born with women’s souls inside men’s bodies (“Fems”), which supposedly made them unable either to respond sexually to women or to control their urges toward other men.³ As Foucault put it, “the sodomite had been a temporary aberration; the homosexual was a species.”⁴

That same year, the first psychiatric study of homosexuality appeared. It advocated the replacement of criminal penalties for homosexual behavior with medical treatment,⁵ thus acknowledging that such behavior was undesirable, but indicating that same-sex choices were not completely under an individual’s control. This transformed lawless behavior, for which people are fully responsible, into illness-evoked activity, with reduced or absent responsibility.

Other Germans involved in same-sex relationships rejected the apology implied by this inborn-causation idea. To their Spartan ideology, same-sex relationships, especially between men and boys, were morally superior to heterosexual behavior and traditional marriage. Ironically, these super-masculine men held the homosexual “Fems” in deepest contempt and persecuted them fiercely.³

Homosexuality grew rapidly in Germany over the following decades. In 1891, Richard Krafft-Ebbing’s *Psychologia Sexualis*

declared that “sex perversion in Germany was alarmingly on the increase.”⁶ In 1922, a Berlin police commissioner wrote that “homosexualist groups have been steadily on the increase in recent decades, especially in the big cities. ... They are closely banded together and even have their own [news] paper.”⁷ In 1933 when Hitler took power, Ernst Roehm, leader of his 300,000-man terrorist storm troopers—the Sturmabteilung, or SA—was a notorious pederast, and his corps commanders were “almost without exception homosexuals.”⁸

Redefining Homosexuality in America Today

In the United States, homosexuality was considered an illness or perversion until 1973, when the American Psychiatric Association decided to remove homosexuality from its list of “mental disorders,” without “morally judging” it as sin or crime. Thus, homosexuality could be seen as an acceptable alternate lifestyle. The definitional change helped to make homosexuality, once a felony, respectable.⁹

“The APA vote to normalize homosexuality was driven by politics, not science. Even sympathizers acknowledge this.”¹⁰ The process began in 1970 with a “systematic effort” by a homosexual faction within the APA “to disrupt its annual meetings.”¹¹ After several years of intimidation, the efforts finally succeeded. In 1973, when the faction met formally with the APA Committee on Nomenclature to discuss removing homosexuality from the list, “the outcome had already been arranged behind closed doors.”¹⁰

When the APA membership was then polled on the question, the faction sent a letter to more than 30,000 members—secretly paid for by the National Gay Task Force—urging them to “retain the nomenclature change.”¹¹ A third of the membership responded to the poll and a majority of them supported the change. “The result was not a conclusion based upon an approximation of the scientific truth as dictated by reason, but was instead an action demanded by the ideological temper of the times.”¹¹

If a vote by this professional organization is all that is needed to normalize homosexuality, could the same faction-driven process occur with other behavior now considered aberrant, such as pederasty, once a critical mass of politically active practitioners has been reached?

Changing American Attitudes

A change in the attitude of the medical profession accompanied the change in definition, as seen in the American Medical Association’s *Complete Medical Encyclopedia*¹² and in its “official statement” on homosexuality.¹³ The former says that even though “some religious groups condemn homosexuality as morally perverse,” it is, rather, “a normal sexual orientation, not a disorder or a sign of a disorder.” The latter endorses “the physician’s non-judgmental recognition of sexual orientation and behavior.”

The attitude of the public has been greatly affected by the major media, in which the homosexual movement has great influence. In April 2000, for example, Richard Berke of *The New York Times*, then its national political, correspondent told the National Lesbian

and Gay Journalists Association, “literally three-quarters of the people deciding what’s on the front page are not-so-closeted homosexuals ... a real cry from what it was like not so long ago.”¹⁴

A Destiny or a Choice?

The Question of Sexual Orientation

The concept of a permanent “sexual orientation” is a major reason for today’s widespread acceptance of homosexuality.

Although “many people believe that sexual orientation is a concept well understood by science ... this is not the case. The term itself is relatively new, having replaced the term sexual preference in common usage in the late 1970s.”¹⁵ “Preference” implies current choice, and thus personal responsibility, while “orientation” suggests something more fixed, and even inborn.

But “sexual orientation,” so often seen as “an essential human quality,” actually has “no means of being objectively determined. ... (There is no test, no procedure, experimental or otherwise, that can determine one’s sexual orientation. The only means of understanding sexual orientation is through self-declaration.” But, “being gay, lesbian, or bisexual means different things to different people. Some define their sexual orientation by their behavior or attractions or fantasies, or some combination of each dimension.” To most people, “sexual orientation is a stable part of themselves and central to their identity,” while others find their sexual orientation to be “a more fluid identity.”¹⁵

Ambiguity about who is “homosexual,” and changes in sexual attraction over time, comprise two refutations to the alleged permanence and irreversibility of a homosexual “orientation.”

Who Is Currently Homosexual?

Is anyone who ever experienced homosexual feelings “gay”? If so, almost all of us are, since anyone can have such feelings—for example, after viewing the homosexual videos shown in many college sex education courses.

Should the term include anyone who has ever engaged in same-sex relationships? Or only those currently involved? After actress Anne Heche’s well-publicized three-year lesbian relationship with comedian Ellen DeGeneres ended, she married and now has a baby. Is she gay, ex-gay, bisexual, or simply sexually confused? Has her supposedly fixed sexual orientation changed between then and now?

Other public figures have also described changes in attractions. Some married men, even with children, engage, like the ancient Greeks, in both heterosexual and homosexual relationships. Almost all those calling themselves homosexual have had sex with the opposite sex, and perhaps a third are or have been married.¹⁶⁻¹⁸ Are they “gay Americans,” as former New Jersey Governor James McGreevey proclaimed himself, or merely bisexually promiscuous?

Changes in Orientation over Time

Diamond found that over a five-year period, 48 percent of a group of 80 lesbians changed their sexual identity and attractions.¹⁹ Others have also given evidence of the changeability of various aspects of sexual orientation and identity.²⁰⁻²³ PFOX, Parents of Gays and Ex-Gays, is a growing organization publishing information about homosexuality and seeking for ex-gays—whose very existence gays often deny—the public recognition gays already have.²³

Despite gay political groups’ successful insistence before courts and legislatures that homosexuals are a permanent legal class, their members have long recognized the instability of sexual attraction. In 1996, a London clinic worker reported, “25 percent of

its lesbian clients had had sex with a man in the last six months.”²⁴ A writer in an American gay newspaper insisted that “for the majority of us, ‘lesbian’ and ‘gay’ are not biological identities. Biologically, most of us are bisexual. What they are, are political identities that often, but not always, describe the relationships we currently choose. Being gay is a choice, but it’s a great choice.”²⁵ Their rarely acknowledged basic choice is, of course, for unmarried bisexual promiscuity over conjugal heterosexual fidelity.²⁶

After examining the difficulties of defining the term scientifically, Gonsiorek et al. concluded²⁷ that there is “serious doubt whether sexual orientation is a valid concept at all.”

Nevertheless, the concept is widely accepted, as is the idea that it is inborn, largely owing to frequent repetition.

Is Homosexuality Inborn?

It was pointed out 11 years ago how time and again “scientists have claimed that particular genes or chromosomal regions are associated with behavioral traits, only to withdraw their findings when they were not replicated. ... Findings linking specific genes to complex human behaviors... all were announced with great fanfare; all were greeted—without skepticism—in the popular press; all are now in disrepute.”²⁸ Nevertheless, considerable grant money has been available in this country for research seeking to show a genetic basis for homosexuality. Researchers now openly admit that after searching for more than 20 years, they are still unable to find the “gay gene.”²⁹

A recent study³⁰ sought to determine whether certain DNA sequences in pairs of self-identified gay brothers were shared more often than would be expected by chance. It found one linkage that was statistically suggestive, but fell short of significance.

Even though other linkage studies, such as those in schizophrenia, have often been contradictory, a press release from the senior author maintained that this study showed that “genes play an important role in determining whether a man is gay or heterosexual.” (The speculative press release was, however, contradicted by the author’s acknowledgment within the paper that no genes relating to sexuality have yet been discovered.)

But even if scientists unequivocally demonstrated bodily, brain, or genetic differences between homosexuals and the rest of humanity, that would still not prove that homosexuality was inborn. Even though the public often considers “caused by” and “associated with” as synonymous, correlation does not prove causation.

Morbidity, Mortality, and Morality: the Social Impact of Homosexuality

A striking but little-discussed aspect of homosexual activity today is its associated reduction in behavioral control. We all have forbidden sexual drives that we restrain, but for those engaging in homosexual behavior, that restraint seems much reduced.

One result has been blatant promiscuity among homosexuals. A 1978 study reported that 75 percent of male homosexuals had been with 100 or more partners; 28 percent, the largest subcategory, reported more than 1,000 partners; 79 percent said more than half their partners were strangers; and 79 percent said more than half their partners were men with whom they had sex only once.³¹

Another survey 16 years later found that while 67.6 percent of men and 75.5 percent of women had only one sex partner in the previous year, only 2.6 percent of men and 1.2 percent of women engaging in same-sex relationships had thus limited themselves.³² Supporters of homosexuality, and advocates of gay marriage, rarely acknowledge the many partners gays have—including those living together as couples.³³⁻³⁴

The medical dangers of homosexuality are also underemphasized. Its devotees show much higher rates of sexually transmitted disease, substance abuse, and mental illness.³⁶ While they comprise only about 2 percent of the population, homosexuals represented 21 percent of hepatitis B cases in 1988,³⁵ and 44 percent of new human immunodeficiency virus (HIV) cases between 2000 and 2003.³⁶ They contract syphilis at a rate three to four times higher than nonhomosexuals. Anal intercourse causes hemorrhoids, anal fissures, anorectal trauma, and retained foreign bodies, and creates high risk for anal cancer. Among male homosexuals engaging in oral-to-anal contact, an extremely high rate of parasitic and other intestinal infections exists.³⁵

Homosexuality is also associated with higher mortality. A major Canadian medical center found the life expectancy at age 20 years for gay and bisexual men was 8 to 20 years less than that for all men. It further estimated that nearly half of today's gay and bisexual 20-year-olds would not reach their 65th birthday.³⁷

The AMA's Position

While the AMA's "official statement" on homosexuality¹³ mentions the need to work "nonjudgmentally" with the "gay and lesbian community" in order to understand its members' "medical needs," it says nothing about the unique nature of those needs or the promiscuous, disease-spreading behavior patterns that aggravate them. Its encyclopedia article¹² also omits any mention of associated medical dangers. And even though homosexuals seeking to change often succeed in doing so (frequently with the aid of therapy), the AMA statement, by publicly opposing "reparative" or "conversion" therapy "based on the *a priori* assumption that the patient should change his/her homosexual orientation," seems to take an implicit moral position of denying that such change should occur.

Conclusions

American concepts and attitudes about homosexuality have changed significantly in recent decades. Most of society and the medical profession now view it as an acceptable alternate lifestyle: a biologically determined, permanent "orientation," rather than a learned, experiential, and often changeable choice. The concept of homosexuality as a permanent "orientation" is, however, without scientific validation; the notion is entirely politically grounded. One effect of this new view has been to understate the medical and societal harm produced by the promiscuous sexual practices typically associated with homosexuality.

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