

Chapter 4:The Causes and Types of Homosexual Disorder

At the outset of this chapter let me say that I am neither a doctor of medicine nor a psychologist. I am not legally qualified to treat homosexual dysfunction. However, as a Christian pastor and theologian who has researched homosexuality and the “gay” movement for over 20 years and personally interviewed and/or observed many active and recovering homosexuals, I believe I am competent to speak on this subject. Moreover, as an attorney and a scholar, I am fully qualified to review and analyze scientific data related to homosexuality, a chore which my research has continually required over the years.

This chapter will be particularly subject to attack by homosexualists (proponents of the homosexual lifestyle), because the claim that homosexuality is not disordered is a necessary prerequisite to the social acceptance of the “gay” lifestyle and because many of the staunchest advocates of the “gay” movement are prominent members of the mental health associations which have declared that homosexuality is not a disorder. Therefore, let us first address the question of homosexual normalcy.

Disordered or Not?: The Science in Brief

“Normalcy,” wrote Dr. Charles King “is that which functions according to its design” (King, C.D. (1945) "The Meaning of Normal." *Yale J. of Biology and Medicine*, 18, 493-501). King’s eminently logical observation parallels the Christian perspective of homosexuality which is perhaps best summed up by Pope John Paul II, who called it an “intrinsically disordered” condition (because it deviates from the self-evident heterosexual design of the human body). In this sense, the words “disordered” and “abnormal” are synonymous so we will use them interchangeably here.

Further, anyone who believes that God’s design is good would naturally predict that functioning according to one’s design tends to produce good results, while functioning in contradiction to one’s design tends to produce bad results. Thus, the Christian assumption is that normal is

healthy and abnormal is unhealthy. The truth of this assumption would seem obvious, based on simple observation. Indeed, advocates of the “gay” lifestyle reveal that they implicitly agree with the assumption by arguing that homosexuality is innate and unchangeable. This is in fact their primary argument.

You don’t need much scientific support to confirm the obvious (a small sample is offered below), but if you’re trying to contradict the obvious, you need a lot. Unfortunately for the advocates of the “gay is normal” perspective, and contrary to common belief, there is very little for them to rely upon, and that which exists is unreliable.

Dr. Jeffrey Satinover is one of the leading scholars in America on the subject of homosexuality, and a prominent member of the National Association for the Research and Therapy of Homosexuality (NARTH). A true renaissance man, Dr. Satinover (a medical doctor) wrote an article titled *The Trojan Couch: How the Mental Health Associations Misrepresent Science*, while simultaneously teaching constitutional law at Princeton and physics at Yale! (A summary of the article is published as a resource in Section Four of this book under the title *The Falsification of Evidence Regarding Homosexuality by Mental Health Associations*.) Satinover’s article is an analysis of the scientific claims which advocates of the “gay” community used to win two critical pro-homosexual rulings at the United States Supreme Court: *Lawrence v. Texas* and *Romer v. Evans*. He demonstrates quite conclusively that the most important pro-“gay” studies used to support the proposition that homosexuality is not disordered are fraudulent.

Importantly, much of the data used to mislead the court is the same data that has been used to mislead the public for decades. For example, he shows that Evelyn Hooker’s 1957 study, *The Adjustment of the Overt Male Homosexual* (the *only* paper cited in detail on the main website of the American Psychological Association regarding homosexual issues), was unscientifically designed to prove the point that homosexual men did not differ from heterosexual men in psychopathology. She used only 30 subjects from each group, eliminated any subjects who were in psychiatric therapy, administered (without professional expertise) three standardized diagnostic tests and discarded the results of two of them (because she didn’t like the results), and in the remaining test used her own personal criteria to evaluate results rather than the reliable standardized test norms. Hooker was also an ideologue, a lifelong champion of “gay” causes. *Yet this study is the foundation-stone of the “science” supporting the “gay is normal” argument*, and is still the primary study used to justify the 1973 decision of the APA to remove homosexuality from the list of mental disorders in its Diagnostic and Statistical Manual (DSM IV) (*ibid.*).

Additional, heavily-cited “proof” of “gay” normalcy is drawn from the work of Dr. Alfred Kinsey. However, Kinsey is widely recognized today as a scientific fraud (due primarily to the tireless efforts of Dr. Judith Reisman, who has made the exposure of Kinsey’s duplicity to the public -- and its destructive social consequences -- a major part of her life’s work). Satinover notes that Kinsey has been discredited because of his unscientific selection of sample groups (he used prison inmates and sex offenders for subjects), his badgering and bribing of subjects, and above all because of his mission to socially legitimize aberrant sexual practices: homosexuality, pedophilia, incest and bestiality. Kinsey had homosexual relationships with several of his associates and may also have practiced pedophilia (certainly his experiments on children amounted to child molestation). His surviving associates have continued to campaign for the normalization of these practices (*ibid.*).

Satinover shows that the rest of the scientific support for “gay normalcy” used to mislead the

court is at best outdated, minimal and not supported by more recent data. Even worse for “gay” apologists is the fact that several studies which they cite prove the pro-family case, not their own.

One study cited to support the claim that homosexuality is normal (Saghir and Robbins) suffers from grave sampling flaws: homosexual subjects were selected from gay-activist groups and screened to eliminate past psychiatric hospitalization, while heterosexuals were drawn from the general population. Prior to this elimination, 14% of the male and 7% of the female homosexuals, but none of the heterosexuals, had had such hospitalizations. Thus the sampling technique itself reveals that the homosexual population had a much higher rate of psychopathology than the heterosexual one. The same researchers have published other studies in which they have found homosexuality to be associated with both alcoholism and a high rate of suicide.

Another body of research, the Cochran and May studies, found that homosexuals had higher rates of suicidal symptoms and a slightly greater risk of recurring depression; they also found a tendency to “psychiatric morbidity” which could not be explained as being caused by social discrimination alone. Susan Cochran sat on the committee which prepared one of the guild briefs for the court, which *does not mention* these findings from her own published work. In combination with other researchers, she has also done studies showing elevated rates of anxiety, mood and substance use disorders among homosexuals and high rates of various mental health problems among lesbians and bisexuals (*ibid*).

An extensive archive of scientific data may be accessed at www.narth.com, the website of the National Association for Research and Therapy of Homosexuality. Additional material may be found at www.familyresearchinst.org, the website of Dr. Paul Cameron. While Cameron has been the subject of intense, unrelenting criticism (and mockery) by “gay” activists and their allies, he has produced an impressive body of work related to the homosexual issue, much of it published in peer-reviewed journals, and I do not believe the criticism of his work is merited on scientific grounds.

Space does not permit even a simple list of the studies and articles which support the pro-family position, as voluminous as it is. However, I will include here a summary of one representative study (published with citations in Section Four under the title *Fact Sheet on Homosexuality and Mental Health*). A government-sponsored study of 5,998 Dutch adults ages 18 to 64 was featured in the January, 2001 issue of the *Journal of the American Medical Association*. Specifically, the study found that -

Compared to heterosexual men, males who engage in homosexual behavior are

- 727 percent more likely to have suffered bipolar disorders at some point in their lives, and 502 percent more likely to have done so in the last twelve months
- 718 percent more likely to have suffered obsessive-compulsive disorder in the last twelve months, and 620 percent more likely at some point in their lives
- 632 percent more likely to have suffered agoraphobia (fear of leaving home or being in public) in the last twelve months, and 454 percent more likely at some point in their lives
- 421 percent more likely to have suffered panic disorder, and 229 percent more likely to have suffered social phobia at some point in their lives
- 375 percent more likely to have suffered simple phobia in the last twelve months, and 361

percent more likely at some point in their lives

- 311 percent more likely to have suffered mood disorders at some point in their lives, and 293 percent more likely in the last twelve months
- 261 percent more likely to have suffered anxiety disorders in the last twelve months, and 267 percent more likely over the course of their lifetimes
- 270 percent more likely to have suffered two or more psychiatric disorders during their lifetime
- 235 percent more likely to have suffered major depression at some point in their lives

Compared to heterosexual women, females who engage in homosexual behavior are

- 405 percent more likely to have suffered a substance use disorder
- 241 percent more likely to have suffered mood disorders during their lifetimes
- 209 percent more likely to have suffered two or more mental disorders during their lifetimes

As summarized by the researchers, “[t]he findings support the assumption that people with same-sex behavior are at greater risk for psychiatric disorders.” Lest the reader assume that the mental health problems identified here result from general societal disapproval and/or stigmatization of homosexual behavior, it must be noted the country from whose population the participants were drawn, the Netherlands, is generally considered the most tolerant and homosexual-affirming in the world.

Disordered, But Changeable

One of the most interesting aspects of the public debate on homosexuality is the position that the “gays” have taken on the question of whether homosexuals can change. They ridicule the very notion of recovery, and they do this so consistently and so aggressively that the idea of homosexual immutability has become a sort of untouchable dogma of the “gay” movement and its allies. However, their insistence flies in the face of reality.

First, the existence of many thousands of self-identified *former* homosexuals in society today, some of them organized into advocacy groups to lobby for ex-“gay” rights, by itself demolishes the “gay” immutability argument. Exodus International (www.exodus-international.org), and PFOX (Parents and Friends of Ex-Gays and Gays - www.pfox.org) are two of the better known ex-“gay” organizations among dozens.

Instead of conceding the point, however, the “gay” movement insists that these men and women are still homosexuals living under a delusion of being straight (despite the fact that many ex-“gays” are now married with children). They have even created an “Ex-Gay Watch” organization which monitors recovering homosexuals for signs of wavering, and exults whenever one of them falls back into homosexuality (like the old crowd at the pub cheering when one of their former pals “falls off the wagon” and returns to alcoholism). It is a bizarre aspect of a movement which itself demands

and depends on public tolerance for alternative lifestyles.

Second, as we have noted above, homosexuality is the condition of being sexually attracted to persons of the same gender, in *contradiction* to the self-evident heterosexual design of the body. Even if the homosexual orientation were to be shown to have a biological cause (which is not the case), how could it ever be considered abnormal or impossible for “homosexual” people to be reoriented back to conformity with their physical design?

Advocates for “gay rights” might reasonably argue that homosexuality is a disorder very difficult to treat, and therefore tolerance for its sufferers is simply the humane position of an enlightened society. (We might then be able to have a civilized dialogue about the meaning of tolerance in such a situation.) But to claim (against the evidence) that homosexuality is a permanent and untreatable condition, when its defining characteristic is a form of voluntary sexual behavior which any person at any time could choose to embrace, is an insult to intelligence.

This brings our focus again to the definition of “homosexuality” as same-sex attraction (SSA). In Section Four we have published a *Fact Sheet on Same Sex Attraction and Immutability* (with citations) which addresses the scientific questions we have addressed in this chapter. To be fair, “gay” activists have references to support their claims that homosexuality is innate, but the majority of their “research” suffers from serious methodological errors, and the rest actually contradict the gay activists’ claims. In contrast, numerous trustworthy studies have found that SSA is not a stable condition. The majority of those who experience SSA during adolescence find the problem has disappeared by the time they reach 25 without any intervention. Importantly, research has also documented the benefits of therapy and in fact, a study specifically designed to document the damage done by therapy to treat SSA found that a number of subjects reported being *helped* by the therapy.

Causes of Homosexual Self-Identification

If same-sex attraction is so demonstrably overcome by some people, why do others define themselves as “homosexuals” and insist that they cannot change?

Importantly, no one is or has ever been “homosexual” in the way that “gay” activists use the term. They portray homosexuality and heterosexuality to be two separate, independent and mutually-exclusive states of being: that a person is either one or the other (they ignore bi-sexuality in this context because it doesn’t fit their model). In reality, all human beings (with the exception of hermaphrodites, born with both sets of genitals as the result of a genetic abnormality) are heterosexual people capable of indulging in any one or more of the various forms of sexual deviance, including homosexuality. A “homosexual” is just a heterosexual person who experiences same-sex attraction and chooses to embrace this condition as the defining aspect of his or her life.

In my experience, there are three reasons that people “become homosexual” -- childhood sexual abuse, gender identity confusion and rebellion against authority.

Sexual Abuse

Childhood sexual abuse is probably the most common cause of homosexual self-identification. Children are deeply traumatized by sexual abuse and this trauma often results in the adoption

of a homosexual lifestyle as an adult. Though unscientific, a review of the autobiographies of “gay” leaders is enough to confirm this assertion. A large number of them report homosexual molestation by an adult during their childhood or early adolescence, from the German “grandfather of the ‘gay’ movement,” Karl Heinrich Ulrichs, to the father of the American “gay” movement, Harry Hay, and many of the leading activists of the past half-century. Significantly, however, in the case of many of those who do later adopt a homosexual identity, these early sexual encounters are not characterized as abuse or molestation, but more often as “consensual” sex.

While abuse is a common factor in male homosexuality, the correlation of childhood sexual molestation with adult lesbianism is almost universal, in my opinion and that of many people who have ministered to or professionally observed women who identify themselves as lesbians. In their cases, however, the molestations are far more often perpetrated by men than by women and are almost never later characterized as consensual. Virtually every lesbian I have ever known personally was sexually molested by a man when she was a child or early adolescent. In fact, it is not unreasonable to define these women’s later adult lesbianism as a retreat from the company of men. The Greek legend of the Island of Lesbos lends credence to this conclusion: Lesbos was a female sanctuary where men were not allowed. Such sanctuary communities are not uncommon even today.

Of course, childhood sexual abuse does not always result in homosexual self-identification as an adult. There are many adult survivors of such attacks who never adopt a homosexual lifestyle. However, the percentages of those who have is quite high. Social commentator Clayton Cramer cites a few studies in a blog entry of February 20, 2008 (www.claytoncramer.com) under the title “Sexual Abuse and Adult Homosexuality”:

There's a surprising number of journal articles about this subject. The abstracts alone are pretty telling. Lynda S. Doll, "Self-Reported Childhood and Adolescent Sexual Abuse among Adult Homosexual and Bisexual Men," Child Abuse and Neglect: The International Journal, v16 n6 p855-64 Nov-Dec 1992:

This study of 1,001 adult homosexual and bisexual men found that 37% reported they had been encouraged or forced to have sexual contact with an older or more powerful partner before age 19. Median age at first contact was 10. Ninety-three percent of participants reporting early sexual contact were classified as sexually abused...

Beitchman JH, Zucker KJ, Hood JE, daCosta GA, Akman D, Cassavia E., "A review of the long-term effects of child sexual abuse," Child Abuse Negl. 1992;16(1):101-18:

Adult women with a history of childhood sexual abuse show greater evidence of sexual disturbance or dysfunction, homosexual experiences in adolescence or adulthood, depression, and are more likely than nonabused women to be revictimized. By the same authors: "A review of the short-term effects of child sexual abuse," Child Abuse Negl. 1991;15(4):537-56:

This is the first of a two-part report that critically evaluates empirical studies on the short- and long-term effects of child sexual abuse. With the exception of sexualized

behavior, the majority of short-term effects noted in the literature are symptoms that characterize child clinical samples in general. Among adolescents, commonly reported sequelae include sexual dissatisfaction, promiscuity, homosexuality, and an increased risk for revictimization.

Gender Identity Confusion

The second most common cause of homosexuality which I have observed is gender identity confusion. The scientists and therapists of NARTH have pioneered studies into this phenomenon and have published a number of informative articles on the subject on their website. My layman's summary of the phenomenon is as follows:

A newborn child only slowly becomes aware of its identity as a person separate from its mother, but eventually understands that he or she and Mom are separate people. Only later, somewhere around the age of 18 months, the child discovers that there are two kinds of people: Mommies and Daddies, females and males. He or she then moves to the question, "Which am I?" Normally, the child quickly and correctly identifies its own gender and begins to model itself on the parent of the same sex. But some children draw the wrong conclusion and begin to model themselves on the opposite-sex parent. It is theorized that this is caused by emotional insecurity about the same-sex parent, as would be the case with a boy whose father is an alcoholic who beats the mother, or when the mother is extremely dominating and the father is very passive. The child then says to himself, in essence, "I can't be like him. I must be like Mommy." Then, instead of modeling himself on the masculine gender -- learning to walk, talk and act like Daddy -- he copies the feminine example of Mommy.

There's nothing sexual about gender identity confusion in its early stages, but in later years, as boys and girls begin to approach puberty and change the way in which they interact with each other, those with this disorder view sexuality with a disoriented perspective. The incorrect gender identity causes the boy (for example) to approach sex as if he were a girl, orienting himself toward males as the objects of his sexual interest. In this way the identity disorder becomes sexualized, though at first it was not.

Rebellion Against Authority

The third and least common cause of homosexuality is rebellion against "authority," or what philosopher Herbert Marcuse once characterized as "the repressive order of procreative sexuality." In this country, the rebellion commonly directed at parents by teenagers can take the form of "coming out," simply because it gets the biggest reaction (and because the child can usually count on outside support -- from pro-"gay" school personnel, for example). It is also an attention-getting statement to peers and for some children, it gives them a coveted social persona as daringly different and iconoclastic. However, once the statement is made, the behavior, the "reputation" and the powerful small-group support and acceptance close in to lock the child into the new identity.

It is simply a fact that some homosexuals admit that homosexuality, however and whenever

entered into, is a choice made by them, and this is also logically true for everyone who identifies as “bisexual.”

Types of Sexual Disorientation

The “gay” movement promotes itself as a coalition of “sexual minorities:” Lesbian, “Gay,” Bisexual and Transgendered (LGBT). “Transgendered” is a category that includes all people who seek to change their physical appearance to that of the opposite gender from which they were born. It includes both transvestites, who limit their gender alteration to clothing and cosmetic changes, and transsexuals, who have their bodies surgically altered to resemble those of the opposite sex.

One day, while pondering the relationship between homosexuality and transgenderism, I was reminded of Genesis 1:27, in which God explains that He created all human beings in His image as male and female (i.e.. “His image” is both halves taken together). I have often sermonized on this topic: that He created us not just as two genders, man and woman, but that each of us, regardless of physical gender, is intended to have a balance of masculine and feminine qualities. Jesus Himself exhibited this principle in His earthly ministry: on one hand comparing himself to a “mother hen” wanting to protect Jerusalem under her wings (Matthew 23:37) and on the other forcefully driving the money changers from the temple with a whip that he made with His own hands (John 2:15).

Naturally, men tend to have more masculine qualities -- task orientation, aggression, risk-taking, for example -- and women tend to have more feminine qualities, such as relationship orientation, nurturing and security-mindedness, but each of us has some of both. It’s what allows men and women to understand and appreciate each other and to cooperate in family life and the raising of children.

Society’s failure to understand and respect this principle has been the source of many problems, such as when men scorn their own moderating feminine qualities in favor of a destructive ultra-masculine “machismo” or other devaluation of females and femininity. Consider modern China, where the customary killing of girl babies has created a gender imbalance of 30 million extra boys who will be without wives. Contempt for the feminine is clearly not the Biblical view, though many professing Christians over the centuries have held it.

In the United States, the blame for the rise of militant secular feminism can be laid squarely at the feet of an earlier generation of American men who abused their masculine authority to mistreat women, on the theory that they were inferior. The secular feminism that has arisen in response to men’s failures is equally destructive to social health (but that’s a topic for another book).

The Biblical view is that men and women are equal in value, different in function (e.g. Galatians 3:28, Ephesians 5). This principle is the essence of heterosexuality: a balance of the complimentary forms and qualities inherent in our male/female duality. The principle sounds almost Taoist (perhaps an indication of its universality), but is solidly Biblical. Men and women are made to fit together, in every sense of the word.

From this starting point, it struck me that a whole new understanding of homosexual and transgender disorientation becomes possible. They are both the result of gender imbalance and can be plotted on a scale that measures the degree of imbalance.

The Scale of Gender Balance

Let us envision a seven point scale in which the center represents gender normalcy and the ends represent extremes of masculine and feminine imbalance. Gender normalcy (GN) is the state of having a close to even balance of masculinity and femininity -- not a perfectly even balance, which would amount to androgyny, but just enough of an imbalance to cause the average man to be more masculine than the average woman and vice versa.

Extreme Masculinity----- (GN) ----- Extreme Femininity

Gender normalcy itself encompasses a range of slight gender imbalance. We all know men and women who are more masculine or feminine than the average. What makes them normal, despite their greater than average imbalance is that they function according to their heterosexual design. They are attracted to the opposite sex and in fact often choose a spouse whose own degree of imbalance is the reverse of theirs (e.g. a very feminine woman marrying a very masculine man).

For various reasons, including those listed in the prior segment, a person can suffer gender imbalance severe enough to harm their sense of gender identity. The more pronounced the imbalance, the more psychologically affected the person will be. This range of unhealthy gender imbalance encompasses all of the various so-called sexual minorities, which can be plotted on the scale based on the degree of gender imbalance they represent.

For example, the most severe gender imbalance in men to the effeminate side is represented in the category we call transsexuals.

Male Transsexuals: Men Imbalanced to the Feminine Extreme

Extreme Masculinity-----(GN)----- Extreme Femininity
Male to Female Transsexual (MTS)

What defines a male-to-female transsexual? A complete rejection of masculine identity. The identification with the feminine side is so complete that the man will hire a surgeon to remove his penis, replace it with an artificial vagina, and fit him with breast implants: this is a male to female transsexual (MTS). This person (who will always remain genetically male) is at the furthest feminine extreme of the gender imbalance scale. He has completely rejected masculinity and all that it represents.

Female Transsexuals: Women Imbalanced to the Masculine Extreme:

Extreme Masculinity-----(GN)-----Extreme Femininity
Female to Male Transsexual (FTS)

What defines a female-to-male transsexual? Exactly the reverse process to the male transsex-

ual. The woman so completely rejects her feminine nature that she wants to “become a man.” Since this is genetically impossible, she pursues the next best thing: cosmetic surgery to make her body look like that of a man.

Transvestites

What is a transvestite? A transvestite is a person whose gender imbalance is severe enough to cause him or her to want to be perceived by others as the opposite gender. A Male Transvestite (MTV) will dress as a woman, and a Female Transvestite (FTV) will dress as a man. The imbalance is not so extreme that the person will seek cosmetic surgery, and he or she may actually spend most of their time clothed appropriately for their sex, but their sense of gender identity is disordered and manifests in an attempt to masquerade as the opposite sex on a part-time or full-time basis.



Effeminate Male Homosexuals and Masculine Female Homosexuals

The next, less severe form of gender disorder in men is Effeminate Male Homosexuality (EMH). A man in this category acts much like a woman. He doesn't dress in women's clothing or change himself with surgery, but there is no mistaking that his sense of gender identity leans strongly to the feminine. This is the "classic" male homosexual type, in many ways a caricature of womanhood; this is the type of homosexual most likely to come to mind when one hears the term "gay man." Some of this is due to media stereotyping, but it is also self-evident that a homosexual man acting like a woman will stand out more than a homosexual man with more masculine leanings.

The parallel form of gender disorder in women is Masculine Female Homosexuality (MFH). A woman of this type acts like a man. She doesn't necessarily dress in men's clothing, although she might. The social taboo regarding women dressing like men is much less pronounced than for men dressing like women, so it is difficult to draw a line between the outward manifestation of female transvestites and lesbians in the same way it can be drawn between that of effeminate homosexual men and male transvestites. In addition, female gender identity disorder is much more based on fear and rejection of one's own gender than on attraction to and identification with one's opposite gender. A woman in this category fits most people's idea of a lesbian, a slightly masculine-acting woman whose gender disorder manifests itself in same-sex attraction but not in a complete rejection of her femininity.

Our scale is getting a little crowded, so we will divide it by gender, but it remains the same scale for both females and males.

WOMEN

Extreme Masculinity----- (GN) ----- Extreme Femininity
 (FTS) (FTV) (MFH) Lesbian Fems (LF)

MEN

Extreme Masculinity-----(GN)----- Extreme Femininity
"Gay" Bullies (EMH) (MTV) (MTS)

The Hidden Sexual “Minorities”

So far on our scale of gender imbalance we have plotted the “sexual minorities” that are most visible in our society, but there is another full side to the spectrum that is not as obvious to the casual observer. This side includes the categories of gender disorder in which the individuals are afflicted with an *absence* of the gender qualities associated with the opposite sex: men with too little of the feminine, and women with too little of the masculine.

“GAY” BULLIES AND LESBIAN SISSIES

Masculine Homosexual Men, AKA “Gay” Bullies.

Moving toward the opposite extreme of the scale, the male categories are measured by their degree of rejection of females and femininity. These are masculine-oriented homosexual men. The existence of this type of homosexual comes as a shock to some people. When they think of homosexuals, they think of effeminate men who act like women, but, in my observation, there are at least as many masculine-leaning homosexuals as there are effeminate ones.

But these are not simply masculine men, they are anti-feminine men. Importantly, they are less against women per se than against effeminacy -- especially in other men. The further one tends to the masculine extreme, the greater his rejection of and hostility towards effeminacy. (In my observation, *effeminate* homosexuality and transgenderism seems to be a product of childhood gender identity disorder as described above, while *masculine*-oriented homosexuality in men seems to be a product of childhood or adolescent sexual abuse.)

The first category therefore is the classic “gay” bully, and his victims are often effeminate homosexuals. It is very common to hear “gay” activists refer to these “gay bashers” as “latent

homosexuals,” and I believe they are correct, though I suspect that many of these men are not latent, but active (though often self-loathing) homosexuals.

Lesbian Fems, AKA “Lipstick Lesbians”

Gender imbalance, when it crosses the line from gender normalcy, is not just an over-abundance of the qualities of one gender. As we observed above, it is also a rejection of the complimentary qualities of the opposite gender. This results in an unhealthy manifestation of the remaining gender qualities. In men it is most obvious in the level of aggression. In women, it is most obvious in the approach to interpersonal relationships. The greater the imbalance toward the feminine extreme, the greater the degree of emotional dependence on other people, especially the romantic partner or partners. This is often reflected in intense jealousy and possessiveness among lesbian partners, leading frequently to domestic violence.

“Lipstick lesbians” are lesbians who want to appear feminine, but who don’t want to be romantically or sexually involved with men. As with the men who occupy a parallel position on the male scale, the “gay” bullies, they tend to blend into society. No one really notices a lesbian who is dressing and acting like a woman, or a “gay” man who is dressing and acting like a man. These are the “invisible” homosexuals who, if they are activist-minded, often can play the part of secret agents in the pursuit of “gay” political goals. No one knows they are homosexual unless they intentionally reveal themselves. These women commonly enter “heterosexual mimicking” relationships with “butch” lesbians, who take the role of the man.

SUPER-MACHOS AND MONSTERS, DOORMATS AND SLAVES

Super-Machos

Along with a rejection of effeminacy, comes a loss of the feminine-associated qualities that serve to moderate male behavior. The less influenced a man is by these moderating qualities, the more aggressive, even brutal he becomes. This is not to say that gender normal men cannot be “ultra-masculine.” Some are, but usually their attraction to women creates an incentive for these men to moderate their behavior to be more acceptable to women (the characters often played by the actor John Wayne come to mind here).

In contrast, Super-Machos are both ultra-masculine and anti-feminine to the point of misogyny. They actively reject the moderating influences of the feminine as weakness and cultivate a persona of brutal forcefulness. The best examples of this type were the male homosexuals of the Nazi *Sturmabteilung*, also known as the Brownshirts. Many people wonder how the Nazis could have been homosexual, when homosexuals were among the targets of their brutal social engineering policies. The secret is that many of the Nazi leaders were masculine-oriented homosexuals, while many of their political enemies in the German Communist Party were effeminate homosexuals.

A brief summary of the homosexual movement in Germany is in order. Karl Heinrich Ulrichs, the German “grandfather of gay rights,” was an effeminate homosexual who invented the “third sex” theory of homosexuality in the 1860’s. This theory, which held that all homosexual men were really women trapped inside men’s bodies, provided the philosophical foundation for the

now-global “gay rights” movement (by casting homosexuality as a psychological condition deserving sympathy rather than a moral weakness). His organization, the Scientific-Humanitarian Committee, eventually spawned the Berlin Institute of Sexology, which served as the international center of the effeminate faction of the homosexual movement until it was closed down by Hitler shortly after he came to power. (Its records, including documentation of the perversions of many Nazi leaders, provided much of the fuel for the first Nazi “book-burning” party, May 10, 1933, the film of which is so often included in documentaries about the period.)

The masculine-oriented homosexuals were deeply insulted by Ulrichs’ theory and created their own counter-faction of the German “gay” movement in 1902, called the *Gemeinschaft der Eigene* (Community of the Elite). This movement was the birthplace of many of the philosophies and practices that would later be associated with Nazism, and it was from this movement that many of the early Nazi leaders and foot soldiers sprang. (See Lively, Scott and Abrams, Kevin *The Pink Swastika: Homosexuality in the Nazi Party*, 4th Edition, published online at www.defendthefamily.com.)

In the present day, as they have historically, Super-Machos tend to seek out what the Nazis called the *mannerbund* (all-male society): motorcycle gangs, military units (another good reason to oppose “gays” in the military), mercenary forces, prisons, monastic orders (one of the reasons for the Catholic pederasty scandals -- though for obvious reasons priests usually try to mask rather than flaunt their masculinity), and terrorist organizations (which are notoriously rife with pederasty -- which is adult/young teen homosexuality).

Monsters

At the furthest extreme of the scale are men whose gender imbalance has left them without any hint of feminine restraint. Fortunately there are few of them, because they are capable of the worst atrocities. Many of the guards of the Nazi extermination camps were of this type. In our society, such men have often been responsible for mass murders, serial killings, torture slayings, and the like. They seem less like men than like animals to us, since we recognize that a fully human nature is made up of complementary, balancing and mutually restraining male and female components.

Doormats & Slaves

The final categories in the scale represent escalating degrees of the dependency phenomenon in women. These are women who are deeply emotionally dependent on their (usually) lesbian partners or male partners, to the point of neurosis. Lacking all but a trace of the masculine in their personality, they are virtually unable to assert themselves. In the most extreme examples, they live as the literal slaves of their partners. These partnerships often include or are based upon sexual bondage and domination and/or sadism and masochism (BDSM). Significantly, due to the super-submissive nature of these women, they are frequently bi-sexual, since it is extremely difficult for them to withhold consent from anyone, male or female, who gains a position of authority over them in the context of a romantic or sexual relationship.

WOMEN

Extreme Masculinity-----((GN))-----Extreme Femininity
(FTS) (FTV) (MFH) Lesbian Fems (LF) Doormats Slaves

MEN

Extreme Masculinity-----((GN))-----Extreme Femininity
Monsters Super-Machos "Gay" Bullies (EMH) (MTV) (MTS)

Conclusion

Allow me to reiterate at this point that this scale of gender imbalance is my own invention, based solely upon my observations and analysis. It is not the product of controlled scientific studies, nor has it been reviewed or endorsed by medical or psychiatric professionals. I wouldn't be surprised to find something similar in the scientific literature, because I believe these observations are not only intuitive but objectively accurate, but I have not yet found such a source, nor am I searching for one. I believe this scale stands on its own as a reasonable and logical model of homosexual/transgender dysfunction.

In terms of the Biblical support for these ideas, we find them in two areas. First, in the recognition of multiple categories of homosexual dysfunction. This includes 1 Corinthians 6:9-10, "...[b]e not deceived: neither fornicators, nor idolaters, nor adulterers, nor effeminate, nor abusers of themselves with mankind [sodomites], nor thieves, nor covetous, nor drunkards, nor revilers, nor extortioners, shall inherit the kingdom of God." Note that Paul differentiates "sodomites" from "effeminate" which may be taken either as a reference to masculine and feminine-oriented male homosexuals, or to homosexual and transgendered men, or both. It also includes Old Testament passages addressing "dogs" (male, probably effeminate, homosexual prostitutes; see Deuteronomy 23:18). Masculine oriented homosexuality (recognized by its predatory nature) is seen in Genesis 19 (the story of Sodom and Gomorrah) and Judges 19 (the homosexuality-related incident that sparked the Benjamite civil war).

Second, we find a firm Biblical opposition to the confusion of gender, beyond what is implied by Genesis 1:27. Deuteronomy 22:5 reads "The woman shall not wear that which pertains to a man, neither shall a man put on a woman's garment: for all that do so are abomination unto the LORD thy God." As always when dealing with statutory Biblical law, we note that while the *letter* of the law may not always be applicable in a modern context (see Romans 7:6), the *principle* of the law is constant and binding, in this case reflecting the fact that gender distinctions matter to God. This principle is specifically reaffirmed throughout the New Testament as well (e.g. 1 Corinthians 11:14-15 as to physical appearance, Matthew 19:4 as to gender identity).