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## **Homosexuality**

by William P. Wilson, M.D.

-- *Commentaries from past newsletters* --

I have hesitated writing this newsletter for at least a month because the subject I am writing about is quite controversial. Before I make my remarks, though, I feel compelled to tell you that my credentials to write an authoritative commentary on this subject allows me to speak with some authority on almost every aspect. My reason for making this statement is that I often feel that many persons who do make statements are not able to authoritatively evaluate the evidence.

I have been a psychiatrist for over 50 years. During that time I sought to learn as much as I could about the problems that I treated. As an academician I had available to me one of the better medical and psychological literature collections available outside of the National Library of Medicine. In my training I learned from some of the best teachers in the world. I attended conferences and medical meetings that enhanced my knowledge above that required for practice. I belonged to a number of elite psychiatric organizations that were not open to the general psychiatric profession. In these I was exposed to the research and teaching of some of the best people in my field. It is also a fact that I am a neurologist with the equivalent of a degree in neuroscience. In the past I learned and taught neuroanatomy, and in my studies of neuroscience developed an above average knowledge of neuropathology. My research has often been in neurochemistry. I have done research on these persons seeking a biological marker for their problem. My clinical experience both as an unbeliever and as a believer included the care of hundreds of patients, some on a long-term basis. I am currently counseling three individuals who do not like what they are. To expand my knowledge I have also devoted the last 35 years to learning a systematic theology that is thoroughly evangelical. I have had some of the best tutors in the field to guide me. In addition I have extensively studied the Word of God. Finally I have had many friends and colleagues who suffer from this problem with whom I have associated for many years. By now I suspect you are thinking that I may be going to write about homosexuality. The truth is that I have selected just that subject.

My motivation, in part, is the recent moves by the PCUSA and the ELCA to ordain homosexual ministers and to marry homosexual domestic partners. This is a part of the attack on the mainline churches by homosexual activists in all denominations. Since I take an evangelical biblical stance on the subject I feel compelled to speak out.

Let me begin by saying that much of the propaganda about "Gays" is not true. Their greatest weapon is to try to convince us that their problem is biologically

determined. Because I can comment authoritatively on the biological aspects of homosexuality, I want to say that there is no evidence to date that documents the assertion that it is a biologically determined condition. Homosexuals are genetically, anatomically, physiologically and endocrinologically male. I have summarized the literature on the subject (*What Everyone Should Know About Homosexuality* and in another entitled *Questions and Answers About Homosexuality*), and in my researches there was no evidence that they were any different from heterosexual males. An early work was said to have demonstrated enlargement of the suprachiasmatic nucleus of the hypothalamus. It is not known if this nucleus has anything to do with sexual behavior. A paper by a neuropathologist was highly received by the homosexual community. A scientist who is homosexual and infected with the HIV virus wrote it. All of the brains examined had come from homosexuals who had died of AIDS. The paper has been questioned scientifically. There is no question that the author's bias was to prove that the problem is determined by a difference in the size of the interstitial nuclei in the anterior nuclei of the hypothalamus. These are tiny, and it is impossible to know if they are related to sexual behavior. The enlargement was true in only a few of his cases. His two illustrations did not support his assertions. We can then dispose of that piece of research as flawed and biased. In a like manner the "discovery" of a gene in homosexuals that determines homosexual behavior was discredited as error, and the author had to issue a retraction. That author, too, was homosexual and obviously biased.

In the light of these publications, what can we say concerning their bias? The answer lies in a need to legitimize their behavior in the light of the scriptures. Since most people in our society are influenced by our Judeo-Christian belief system, homosexuals must negate that system to make their behavior acceptable in the eyes of the public. Sadly, it is not just our system of mores that they are fighting against, but humans inherently recoil at the rejection of creation's intent. It was God's intent in creation that the helper he created should become one with man, and be fruitful and multiply. This is built into their brains. Homosexual unions cannot fulfill God's intent. God programmed into man's brain a radical neediness for a person of the opposite sex. Homosexuality is a perversion of God's intent, and most persons cannot understand how it can be so perverted. What are the theories that have been proposed?

The answer to that question is to be found in their early lives. W. J. Gadpaille has noted that there are two distinct theoretical positions—the biological and the environmental. According to the first theory that we have already addressed, there is an innate biological sexuality and a child's development proceeds through a series of phases representing partial instincts that must eventually become integrated harmoniously for adult sexual functioning. Some of these phases will be more difficult than others for the child to complete successfully, depending in large part on his constitutional makeup. The second theory emphasizing environment, finds "a typical family constellation in the background of homosexuals consisting of a close, binding intimate mother and a detached,

indifferent or hostile father. The mother's influence demasculinizes the son and strips the father of admirable masculine qualities, and the father makes identification with himself unpalatable." If he is emotionally distant he is not available as an object for identification. It is the environmental theory that has the most support from scientific studies.

If it is true that there is a biological basis for male homosexuality then it has to be that homosexuals should be in some aspect of their anatomy, physiology, endocrinology, or psychological make up more like women than men. Anatomically they are male. Physiologically they are the same as males even in every aspect of their sexual responses. Endocrinologically male homosexuals have normal, and in some instances, higher levels of testosterone in their blood. They do not have the cyclic hormonal changes that women have. Their pituitary gonadotropins are the same as found in heterosexual males.

Psychologically homosexuals are male. All of the many personality tests used have never demonstrated significant differences in the profiles of hetero and homosexual males. Even so-called masculinity-femininity scales on the MMPI demonstrate no differences in homosexual and heterosexual males. Females are more nurturant than males and homosexuals are not more nurturant.

After all the many biological and psychological studies that have been done on homosexuals, we can conclude that they are male. The only difference is in their sexual object choice. What then determines this difference?

The environmental theory of homosexuality has been supported by my observations and the observations of many others over the last 50 years. In every case that I have counseled I have found evidence to support it. At times it can only be established by careful interrogation or observation of the patient or his parents, but it eventually can be established that their relationship with their mother is more intimate and binding than normal and their relationship with their father is grossly distorted.

What happens then? The answer is that the emotional bondage comes about because the child is loved too much. The mother often has a need for affirmation that is not met by her spouse. One mother whose son was homosexual had a husband who was violent and brutal. He abused his family verbally, physically and emotionally. His wife desperately desired affection from her husband. Since she could not get it from her husband, she turned to her son from his birth. This was easy because he was responsive and did not abuse her. She said to me, "Dr. Wilson, you will never know how much I loved that child." She did not have to make her husband an impossible object of identification; he made himself as despicable as any man I have ever heard of.

In another case the father just was not there. He lived in the same house, but his wife verbally emasculated him and made him appear to be a despicable wimp.

He was not a despicable wimp. He was a successful businessman, and had been a successful athlete in college, but he could not deal with her and tolerated his demasculization. They had four homosexual sons. One was his child by a former marriage who had lived in the home. Their Christian son who I was treating wanted me to meet them, so we arranged a non-professional social meeting for that purpose. It was not a very pleasant experience for me. Being a male, I had trouble listening to her demeaning and hostile rejection of her husband's participation in the encounter. In contrast, her relationship with her son was nauseatingly intimate. Her son later told me that was the only way he had ever seen her react to his father. I have seen many homosexuals whose fathers were simply non-communicative or did not know how to display affection. In the light of these observations, Dr. Charles Socarides, a well known psychiatrist, has said that no male child will become homosexual if he has a warm loving relationship with his father. I am convinced that this is a true statement.

I am sure that at this point you are asking, can early life homosexual experiences cause homosexuality? The answer is that they contribute mightily. Even so, I have not found this to be a primary factor. I have seen far more men who have been abused homosexually who have developed other sexual problems such as addiction to pornography or inability to perform adequately sexually. If they do become homosexual, there is some problem in their identification with their father.

In my opening remarks I said that the Gay life is not so gay. Why is this true? The answer lies in the data we have about the consequences of living their lifestyle. Here are some of the statistics. First of all there is little love in homosexual relationships. The average man who has sex with men (MSM) has many sexual partners. Forty-three (43)% have more than 500 sexual partners in a lifetime and 28% have more than 1,000. The average relationship of two homosexuals lasts less than two years and is characterized by promiscuity. Rarely is either person in a dyad faithful. Even "monogamous" relationships are unhealthy. They are more likely to indulge in unhealthy sex acts. I cannot describe to you the things that some of them do to each other. I once attended a paper on the medical complications of homosexual activity, and the slides the physician showed us were sickening. In addition they are also subject to acts of violence by their partners (32%). This violence is both verbal and physical.

Sexually transmitted diseases (STDs) are extremely common among homosexuals. The entire array of diseases occurs. The one that has garnered the most attention is HIV/AIDS. There are 600,000 homosexual males with HIV infections in the US. Almost all of these have contracted it as a result of anal sex. Some few have contracted it with oral sex. Many of them are young homosexuals starting their sexual lives. The most recent data from the Center for Disease Control indicates that there were 30,000 new cases of HIV infection in the male homosexual population in the year 2000. It is a fact that safe sex is a delusion that exists in the minds of disease control personnel and homosexual activists.

Over 50% of MSM do not practice safe sex. In the five year period after a diagnosis of HIV, 50 MSM had sex with 56 different partners. Only in one-half of the encounters did they use a condom. Most homosexuals do not inform their partners either heterosexual or homosexual of their infected status. It is important to note here that homosexuals do have occasional to frequent heterosexual encounters.

Hepatitis B is often found in patients with HIV infections. It is relatively untreatable and causes cirrhosis of the liver.

Another disease that is rampant in this population is the human papilloma virus. This virus causes warts or papillomas. It is so easily spread that it is almost universal among homosexuals. Condoms do nothing to prevent infection in this disease. Ninety percent of men with HIV are infected with this virus and 65% of men who do not have HIV infection also have it. In women it causes cervical cancer, and in MSM it causes cancer of the anus. In most of them, venereal warts are present.

Syphilis and gonorrhea occur at a rate 10 times that of the heterosexual population. Gonorrhea is most often urethral, but it is commonly anal and occasionally infects the throat. Although it is easily treated, it is nevertheless dangerous. Treatment is growing more difficult because there are antibiotic resistant strains of gonococci developing. Syphilis, on the other hand, is more difficult to treat. It requires several days of treatment with antibiotics. It has four stages. The first is the acute infection where there is a single lesion usually on the penis or vulva. This goes away and then a secondary stage starts characterized by a rash and lesions in the mouth and genitals. They are round red spots on mucosal surfaces. Both the primary and secondary stages are infectious. After it goes away, a third period of latency develops and lasts until death or until a fourth stage occurs. In this stage lesions called gumma that are large tumor like abscesses can occur in any organ or one can develop a parenchymal brain infection called general paresis. Years ago we saw many people who had syphilis of the spinal cord. It was called tabes dorsalis. These are infections that cause inflammation in the brain and cord. The primary manifestations of general paresis are either dementia or psychotic symptoms. Spinal cord infection result is weakness of the muscles and the loss of sensation in the extremities.

Another infection is chlamydia. It is like gonorrhea and infects the genitalia. Like gonorrhea, it causes sterility in females and urethral discharge in men. Many times it is quiescent and causes no symptoms or signs.

Then there is herpes. It is the "gift that keeps on giving." It gets this reputation because it will occur, go away and then reappear. It cannot be cured. Herpes often becomes generalized with AIDS and lesions occur all over the body. The virus is highly infectious and can infect infants as they are being born. They can

get encephalitis that is either fatal or result in profound brain damage. It is one of the more frequently occurring STDs. STDs increase the risk of HIV infection two to five fold. None of the viral STDs that are caused by viruses are curable.

So far I have not mentioned lesbians. Lesbians are also not gay. Sadly they have problems just like MSM. They tend to have longer relationships, but they, too, often abuse one another. Ninety percent report some type of abuse during a one-year period. This is mostly verbal, but 50+ % report physical abuse. I have witnessed the verbal and physical abuse of a patient of mine. When I was being successful in helping her become exclusively heterosexual, some of her partners invaded my office and forced her to leave. They womanhandled her out before I could get security to come and rescue her. I never saw her again.

Lesbians are not exclusively homosexual. It is unusual to find a lesbian who has not had heterosexual relationships with multiple partners. The average is 50 different partners. Many of these are high risk MSM. It is not surprising then that the incidence of STDs is higher than the general population. It is this fact that accounts for the startling incidence of HIV infections in the lesbian population. Lesbians have a higher incidence of cervical cancer due to infection with the papilloma virus.

Both male and female homosexuals are abusers of alcohol and drugs. Although this is not a universal problem, the incidence of substance abuse is above 30%. In a like manner they have a high incidence of long-term depression and sadness. Over 75% of lesbians had pursued psychological counseling for this problem.

I have to say that I have not seen a person with depression who displayed any gaiety. Homosexuals with depression are not gay either. The authors who studied the mental health problems of MSM and WSW did not believe that prejudice against them was the cause of the depression. That the depression is severe is manifest in the observation the 18% had attempted suicide.

I have not tried to cover all the problems of homosexuals, but what does this data mean in terms of life expectancy? It is now a fact that at age 20 a homosexual male has a life expectancy that is 8 to 20 years shorter than his or her heterosexual counterpart. If the infection rate for HIV continues to increase it will be less than that. Until the advent to inhibiting drugs, the average person with HIV lived only ten years after infection. Now they live a little longer.

One of the things that characterize the sexual life of the homosexual is that it seems to be frantic. It has been hypothesized that they are desperately attempting to gain masculinity that has never been realized. One of my patients told me that he felt he had "conquered" his partners. This created in him a sense of exultation. In essence his partners were reduced to helplessness by the orgasm and he had vicariously gained their masculinity.

What about treatment? One reason why psychiatry said it was a non-disease was that conventional psychiatric treatment does not change homosexuals. It is not too difficult to treat their depression or their anxiety. Only a few persons have been successful in treating their perversion. Psychiatry has poor results treating all kinds of sexual perversions whether they treat them with psychoanalysis, behavioral therapy, or cognitive behavioral therapy. Here we have to ask if Christian therapy is effective? The answer is yes! If a homosexual is not a Christian he or she can become one and become a new person. This only occasionally results in an immediate change in their sexual orientation. It does, however, give them power to work at change. It also brings a change in their thinking. God's commandments become their wants; therefore, they become motivated to change. If they are motivated, the Holy Spirit will give them the power to repent. It is only with true repentance that a homosexual can change not only their behavior but also their thinking. It is, however, necessary for them to continue repenting as they struggle against their human nature. We are no different from homosexuals, since all of us struggle against sin of some kind. We too have to keep repenting. The early church fathers knew this and emphasized this in their writings.

At this point I must emphasize the role of a homosexual's human nature in the struggle against his problem and against sin in general. Sexual sins are very difficult to eradicate because they arise out of our human nature or what Paul called the sinful nature (Rom. 7:5). He even recognized that sin lives within us (Rom. 7:17). Our sex drive is inherent and ineradicable. In itself it only drives us to satisfy our need. It is, however, vectored through our soul and our soul determines its outlet. Also we can never completely eradicate the cognitions that vector us to sin, we can only inhibit our actions. Satan knows this and uses temptation to drag us back into it. Temptation stimulates evil desires, and evil desires conceive and give birth to sin (James 1:13-15). When we are enslaved by sin, we realize the sinfulness of sin because we cannot escape our slavery to it by our human will. Paul again said that only Christ is able to rescue us through the working of the Holy Spirit (Rom. 7:24,25). The Holy Spirit gives us the inhibitory power to control our evil desires.

What about Christian interventions? The answer is that these do bring about changes. Some ministries using Christian interventions are quite successful in bringing about an adequate heterosexual adjustment. Most of them have banded together under the umbrella of *Exodus International*. This is an organization that maintains a listing of the various ministries that belong to it and has an annual convention where workshops and other instructional materials are available. They also have a web site that is quite informative (<http://www.exodus-international.org/>). Finally, there are many instances of persons who have had a profound religious experience and have become heterosexual afterwards.

I am convinced, though, that only if we have interventions that can take us back into the first 5 years of life can we successfully reorient more homosexuals.

There are persons who have a ministry in which they can use inner healing to change that period of life. It is possible. David Seamands has said that Jesus is the Lord of time and space. He can take us back to the time when the damage is done in our lives and change the responses that we made to events that distorted or wounded our souls. Barbara Schlemmon once vividly demonstrated this to me at a conference where we were both speaking. She brought about healing of an event in my early life that had distorted my relationship with my brother. It had occurred when I was two years old and had no recoverable memory of it. While she was praying the memory came into consciousness, and I realized for the first time why I had rejected him through the years we were growing up. In my patients I have seen the consequences of events that occurred in the first four years of life healed. God can open the memory closets of their minds and bring into consciousness the memories to be healed. I am convinced that this can be healing in homosexuals.

It is also true that we have ways to bring about a complete change of our minds. Recently, a patient of mine who I had not seen for six years came for another appointment. He had had no homosexual experiences for six years, but recently God had convicted him of the sinfulness of his homosexual sin. Through his tears he said that he realized how disgusting and sinful the acts that he had committed in the past had been. It was clear that he was convicted of his sin and was remorseful. I suggested that he tell God he was sorry and state his intent to never do them again. He did so and was obviously relieved. I was convinced that the Holy Spirit had really worked repentance in him and that he was finally healed. I will find out on his next visit.

After repenting, a former patient of mine told that on one occasion after he had taken a shower he walked naked before a full-length mirror. He suddenly stopped and looked at himself. "For the first time I saw a man! I knew I was changed," he said.

To close, I want to make it clear that a psychodynamic basis of male homosexuality can be well established. A biological or psychological basis for it is not evident. It is a problem of identification. Even so it is still not a problem amenable to standard psychiatric interventions. Christian interventions do, however, demonstrate unequivocal change in sexual orientations that is permanent. There are struggles from time to time, but they are dealt with and the person lives the life that God wants him to live. Since I have addressed most of my remarks to male homosexuals I want to say that lesbians can also be reoriented using Christian interventions. They are easier to reorient because they have a strong maternal instinct that cannot be extinguished. This gives them more motivation to change.

I have to say that my reluctance to write on this subject is related to some experiences I have had in the past. When I have said that homosexuality is a sin and that homosexuals can be reoriented, I have been vilified, cursed, and even

had my life threatened on one occasion. I expect a few negative reactions to this letter. Even so, I have no apologies to make. What I have written is truth.