What God Says About Same-Sex Marriage: Questions Answered (Part 5)

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I. Introduction

How did the general public, including Christians, come to believe that homosexuals are born that way? Is there scientific proof that homosexuality is genetic/biological? If someone does provide such proof, is that a death knell to Christianity's moral judgment against homosexuality which keeps calling it sin? And wouldn't the next logical step be that Christians have to accept homosexuality as normal and healthy?

II. If Homosexuality is Proven to be Inborn, Where Does that Leave Christians?

What leads to homosexuality, are people born that way?[1]

More and more Christians believe that homosexuals are born that way. How did they come to this conclusion? Has it been proven? And if it has, where does that leave Christianity and its moral judgment against homosexuality?

American Psychiatry and its Effect on Public Opinion Re. Homosexuality,

1869–1952, two things were happened during this period that would shape the discussion of homosexuality for years to come: (1) homosexuality was classified and reclassified and backed by statistics and (2) many professionals expressed their opinions about the origin and nature of homosexuality. There were two opinions regarding homosexuality during this time: some considered it an inborn abnormality others a form of mental illness. The following are significant people and events: **1869**, Carl Westphal, professor of psychiatry in Berlin, publishes his case history of a "female homosexual." He determines her lesbianism to be congenital, not acquired. He's credited as the first to place the study of homosexuality in the clinical arena. **1886**, Richard von Krafft-Ebing produces *Psychopathia Sexualis*, one of the most influential works on homosexuality to date. In it, he saw homosexuality as both environmental and inherited. **1935**, Sigmund Freud in his "Letter to an American Mother" says, "homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation; it cannot be classified as an illness." But Freud also states plainly his belief that homosexuality represents a deficit in sexual development. **1940**, Newdigate Owensby promotes pharmacological shock therapy to treat homosexuality. Later known as "aversion therapy," it was practiced well into the 1970s and became the horror story of many homosexuals who endured forced electroshock therapy. **1948**, Alfred Kinsey's groundbreaking work is released: *Sexual Behavior in the Human Male*. He studied the sexual histories of 5,300 American men. Many later misrepresented Kinsey's wording to claim that Kinsey had proven that 10% of the population was gay. Kinsey never said this; what he said was that 10% of his subjects claimed to have been homosexual for at least three years—later studies showed the gay population to be 1%–2%. **1952**, the first edition of the *Diagnostic and Statistical Manual for Mental and Emotional Disorders* (DSM) groups "sexual deviations," including homosexuality, under the category of "sociopathic personality disorders."

[1] Most of the data in this outline comes from *The Complete Christian Guide to Understanding Homosexuality: A Biblical and Compassionate Response to Same-Sex Attraction* by Joe Dallas (Editor) and Nancy Heche (Editor), 163–195.

1956–1973, regardless of its origin, up to this point most professionals considered homosexuality to be abnormal, but this began to be questioned: **1956**, psychologist Evelyn Hooker begins publishing research on homosexuals she interviewed outside of the clinical environment. Having befriended several homosexuals she was convinced that they hadn't been adequately represented. In 1954 using a National Institute of Mental Health grant she began her interviews, eventually concluding that homosexuals were essentially as well adjusted as heterosexuals. **1962**, Irving Bieber releases his study, *Homosexuality: A Psychoanalytic Study*. It discussed a broad overview of the treatment of homosexual men and it introduced the Family Triad—Distant Father; Close Binding Mother—which became commonly associated with male homosexuality. **1972**, psychologist George Weinberg coins the term "homophobia," which refers to the "dread of being in close quarters with homosexuals." Its meaning expanded to include, according to Dr. Joseph Nicolosi, "any belief system that values heterosexuality as superior to and/or more natural than homosexuality." The word was invoked even against the most modest objections to homosexuality. Thus, psychiatrists and psychologists holding the traditional view on homosexuality were now challenged especially since Hooker's work allegedly showed that homosexuals were as mentally healthy as heterosexuals. It forced the question that still lingers today: Is homosexuality primarily a moral issue or a clinical one?

1972–1979, the Stonewall riots of 1969 marked the beginning of the gay rights movement in America. Homosexuals began demanding affirmation, not just tolerance, a demand that would now extend itself to the institution that bestowed the label "healthy" or "sick": The American Psychiatric Association (APA). **1972**, the APA annual meeting sponsors a panel—"Psychiatry: Friend or Foe to Homosexuals: A Dialogue," which includes gay activists, sympathetic gay psychiatrists, and a disguised gay psychiatrist, Dr. H Anonymous (John Fryer, MD). **1973**, The Board of Trustees of the APA approves the deletion of homosexuality from the DSM-II and substitutes a diagnosis of "sexual orientation disturbance." How did they arrived at this decision: gay leaders began protesting APA's annual conventions demanding a reconsideration of homosexuality's diagnostic status and inclusion in any future discussions on the subject. The APA consents and intense discussion follow. On December 15, 1973, after months of negotiations with gay activists, the APA's Board of Trustees votes to delete homosexuality altogether from the DSM. Opposition soon follows, a referendum on the Board's decision was called, and in the spring of 1974 the entire membership of the APA was polled on the Board's decision. Out of 10,000 voting members, nearly 40% opposed the decision to normalize homosexuality. Though a majority of the APA voted to normalize it, their decision didn't reflect the views of American psychiatrists: in 1979 the journal *Medical Aspects of Homosexuality* surveyed 10,000 psychiatrists on whether homosexuality "usually represented a pathological adaptation." 69% said "yes," and 60% said homosexual men were less capable of "mature, loving relationships" than heterosexual men. The APA's 1973 landmark decision is often cited as proof that the issue is settled: homosexuality is normal.

1980 to the Present, now that homosexuality had been normalized, the subsequent decades were marked by committed efforts by the pro-gay leadership within the American Psychiatric Association and American Psychological Association to see that the homosexual-affirming position was confirmed in all areas of each organization. Pro-gay advocacy groups within both associations worked to convince them to officially support gay causes (same-sex marriage, antidiscrimination laws, etc.) and to officially condemn reparative therapy and consider making it unethical for licensed therapists to offer it: **1980**, DSM-III creates a new class, the "psychosexual disorders," including psychosexual dysfunction, paraphilia (fetishism), gender-identity disorder (transsexualism), and ego-dystonic homosexuality which refers to those who were homosexual but didn't want to be, making them suitable for treatment. **1982**, the APA establishes the Caucus of Homosexual-Identified Psychiatrists, later known as the Caucus of Lesbian, Gay, and Bisexual Psychiatrists. **1985**, the Association of Gay and Lesbian Psychiatrists is established.

1987, the DSM-III-Revised deletes the diagnosis of homosexuality entirely, leaving the paraphilias and sexual dysfunctions as the two main classes of "sexual disorders." Anyone seeking treatment for unwanted homosexuality would be classified accordingly, and all direct mention of homosexuality was completely expunged from the manual. **1991**, *Reparative Therapy of Male Homosexuality* by Joseph Nicolosi is released. It's opposed by pro-gay advocates within the APA who saw him as a reactionary trying to undo the gains they'd made in the APA. It's praised by social and religious conservatives who never accepted the APA's 1973 position change and who felt the APA had moved from a neutral position to one of pro-gay advocacy. **1992**, the National Association for the Research and Therapy of Homosexuality (NARTH) is established by Drs. Joseph Nicolosi, Benjamin Kaufman, and Charles Socarides as an alternative for people seeking treatment for unwanted homosexuality. **2000**, the APA issues two position statements, one in support of same-sex civil unions and the other expressing reservations about "reparative therapies." This marks a shift in discussions on homosexuality from "Is it normal?" to "Is it ethical to treat it as an unwanted condition?" The APA's statement on reparative therapy expressed tacit official disapproval even though it didn't say that it was unethical or harmful (in part the APA's statement said, "there are no scientifically rigorous outcome studies to determine either the actual efficacy or harm of 'reparative' treatments"). **2001**, Columbia University's Dr. Robert L. Spitzer released the evidence for his conclusions that "homosexuals can change" in a historic panel discussion. This was all the more controversial because he was the instrumental figure in the APA's 1973 decision to remove homosexuality from its DSM-II. **2004**, Dr. Robert Perloff, former APA president, addresses a NARTH convention, emphasizing "The Importance of Client Self-Determination" regarding the right of every homosexual patient to seek treatment. **2005**, Dr. Nicholas Cummings, former APA president, addresses the NARTH convention. He and Dr. Rogers Wright charge "intellectual arrogance and zealotry" within the APA, which they claimed was now dominated by social-activist groups. Dr. Cummings was dismayed to see activists push the APA to take positions in areas where they had no conclusive evidence. Dr. Cummings said, "When APA does conduct research, they only do so when they know what the outcome is going to be…only research with predictably favorable outcomes is permissible."

The American Psychiatric and American Psychological Association continued to release official statements questioning the effectiveness of reparative therapy, warning of its possible harmful effects, and condemning any form of therapy based on theories viewing homosexuality as essentially unhealthy.

Christians shouldn't follow anyone blindly, including their pastors. They should use their God-given wisdom to discern whether something is right or wrong. But one thing they should keep in mind as they ponder these difficult issues: the world's wisdom can sound very convincing, but upon closer examination may actually be empty, Colossians 2:8, 23. Such was the case with much of what American Psychiatry gave the general public concerning homosexuality.

Is Homosexuality Inborn (present at birth)?

There are various theories on what causes homosexuality: is it genetic/biological, environmental, or a combination of these? Historically, viewing homosexuality as inborn, didn't mean seeing it as normal. Some saw it as an inborn abnormality, like a birth defect, while others saw it as an inherited condition like skin color. From the 19th century to the present many have tried to show a link between genes/biology and sexual preference. But while the inborn theory always had supporters, it was far from the dominant view, even among advocates or homosexuals. All this changed in 1991when two studies placed the inborn theory into the public's consciousness

Dr. Simon LeVay's Brain Study, Dr. LeVay, a neuroscientist at the Salk Institute, studied 41 cadaver brains. He focused on a group of neurons in the hypothalamus structure called the interstitial nuclei of the anterior hypothalamus, or INAH3. His study showed this region of the brain to be larger in heterosexual men than in the homosexuals or women he studied. Because of this size difference, he postulated homosexuality to be inborn; his findings were published in *Science* magazine. But his study had its flaws: (1) three of the homosexual subjects actually had larger INAH3s than the heterosexuals and three of the heterosexual subjects had smaller INAH3s than the average homosexual subject. Thus, six of LeVAy's 35 male subjects—17% of his total study group—contradicted his own theory. (2) LeVay may not have measured the INAH3 properly. LeVay's neuroscientific peers did not agree whether the INAH3 should be measured by its size and volume or by its number of neurons. (3) it's unclear whether brain structure affects behavior or behavior affects brain structure. Dr. Kenneth Klivington, also of the Salk Institute, points out that neurons can change in response to experience. One year after LeVay's study, Dr. Lewis Baxter of UCLA obtained evidence that behavioral therapy can produce changes in brain circuitry, reinforcing the idea that behavior can and does affect brain structure. (4) LeVay was uncertain which of his subjects were homosexual and which were heterosexual. If a patient's records didn't indicate he was gay, LeVay assumed they were heterosexual (6 of the 16 heterosexual men LeVay studied later died of AIDS). (5) LeVay may not have approached the subject objectively. Openly gay himself, LeVay told *Newsweek* magazine that, after the death of his lover, he was determined to find a genetic cause for homosexuality or he would abandon science altogether.

The scientific community didn't unanimously accept LeVay's study: Dr. Richard Nakamura of the National Institute of Mental Health said it would take a "larger effort to be convinced there is a link between this structure and homosexuality." Dr. Anne Fausto-Sterling of Brown University said, "My freshman biology students know enough to sink this study." *Scientific American* summed up why many professionals approach the INAH3 theory with caution, "LeVay's study has yet to be fully replicated by another researcher."

Pillard and Bailey's Twin Study, in the fall of 1991 Northwestern University psychologist Michael Bialy, a gay rights advocate, and Boston University School of Medicine psychiatrist Richard Pillar, who is openly gay, released their twin study. They compared identical male twins to fraternal twins (whose genetic ties are less close). In each set, at least one twin was homosexual. They found that among the identical twins, 52% were both homosexual, as opposed to the fraternal twins, among whom only 22% shared a homosexual twin. They concluded that the higher incidence of shared homosexuality among identical twins meant that homosexuality was genetic. But this suggestion had its problems: If 48% of identical twins, who are closely linked genetically, do not share the same sexual orientation, then genetics alone cannot account for homosexuality. Bailey admitted as much by saying, "There must be something in the environment to yield the discordant twins." Also, all the twins Pillard and Bailey studied were raised in the same household. So it's impossible to know what effect environment played versus the effect of genes. Dr. Fausto-Sterling commented, "in order for such study to be at all meaningful, you'd have to look at twins raised apart." Though Drs. Pillard and Bailey's personal feelings on homosexuality don't disqualify them from doing good research, like Dr. LeVay, they didn't approach their subject objectively. Both stated that they hoped their work would "disprove homophobic claims." And Pillard said, "A genetic component in sexual orientation says, 'This is not a fault.'" In March 1992 another study on twins (both fraternal and identical) was published in the *British Journal of Psychiatry*. It found only 20% of the homosexual twins had a gay co-twin, leading the researchers to conclude, "genetic factors are insufficient explanation of the development of sexual orientation."

Despite the problems with these studies, media coverage of them was generous and largely favorable leading to broader acceptance of the inborn theory which led to broader public acceptance of homosexuality. The studies also brought comfort to many homosexuals who felt they'd been born that way; the studies made them feel less of a sinner.

Ten Other Studies, since LeVay, Pillard and Bailey, there have been further studies conducted by others who think the origin of homosexuality can be traced to biology, brain structure, or genes. These studies are more sophisticated and should not be dismissed:

1999 Fingertip Ridge Study, J.A.Y. Hall and D. Kimura at the University of Western Ontario (London, Ontario, Canada) found that 30% of the homosexuals tested had a surplus of ridges on their left hand versus only 14% of the heterosexuals.

1999 Finger Length Study, psychologist Mark Breedlove reported that among 720 volunteers, lesbians had shorter index finders than heterosexual women and gay males tended to have shorter index fingers than heterosexual males.

Birth Order Study, Ray Blanchard studied families with a male homosexual child and found that the probability that a male child will grow up as a homosexual increases by about 33% for each brother born before he was. He suggests that this effect may be caused by an immune response within the mother during pregnancy.

Genes Study, Dean Hamer of the National Cancer Institute surveyed the families of 114 gay men, seeking to find which other family members might also be gay. They concluded that "there were increased rates of gay people among family members genetically related to each other even when raised apart in different households."

Eye Blinking Inhibition Study, researchers at University of East London at King's College reported that the response to bursts of loud noises was different in homosexuals than in heterosexuals, "The reaction of the lesbian test subjects was closer to that which would be expected among straight men. And, gay men reacted closer that of women, although to a lesser extent."

Hearing Sensitivity Study, researchers at University of Texas reported structural differences in the inner ears between lesbians and heterosexual women. Lesbians had inner ear characteristics that were more like those of men. These finding may indicate that sexual orientation is at least partly decided before birth—perhaps at conception.

Ear Emissions Study, researchers at University of Texas at Austin observed that as a group, homosexual and bisexual women's emissions were slightly more like that of men, and less frequent and weaker than those of the heterosexual women.

Homosexual Male's Responses to Pheromones, researchers at Karolinska Institute in Stockholm, Sweden studied 12 heterosexual men, 12 heterosexual women, and 12 homosexual men to compare their responses to odors while PET scans were taken of their brain activity. When gay men and heterosexual women were exposed to the smell of testosterone, the part of their brain that deals with sexual response was activated. Heterosexual men didn't respond sexually to the smell of testosterone. When heterosexual men were exposed to estrogen, there was a sexual response. The study was published in the *Proceedings of the National Academy of Sciences* on May 10, 2005.

Lesbian Response to Pheromones, researchers at Karolinska Institute, Sweden repeated the pheromone study on lesbians. They found that lesbians' brains react differently to sex hormones than those of heterosexual women.

Brain-scan Testing on Homosexuals and Heterosexuals, Swedish researchers at the Stockholm Brain Institute at Karolinska Institute furthered their work by using neural MRIs on a group composed of both heterosexual and homosexual men and women. They found key similarities between the brains of homosexual males and heterosexual females vs. those of lesbians and heterosexual males. Their findings were published in the *Proceedings of the National Academy of Sciences* on June 16, 2008.

Though one or more of these studies may prove homosexuality to be inborn, they are not without their problems. For example, Professor Warren Throckmorton criticized the eye-blinking study by pointing out how smoking affects blink responses, a factor that should've been considered. Some of the other studies may suffer from the same problem as LeVay's brain study, i.e., which causes which? Does inborn homosexuality cause the variant condition or is the variant condition the result of a homosexuality that develops later? For example, the pheromone/scent studies which purported brain differences between homosexual and heterosexual subjects based on their responses to smells, in a written exchange between Dr. Throckmorton and Dr. Ivana Savic of the Karolinska Institute includes a clear acknowledgement by Dr. Savic that she recognizes such responses could be learned, not necessarily inborn.

Whatever the case, Christians should not prejudge the evidence by saying, "They will never prove homosexuality to be inborn." To do this is un-Christian. Not only is it not loving your neighbor as yourself, Matthew 22:39, but we contradict God when He says to us, "He who answers a matter before he hears it, it is folly and shame to him," Proverbs 18:13.

But if Homosexuality is Inborn, Doesn't that Weaken the Church's Moral Authority?

No, it doesn't. If they find that genetics/biology are either completely or partially responsible for homosexuality, this doesn't mean that you're doomed to act out your homosexuality. There have been studies done on alcoholism, obesity, even infidelity ("Our Cheating Hearts" by Robert Wright in *Time* magazine, August 15, 1994) as researchers look for a genetic/biological cause for these. Now, if someone discovered an "adultery" gene, would the gay husband of a gay man say to his cheating husband, "I was furious until I read that article in Time magazine on infidelity. I understand now that it's not your fault. Go ahead and cheat on me anytime you want"?

Ever since the fall of mankind, we have and will continue to struggle with many, many sins, including gluttony, drunkenness, infidelity, and homosexuality. The problem with all sin including homosexuality began in Genesis 3. Our common ancestor's (Adam) decision to walk away from God and choose his own way, affected us both physically and spiritually. We now have death and disease and selfish and sinful desires that we didn't before Adam's sin, Romans 5:12-21. In fact, Jesus points to something deeper within in us that causes us to sin. He says that it's not something outside us but something within us that makes us sin, Mark 7:14-23. So if someone someday (or perhaps they already have) discovers a genetic/biological origin to homosexuality, it will not be a surprise nor will it take that sin out of God's authority or ability to deliver us from it.

We will struggle with sin for the rest of our lives, Galatians 5:16-26. But God can deliver us from all sin, including homosexuality, 1 Corinthians 6:9-11.

Additionally, if a person is born gay and they have NO power to resist their temptation, then God is a monster. Not only does He make you gay with no way to stop your urges, He then punishes you for it. What?! If this is who God is, then He is sadistic and unjust. But that couldn't be further from the truth. Instead of God sadistically enjoying our pain, He did everything in His power to stop our pain, even though it cost Him His life.….just look at the Cross.

III. Conclusion

Therefore, just as through one man [Adam] *sin entered the world, and death through sin, and thus death spread to all men, because all sinned….Therefore, as through one man's offense judgment came to all men, resulting in condemnation, even so through one Man's* [Jesus] *righteous act the free gift came to all men, resulting in justification of life. For as by one man's disobedience many were made sinners, so also by one Man's obedience many will be made righteous.*