

The Clinical and Political History of ‘Sexual Orientation’ - information community and governmental leaders should know

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Table of Contents

- I. Introduction
- II. The Politics of Definition
- III. Sexual Orientation is Acquired and Changeable
- IV. Sexual Orientations are Not Equal
- V. How Sexual Orientation Legislation is Used to Discriminate
- VI. Concluding Remarks

I. Introduction

The term “sexual orientation” is a relatively new term in the center of a sexual equality movement that has changed American culture. This paper seeks to give the reader the basics of the clinical science related to “sexual orientation” and an introduction as to how the term has been used for political purposes. The underlying argument of this paper is that the term “sexual orientation” has been used as a political strategy to misinform the public and advance the agenda of those who seek to normalize homosexuality.

II. The History and Politics of Definition

In 1905 Sigmund Freud introduced the technical terms “sexual object” and “sexual aim” in the first edition of his book *Three Essays on the Theory of Sexuality*. Freud wrote: “We shall at this point introduce two technical terms. Let us call the person from whom sexual attraction proceeds the “*sexual object*” and the act towards which the instinct tends the “*sexual aim*” (Freud, 1949, 13). From that point on until the use of the term “sexual orientation,” medical professionals referred to what a person was sexually attracted to as their “choice of sexual object.”

Heterosexuality, homosexuality, bisexuality, pederasty¹, pedophilia, bestiality, fetishism, and voyeurism were all described as choices of sexual object.

Kinsey’s influence

In 1948 a zoologist who specialized in insects produced the results of his study of male human sexuality. According to his critics and biographer James H. Jones, Alfred Kinsey sought to change

¹ In sexual terms pederasty involves an adult male who performs anal intercourse on an adolescent male. The adult male is the active participant and the adolescent male is the passive. Pederasty was the form of male homosexuality that was socially acceptable in ancient Greece.

the cultural mores to normalize homosexuality as well as pedophilia. Jones wrote, “Decades of inner turmoil had transformed Kinsey into a rebel, a man who rejected the sexual mores of his age. He meant to change the public’s thinking on sexual matters” (Jones, 1997, 513). Psychiatrist Edmund Bergler wrote, ‘Kinsey, a medical layman, undertook the impossible and fantastic feat of attempting to equate – and without reservation- heterosexuality and homosexuality’ (Bergler, 1957, 183). Anthropologist Geoffrey Gorer’s wrote in 1955, “... by Dr. Kinsey’s implicit standards, sex becomes a quite meaningless activity, save as a device for physical relaxation – something like a good sneeze ...” (Gorer, 1955, 51). “Kinsey’s close associate Wardell Pomeroy wrote, “Kinsey numbered himself among those who contended that, as far as so-called molestation of children was concerned, a great deal more damage was done to the child by adult hysteria” (Pomeroy, 1972, 207-8). The man who started the sexual revolution in America believed that public outrage over child molestation was “adult hysteria.” All this information on Alfred Kinsey is relevant to how Americans view sexual orientation today, because the movement to normalize homosexuality in America grew from Kinsey’s work.

Kinsey studied human sexuality in the same manner he studied insects. He did not differentiate sexual behavior according to Freud’s psychological term of choice of sexual object, but instead created his own classification: “The six types of sexual activity, masturbation, spontaneous nocturnal emissions, petting, heterosexual intercourse, homosexual contacts, and animal contacts ...” (Kinsey, Pomeroy and Martin, 1948, 678). Kinsey also introduced the Kinsey Scale, which emphasized “... the continuity of the gradations between exclusively heterosexual and exclusively homosexual histories ...” (Kinsey, Pomeroy and Martin, 1948, 639). The Kinsey continuum started at 0, which represented exclusive heterosexuality, and ended at 6, which represented exclusive homosexuality.

Kinsey’s data showed that heterosexual object choice or homosexual object choice can change during a person’s life. He wrote, “Some of the males who are involved in one type of relation at one period in their lives, may have only the other type of relation at some later period. There may be considerable fluctuation of patterns from time to time” (Kinsey, Pomeroy and Martin, 1948, 639). Kinsey did not explicitly address all the different choices of sexual objects in his continuum. Kinsey did not infer how pedophilia or bestiality fit into his continuum and he did not use the term “sexual orientation.”

The evolution and influence of gay activism

The term “sexual orientation” entered into regular usage about the time the American Psychiatric Association removed homosexuality from its list of disorders in 1973. The removal of homosexuality from the *Diagnostic and Statistical Manual of Psychiatric Disorders* was a coup de tat orchestrated by gay rights activists and agenda driven psychiatrists. Ronald Bayer, the author who chronicled the 1973 coup de tat, wrote in 1981, “No longer content with mere tolerance, gay activist groups sought social acceptance, and legitimation of homosexuality as an alternative

sexual orientation” (Bayer, 1981, 155). The context of Bayer’s usage of the term “sexual orientation” is “choice of sexual object.” When the term “sexual orientation” was first used it was a substitution of Freud’s term “choice of sexual object,”

By 1973 gay activists were no longer content with society’s tolerance toward their behavior; they were now demanding equality with heterosexuality. It was in this time period when gay activists began to associate their identity with racial and gender minorities, rather than minorities based on forbidden behavior. Subsequently, gay activists began to see those who sought to change their homosexual attractions as “renegades.” The new homosexual emancipation movement “... required of homosexuals that they, like Blacks, accept their identities rather than seek freedom through self-denial” (Bayer, 1981, 85-6). In short, gay activists claimed they were psychologically healthy and condemned those with unwanted homosexual attractions as being in denial that “Gay is Good.”²

At this point in history the gay movement began to denigrate those with unwanted homosexual attractions and those therapists who offered to help them change their homosexual orientation. Gay activist and president of the Association for the Advancement of Behavior Therapy, Gerald Davison, argued in 1974 that therapists should no longer help those with unwanted homosexual attraction attempt to change their sexual orientation. “While acknowledging that individual homosexuals might suffer if therapists were to adopt his perspective, Davison asserted that homosexuals as a class would benefit. The political standard of social justice was thus given preeminence over a clinical standard. The interest of ‘the homosexual’ was given priority over the desires of individual homosexuals” (Bayer, 1981, 188).

In their quest for equality with heterosexuality, gay activists soon realized they gained public sympathy when homosexuality was presented as a condition that was innate and unchangeable. When homosexuality was presented as such, the quest for equality with heterosexuality could easily be compared to the quest for racial equality or gender equality. Psychiatrist Jeffrey Satinover wrote, “The belief that homosexuality is ‘genetic’ tends to translate into a more positive attitude toward it. Gay activists know this and research studies confirm it:” (Satinover, 1996, 77). Satinover supported his statement with references from two different studies published in 1989 and 1992. Gay strategists Marshall Kirk and Hunter Madsen emphasized this strategy in 1989. They wrote, “We argue that, for all practical purposes, gays should be considered to have been *born gay* – even though sexual orientation, for most humans, seems to be the product of a complex interaction between innate predispositions and environmental factors during childhood and early adolescence” (Kirk and Madsen, 1989, 184).

Sexual orientation legislation is a strategy meant to mislead

² Gay activist Frank Kameny introduced the slogan “Gay is Good” in 1968 at a conference for homosexual activists.

Part of the gay political movement's strategy to seek equality with heterosexuality has been to seek legal recognition by adding "sexual orientation" to civil rights anti-discrimination legislation. A problem soon developed because sexual orientation was intended to be used as a clinical term to mean "choice of sexual object." Anti-discrimination laws could have included homosexuality by stating that "persons cannot be discriminated against based on a sexual orientation of heterosexuality or homosexuality," but that made it clear that society should discriminate against other types of sexual orientations, especially pedophilia. To make homosexuality look similar to race and gender, "sexual orientation" needed to be a completely positive term. Hence, the term "sexual orientation" is included in anti-discrimination legislation and usually defined somewhere in the fine print.

Since "sexual orientation" has been included in anti-discrimination legislation it has relinquished its relevance as a clinical term and functions as a political tool. The public is led to believe that pedophilia and bestiality are not sexual orientations because they are not protected under most sexual orientation discrimination laws. In addition, the gay political movement has used the same legislation to successfully mislead the public into believing that gender identity disorder is a sexual orientation or associated with sexual orientation. Under the clinical definition transgender is not a sexual orientation, but a gender identity disorder. Transgendered people have various choices of sexual objects. These examples underscore how the term now serves a political purpose and leads to the deception that a transgender identity and homosexuality are conditions a person is born with.

III. Sexual Orientation is Acquired and Changeable

The debate over whether homosexuality is an acquired condition or a congenital condition began in earnest at the beginning of the twentieth century. In the first decades the leading proponent that homosexuality was a congenital condition was a German physician named Magnus Hirschfeld. Hirschfeld was openly homosexual and is considered the father of the modern gay rights movement. Hirschfeld supported his innate hypothesis with several arguments. One argument was that most of the homosexuals he surveyed believed their homosexuality "... to be congenital or at least believe it can be traced back to a deep, natural tendency" (Hirschfeld, 2000, 371). Another argument was "... that in spite of every effort, men and women with an uncommonly great deal of will and intellectual powers were unable to change their sexual orientation" (Hirschfeld, 2000, 375). Hirschfeld also used the history of pederasty as an argument for homosexuality's innateness. "... we see pederasty in every age and in every country ... the universality and tenaciousness of the practice proves that it somehow proceeds from human nature itself ..." (Hirschfeld, 2000, 381).

Freud's 'narcissistic basis' contribution

During this same time period (approximately 1900 – 1930) Sigmund Freud developed the technique of psychoanalysis which led to many psychological discoveries. Freud consistently found adult anxieties and psychological disorders linked to early childhood patterns of identification and rivalry within the triadic family unit – father, mother, and child. Freud called homosexuality “inversion.” In a lengthy note to a later edition of his book *Three Essays on the Theory of Sexuality* Freud described the development of male homosexuality:

“It is true that psycho-analysis has not yet produced a complete explanation of the origin of inversion; nevertheless, it has discovered that the psychical mechanism of its development, and has made essential contributions to the statement of the problems involved. In all the cases we have examined we have established the fact that the future inverts, in the earliest years of their childhood, pass through a phase of very intense but short-lived fixation to a woman (usually their mother), and that, after leaving this behind, they identify themselves with a woman and take *themselves* as their sexual object. That is to say, they proceed from a narcissistic basis, and look for a young man who resembles themselves and whom *they* may love as their mother loved *them*. ... A person’s final sexual attitude is not decided until after puberty and is the result of a number of factors, not all of which are yet known; some are of a constitutional nature but others are accidental” (Freud, 1949, 23-4).

Rado’s ‘reparative adjustment’ contribution

In the late 1930s a psychoanalyst by the name of Sandor Rado advanced the hypothesis that homosexuality and other aberrant forms of sexuality were often a “reparative adjustment” that helped the individual overcome childhood anxieties and therefore function fairly normal in other areas of life. He wrote,

“...we find that the chief causal factor is the affect of anxiety, which inhibits standard stimulation and compels the ‘ego action system in the individual’ to bring forth an altered scheme of stimulation as a ‘reparative adjustment’ (Rado, 1936-40; 1939). Both the inhibitory and the reparative processes begin far back in early childhood, leading up to the picture which we encounter in the adult. ... This approach, of which we can give here only the barest suggestion, has in practice unfolded a wealth of clinical details leading to a theory that is free of inconsistency and that serves as a reliable guide to treatment” (Rado, 1940).

Bergler’s report of sexual orientation change

Freud’s and Rado’s discoveries did lead to methods of treatment for those with unwanted homosexual attractions. One of the first psychoanalysts to report his success in changing sexual orientation was Edmond Bergler. By 1956 Bergler had concluded analysis with one hundred homosexuals and consulted another five hundred. He informed the psychoanalytic community that

“homosexuality has an excellent prognosis in psychiatric-psychoanalytic treatment of one to two years’ duration, with a minimum of three appointments each week – *provided the patient really wishes to change*” (Bergler, 1956, 188). Bergler’s definition of a successful cure through analysis included both sexual orientation change and “characterological change” (Bergler, 1956, 210).

Glover’s report of sexual orientation change

In 1960 Edward Glover published the results of psychotherapeutic treatment with eighty-one homosexuals at the Portman Clinic in the United Kingdom.

“At the end of treatment thirty four of the eighty-one (44 per cent) no longer experienced homosexual impulses; twenty-one who still had homosexual impulses had achieved discretion or conscious control (in nine of these the impulse was also diminished); in eight cases no change was noted; and in fourteen treatment was interrupted or discontinued” (Glover, 1960, 236).

Glover saw homosexuality as “... a regression to an earlier stage of sexual development. It is in many respects closer to pure narcissism than any other form of object-choice. Indeed it is often described as lying half-way between narcissism and normal object-choice” (Glover, 1949, 257). He believed that most cases of male homosexuality could be prevented with “proper upbringing,” and advocated for “... suitable sexual instruction for parents, child nurses, teachers, club leaders, in short, for all who are in a position to influence the mental development of the child” as the “best means of prevention” (Glover, 1960, 192).

Bieber study’s report of sexual orientation change and homosexual causation

A couple years later a special committee of the Society of Medical Psychoanalysts produced what has become known as the Bieber study. Seventy-seven psychoanalysts contributed data for a comparison study of 100 heterosexual men and 106 homosexual men. The study found that “The father played an essential and determining role in the homosexual outcome of his son. In the majority of instances the father was explicitly detached and hostile” (Bieber et. al, 1962, 310). The typical mother of a male homosexual (H-mother) had an abnormal closeness to her son.

“The large majority of H-mothers had a close-binding intimate relationship with the H-son. In most cases, this son had been mother’s favorite ... In about two-thirds of the cases, the mother openly preferred her H-son to her husband and allied with son against the husband. In about half the cases, the patient was the mother’s confidant. ... To be treated as superior to the father deprives the child of having the paternal leadership he craves and the support he requires” (Bieber et. al, 1962, 313, 316)

Of the 106 homosexuals treated by psychoanalysis “29 (27 per cent) became exclusively heterosexual” (Bieber et. al, 1962, 313, 301). The study also compared the homosexuals who were exclusively homosexual before analysis with those who were bisexual before analysis. Of those who were exclusively homosexual before, 19 percent became exclusively heterosexual, while those who were bisexual before analysis had a 50 percent change to exclusively heterosexuality.

Like Edward Glover, Irving Bieber believed that homosexuality could usually be prevented. He wrote in the 1967 edition of the *Comprehensive Textbook of Psychiatry*, “The two major approaches to the prevention of homosexuality are early detection of homosexual tendencies and public education” (Bieber, 1967, 972).

Socarides report of sexual orientation change and identification

In 1968 psychiatrist Charles Socarides wrote “... there is no question that at the present time we have sufficient evidence as a profession to demonstrate that homosexuality can be cured or at least, in most cases, its symptoms and suffering greatly alleviated by medical psychoanalysis” (Socarides, 1968, 4). Socarides reported that 35 percent of the homosexuals he treated obtained, “... full heterosexual functioning and were able to love their other-sex partners... 30 percent did not finish treatment – for a variety of reasons. And about 35 percent discontinued therapy” (Socarides, 1995, 102).

Socarides added insight into the “mechanism of identification” in the development of homosexuality. He described this causation scenario:

“The absence of a strong father furthermore predisposes the child to this primary identification [boy to mother] and precludes a shift to identification with the father. The boy later becomes painfully aware of this lack of masculine identification and searches for it in his homosexual relations. He seeks partners who represent strong masculine figures and who would give him almost by ‘transfusion’ the missing masculine attributes which diminish and deprive him, make him feel empty and demasculinized” (Socarides, 1968, 74).

Hatterer report of sexual orientation change and causation variables

Lawrence Hatterer was another psychiatrist who reported success in helping male homosexuals change their sexual orientation. In a period of seventeen years Hatterer evaluated 710 males troubled with homosexuality and treated over 200. In a study of 144 of his follow-up records ranging from two to fifteen years he found that “... forty-nine patients recovered, nineteen partially recovered, seventy-six remained homosexual” (Hatterer, 1970, viii). Hatterer commented, “In terms of treatment success, the percentage of patients I have been able to help is remarkably

similar to other ‘cure rates’ reported in the literature by Irving Bieber et al., Peter Mayerson, and Harold Lief’ (Hatterer, 1970, viii).

Hatterer emphasized the many variables involved in the causation of homosexuality. He wrote,

“His family can make a boy vulnerable to homosexuality, and vulnerability can lead him to homosexual habits, but family influence does not *necessarily* explain why homosexual habits become permanent. The cause of that must be sought among hundreds of other variables concerning the man himself and the world he lives in. ... But as we have seen, psychiatrists have up to now given very little attention to such environmental influences on male homosexuality. They are at last coming to agree, however, that homosexuals are not born but made and that genetic, hereditary, constitutional, glandular, or hormonal factors have no significance in causing homosexuality. That at least is a development that indicates considerable progress in treatment and research” (Hatterer, 1970, 42-3, 47).

Mintz report of sexual orientation change and disguised guilt

Many other therapists confirmed that homosexuals had changed their sexual orientation through psychotherapy. Group therapist Elizabeth Mintz documented her work with ten male homosexuals over a two year period. At the beginning of treatment she told the men that “... she would make no attempt to ‘cure’ the homosexuality as such ...,” yet, at the end of two years, two of the ten “were enjoying heterosexuality,” one had lost interest in homosexuality, and three were “... moving toward heterosexuality, but with considerable anxiety and conflict” (Mintz, 1973, 182). Mintz worked under the common knowledge of the 1960s, “... that overt homosexuality, like any other adjustment, may be the result of a variety of impulses and anxieties, differing widely from one individual to another” (Mintz, 1973, 181). She contributed this assessment of a homosexual’s surface defenses: “Paradoxically, what seems to be guilt about homosexuality often proves to disguise guilt about unconscious heterosexual impulses. Similarly, what seems to be guilt about social disapproval often proves to represent a sense of personal guilt about being incomplete or inadequate as a male” (Mintz, 1973, 183).

Nicolosi report of sexual orientation change and homosexual causation

For the most part, the clinical knowledge on the causation and treatment on homosexuality has been systematically ignored by the mental health profession and academia after the American Psychiatric Association and the American Psychological Association officially normalized homosexuality in the mid-1970s. The most prominent and published psychotherapist that continues to help those with unwanted homosexuality try to change their sexual orientation has been Joseph Nicolosi.

Nicolosi built his psychotherapy on the clinical knowledge that homosexuality often serves as a reparative adjustment resulting from childhood anxieties and traumas. The description of his therapy as “reparative therapy” comes from the clinical knowledge the homosexuality is often a “reparative adjustment.” Nicolosi has consistently reported results similar to Bieber, Hatterer, and Socarides. He reports that approximately one third of motivated male homosexuals who seek reparative therapy will change their sexual orientation, another third will show a lessening of homosexuality and anxieties, and another third will not show any change at all. These results are comparable to the results of psychotherapy used to treat tobacco and drug addictions.

In the 1990s Nicolosi based his reparative therapy on “... the client’s choice to grow into a male identity” (Nicolosi, 1991, 20). By 2009 Nicolosi saw homosexuality as “more than a striving to repair gender deficits,” he also saw it “as a striving to repair deep *self*- deficits” (Nicolosi, 2009, 31). His clinical observations suggested that homosexuals have an “... *accumulation of early, core emotional hurts that have led to an attachment injury*” (Nicolosi, 2009, 31).

Probably Nicolosi’s greatest contribution to the understanding of homosexuality has been his revolutionary common sense approach to the prevention of homosexuality. Nicolosi’s approach is for “... the therapist to work on a regular basis with the parents and not the child” (Nicolosi and Nicolosi, 2002, 194). If the child is not identifying with the same-sex parent, then the dynamic needs to be changed so that the child will want to identify with the same-sex.

1990s gay gene hype

In the 1990s several reports made the news that led the public to believe that homosexuality was an innate condition. There was Simon LaVay’s 1991 article in *Science* about his finding from cadavers that a part of homosexual men’s brains were different from heterosexual men, and the 1993 announcement of a “gay gene” based on Dean Hamer’s study. Psychiatrist Jeffrey Satinover and others showed the faults of these studies, but their critiques received minimum coverage. The press did not even report that these scientists identified as homosexual. Satinover concluded that “The desire to shift to a biologic basis for explaining homosexuality appeals primarily to those who seek to undercut the vast amount of clinical experience confirming that homosexuality is significantly changeable ...” (Satinover, 1996, 114).

To date no study has shown that homosexuality is innate and unchangeable. The American Psychological Association statements on homosexuality are screened and prepared by a gay and lesbian branch of the association, currently called Division 44. Their Committee on Lesbian, Gay, Bisexual, and Transgender Concerns currently claims “Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors” (APA, 2008, 2).

IV. Sexual Orientations are not Equal

There are two comparisons to make in this section on sexual orientation. The first is the comparison of sexual orientations based on the clinical definition as ‘choice of sexual object.’ The second is the comparison of the politically correct sexual orientations which are currently defined in legislation as heterosexual, homosexual and bisexual.

As already shown when sexual orientation is defined clinically as choice of sexual object it includes heterosexuality, homosexuality, bisexuality, pederasty, pedophilia, bestiality, fetishism, voyeurism as well as several more obscure sexual attractions. While most would think that it goes without saying that pedophilia or pederasty could never be thought as equal to heterosexual relations between consenting adults, pedophilia and pederasty are defended by an academic minority.

Pedophilia, pederasty, bestiality

The academic discipline of ‘sexology’ was conceived to change the Christian sexual morality of Western culture, and many of its leaders and disciples advocate the normalcy of consenting adult-child sexual relationships. The first sexology institute was formed in Berlin by the founder of the modern gay-right movement, Magnus Hirschfeld. It was Hirschfeld who argued that an adult male’s sexual attraction to an adolescent young man “...somehow proceeds from human nature itself ...” (Hirschfeld, 2000, 380-1). The academic discipline of sexology in the United States was born from Alfred Kinsey’s work. Kinsey included “animal contacts” in his normal types of sexual activity and did not consider adult-child sexual relations necessarily harmful.

From participating in the Fifth World Congress of Sexuality in 1981 Judith Reisman began, “... to realize that the entire field of sex research therapy and education relied on Kinsey’s human sexuality model for authority ...” (Reisman, 1998, xxiii). She reported that a large number of sexologists “... wholeheartedly agreed that children could, indeed, have ‘loving’ sex with adults” (Reisman, 1998, xxiii).

In 1998 the *Psychological Bulletin* published a paper by Bruce Rind, Robert Bauserman and Phillip Tromovitch which “concluded that the harmful effects from sexual abuse have been overstated. In fact, they argued that being molested can be positive for willing children -- especially boys. They also advocated less judgmental terminology” (Leadership Council, 2001).

The American Psychiatric Association normalized pedophilia in the early 1990s by revising their list of disorders in a similar way as they had when they normalized homosexuality in the 1970s. One version of the DSM-IV claimed that pedophilia was “a mental disease only if the pedophile was distressed by his actions or negatively affected in his work or social relationships” (Nicolosi and Nicolosi, 2002, 128). After nationwide public rebuke of the Bruce Rind paper which portrayed

adult-child sex positively, the American Psychiatric Association “quietly instituted a change in its most recent diagnostic manual--the Text Revision of the DSM-IV--regarding the definition of pedophilia. In a return to its previous standard, now, *merely acting upon* one's pedophilic urges is sufficient for a diagnosis of disorder” (Nicolosi, 2012). The point of all this information is that there is an educated minority that considers pedophilia a normal sexual orientation. What keeps pedophilia and pederasty from becoming normal sexual orientations in American is not science, per se, but cultural values and citizens willing to defend them.

At this point in time the majority of homosexual activists agree with social conservatives that pedophilia is not equal to heterosexuality, but that may change in the future. NAMBLA members, the North American Man/Boy Love Association, were allowed to participate in the early gay pride parades.

Homosexuality = Heterosexuality?

The second comparison of sexual orientations, heterosexual versus homosexual, is more relevant to current public policies. Although social conservatives believe it is obvious that homosexuality is not equal to heterosexuality, gay and lesbian activists claim it is. Social conservatives usually point out that male and female genitalia were designed for each other and that heterosexual intercourse can produce children. Often social conservatives feel that is a sufficient argument to hold heterosexuality as the sexual ideal of society, but that is not a sufficient argument in today's debate. Homosexual normalcy advocates can argue that homosexual sex that does not produce children is a partial solution to the problem of over-population (Seidenberg, 1973, 164).

Higher health risks associated with anal intercourse

There is an abundance of hard evidence that shows homosexuality is not equal to heterosexuality. They start with health differences. Sexually transmitted diseases are common to both heterosexuality and homosexuality, but sodomy has diseases specific to infections of the rectum and feces getting into the blood through a damaged rectum. “These include hepatitis B and the cluster of otherwise rare conditions, such as shigellosis, Giardia lamblia infection, which together have been known as the ‘Gay Bowel Syndrome’” (Satinover, 1996, 67-8). Satinover is emphatic from his experience as a medical doctor, “... I cannot stress too strongly that anal intercourse is not safe for anyone, under any circumstances. As the evidence makes abundantly clear, anal intercourse is a terrible dangerous practice whose dangers mount with the frequency and multiplicity of partners, conditions that predominate among male homosexuals” (Satinover, 1996, 67-8).

Higher suicide rates associated with homosexuality

The risk of suicide is much greater for those of a homosexual orientation. The Center for Disease Control and Prevention (CDC) states, “Suicide is the seventh leading cause of death for males in the United States. Men who have sex with men are at even greater risk for suicide attempts, especially before the age of 25” (CDC, Suicide, 2013). James Phelan, Neil Whitehead and Philip Sutton published an extensive study of the health risks of homosexual orientation and found that “Among homosexual men the prevalence of suicide is close to three times higher than among heterosexual men” (Phelan, Whitehead, and Sutton, 2009, 69). They reported “The precipitating problems found in most of the studies were the breakup of romantic relationships, other relationship difficulties, hatred of being homosexual, depression, substance addiction, and social discrimination. ... Notable are the sparse numerical estimates of the significance of social discrimination as a motivator for suicide. Indeed, there is much skepticism about whether discrimination is real or only perceived, and whether it is a primary or secondary motivating factor” (Phelan, Whitehead, and Sutton, 2009, 70). A 1978 Kinsey Institute study supports the argument that the breakup of a romantic relationship is a leading cause of homosexual suicide. The statistics from 65 white homosexual males and 23 white homosexual females showed that a romantic breakup accounted for 43 percent of the homosexual males’ attempted first suicide and 67 percent of the homosexual females (Bell and Weinberg, 1978, 457).

Higher risk of domestic violence associated with homosexuality

One health factor seldom mentioned is the higher risk of domestic violence in homosexual relationships. In 1973 Kinsey associates William Simon and John Gagnon reviewed the histories of 550 white males interviewed by Kinsey and his associates. They reported that “Between a quarter and a third reported having been robbed by a sexual partner, with a larger proportion characteristically having exclusively homosexual histories” (Simon and Gagnon, 1973, 24).

The CDC website provides a link to the National Coalition of Anti-Violence Programs (NCAVP) website, which states, “The most recent significant study, released in 2002, indicated that gay and bisexual men experience abuse in intimate partner relationships at a rate of 2 in 5, one comparable to that of DV [domestic violence] experienced by heterosexual women. Island and Letellier describe it as ‘the third most severe health problem facing gay men today,’ behind HIV/AIDS and substance abuse” (NCAVP, 2005).

Phelan, Whitehead, and Sutton reported similar statistics, “Researchers found that the domestic violence rate of homosexual men is greater than that of heterosexual men (Seligson & Peterson, 1992). In a representative population probability sample, Greenwood et al. (2002) found that the level of violence in relationships between homosexual men was considerably higher than the level of violence by men against women in the heterosexual community” (Phelan, Whitehead, and Sutton, 2009, 86). In addition they reported, “A study of homosexual relationships found that 29 percent of the subjects reported being coerced into unwanted sexual contact; 92 percent of the time the coercion involved unprotected anal intercourse, increasing the already-high risk of HIV

infection (Kalichman & Rompa, 1995). Similar findings were characteristic of homosexually active men in England and Wales, where 28 percent reported that they had been sexually assaulted or coerced against their will by intimate partners” (Phelan, Whitehead, and Sutton, 2009, 84).

Higher drug and alcohol abuse associated with homosexuality

Regarding substance abuse the CDC reports, “Studies have shown that, when compared with the general population, gay and bisexual men, lesbian, and transgender individuals are more likely to:

- Use alcohol and drugs
- Have higher rates of substance abuse
- Are less likely to abstain from alcohol and drug use
- Are more likely to continue heavy drinking into later life” (CDC, Substance Abuse, 2013). In summarizing the studies of drug use among homosexuals and heterosexuals Phelan, Whitehead and Sutton wrote, “Twentieth-century research revealed that homosexuals are about three times more likely to abuse or be dependent on drugs or alcohol than the general population. Studies have shown that nearly two thirds of homosexual teens abuse alcohol. In the female homosexual community, alcohol use is even more widespread and is often used as a gateway to sexual activity” (Phelan, Whitehead, and Sutton, 2009, 60).

The CDC adds the caveat, “Alcohol and drug use among some men who have sex with men (MSM) can be a reaction to homophobia, discrimination, or violence they experienced due to their sexual orientation and can contribute to other mental health problems” (CDC, Substance Abuse, 2013). It has been the strategy of gay activists to blame all the increased health problems associated with homosexuality on society’s discrimination toward homosexuality. Their argument denies that childhood traumas and identity struggles are a major causative factor of homosexuality. In contrast, Phelan, Whitehead, and Sutton found, “Societal bias and discrimination do not, in and of themselves, contribute to the majority of homosexual maladaptivity” (Phelan, Whitehead, and Sutton, 2009, 87).

Matthew Shepard example

These statistics are particularly relevant to the political use of Matthew Shepard’s murder in 1998 as a catalyst to include ‘sexual orientation’ into hate crimes legislation. Six years after the murder ABC News did a follow up story. In the report Shepard’s mother stated, “... her son's problems had started three years earlier during a high school trip to Morocco, where he was beaten and raped” (ABC, 2004). As a high school youth Shepard was the victim of gay on gay sexual violence that had a lasting detrimental effect. In addition, Aaron McKinney, the man who murdered Shepard, claimed that Shepard was not targeted because he was gay. McKinney claimed he was coming down from a methamphetamine binge and looking for someone to rob and beat up. It was also alleged by a friend of McKinney that McKinney was bisexual and had gotten high with Shepard on several occasions.

More information on Matthew Shepard and Aaron McKinney came to light in 2014 with the publication of the *Book of Matt*. Investigative journalist Stephen Jimenez found that Shepard was a

meth dealer himself, and he and McKinney were friends who had “bought and sold drugs from each other” (Jimenez, 2013, 208). Shepard and McKinney had a “hidden sexual relationship” as well (Jimenez, 2013, 208). So the Matthew Shepard story that led to sexual orientation hate crime legislation around the country was not about violence done to an individual because they were gay. The Shepard story is really about a young man whose life took a tragic turn when he became the victim of gay on gay sexual violence and took a final tragic turn after he became a methamphetamine dealer. Shepard was robbed and murdered for drugs and money by a friend with whom he had had a homosexual relationship.

HIV/AIDS and epidemic among gay men

The gravest health risk associated with homosexuality today is the risk of HIV/AIDS for male homosexuals. In 1996 Jeffrey Satinover calculated that homosexual men under thirty years of age were 450 times more at risk of AIDS than the heterosexual population (Satinover, 1996, 57). A more recent calculation using CDC statistics compared the risk of new HIV infection between the men who have sex with men (MSM) population and the male heterosexual population. Using 2010 CDC statistics that reported 61 percent of new HIV infections occurred through male to male sexual contact and the CDC estimate of the MSM population at 4 percent of the male population, “the risk of HIV infection from sexual contact for MSM was approximately 150 times greater than the heterosexual male population in 2010” (Coy, 2012).

A comparison of the risk of lung cancer associated with smoking tobacco shows the enormity of the risk of HIV infection associated with male homosexual behavior. The latest CDC estimate states that smoking tobacco increases the risk of lung cancer in both men and women by approximately 25 times (CDC, Smoking, 2014). The government, cooperating with public schools, has an extensive campaign to prevent teenagers from smoking tobacco, and yet a much greater risk factor awaits male teenagers who engage in homosexual behavior.

Higher rates of other STDs and disorders associated with homosexuality

In addition to these health risks the CDC has reported that “In 2008, men who have sex with men (MSM) accounted for 63% of primary and secondary syphilis cases in the United States. MSM often are diagnosed with other bacterial STDs, including chlamydia and gonorrhea infections. ... Men who have sex with men are 17 times more likely to develop anal cancer than heterosexual men” (CDC, Gay, 2010). Phelan, Whitehead, and Sutton also found that studies showed, “Homosexuals are more likely than heterosexuals to have mental health concerns, such as eating disorders, personality disorders, paranoia, depression, and anxiety” (Phelan, Whitehead, and Sutton, 2009, 87).

Bizarre homosexual practices

Some of the accepted sexual behaviors of homosexuals are not even considered sexual by the vast majority of heterosexuals. The practices of “fisting,” “rimming” and “piss play” show how different homosexuality is from heterosexuality. Fisting involves one person putting their hand in another’s rectum, rimming involves oral contact with the rectum, and piss play involves urinating on another person. Those who cannot conceive of gay activists promoting this type of behavior as normal should examine a booklet given to middle and high school children at a Massachusetts school event organized by the Gay Lesbian and Straight Education Network" (GLSEN). Perhaps the most shocking aspect of the “The Little Black Book” is that the Massachusetts Department of Public Health and the Boston Public Health Commission were involved in its publication. The booklet can be accessed at

http://www.massresistance.org/docs/issues/black_book/black_book_inside.html.

Promiscuity is a homosexual norm

Lastly, America’s Judeo-Christian norms of heterosexual relationships are distinctly different from the norms of homosexuality, especially male homosexuality. One of the first researchers to investigate homosexuals in homosexual bars and gathering places was Evelyn Hooker. Hooker observed that young male homosexuals were tutored by older homosexuals in the “... new norms of sexual behavior in which monogamous fidelity to the sexual partner is rare” and that “...sex can be had without obligation or commitment; that it is a meeting of strangers and the too familiar face does not ‘make out’ in the sexual market ...” (Hooker, 1965, 100).

Gay social researchers David McWhirter and Andrew Mattison observed similar relationship norms in their study of male homosexual couples. They wrote, “... many of the values and practices that are the cornerstone of heterosexual relationships are absent in male couples. Indeed, it was startling to find that some of the qualities identified with stability and intimacy between opposite-sex partners can be detrimental to homosexual relationships” (McWhirter and Mattison, 1984, 5). Specifically, McWhirter and Mattison stated, “The expectation of outside sexual activity was the rule for male couples and the exception for heterosexuals” (McWhirter and Mattison, 1984, 5).

V. How Sexual Orientation Legislation is Used to Discriminate

Adding “sexual orientation” to anti-discrimination laws is a tactic used by those who seek to normalize homosexuality. It is not surprising that its inclusion into anti-discrimination laws targets those who do not believe homosexuality should be considered equal to heterosexuality. To that effect it targets both the religious and non-religious. When sexual orientation anti-discrimination laws are used to target religious beliefs, they usually override the same anti-discrimination protection of religious creed.

Boston Catholic Charities

The first example involves the state of Massachusetts and Boston Catholic Charities. In 1989 Massachusetts became the second state in the Union to make discrimination based on sexual orientation illegal. "... Massachusetts has a strong affirmative policy of preventing discrimination on the basis of sexual orientation ... employment, housing, credit, services ... hate crimes ... public accommodation ... public education ... decriminalization of private consensual adult conduct ... custody to homosexual parent not per se prohibited" (Supreme Judicial Court of Massachusetts, 2003, 341). The quote just referenced was one of the arguments the Massachusetts Supreme Judicial Court used to legalize gay marriage through judicial order.

In 2006 Boston Catholic Charities was told that it must comply with the state's anti-discrimination laws and put children in the homes of gay and lesbian couples. Although the governor said he was sympathetic to a religious exemption, "... leaders of the state legislature warned that a Church bid for an exemption would be unsuccessful, leaving the bishops no other option but a court battle" (Catholic World News, March 10, 2006). Boston Catholic Charities choose not to use their funds for a costly lawsuit and closed their adoption agency. "Their joint statement concluded that they could not find a way to 'reconcile the teaching of the Church which guides our work and the statutes and regulations of the commonwealth'" (Catholic World News, 2006).

University of Toledo

In April of 2008 a University of Toledo administrator was fired by the university president for writing an editorial in the Toledo Free Press that expressed a conservative Christian view of homosexuality. Crystal Dixon, a Black woman, took "great umbrage at the notion that those choosing the homosexual lifestyle are 'civil rights victims'" (Dixon, 2008). Dixon wrote her opinion piece in the Toledo Free Press in response to an editorial arguing for homosexual civil rights. Dixon's editorial was well written citing examples of those who left the homosexual lifestyle, economic statistics, and her belief in "God's divine order" (Dixon, 2008).

Shortly after Dixon's editorial was published she was fired and the president of the university, Lloyd Jacobs, wrote a rebuking editorial that was also published in the Toledo Free Press. Jacob's wrote, "Although I recognize it is common knowledge that Crystal Dixon is associate vice president for Human Resources at the University of Toledo, her comments do not accord with the values of the University of Toledo. It is necessary, therefore, for me to repudiate much of her writing and to make this attempt to clarify our values system. ... The University of Toledo welcomes, supports and places value upon persons of every variety. Disability, race, age or sexual orientation are not included in any decision making process nor the evaluation of worth of any individual at this university. To the extent that appearances may exist which are contrary to this value statement, we will continue to do everything in our power to align all of our actions every day with the value system discussed" (Jacobs, 2008).

The University of Toledo's inclusion of sexual orientation into its Non-discrimination Policy overrode Dixon's right to not be discriminated against based on her religious creed. She was fired for

publicly expressing her opinion that homosexuality was against God’s divine plan and that it was possible to leave the homosexual life. Specifically, the inclusion of sexual orientation into a non – discrimination policy was used to discriminate against a conservative Christian.

Eastern Michigan University

The case of Julea Ward is another instance of a university using sexual orientation to discriminate against a Christian for their view that homosexuality is not normal or equal to heterosexuality. In 2009 Ward was dismissed from Eastern Michigan University’s counseling program for her unwillingness to counsel a homosexual client about their same-sex relationship issues. Her religious beliefs were the determining factor in her unwillingness to affirm homosexual behavior and she simply asked that the homosexual client be referred to another counselor. “Shortly thereafter, EMU informed Ward that the only way she could stay in the counseling program would be if she agreed to undergo a ‘remediation’ program. Its purpose was to help her ‘see the error of her ways’ and change her ‘belief system’ as it relates to counseling about homosexual relationships. Ward did not agree to the unconstitutional conditions” (ADF, 2010).

According to the legal counsel representing Ward, “The university’s actions were enabled by EMU policies that ADF attorneys are challenging in the lawsuit as flagrantly unconstitutional. One policy that prohibits ‘discrimination based on...sexual orientation’ problematically adds that counselors cannot ‘condone’ what the university defines as discrimination” (ADF, Will, 2010). Another ADF press release stated, “EMU requires students in its program to affirm or validate homosexual behavior within the context of a counseling relationship and prohibits students from advising clients that they can change their homosexual behavior” (ADF, 2009).

The university settled with Ward in 2013 after a U.S. Appeals Court ruled in Ward’s favor. The Michigan State Legislature passed the “Julea Ward freedom of conscience act” in June of 2012 to protect student’s religious beliefs from the policies of universities and colleges (mi.gov, 2012), but it stalled in a Republican controlled Senate. Despite strong opposition from gay activists and having to override a governor’s veto, Kentucky’s legislature overwhelmingly passed a similar bill protecting religious beliefs in 2013 (Musgrave and Brammer, 2013).

Augusta State University

A counseling student at Augusta State University did not fare as well in court. Jennifer Keeton was informed by representatives of Augusta State University that her Christian beliefs were “unethical and incompatible with the prevailing views of the counseling profession” and that “she must change her beliefs in order to graduate from the counseling program” (ADF, Augusta, 2010).

A U.S. District Judge and an a U.S. Appeals Court both ruled the university had the right to require Keeton to attend their “remediation plan,” to address “what the faculty perceived as deficiencies in her ‘ability to be a multiculturally competent counselor, particularly with regard to

working with gay, lesbian, bisexual, transgender, and queer/questioning (GLBTQ) populations” (ADF, Related Cases).

Gordon College

Currently, the New England Association of Schools and Colleges’ Commission on Institutions of Higher Education is planning to review “whether its standards are being violated by Gordon College after the Christian school’s public opposition to hiring protections for gays and lesbians shed light on its longstanding policies prohibiting gay activities among students, faculty, and staff” (Rocheleau, 2014). If the Commission does not give the Christian college an exemption from its sexual orientation non-discrimination policy, it will revoke Gordon College’s accreditation.

University appointments

While these cases made national headlines, the more covert use of anti-discrimination sexual orientation policy has been the driving force changing the culture. Universities that view homosexuality as equal to heterosexuality discriminate against applicants for leadership positions. Individuals who express the fact that sexual orientation is changeable or hold the opinion that heterosexuality should be the cultural ideal are either not hired or promoted into leadership. I became aware of this fact from a conversation with a university professor who was on a committee to select a new university chancellor. The professor, who was the only conservative Christian on the committee, told me that all the candidates who appeared to hold conservative values were removed from the selection at the beginning of the process. The extent to which this goes on is impossible to document, but the overwhelming pro-homosexual equality policies of American universities and colleges affirm its reality.

Sweet Cakes by Melissa

The inclusion of sexual orientation into the Oregon Equality Act of 2007 was the basis of the Oregon Bureau of Labor and Industries ruling that the bakery owned by Aaron and Melissa Klein violated the law by refusing to provide a same-sex wedding cake for a customer. The Kleins “...turn down requests to bake cakes for same-sex marriages because that goes against their Christian faith ...” (Bernstein, 2013). The Oregon Bureau of Labor and Industries ruled,

“Under Oregon law, Oregonians may not be denied service based on sexual orientation or gender identity. The law provides an exemption for religious organizations and schools, but does not allow private business owners to discriminate based on sexual orientation, just as they cannot legally deny service based on race, sex, age, disability or religion.

The investigation concludes that the bakery is not a religious institution under law and that the business’ policy of refusing to make same-sex wedding cakes represents unlawful discrimination based on sexual orientation. ...

With the substantial evidence determination, the complaint now moves into conciliation to see if the parties can reach a settlement. If the parties cannot reach an agreement, the bureau may bring formal charges and move the issue to BOLI's Administrative Prosecution Unit ..." (Korfhage, 2013).

The Kleins have closed their store and now operate out of their home. They may end up having to pay hundreds of thousands of dollars to the lesbian couple who filed the complaint (Starnes, 2014).

Other business examples

Fox News reporter Todd Starnes has noted four other cases pending in 2013 where business owners were being discriminated against because of Christian religious beliefs that do not recognize homosexuality as a moral or cultural equal to heterosexuality:

"Just last month, New Mexico's Supreme Court ruled that two Christian photographers who declined to photograph a same-sex union violated the state's Human Rights Act. ...

Denver baker Jack Phillips is facing possible jail time for refusing to bake a cake for a gay wedding.

The Colorado Attorney General's office filed a formal complaint against Phillips, the owner of Masterpiece Cake Shop. A hearing before the state's civil rights commission is set for later this month.

In Indianapolis, a family-owned cookie shop faced a discrimination investigation after they refused to make rainbow cookies for National Coming Out Day.

A T-shirt company in Lexington, Ky. found itself at the center of a Human Rights Commission investigation after they refused to make T-shirts for a local gay rights organization" (Starnes, 2013).

The cases cited show how the inclusion of sexual orientation in anti-discrimination policies is used as a political tool to force Christians to accept homosexuality as equal to heterosexuality. The cases cited so far affected students, employers, employees, and non-profits. Sexual orientation policies also affect counselors, therapists and clients with unwanted same-sex attractions. Some sexual orientation policies are used to undermine religious freedom and public health, while others stifle clinical science and a client's rights of self-determination.

California bans sexual orientation change therapy with minors

In 2012 the California State Senate passed and Governor Jerry Brown signed a bill banning sexual orientation change therapy with minors. The bill, sponsored by the gay rights organization Equality California (Lieu, 2012), is the latest form of discrimination coming from the forces that seek to make homosexuality culturally equal to heterosexuality. Banning therapists and counselors from helping minors change a homosexual orientation infringes on the parents rights to help their children identify with their same sex and on the minors right to overcome unwanted same-sex attractions.

Representing minor clients with unwanted same sex attractions as well as professional therapists, Liberty Counsel attorney Matt Staver asserted that their clients are "... greatly benefiting from counseling. ... This law is politically motivated to interfere with counselors and clients. The law is an unprecedented attempt to regulate what a counselor may say and what a client may hear. It crosses the line and violates the Constitution" (Liberty Counsel, 2013). A "three-judge federal appellate panel" upheld the ban on sexual orientation change therapy (Wetzstein, 2013) and the U.S. Supreme Court let the appellate ruling stand (AP, 2014).

New Jersey bans sexual orientation change therapy with minors

In 2013 New Jersey followed California in banning sexual orientation change therapy with minors. Governor Chris Christie refused to meet with representatives from the National Association for Research and Therapy of Homosexuality (NARTH, 2013) and hear a factual presentation from sexual orientation change therapists. An organization supporting ex-gays, Parents and Friends of Ex-gays and Gays (PFOX), issued this statement before Governor Christie signed the ban into law:

"Bill A3371 is an act of childhood endangerment and an unconstitutional attempt to deny parental rights. This unnecessary and intrusive legislation will turn New Jersey into a nanny state by violating the civil rights of parents who support their child's right to receive therapy for unwanted same-sex attractions, especially when that child has been sexually molested by a pedophile like Jerry Sandusky and is now confused about his sexual orientation" (PFOX, 2013).

One of Jerry Sandusky's sexual orientations is pederasty. He is or was sexually attracted to adolescent boys. The adolescent boys he abused were confused about their sexuality from their relationship with him and may want and need therapy to guide them to healthy heterosexuality. The California and New Jersey sexual orientation therapy bans take that right away from the sexually abused victim. Supporters of homosexual equality are willing to sacrifice the victim for the cause. As the gay identified president of the Association for the Advancement of Behavior Therapy argued in 1974, "individual homosexuals might suffer" if therapists refuse to help them change their unwanted homosexual attractions, but "homosexuals as a class would benefit" (Bayer, 1981, 188). Gay activists are trying to implement this type of ban throughout America.

VI. Concluding Remarks

The gay strategy of sexual orientation

Once sexual orientation is inserted into anti-discrimination policies it is used as a weapon against those who believe that homosexuality should not be considered culturally or morally equal to heterosexuality. Whether one believes heterosexuality should be the cultural ideal based on the clinical evidence or on religious grounds, their rights are infringed on by the special status given homosexuality.

The inclusion of sexual orientation into anti-discrimination policies has been the main vehicle that homosexual activists have used to attain the success they now enjoy. It has become virtually impossible to have public university leaders who believe heterosexuality should be promoted as an ideal over homosexuality. Students have to accept the homosexual equality one way or the other; either through silence or adoption. Business owners are targets, non-profits are targets, counselors and therapists are targets, politicians are targets, even those with unwanted homosexual attractions are targets.

The public is unaware of the facts

In addition to the relentless harassment gay activists' use against their perceived opponents, the known facts about the causative factors of homosexuality are dismissed by academia as unsupported. Gay and lesbian activists are so imbedded in academia and the mental health associations that even the conservative Washington Times ended its article on California's sexual orientation therapy ban with the sentence, "The origin of homosexual attraction remain a mystery despite decades of research" (Wetzstein, 2013). It's not much of a mystery anymore. Sexual orientation change therapy success rates are similar to the success rates of psychotherapeutic efforts to overcome smoking and alcoholism.

Sexual orientation anti-discrimination legislation is used to judicially institute gay marriage

The inclusion of sexual orientation into the civil rights and anti-discrimination policies of Massachusetts, California and Iowa was one of the arguments used by judges to institute gay marriage in those states (Supreme Judicial Court of Massachusetts, 2003, 341), (Supreme Court of California, 2008, 67-8), (Supreme Court of Iowa, 2009, 40-1).

If included in legislation, sexual orientation should be explicitly defined

It is curious that the states that oppose discrimination based on sexual orientation act as if pedophilia, pederasty and bestiality are not sexual orientations. Massachusetts somewhat clarifies

their wording in their general laws: "... sexual orientation, which shall not include persons whose sexual orientation involves minor children as the sex object ..." (Commonwealth of Massachusetts, 2014, General Law). With that wording one could argue that a person with the sexual orientation of bestiality cannot be discriminated against.

It would be much better if laws specified the sexual orientations that cannot be discriminated against, but that would undermine the illusion that sexual orientation is innate like race and gender. That illusion has been the main reason sexual orientation has been added into anti-discrimination policies.

It is good policy to promote a heterosexual ideal

There are now common sense approaches to preventing homosexuality by helping children identify with their same sex parent and peers. Programs to help children identify heterosexual would reduce the suicide rate of teens, lower teen STDs, lower teen alcoholism, drug use, depression, anxiety, and provide the best offense against the HIV/AIDS epidemic. To implement such a program our society would have to once again acknowledge heterosexuality as its ideal. If one defines heterosexism as being in favor of a the cultural ideal of heterosexuality, then heterosexism should be considered good policy.

A note to religious leaders

When religious exemptions are given by a state, churches and religious institutions should avoid adding sexual orientation into their own anti-discrimination policies unless they are willing to forfeit their exemptions. It is probable that including sexual orientation into a church anti-discrimination policy would obligate them to perform gay marriages and accept openly homosexual individuals as members and leaders. Even if a pro-homosexual church wants to add a homosexual orientation to its anti-discrimination policy, it should clarify what sexual orientations they do not discriminate against.

The gay strategy of homophobia

While equating "sexual orientation" with race and gender has been its driving force of homosexual equality, shaming opponents with the label of "homophobe" has been another successful tactic. When George Weinberg created the term in late 1960s its definition included those who felt their values were threatened by homosexuals (Weinberg, 1972, 16). The term homophobia "... was quickly incorporated into gay liberationist language as a political epithet to be hurled as an insult at any and all opposition to the gay rights movement" (McWhiterer and Mattison, 1985, 138). Just as gay activist strategy associates sexual orientation with race and gender, gay activist strategy

associates homophobia with racism. It has been a successful tactic that puts fear into policy makers.

Courageous leaders are needed to stand for truth and principle

To even bring up the fact that clinical science shows homosexuality to often be a symptom of a mental disorder associated with childhood trauma, will draw the wrath of those who are fighting for homosexual equality. Who is willing to fight for the scientific truth? Who will stand for the right to continue to idealize Christian principles of sexuality in America? Who will fight for those with unwanted same-sex attractions seeking psychotherapy to help them change their homosexual orientation? Who will put forth the proposition that the obvious way to stop the HIV/AIDS epidemic is to help children and adolescents embrace a heterosexual identity? Who is willing to go against the powerful gay and lesbian equality movement? The fight is not for the faint of heart or the leader who wants to avoid controversy. Who is willing to go into battle for truth, for those with unwanted homosexual attractions, or for the Christian ideal of sexuality?

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