

# *Homosexuality and the Politics of Truth*

JEFFERY SATINOVER

*This book is a beacon of light to anyone struggling to emerge from homosexuality or struggling with the homosexual debate.*

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Homosexuality didn't start out as a major focus of my professional life, but the day it came home to me is one I will never forget. It was 1981. I had just returned home from the medical center in New York City where I worked. Physicians in inner-city hospitals spend week after 70 to 80 hour week witnessing, battling, and occasionally salvaging people from the most horrendous savagery done to their bodies by illnesses and fellow human beings. After awhile, most doctors develop a battle-hardening that allows us to escape the horror in order to do our jobs effectively. Still in the early years of my training, my armor had nonetheless begun to grow. But however thick it becomes, that armor is never completely effective. Some "cases" always get under one's skin — mostly involving young people.

That day was particularly difficult. I had been called in for a neurological assessment of a young man suffering from multiple problems, some of which had begun to affect his nervous system and mind. Perhaps the difficulty arose merely because I had restored personhood to the "case": I was young myself and therefore identified with him; I'm inclined to think, however, that it went beyond that.

Somewhere under the surface lies the belief that for all the grief and sense of loss that attends sickness and death, when old people get sick and die (and the vast majority of ill people in a hospital are old) there is something expected and even proper about it. But when someone young dies something rises up within us and shouts at heaven, "No! This is wrong! You can't do this!" As

that silent cry of protest and rage breaks through the armor, the true horror comes flooding in, if only briefly.

In order to assess my patient, I had to don another kind of armor as well — the full complement of sterile isolation precautions: latex gloves, a full-length gown, a surgical cap, and paper booties. As I had spent many years as a psychotherapist and psychoanalyst before returning for medical and psychiatric training, I was especially aware of how isolating my appearance would seem to this poor man. Had he grown accustomed to it? Foolishly, I hoped so.

Something about this garb inevitably suggested to me that I was protecting myself from him because he was infectious and I was not. (The illness ravaging his nervous system had been diagnosed as an "unusual fungal infection.") This thought recurs no matter how many times one goes through the routine. So this time, too, I reminded myself that I was *not* protecting myself from him; I was protecting him from me — from the untold trillions of germs that surrounded me like a cloud and followed me everywhere I went, clinging with tenacity to each exposed surface of my body. Under normal circumstances, the bacteria and viruses that were now ravaging his body were part of the microscopic fauna and flora that form a benign background to our everyday lives. But because this young man was in a state of severe suppression of his immune system, many of these normally innocent fellow travelers had turned viciously destructive to him.

I braced myself for the encounter, trying to squeeze every bit of empathy I could into my eyes, the only part of my body left open to his view. The young man lay stretched out on the hospital bed, his eyes closed. I saw from the clipboard that he was in his thirties. His disheveled, straw-colored hair framed a face so pale that all the blood seemed to have drained out of it, like someone already dead. A tangle of intravenous lines entered both his arms and chest; the pumps that fed these and the various electronic monitors that surrounded and clung to him whirred in a constant high-tech din. The medications being administered through these lines were the most potent available to modern medicine, so potent, in fact, that most of them carried grave risks of their own. As with

cancer chemotherapy, such drugs are used only when "treatment" consists of a race to see which the chemical agents will kill first: the illness or the patient.

Though terribly gaunt, the man at one time had obviously been strikingly handsome. I introduced myself warmly trying to sound less the doctor and more the human being, but in response I got a barely audible, unintelligible gurgle. He opened his eyes and rolled them vacantly around the room, responding to my greeting as to a vaguely perceived stimulus of some sort. I knew immediately that a formal examination of his mental status would be fruitless. As I anticipated, the neurological exam revealed multiple severe abnormalities.

Subjectively, most striking in the exam were the angry purple welts that covered most of both arms and wrapped around his sides toward his back. These, I knew, were Kaposi's sarcoma, a virulent, ugly cancer once so rare that a single incident instantly made the medical literature. Now suddenly it was popping up in clusters of two, three, ten at a time at major medical centers across the country, especially in San Francisco and here, in New York.

By the time my visit ended, it was apparent that the entire consultation was more important to me — from an educational perspective — than to him. He would surely not survive the week.

The story of this young man, of his all-too-brief life and painful, wasting death, soon appeared in a landmark report in one of the world's premier medical journals along with the nearly identical stories of seven others. AIDS had appeared on the scene, the deadly modern disease that has stalked our lives, headlines, and imaginations like a medieval plague. It was known to us then simply as GRID, "gay-related immune disorder." This name reflected the fact that in Europe, America, and Asia, AIDS was then — as it remains today — dramatically disproportionate among male homosexuals.

### **Alone, terrifyingly alone**

Tired and empty when I arrived home, I poured myself a glass of orange juice and stood in my cramped New York kitchenette, distractedly flipping through that Sunday's *New York Times*.

Without serious interest, but nonetheless being curious, I came to the obituaries and idly perused them as I usually did. Suddenly my attention was arrested by the name of someone I knew a man who though only thirty-nine was reported to have died of "viral pneumonia." I was stunned, realizing that he, too, had died of this new "gay-related immune disorder." I hadn't thought of him in some time and so had never put it together. The syndrome had not yet been discovered when I knew him, but now all the pieces fell into place.

A few years before, Paul (not his real name[1]) had come to me for psychotherapy. His chief complaint was a chronic sense of listlessness and fatigue associated with a vague feeling of depression. His internist was a well-known and well-respected professor at a major medical center who had been unable to help him; thinking that his problems might be psychosomatic, Paul came to me. The internist made it clear that although he himself had no idea what was wrong with his patient, he was skeptical that it was anything psychotherapy could fix. My treatment, too, was probably a waste of his patient's time and money just as had been his earlier pilgrimage to a specialist in Alabama who diagnosed him (and everyone else he saw) as suffering from "systemic yeast infection." There, too, the treatment had been fruitless and expensive.

Paul was in his mid-thirties, from the South, scion of a pillar-of-the-community father whose long and distinguished military career Paul had never been interested in emulating. Indeed, Paul felt he was rather a disappointment to his father, who found it hard to relate to his son's unusually sensitive nature, his compact, unathletic stature, his keen aesthetic sensibility and intelligence, and his love not of matters martial but of the arts. Paul was happy to leave his home and what he perceived as the stiflingly conservative atmosphere of his hometown to attend an Ivy League school in the more cosmopolitan Northeast. There he had shone brilliantly and in his chosen field had enjoyed a meteoric rise to success and acclaim. Even before he had completed college, his name was on the lips of everyone knowledgeable in his field;

within a few years it was a household word in any home with even a smattering of culture. He was already in demand internationally.

But Paul was lonely, and his growing fame offered him little solace. He longed for an intimate, permanent relationship and wondered whether his growing sense of fatigue and ever more frequent colds might be related to this loneliness. And there was something else, though he mentioned it almost as an afterthought: Every night, no matter how tired he was, this eminent, accomplished, exquisitely sensitive, brilliant man of culture set out on a desperate search for the "partner of his dreams." Yet what he invariably found instead — indeed what he was intelligent enough to know that he could not help but find, given where he searched — was night after night of anonymous sex, always with different men, sometimes ten or fifteen in a night. He was almost invariably the "passive or receptive" partner in these encounters, hungrily inviting men to possess him rectally.

Paul wanted to know if I could help him. Perhaps, he suggested, he could stop if he could only find someone to love. But he didn't really want to stop the nightly cruising. And in fact he couldn't stop, though on this point he waffled. "If only I had someone to love, then I wouldn't need to..." But I was familiar with this pattern of compulsion. Linked to the denial that says "I can always stop — if I want to," compulsion is a routine dimension of all addictions.

I wondered what was going on under the surface, beneath the denial, and asked him if he had had any dreams lately. In fact, he had had a dream very recently that quite disturbed him. This dream had solidified his resolve to seek counsel beyond a medical solution to his fatigue. He had dreamt:

I am a skater in an Olympic figure-skating competition. I am being swung around in a circle by my feet, my head a fraction of an inch from the ice in a brilliant display of technique. I look up toward my partner, but in shock I see that there is no one there at all. I awake in horror.

The dream spoke eloquently of his behavior and more importantly of his psychological state. Though his field was not sports, he had achieved in his own way the status of an Olympic

star. The picture was especially fitting given his lack of athleticism as a youngster and the wounding he suffered because of it. And yet in spite of all his brilliance, he was terrifyingly alone, seeking help from an absent partner in an environment as harsh and cold as ice, his life seemingly suspended above death by a hair. In spite of all he had accomplished, at the core his life was empty.

Yet there was more to this dream. For it contained a chilling prophesy, a prophesy that could not possibly have been foreseen then in 1978 — before AIDS had been identified but when its dread, invisible fingers had already begun to clasp so many young men in its icy grip, Paul included.

Over a decade later, as I began this book, the terror of the absent partner in the center had become a reality in many parts of the gay world, especially in the world of figure skating. Within three years of Paul's dream, he himself would be dead of "gay-related immune disorder," and within fifteen years so too would over forty of the top Canadian and U.S. male championship figure skaters. As we now know only too well, having followed the celebrity stories of such sport superstars as Greg Louganis and such world-famous intellectuals as Michael Foucault, innumerable others would be HIV-positive and far too many would die.

### **Free sex, free sickness**

AIDS was certainly unexpected and more horrifying than anyone could have imagined. And yet to an extent, it should not have been unexpected. For in the ten years or so before the bright young men began turning up in major medical centers with alarming purple splotches and rare infections, the scientific literature showed a startling increase in gay-related conditions: hepatitis B causing sometimes fatal liver collapse; bowel parasites causing systemic infections rare outside the homosexual community; immune dysfunction less severe than AIDS would prove to be, but serious nonetheless. The medical community understood that as the influence of the 1960s' counterculture had lifted all constraint on human sexuality — not just the homosexual variety — so too had it lifted the constraints on every imaginable form of sexually related illness.

Whereas one generation earlier syphilis had been all but eradicated, an epidemic now raged among teens. Where infertility had been rare, permanent loss of childbearing capacity was now a common result of a massive increase in gonorrhea-related pelvic inflammatory disease (PID). Those frequenting the bars and "meat markets," gay or straight, spoke of herpes as the terrible nuisance and stigma it was. But few considered the blindness and death it caused to children born of actively infected mothers.

In 1981 as GRID began to spread, the condition began proving itself inevitably fatal with a frighteningly long incubation time. One thing seemed obvious: Medical sanity would soon have to prevail over our clearly catastrophic, two-decades-long experiment in sexual liberation. It also seemed obvious that GRID would continue to be grouped with the other unequivocally gay-related conditions, such as "Gay-Related Bowel Syndrome." Not that these conditions were exclusive to gays, but gays were far more prone to them because of the practices typical of the gay life, anal intercourse in particular.

Many anticipated that homosexual men would react swiftly and decisively to the now clear and growing danger to health and survival engendered by their way of life. The fledgling "gay liberation" movement would likely be dealt a severe setback — not for political or moral reasons, but for medical ones. Many more gays, it was expected, would likely seek ways out of "the lifestyle."

In fact, the reaction in the gay community was indeed swift, but startlingly unexpected. Not only did the gay community mobilize to attack GRID, they worked to ensure that GRID would not be perceived — by either the medical profession or the public — as in any way related directly to their sexual way of life. Homosexuals indeed needed protection from illness, but that became only a third priority. The second priority was to keep gays from straight disapproval and hatred, and the first priority was to *protect homosexuality itself as a perfectly acceptable, normal, and safe way of life*. Massive interventions were designed and funded to a greater extent than with any other illness, but none were allowed to target the number-one risk factor itself, homosexuality. Even treatment to help those homosexuals who fervently wished to

change came under fierce attack, regardless of the dramatic — indeed, potentially life-saving — benefit afforded by even modest success.

So the first move in the early eighties was to eliminate the earlier name of the condition. Because under the right circumstances the virus was transmissible to anyone, pressure was swiftly generated to rename "gay-related immune disorder" to AIDS: "Acquired Immune Deficiency Syndrome." Though the connection to homosexuality is universally understood to be valid and medical literature still speaks of homosexuality as the major risk factor for AIDS, the fact that gay male anal intercourse and promiscuity created the American reservoir for HIV (the pathogen that causes AIDS) — and continues to preserve it[2] quickly became an unspeakable truth. A publication of the American Psychiatric Association reported, "We've 'homosexualized' AIDS and 'AID-ified' homosexuality,"[3] just as though "we" did it, and that the connection were not a self-evident feature of the condition itself. In short, the response to AIDS was politicized from the start.

Has the politicized campaign against AIDS been successful in halting the spread of this disease? In Europe, Asia, and the United States, AIDS has not exploded into the population at large as many feared it would, as it has in parts of Africa. Perhaps this is due to the success of "safe" — later renamed "safer" — sex campaigns that started in homosexual communities.

But a recently published, widely respected survey on the sexual practices of Americans, *Sex in America*,[4] shows otherwise. On the one hand, the researchers point out that AIDS is likely to remain contained within certain groups and is not likely to spread to the population at large. This containment, they discovered, is rooted in the traditionalism, fidelity, caution, and restraint observed by the great majority of Americans when it comes to sex.

On the other hand, the politicized form of intervention has not been nearly successful enough among homosexuals. Indeed, the *homosexual community has paid the highest price*. Fifteen years into the epidemic the American Psychiatric Association Press reports that "30 percent of all 20-year-old gay men will be HIV

positive or dead of AIDS by the time they are age 30"[5] because they are resuming "unsafe sex" anyway.

### **A striking cultural indicator**

Homosexuality is one of the most crucial issues we all must consider. At the personal level most of us know at least one of our friends, colleagues, or fellow-Americans who is dying the terrible death of AIDS. At the cultural level one of the most revealing indexes of a civilization is the way it orders human sexuality.

When left to itself, human sexuality appears unconstrained and to the innocent mind shockingly polymorphous. But the hallmark of a society in which all sexual constraints have been set aside is that finally it sanctions homosexuality as well. This point is hotly disputed today, but is reflected in the wisdom of the ages. Plutarch, the first-century Greek moralist, saw libertinism to be the third and next-to-last stage in the life-cycle of a free republic before its final descent into tyranny. Edward Gibbon in eighteenth-century England understood this principle with respect to ancient Rome, but from a historian's perspective. Sigmund Freud emphasized the same principle with respect to many cultures in the West — although from a radically secular psychoanalytic perspective. For him, universal sexual repression was the price of civilization. Without constraints civilization would lose its discipline and vitality. And, of course, the Bible repeatedly shows the effects of unconstrained sexuality, such as its stories of the rise and fall of Sodom, Gomorrah, and indeed Israel itself.

Dennis Prager, a reform Jewish cultural commentator, writes: Man's nature, undisciplined by values, will allow sex to dominate his life and the life of society...It is not overstated to say that the Torah's prohibition of non-marital sex made the creation of Western civilization possible. Societies that did not place boundaries around sexuality were stymied in their development. The subsequent dominance of the Western world can, to a significant extent, be attributed to the sexual revolution, initiated by Judaism and later carried forward by Christianity.[6]

In sum, it is a simple and sobering fact that no society that has sanctioned unconstrained sexuality has long survived.

## **Case and countercase**

No book on homosexuality and AIDS today can be both honest and easy to write or read. On the personal level, the topics are bound to be harrowing. On the scientific level, they are complicated, and on the political they are controversial. But as we have seen, the issue is vital today. It raises key questions in at least three sectors of society: politics, education, and religious communities.

The impact of homosexuality on politics is obvious. Gay activists, working closely with mental health professionals for the past twenty years, have successfully shaped and promoted a new consensus on homosexuality that is a potent political force. This consensus is composed of three key propositions that fit the so-called "bio-psycho-social" model of mental functioning that is now in vogue. As the propositions have slowly spread throughout society, people use them to demand that all sectors of society — including religious institutions morally opposed to homosexual practice — treat practicing homosexuals in exactly the same way as active heterosexuals.

The three propositions follow:

- First, as a matter of biology, homosexuality is an innate, genetically determined aspect of the human body.
- Second, as a matter of psychology, homosexuality is irreversible. Indeed, the attempt to reverse it requires so profound a denial of self — akin to Jewish anti-Semitism or black "passing" (pale blacks trying to pass as whites) — that it is said to cause the widely acknowledged, higher-than-average mental problems among homosexuals, such as depression, suicide, and alcohol and drug abuse.
- Third, as a matter of sociology, homosexuality is normal, akin to such other social categories as sex and race. This point does more than repeat the first, because something may be inborn without it being normal — as in the case of genetic illnesses.

When combined, these three propositions are used to form a powerful argument in favor of normalizing homosexuality. It runs as follows:

The historical condemnation of homosexuality by the Jewish and Christian faiths, while well-intentioned, has been based on ignorance of the recently discovered medical facts. As neuroscience research proceeds, scientific discovery has advanced almost uniformly in one direction: toward an ever-greater appreciation of the strength of nature, that is innate biology, in determining human characteristics. Traditional religion's condemnation of homosexuality, based on ignorance, has unwittingly involved it in the unjust persecution of an innocent minority.

The reevaluation of homosexuality in the light of modern science can therefore contribute to a genuine expansion of religious toleration. Churches and synagogues should embrace a formerly despised and rejected limb of their own bodies.

Furthermore, the conservative point of view within churches and synagogues that urges homosexuals to remain celibate actually lends support to the belief that homosexuality cannot be changed. This belief is more consistent with homosexuality being innate than with its being a development of some sort. Indeed, the new Roman Catholic catechism not only calls for celibacy among homosexuals but notes that homosexuality cannot be easily altered. When even the call to priestly celibacy is under attack from many directions, it seems especially cruel to urge it on those who feel no such call and are incapable of changing their sexuality.

In opposition to this argument traditionalists agree that homosexuals should not be treated cruelly, but reject all three propositions on which proponents argue for the normalization of homosexuality. Nonetheless, traditionalists acknowledge the claim that these three propositions stake out a critical framework for determining the moral and political status of homosexuality.

Traditionalists therefore present an argument that is precisely the opposite of the activists' contention at each point. Their argument follows.

- First, as a matter of biology, homosexuality is not innate, but a choice.
- Second, as a matter of psychology, homosexuality is reversible.

- Third, as a matter of sociology, homosexuality is not normal, but an illness or a perversion of nature.

As the book develops we will examine these contrasting claims from two distinct angles: First, to what degree are the claims true? Second, what bearing does their truth or falseness have on the "normalization" and moral status of homosexuality? If, for example, research shows that homosexuality is not changeable, would not the activists' hand be greatly strengthened? Perhaps stable, monogamous homosexual couples should enjoy the same special privileges and incentives to family formation that conventional, heterosexual couples enjoy: marriage, adoption rights, estate- planning, inheritance exemptions, and so on. And shouldn't such individuals also be eligible without prejudice for positions of leadership and spiritual authority within churches, synagogues, public schools, and other institutions where moral leadership and influence are exerted? On the other hand, if research shows that this is not the case, should our conclusions be completely different? The answers are not so obvious as they may at first seem.

### **The politics are not the people**

My reaction to the gay activism that has spawned this massive debate — and here I find I am far from alone — is entirely different from my reaction to people who happen to be homosexual. Gay politics arouses in me an exasperated, somewhat stifled, outrage, exasperated and stifled because of the tangle of conflicting emotions that arise when "political power" is joined to "victim" status; outrage because gay activism distorts the truth and harms not only society but homosexuals themselves, especially young people.

To the extent that homosexuals have been victimized, we can only reach out in compassion for the suffering, struggling soul. How can our hearts not go out to the young, prehomosexual boy or girl who is already shy, lonely, sensitive, and who surely suffers taunting rejection and maybe even beatings by the very peers he or she envies and most longs to be with? Can we really blind ourselves to the presence of that still-suffering child within the

adult, however bristling and exotic an exterior with which he protects himself? And finally, just how different is "the homosexual" from ourselves? We so easily see — and then look down on — the self-protective maneuvering in others, which is far less painful than to admit it in ourselves.

But the organized, political side of the picture is entirely different. Here we too often see on violent display the brute aspect of human nature in all its crudity, stupidity, vanity, selfishness, disregard for others, and disregard for the truth. Like so many of its predecessors, too often gay activism follows the dictum that desired ends justify all means.

Here then is the conundrum we face now that gay activism has burst onto the national scene. On the one hand we must decide how best to counter the tactics of intimidation and refute the false claims of a group that operates in the hostile mode of raw, power politics. On the other hand we must retain the profound compassion and fellow-feeling toward individual homosexuals that we ourselves need and yearn for from others. We must respect as fellows the very individuals whom we may reject as claimants in the public square.

Gay activists, by contrast, deliberately seek to confuse these two dimensions. They insist that respect for a person is identical with accepting his or her political claims for equality in all areas of life. Even principled opposition is therefore tantamount to bigotry, "homophobia," and the equivalent of race-hatred.

But by deliberately confusing these two sides — the political and the personal — gay activism has created a dangerous monster. The lesser danger is that our very sympathy for the persecuted will blind us to the social danger. In the name of a murky, confused "inclusiveness" we will thereby sell our cultural birthright for a mess of political pottage. The greater danger, by far, is that our justifiable protest will stifle and eventually kill our understanding that "homosexuals" are, as we will see, simply us. Should this occur, we lose not only our birthright, but our souls.

## **Life versus lifestyle**

A second arena where gay activism raises key questions is education. In some ways this is the most crucial of all because it affects the attitudes and habits of the rising generation. There is no question that the failed AIDS education policies of the last decade and a half have had an effect — we now have a generation of twenty-year-old gay men with a certain mortality of 30 percent. We can only wonder how many twenty-year-olds (who were five when AIDS first appeared in America) might have been spared had activists made it their number-one priority to protect individual lives rather than the gay lifestyle. For as the recent survey *The Social Organization of Sexuality* makes clear, the vast majority of youngsters who at some point adopt homosexual practices later give them up.[7]

These young people, however, are the very ones told by educators to treat homosexuality as equally good — and safe — as heterosexuality. In one typical incident in the Northeast, a generally liberal, nonreligious mother of a nine-year-old boy reported her son's return home in tears from public elementary school. He hung his head in embarrassment and shame and finally told his outraged mother how the teacher had explained to the class how to perform anal intercourse "safely."

These courses are careful to avoid presenting anal intercourse as the predominantly homosexual practice that it is. (Data confirming this will be presented later.) Students are taught to accept homosexual behavior fully without being instructed as to its typical features and typical consequences. But this subtle distortion of reality is minor compared to the major one that becomes common and lethal — *that anal intercourse is safe so long as a condom is used.*

The word *lethal* is deliberate. Even before we have examined the evidence, 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 terribly dangerous practice whose dangers mount with the frequency and multiplicity of partners, conditions that predominate among male homosexuals. Gay activism is critical in the arena of education. Teachers of

youth should surely consider carefully before advising a course of action that in thousands of cases has led to preventable death.

### **A tale of three conferences**

The third arena where gay activism raises key questions is in the communities of faith. Here is where the battles over homosexuality will ultimately be lost or won — because, along with the family, communities of faith are the decisive shapers of beliefs and morals. The narrow questions of homosexuality — What is it? Is it normal? Is it good? — have become heated because they point toward the central questions of human nature and morality: How do we understand life and humanness? By what authority do we decide between right and wrong? What do we consider "the good life" and "the good society"? Is it truly possible for homosexuals to change? Thus, especially as gay activists demand full standing in the hierarchies of religious leadership, they are forcing all of us in communities of faith to come to terms with what we really believe and how we really mean to live our lives.

Ultimate questions of right and wrong can always be found where the political intersects with the personal. For a relatively small percentage of Americans such questions of right and wrong are determined solely in the privacy of their own reflections, but the great majority of Americans still work out their answers in the context of their relationship to God, and thus in the context of a particular community of faith. This is why *social law* has always been *moral law*. And this is why our religious institutions' response to the issues of homosexuality will powerfully affect the future of our society.

This point came alive for me when I was invited to take part in three conferences that touched on homosexuality, two of which were held in religious settings. The first occasion was when I was invited to be a plenary speaker at a conference on AIDS in Connecticut. The conference brought together professionals from three formerly unrelated disciplines: hospice workers, substance-abuse counselors, and AIDS professionals.

A new class of patients was emerging that drew these disparate professional groups together and taxed them severely: young,

racially mixed, male intravenous drug abusers, maybe homosexual, maybe not, who were quickly dying of AIDS. They were accompanied by a growing number of their wives and girlfriends who had also become infected — usually by them.

I chose to speak on the spiritual dimension of the AIDS crisis. If the word "cure" could mean anything beyond a bitter joke to these sad young people whose desperate lives were swiftly being closed off, it would not be offered by the secular professions. At heart, they needed God.

I spoke directly of sin, guilt, and reconciliation with others and with God. And I showed them how these matters affect the immune system. The talk was well-received, not because they heard much that was new, but because hearing a *psychiatrist* (instead of a minister or rabbi or priest) boldly speak of God validated their deep longing for him. Today a minister is just a minister, but a psychiatrist is the new tribal high priest whose words come wrapped in the aura of the new high canon: science. Overall I was heartened. The communities of faith could play a constructive role.

Because of this first speech, I was invited to address a New England conference on AIDS sponsored by the Episcopal Church. Over three hundred people attended. About half were clergy, male and female; the other half were predominantly HIV-positive homosexual men, a small number of HIV-positive men with a history of IV-drug use, and a small number of heterosexual women who were HIV-positive because of previous relationships with homosexual, bisexual, or drug-using men.

The program included numerous healing services and all the speakers spoke of "spirituality." But apart from me, none mentioned the word "sin" (of any sort, not just sexual), for in the name of not being "judgmental" it had been made taboo. Problematic and dangerous aspects of the gay life were never discussed, nor was the tragedy of the women addressed from the point of view of ethics in sexual relationships. The clergy who ran the conference belonged to ACT-UP — the "AIDS Coalition to Unleash Power," a militant activist group. Following communion

they distributed "solidarity" pins to the conference attendees — condoms encrusted with glue and glitter.

The denial at this conference was so dense that self-examination was entirely precluded. How could healing possibly take place without an honest facing up to the realities of the situation? I returned from the experience saddened by the depth of suffering I had seen but angered as well. Churches and synagogues were influential in the politics and pastoral care of those caught in homosexuality and AIDS, but their influence could be destructive as well as constructive.

Shortly after that I watched a similar situation play itself out in my hometown. In the space of six months, a local minister altered the liturgy to make it more "inclusive" and "married" the music minister to his male lover. With that, a core group of members left.

The minister was a friend, so I spoke to him of my concerns. He immediately adduced as support for his position the recent research that demonstrated, as he had heard, that "homosexuality is genetic." Perhaps the seed of this book was conceived at that moment when I heard "science" being cited to justify an alteration in morality. For I understood well the distorted science behind these claims — as well as the minister's philosophical confusion. But I also knew that the scientific issues surrounding all matters of "behavioral genetics" are difficult and complex, far more complex than I could explain in a brief meeting, even had the minister been open. What was plain was that churches could be constructive, destructive — or confused.

The last experience that germinated and nourished the seed of this book was my discovery of the work of Leanne Payne and her colleagues in Pastoral Care Ministries. Over the years I had slowly come to realize that much of what I — like so many of my generation — had taken for true spirituality was a mirage or worse. When I first encountered the books of C. S. Lewis, reading him from my Jewish background, I had the distinct impression that here was Truth — with a capital "T." I realized that depth psychology could be advanced by taking Lewis's insights and formalizing them in psychological terms. Much to my surprise, Mrs. Payne had done just that — without losing Lewis's vibrant spirit. Indeed, she added

her own distinct spirit. After striking up a correspondence I decided to attend one of her conferences.

The conference was to be held in Wichita, Kansas. As a Jewish psychiatrist, educated at MIT, Harvard, and Yale and living in a cosmopolitan East Coast suburb, I felt that Wichita was a rather unlikely place for me. Nonetheless I went, not knowing what I would find.

What I found was that about two hundred of the three hundred people in attendance were homosexuals, male and female, struggling to emerge out of their homosexuality. And among the conference leadership a large number were *former homosexuals*, some now married and with children, all devoted to helping others out of the gay lifestyle. They were remarkable, tender human beings, enviable in their humanity and humility and in their longing for and connectedness to God. From out of the cosmopolitan desert that offers itself as the best that life has to offer, I had stepped directly into an oasis with a rushing torrent — not just a well — of living water.

Nothing in my experience prepared me for this third conference. The professional and personal circles within which I normally move are oblivious to such phenomena. If they note their existence at all, it is as a hazy blob at the periphery of mainstream, "enlightened" vision or as the butt of media jokes. With rare exceptions, *I had never once heard from others within my own profession any mention at all of such people as these healed homosexuals*. Clearly, communities of faith could be not only constructive and caring but healing.

### **God and gay science**

One further point needs to be made in this introduction. Conflicts over homosexuality have settled into a relentless trench warfare in the broader strategies of America's culture wars. But the battles are fraught with unrecognized confusion because they rest on concepts and findings from a new and extremely complex branch of science — the genetics of behavior. The overarching goal of behavioral genetics is to clarify the relationship between nurture and nature in human life. This, however, has been an area of concern for

philosophers and theologians since time immemorial. Therefore we should not be surprised that a science that encompasses such complicated questions is hard to grasp and easy to distort. Behind gay politics is gay science, which we also must assess.

In today's relentless barrage of words, images, slogans, and ideas that assault us from all sides, many of us have become dependent on sound bites — short, simple, predigested, emotion-laden, one-stop conclusions. We have neither the time nor the ability to sort through the primary information for ourselves in order to arrive at our own considered conclusions. As a result, the deep complexity of the scientific research into homosexuality is easy for people to misinterpret and easier still to misuse.

To disentangle this confusion and form solid principles by which to reach responsible conclusions requires effort. But readers who persist and grasp the basic truths about the science of human behavior will gain an invaluable insight into the debate over homosexuality. And these readers, whether politicians, educators, clergy, mental health professionals, or concerned citizens, will also understand how limited are science's answers to questions of right and wrong. We will find too that when we reach the proper limits of science, we have to leave science behind to proceed further.

In part one, then, we examine science and in part two we turn to a consideration of the deeper sources of human motivation — to psychology, to the human will, and to considerations of faith. As we make this transition from genetic science to psychology to religion, the language will change accordingly: from the neutral, rigorous, statistics-based tenor of modern research methodology to the more general, often impressionistic, but still neutral concepts and case reports of philosophy and psychology; and finally to the deepest aspects of human character revealed in the profound disclosures of the Hebrew and Christian Scriptures. Only the latter deal with such utterly unscientific but profound realities as moral law, sin, guilt, atoning sacrifice, and divine forgiveness.

In the end the debate over homosexual behavior and its implications for public policy can only be decided conclusively on moral grounds, and moral grounds will ultimately mean religious grounds. As the generally liberal Brookings Institution noted in a

1986 report, a representative government such as ours "depends for its health on values that over the not-so-long run must come from religion...Human rights are rooted in the moral worth with which a loving creator has endowed each human soul, and social authority is legitimized by making it answerable to a transcendent moral law." [8]

We must make a choice: Shall we determine good and evil for ourselves — viewing the ancient serpent either as an irrelevant fable from the childhood of our race or as the great messenger of consciousness-raising — or shall we stand on a word outside ourselves, a word from the one between whose first word of creation and last word of judgment we live our fleeting lives?

### **Endnotes:**

1. I have altered a few other details of this story as well to insure the anonymity of the people involved.
2. See, for example, S. M. Blower and A. R. McLean, "Prophylactic Vaccines, Risk Behavior Change, and the Probability of Eradicating HIV in San Francisco," *Science* 265 (1994), p.1451.  
Back to text.
3. F. L. Goldman, "Psychological Factors Generate HIV Resurgence in Young Gay Men," *Clinical Psychiatry News*, October 1994, p.5.
4. R. T. Michael et al., *Sex in America: A Definitive Survey* (Boston: Little, Brown, 1994). A more rigorous and detailed analysis of the same data set by the same authors that targets a professional readership will also be referred to: F. O. Laumann et al., *The Social Organization of Sexuality: Sexual Practices in the United States* (Chicago: University of Chicago Press, 1994).
5. Goldman, "Psychological Factors," p.5.
6. D. Prager, "Judaism, Homosexuality and Civilization," *Ultimate Issues* 6, no.2 (1990), p.2.
7. Laumann et al., *The Social Organization of Sexuality*, p.295.
8. Brookings Institution, "Religion in American Public Life" (1986

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[https://en.wikipedia.org/wiki/Jeffrey\\_Satinover](https://en.wikipedia.org/wiki/Jeffrey_Satinover)

**Jeffrey Burke Satinover** (September 4, 1947) is an American [psychiatrist](#), [psychoanalyst](#), and [physicist](#). He is known for books on a number of controversial topics in physics and neuroscience, and on religion, but especially for his writing and public-policy efforts relating to [homosexuality](#), [same-sex marriage](#) and the [ex-gay movement](#).

Satinover was born in Chicago, Illinois, on September 4, 1947, to Joseph and Sena Satinover. He lived in and around Chicago until moving to California at the beginning of his high school years. Satinover won a National Merit Scholarship. He earned his Bachelor of Science degree at the [Massachusetts Institute of Technology](#) in 1971. He obtained a [Master of Education degree](#) in Clinical Psychology and Public Practice from [Harvard University](#), a medical degree at the [University of Texas](#), and a [Master of Science](#) in Physics at [Yale University](#). He received a diploma in analytical psychology from the C. G. Jung Institute of Zürich, becoming their youngest graduate. He trained there and became an accredited Jungian analyst.[1] He received a PhD in physics in the laboratory of [Didier Sornette](#) at the University of Nice in France, in 2009.[2]

Satinover served in the 1/169th combat-support helicopter battalion of the [Connecticut Army National Guard](#) as a flight surgeon and was also an Army Reserve Psychiatrist with the rank of major.

In 1974, Satinover was the youngest person ever to deliver the [William James Lectures](#) in Psychology and Religion at [Harvard University](#).

He practiced clinical psychiatry between 1986 and 2003 and psychoanalysis between 1976 and 2003.

He was President of the C.G. Jung Foundation of New York.  
[*when?*]

He has taught Constitutional Law and Civil Liberties in the Department of Politics at [Princeton University](#). [*when?*]

He was a fellow (resident) in psychiatry and child psychiatry at Yale, where he was twice awarded the department of psychiatry's Seymour Lustman Residency Research Prize (2nd place). [*when?*]

He married for the second time in 1982, having previously divorced and is the father of three daughters.[1] According to two journalists,[3] in September 1991, during the confirmation hearings for U.S. Supreme Court Justice [Clarence Thomas](#), Satinover suggested during dinner conversation with President Bush's nephew[4] that [Anita Hill](#), if suffering from [erotomania](#) (a "[delusional disorder](#)"), might be entirely convinced that Thomas had sexually harassed her, even if he had not, just as a witness for Thomas, [John Doggett](#), (now a conservative commentator) claimed had happened with him. She would even pass a lie detector test, as Hill had, convinced of the truth of what she was saying. Soon Satinover and another psychiatrist, [Park Dietz](#) were explaining this possibility to Thomas' Senate sponsor, [John Danforth](#), and White House press secretary, Larry Thomas,[5] though as psychiatrists neither would testify about a patient they had not examined. (Psychiatrists brought in by the Democrats similarly refused to testify.[6] Satinover was quoted as stating that once he saw the testimony of one of Hill's main critics, [John Doggett](#), he concluded the idea was invalid.[7]

A founder of Connecticut's Committee to Save Our Schools (CT:SOS), Satinover was active in the mid-1990s, supporting the resistance to "Outcomes-Based Education" and other related educational initiatives. Under his co-leadership, CT:SOS defeated a proposal in the Connecticut legislature to replace locally elected school boards with a single state-appointed board, a proposal supported by a broad-based coalition of government, educational unions and corporations, particularly Union Carbide. Connecticut did not adopt the CT:SOS program of alternative, traditionalist reforms co-authored by Satinover, "Academic-Based Education", but the Board of Education of San Diego, California, then the nation's sixth largest public school system, did so.

He has provided commentary for two documentary films, *What the #\$\*! Do We (K)now!?* (2004) and *What the Bleep!?: Down the Rabbit Hole* (2006).[8]

In 2008, he completed a Ph.D. *summa cum laude* in Physics at the [University of Nice](#), France.[9]

Satinover was Distinguished Visiting Professor of Math and Science at [King's College](#), New York City, a private Christian college affiliated with [Campus Crusade for Christ](#). He also teaches at the [C. G. Jung Institute in Zürich](#). He is a visiting scientist at the Department of Management, Technology and Economics of the [Swiss Federal Institute of Technology](#).<sup>[10]</sup> He is Managing Director of Quintium Analytics, LLC, a proprietary investment advisory company he founded in 2007. Satinover is a member of the Scientific Advisory Committee of the [National Association for Research & Therapy of Homosexuality](#).<sup>[11]</sup>

He conducts research in complex and agent-based systems theory ([econophysics](#), the [minority game](#)). His former areas of physics research were in fundamental quantum theory and in its application to quantum information processing and computation. Presently he is investigating certain aspects of game theory in complex systems.

Satinover is Jewish, but says he has an eclectic worldview.<sup>[12][13]</sup>

Satinover's book, *Homosexuality and the Politics of Truth* (1996), published by the [evangelical Christian](#) publisher [Baker Books](#), debates the nature of homosexuality from psychological, religious and scientific perspectives, discussing homosexuality primarily in the context of being a condition that can or should be treated, contrary to the views of the mainstream psychiatric and psychological community.<sup>[14]</sup> Satinover draws comparisons between homosexuality and various pathologies (*e.g.*, alcoholism, pedophilia) and argues that homosexuality involves compulsive impulses. He states that homosexuality "is not a true illness, though it may be thought an illness in the spiritual sense of 'soul sickness,' innate to fallen human nature."<sup>[15]</sup> He also argues that "gay activism distorts the truth and harms not only society, but homosexuals themselves". Most of the book discusses whether homosexuality is biological and genetic and if it can be changed. About one fifth of the book discusses human sexuality from Jewish and Christian perspectives. In the book's introduction, Satinover states that "[i]n the end the debate over homosexual behavior and its implications for public policy can only be decided conclusively

on moral grounds, and moral grounds will ultimately mean religious grounds."[\[16\]](#)

In 1997, Satinover was called by the State of Florida as an expert witness in *Amer v. Johnson*, which challenged Florida's law prohibiting adoption by gays and lesbians. "Surprisingly, Satinover said in his testimony that 'if two homosexuals wanted to adopt a child, I would have no objection to it if one of them was a man and one of them was a woman' [but] 'the 'needs' of a child includes having [both] a mother and a father'".[\[17\]](#)[\[18\]](#) He said that "The state of Florida wanted me to argue that the reason the ban should be upheld was because homosexuals made bad parents and I refused to do that."[\[19\]](#) After several years of additional court cases relating to the Florida's anti-gay adoption ban, *In re: Gill* resulted in the ban being declared unconstitutional in 2010.[\[20\]](#)

Satinover has frequently testified regarding his views on same sex marriage. In a hearing before the Massachusetts Judicial Committee in April 2003, he testified that homosexuality is not immutable and that the environment plays an important role in [sexual orientation](#).[\[21\]](#) Organizations that oppose the expansion of [LGBT rights and protections](#) have frequently cited his research in their position papers.[\[22\]](#)[\[23\]](#)[\[24\]](#)[\[25\]](#)[\[26\]](#)[\[27\]](#)

Satinover's other writings include *Cracking the Bible Code*, a book about information purportedly encrypted into the first five books in the [Hebrew Bible](#).[\[citation needed\]](#) He is the author of articles, chapters, and books on topics ranging from brain neurophysiology to the psychology of narcissism to the breakdown of modern society.[\[citation needed\]](#) His book *The Quantum Brain* explores current developments at the interface of physics, computation, artificial intelligence and neuroscience. It is written for a well-educated, general readership, but it has been cited in a number of scientific publications.[\[28\]](#)

Satinover's current scientific research, with [Didier Sornette](#) of the [Swiss Federal Institute of Technology](#), centers on studies of game theory and in particular the minority game, attending to the "illusion of control" in these games.[\[citation needed\]](#)

## Selected works

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- *Feathers of the Skylark: Compulsion, Sin and Our Need for a Messiah* Hamewith Books, 1996
- *The Empty Self: Gnostic & Jungian Foundations of Modern Identity* (Grove Books, 1995), 28 pp.
- also as *The Empty Self: C.G. Jung and the Gnostic Transformation of Modern Identity* (Grove Books, 1996)
- *Homosexuality and the Politics of Truth* (Baker Books, 1996)
- *The Truth Behind the Bible Code* (Sidgwich Jackson, 1997)
- *Cracking the Bible Code* (1998)
- *The Quantum Brain: The Search for Freedom and the Next Generation of Man* (Wiley, 2002)

## References

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1. **a b** *New York Times*: "Psychotherapist Weds Julie Leff," June 11, 1982, accessed March 15, 2012
2. "ETH - Entrepreneurial Risks - Publications". Er.ethz.ch. Retrieved 2013-10-24.
3. Jane Mayer and Jill Abramson, *Strange Justice: The Selling of Clarence Thomas* (Boston: Houghton Mifflin, 1994), 306-09.
4. Timothy M. Phelps and Helen Winternitz, *Capitol Games*, Hyperion (1992) p. 361
5. Andrew Peyton Thomas, *Clarence Thomas: a biography*. Encounter Books (2001) pp. 442-448
6. Herb Kutchin and Stuart Kirk, *Making Us Crazy*, Simon and Schuster (2003), pp. 1-6
7. Adam Clymer (October 14, 1991). "The Thomas Nomination; Parade of Witnesses Support Hill's Story, Thomas' Integrity". *The New York Times*. Retrieved March 28, 2012.
8. Internet Movie Database: [Jeffrey Satinover](#) , accessed March 15, 2012
9. "TKC: Provost Marvin Olasky announces faculty appointments". Tkc.edu. Archived from the original on 2013-12-30. Retrieved 2013-12-30.
10. Social Science Research Network: [Jeffrey Satinover](#), accessed March 27, 2012

11. "NARTH Scientific Advisory Committee". NARTH.com. Retrieved 2013-12-30.
12. Virtue, David (2009). "Jewish Psychiatrist, Influenced by CS Lewis, says gays can change". Retrieved June 2, 2016.
13. <http://thinkprogress.org/lgbt/2013/02/28/1653911/ex-gay-advocates-claim-homosexuality-is-caused-by-parental-abuse/>
14. "Sexual orientation, homosexuality and bisexuality". Apa.org. Retrieved 2012-08-04.
15. *Homosexuality and the Politics of Truth - Jeffrey Satinover* - Google Books. Books.google.com. Retrieved 2012-08-04.
16. *Homosexuality and the Politics of Truth - Jeffrey Satinover* - Google Boeken. Books.google.com. Retrieved 2012-08-04.
17. "Perspectives". Onenewsnow.com. Archived from the original on 2012-07-26. Retrieved 2014-03-11.
18. Plocher, Carolyn (2011-06-17). "Newsweek Column: 'Same-sex Marriage is an American Value' | Media Research Center". Mrc.org. Retrieved 2014-03-11.
19. "Gay Marriage: Who's Minding the Children?". Catholiceducation.org. Retrieved 2014-03-11.
20. "Florida Gay Adoption Ban Is Rules Unconstitutional". *The New York Times*. Retrieved 2014-03-11.
21. NARTH: "Dr. Jeffrey Satinover Testifies Before Massachusetts Senate Committee Studying Gay Marriage," April 28, 2003, accessed March 28, 2012
22. "The So-Called 'Hate Crimes' Bill S. 909, The Matthew Shepard Hate Crimes Pre - Traditional Values Coalition". Traditionalvalues.org. Retrieved 2012-08-04.
23. "The Defense of Marriage Act" (PDF). Downloads.frc.org. Retrieved 2014-03-11.
24. "Crafting "Gay" Children" (PDF). Defendthefamily.com. Retrieved 2014-03-11.
25. "Redeeming The Rainbow" (PDF). Massresistance.org. Retrieved 2014-03-11.
26. "APA". Americans for Truth. 2006-12-02. Retrieved 2012-08-04.
27. Traditional Values Coalition: "The So-Called 'Hate Crimes' Bill S. 909, The Matthew Shepard Hate Crimes Prevention

Act," June 25, 2009, accessed March 28, 2012; MassResistance: Scott Lively, "Redeeming the Rainbow," 2009, accessed March 28, 2012

28. Goethe Universität: Peter Jedlicka, "Quantum stochasticity and neuronal computations," January 27, 2010, accessed March 28, 2012; *Trends in Cognitive Sciences*: Peter Jedlička, "Neuroethics, reductionism and dualism," April 2005, accessed March 28, 2012; Quantum aspects of low-temperature properties of crystals: A calorimetric study in interaction with spectroscopy and diffraction [PDF] from iupac.org, T Matsuo - Pure Appl. Chem, 2003 - stage.iupac.org; A quantum biological hypothesis of human secondary dentinogenesis, ML Moss, L Moss-Salentijn, G Hasselgren... - Medical hypotheses, 2005 - Elsevier

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<https://www.narth.com/>

<http://www.josephnicolosi.com/>

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<http://www.josephnicolosi.com/collection/the-sad-havoc-created-by-narcissism>