

Demystifying homosexuality and its pseudoscience: The history, causes, politics and consequences of an ancient, addictive and destructive behavior

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Abstract: I examine the changing attitudes toward same-sex relationships over history, sexual relationships which can be most simply regarded as habit: their universality in antiquity; their being banned for the first time by Judaism, and then by Christianity; and their resurgence after the invention by German same-sex aficionados of a permanent homosexual (Uranian) “identity”: “the sodomite, [who] had been a temporary aberration,” thus became the “homosexual, [who] was now a species.” After examining the Lamarckian fallacy underlying 19th century German scientists’ erroneously seeing homosexuality as both fixed and inborn, as well as the dubious efforts of German-speaking psychiatrists Sigmund Freud and Magnus Hirschfeld, I scrutinize the rapid political growth of homosexuality in Germany, and the central role of its devotees (one of them Hitler himself) within Nazism. I then outline some of the skillful political efforts in the USA to legitimize homosexual behavior, including the scientific lies underlying the Supreme Court’s decision to decriminalize it. The paper concludes by defining some overlooked attitudes and behaviors often associated with homosexuality: defiance, promiscuity, disease and premature death.

Homosexuality itself is really a very simple matter: engaging in sex with others of the same gender, a behavior pattern which has always existed and is as old as humanity itself. It can be engaged in occasionally or never, be someone's exclusive sexual activity, or anything in between. As with other behaviors, the more it is pleurably engaged in, the more it may be repeated - thus becoming a habit. Anyone was, in theory at least, regarded as being capable of engaging in them.

The strongest opposition to homosexual behavior over the years has come from traditional Judaism, seconded by Christianity. Both Hebrew and Christian Bibles denounce it in the fiercest possible terms (1).

Over the past century and a half, however, that traditional abhorrence has gradually been replaced by acceptance - covert at first, now increasingly overt - largely because those engaging in these activities are supposedly biologically unable to behave differently. In this attitudinal change, Germany, and two German-speaking Jewish physicians, Magnus Hirschfeld and Sigmund Freud, have played major roles. And that change has obscured - and continues to obscure - the utter evil of the sexual

criminality (homosexuality, pederasty, sado-masochistic brutality and much more) which stood at the heart of Naziism (2). Recent epidemiological studies have shown, however, that “the most common natural course for a young person who develops a 'homosexual identity' is for it to spontaneously disappear unless that process is discouraged or interfered with by extraneous factors” (3).

Some historical background

Same-sex physical relations were openly indulged in throughout the ancient world: by Greek gods on Mount Olympus, by Achilles and other Homeric heroes, and by fifteen of the sixteen Roman emperors - all but Claudius. When adolescent Spartan boys were drafted into military service, they were assigned to older men as mentors in sexual and other matters. These mentors were involved also with women - indeed, most were married.

The choice, or change, of sexual partner was a matter only of individual decision and responsibility. Masculine promiscuity with members of both sexes was common, and husbandly fidelity relatively rare. Those few men who limited their sexual activities to other men were seen as creatures of habits they had chosen and in the Christian world were called “sodomites.” But the identity and gender of one's sexual partners was always considered a matter of personal, conscious and changeable choice.

Judaism, Christianity and homosexuality

The Jews were the first to prohibit same-sex relationships, a position which many of today's educated Jews mistakenly believe has been scientifically discredited. A major effect of that ban, which Christianity retained, was to channel sexuality into marriage, thus increasing the birthrate. Since then, most of the western world - except for France's Napoleonic code - had until recently regarded same-sex relationships as sinful and/or criminal, and, like other behavior, a matter of personal choice.

Judaism is characterized by strict rules for most areas of living - eating, sexuality and other social relationships (4). Those many restrictions were a major criticism of Judaism by St. Paul. But its strict discipline, and its uncompromising adherence to the letter of its Law, are major factors in its survival through the ages.

Jewish laws concerning food - kashrut - are well known; pork and shellfish are forbidden, meat and milk may not be served at the same meal ("thou shalt not boil a kid in its mother's milk") and strict rules govern the slaughtering of meat animals. Laws governing social relationships, such as the bans on stealing and murder, and the command to honor parents, are better known.

The mitzvah - God's commandment, obedience to which produces personal fulfillment - is a major Jewish concept of which relatively little public awareness exists. There are many mitzvot, but the marital - spousal love-making - is one of the most important and psychologically-strengthening. The delight from the act itself, and from the spouse's pleasure, is enhanced by the joy of obeying God's commandment. In contrast to the "freedom" which is so often presented as today's ideal sexual behavior, the sexual ideal of Judaism (and most of Christianity) has always been sex within faithful marriage. There it is considered sacred.

Judaism's rules in the sexual area are, however, quite strict. In addition to the familiar bans on incest, homosexuality, adultery and bestiality, sex is prohibited during, and for a week after, a woman's menstrual period. A traditional Jewish wife then attends the ritual bath (mikva) to prepare for the resumption of marital relations. The passion of that resumption - when the woman is maximally fertile - is intensified by the period of abstinence.

Christianity retained Judaism's ban on homosexuality. While it also forbade polygamy from its very start - long before Judaism did - it did not retain, for example, the week-long post-menstrual ban.

But a new sexual ideal emerged within Christianity: the life-long celibacy which the Roman Church still demands of most of its clergy. One of the Protestant Reformation's major changes was its permitting - encouraging - priests to marry. But Protestantism, unlike Judaism, still accepts celibacy as standing on the same moral level as marriage. To Judaism's unconflicted view of sex within marriage as the sexual ideal, life-long celibacy is wrong.

Judaism's open welcome of marital sexuality, as exemplified by the Song of Songs, stands in sharpest contrast with the sexually-suppressive views pervading the Roman Catholic Church, and some of Protestantism, over the centuries. That very positive view of lawful sexual love has, however,

often been misrepresented, and used to attack Judaism for allegedly supporting promiscuity, hedonism and sexual perversion.

Homosexuality in Germany

Homosexuality has been more important in Germany than elsewhere in Europe over the past several centuries. It was rampant among the Teutonic Knights, who helped found the Prussian state in the 13th century. It was stamped out two centuries later among the Knights Templar by Philip the Fair of France. It characterized the 18th century court of Frederick the Great, who forced most of his officers to remain unmarried - despite Luther's earlier insistence on marriage for the clergy in order to "stamp out the vices that had characterized celibacy in Germany." Frederick hated women, and although "obliged by reason of his position to have a queen, [he] never lived a husband's life." (2, p.19) He thus flouted "one of the fundamental measures enacted by the Reformation for the moral regeneration of Germany." Early in the 20th century, the immense scandal provoked by a group of homosexuals around Kaiser Wilhelm helped lead to World War I. And the homosexuality, and other, worse, sexual criminality, of key Nazi leaders helped shape that regime's uniquely brutal character.

While small groups of super-masculine, Greece-idealizing woman-haters existed in Germany over the years, it was not until the mid-19th century, with the medicalization of homosexuality, that this type of behavior became much more important there. One important reason was the change in attitude which began in the 1860's: physicians and other scientists coming to see same-sex relationships as biologically rather than experientially based, i.e. as pre-ordained rather than matters of choice.

The creation of "homosexuality": Ulrichs's "Uranians" and its Successors

A key episode in the attitudinal change in Germany was the proclamation in 1862 by lawyer Karl Heinrich Ulrichs that same-sex aficionados like himself were really members of a third sex, and that their male bodies were inhabited by women's souls (or psyches) (5). This supposedly made them biologically (and irreversibly) different from the rest of humanity. "Uranians," a term derived from Plato, was Ulrichs's term for this "third sex."

The new notion was strengthened by the invention of the term "homosexuality" in 1869 by Ulrichs's follower, Karoly Maria Kertbeny

(pseudonym Benkert) (6). The new term contrasted with earlier terms like “sodomite,” “pederast” or “Knabenschaender” (literally, boy-ravisher), not only in being no longer defamatory, but also in tacitly accepting Ulrichs' notion that engaging in same sex-relationships was the permanent disposition of a minority of the population. Homosexual acts, previously seen as (1) temporary, sinful and criminal deviations from the norm, for which an individual was responsible, were now to be considered (2) products of a new “state of being” beyond that individual's control. Homosexuality “stopped being what people did and became who they were,” or, as Foucault put it, “the sodomite had been a temporary aberration; the homosexual was a species” (7)

Redefining controllable behavior, which may be habitual, into a biologically-based compulsion which we cannot control, removes personal responsibility for that behavior. But if society retains its prohibition, that uncontrollable illegal behavior becomes a product of mental illness, and a proper subject for medical attention.

The first psychiatric report on same-sex relationships was published by Carl von Westphal in 1869 (8). Written under Ulrichs's influence, he recommended that medical treatment replace criminalizing such behavior and relationships, and sending their participants to prison. While seeming to acknowledge the undesirability of such relationships, Westphal's suggestion actually fostered their growth by reducing the threat of incarceration. Over the years which followed, homosexual communities in Germany grew rapidly, often organized politically around the new terms and militant slogan, “Uranians of the world, unite!” The similarity to “Workers of the world, unite!” the declaration of the 1848 Communist Manifesto, is obvious.

The growth of homosexuality evoked significant concern. In 1891, Richard von Krafft-Ebbing, the German-speaking world's leading expert on sexual behavior, declared that sex perversion in Germany was alarmingly on the increase (9). In 1922, Commissioner Hans von Treschkow, head from 1905 to 1919 of a special branch of Berlin's Criminal Police Department, wrote how “homosexualist groups have been steadily on the increase in recent decades, especially in the big cities. At the present time in Berlin, there are for certain more than 100,000 persons who are addicts of this practice. They are closely banded together and even have their own paper.” (10) By the time the Nazis took over, 7 - 10 percent of “sexually capable” German men (over sixteen years old) — between 2 and 4 million — were homosexuals, with 2

million of them in homosexual organizations (11). A similar growth has occurred here, with the *New York Times* estimating in January, 2008, that “lesbians and gay men make up between 5 and 13 percent of the Democratic vote in New York” (12).

Lamarckianism, Judaism and homosexuality

Lamarckianism - the incorrect belief in the inheritance of acquired characteristics - was a major reason for physicians' and other scientists' seeing homosexuality as biologically based, rather than as a product of experience and choice. Same-sex behavior was therefore considered different from other sexual sins and/or crimes. Not until 1888 did August Weismann's germ-plasma theory of heredity finally undo the Lamarckian transmission-of-acquired-characteristics concept. But the ideas of the earlier scientific generation had by then been firmly formed, and these ideas therefore continued to be scientifically influential. Attitudes toward Jews - among both Jews and non-Jews - played an important part in this thinking.

Lamarckian misunderstandings of Darwin's new theory of evolution saw inborn evolutionary differences, especially racial, as responsible for differences in groups' behavior patterns - French vs. German, Jewish vs. Gentile, Negro vs. white, homosexual vs. heterosexual, and male vs female. Indeed, the subtitle of Darwin's 1859 “Origin of Species” was “on the preservation of favored races (*italics added*) in the struggle for life.” Almost all the biologists of that period, including Darwin himself, thus believed that acquired changes in the body would become biologically incorporated and reappear in future generations.

While Jews had long and prejudicially been seen as biologically different from, and consequently inferior to, non-Jews, both Protestant and Catholic Christianity saw their differences with Jews as primarily theological - i.e. in the area of beliefs. The dissimilarities would therefore be totally corrected by conversion. Lamarckianism's secular, biological-racial approach to Judaism (which the Nazis adopted), gave a pseudo-scientific basis to these biological views.

Contemporary biomedical science was a major source of this belief in Jews' biological differences. Gilman points out (13, p.4) how “biological science at the turn of the century had a strong racial component, and Jews served as the major examples in the discussion of the role of racial difference in the predisposition to or immunity from specific diseases.”

Such “racial models of the Jew (p. 4)... are found not only in the 'crackpot' pamphlet literature of the time; they are present in virtually all discussions of pathology published from 1880 to 1930. It is in the 'serious' medical literature, the literature [that people like] Freud knew (and accepted or rejected) that those ideas of Jewish difference appear. The biological scientist and the physician of the nineteenth century absorbed the ideology of race as part of the 'truth' of science.' It belonged to the 'high' culture of science, and was never completely questioned, even by Jewish scientists, who were seen in this world as being more limited in their mental construction than their Aryan counterparts.”

Thus, “a definable Jewish accent (p. 13) was seen in the medical literature of the age as a reflection of a different muscular construction. Jews speak differently because the 'muscles that are used for speaking and laughing are used inherently differently from those of Christians and this use can be traced... to the great difference in their nose and chin.'”

Another denigrating “scientific” attitude towards Jews in Vienna during the 1880's was “the common medical association of Jews, syphilis and sexual excess” (p. 29). “The linked dangers of sexuality, syphilis and madness were constantly associated with the figure of the male Jew. The Jew, who had been identified with his circumcised state, came to personify this threat. Central to the definition of the Jew was the image of the male Jew's circumcised penis as impaired, damaged or incomplete, and therefore threatening to the wholeness and health of the male Aryan. The damaged penis represented the potential ravages of sexually transmitted disease. Syphilis had been associated with the Jews from the first appearance in Europe of the disease in the 15th century” (p. 61)

“Given the sexualized and feminized definition of the male Jew in the science and popular culture of the day,” Gilman finds it “not surprising (p. 135) that these images of the dangerousness of the Jew are projected by Freud onto another image of the dangerous, diseased, sexualized male - the homosexual... The push to understand the homosexual as different but not ill [an essential element in today's legitimization] may well stem from the analogy between homosexuality and Jewish identity in the medical model of Freud's time.” (p. 136)

Racial biology, widely accepted as the basis of Jews' differences from non-Jews, became widely regarded as responsible for differences between same-sex afficianados and the rest of us. The nineteenth- and early

twentieth-century medical-scientific community itself widely accepted this biological basis for homosexuality. It “was generally understood in the work of Krafft-Ebing, Tarnowski, Moll and others as being an innate, biological error that not only manifested itself in 'perverted' acts but was written on the body of the homosexual through the appearance of specific visible signs,” such as the quality of the voice” (p. 136).

The role of Dr. Sigmund Freud (1856 - 1939)

Seeing Jews and homosexuals as similarly-persecuted minorities, Freud in 1936 contradicted the traditional Jewish view of homosexuality as an abomination by maintaining that while it had “no advantage, it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it a variation of sexual function” (14). This reversal of the traditional Jewish attitude - in which Freud was far from alone - was, however, part of his little-recognized reversal and denial of Jewish attitudes toward sex in general. In the sexual area, the Hebrew Bible's very strict separation of right from wrong is particularly important, with doing right - the conjugal mitzvah of regular love-making - regarded as a sacred, deeply-fulfilling act of obedience to God's Law, i.e. as the ideal sexual behavior. Freud's atheism led him to deny the existence of both God and this God-defined ideal.

While the Jewish tradition sees the sexual love of husband and wife as satisfying and strengthening both partners throughout life, Freud maintained that “our civilized sexual morality [an ambiguous term, including both Catholic and Jewish attitudes] restricts sexual intercourse even in marriage itself, for it compels the couple to be satisfied with a very small number of acts leading to conception” (15). He also claimed that “satisfying sexual intercourse occurs in marriage only over a period of a few years. [Then] marriage ceases to furnish the satisfaction of the sexual needs that it promised, since [currently available] contraceptives impair sexual enjoyment, disturb the finer susceptibilities of both partners or even act as the direct cause of illness.” (Here he was apparently generalizing from his own life experience, having ended conjugal relationships at the age of 41, after the birth of his sixth child.) Generalizing from the disturbed patients he saw to his entire world, he maintained that “the uninitiated can hardly believe how rarely normal potency is to be found in the men, and how often frigidity in the women, among those married couples living under the sway of our civilized sexual morality.” He also claimed that for the woman coming to marriage as a virgin, her reward is “only the choice between unappeased desire,

infidelity or neurosis.” Freud's pessimism about marriage - one of Judaism's greatest joys - gradually extended into many areas of living.

Dr. Magnus Hirschfeld, the Scientific-Humanitarian Committee and the “Fems”

Dr. Magnus Hirschfeld (1869-1935), a highly-regarded, homosexual Jewish psychiatrist in Berlin, was a major figure in the effort to present homosexuals as not responsible for their behavior - as mentally ill, and therefore warranting psychiatric treatment rather than imprisonment (15). Continuing and amplifying Ulrichs's work, he published and edited for over 25 years, until 1923, an annual “Yearbook for Intersexual Variants,” dedicated to showing “scientifically” the biological (inborn and irreversible) differences between homosexuals and the rest of us.

Hirschfeld was also very active politically. He helped organize, and became leader of, the Scientific-Humanitarian Committee (S.H.C.), which sought to legitimize homosexuality by repealing the laws banning it. Before World War I, the S.H.C. was the largest homosexual organization in Germany, with its Yearbook playing a major role in its efforts.

After the War, Hirschfeld organized and led the Institute for Sexual Research in Berlin, which provided psychological counseling for people with sexual problems, including sexual offenders. Many of the latter were Nazi party members who might otherwise have been imprisoned.

It is ironic that the S.H.C., which Jews played so large a part in creating, was ultimately taken over by the Nazis. The latter viciously attacked Hirschfeld physically on many occasions, and once almost killed him. Also: ignoring and denying the homosexuality rampant in the Nazis' own ranks, they used Hirschfeld's prominence to demonstrate Jews' immorality.

The Nazis' first book-burning occurred on May 10, 1933, following a raid on Hirschfeld's Institute for Sexual Research. Institute records, including those of many Nazi sex offenders, were among the papers which went up in flames. Also burned were effigies of Hirschfeld and Freud, Jews who were allegedly corrupting the morals of German youth. To many Jews and anti-Nazis, the burnings made heroes of the two psychiatrists, and strengthened acceptance of their ideas.

The New Hellenes: the "Machos" or "Butches"

Many homosexual activists rejected the idea that homosexuals were a "third sex." "In the anti-feminist wing of the movement, [many] viewed male homosexuality as an expression of male superiority and considered the Ulrichs-Hirschfeld position insulting." (17) Seeing the love of friends as a masculine virtue, they urged a rebirth of the Greek ideal: a culture of pederastic male supremacy.

The views of these super-masculine "Hellenes" - also called "butches" or "machos" - clashed sharply with those of Hirschfeld and his "fem" followers (18). The esthetic, artistic and intellectual fems, many of whom were Jewish, saw homosexuality as standing on the same moral level as heterosexuality, supported the idea of law and therefore actively opposed laws banning homosexuality. They also strongly opposed pederasty and sado-masochism.

The machos, many of them bully-boys and high-ranking Nazis, were, in contrast, lawless, brutal, anti-Semitic and power-centered. Their ideals were man-boy and other same-sex relationships, which they saw as superior to marriage and relationships with women - whom they openly despised. Their contempt was even greater for "fem" homosexuals because of their seeming femininity and weakness. Unlike the fems, many machos actively engaged in sado-masochism and in sexual relationships with children.

Their opposite attitudes toward the Law was probably the most important difference between the two homosexual groups. While the fems saw Law as necessary for social living, and requiring correction when wrong - thus their insistence on repealing laws criminalizing homosexuality - many machos considered defiance of "bourgeois" standards of law as almost a matter of faith. Deliberate violators of the law are called criminals (and sociopaths and psychopaths), while those deliberately defying laws governing sexual conduct are sexual criminals.

Sexual criminality and the Nazis

Such sexual and other criminals were actively recruited by the Nazi movement from its very start (19). "No other party in Germany came near to attracting so many shady characters. A conglomeration of pimps, murderers, homosexuals, alcoholics and blackmailers flocked to the party as if to a natural haven...." This was a deliberate Hitler tactic.

In 1923, when he emerged from prison, the members of this conglomeration were “at each other's throats,” with some more prim Nazi leaders demanding “that the criminals and especially the perverts be expelled from the movement. [This] Hitler frankly refused,” He insisted it was not a political leader's task “to attempt to improve upon, or even fuse together, the human material lying ready to his hand.” Under the leadership of notorious pederast Capt. Ernst Roehm, these men became the lawless core of the terrorist Storm Troopers (Sturm -Abteilung or S.A.), which grew in time to 300,000 men, three times the size of the regular army.

Machtan's recent demonstration (20) of Hitler's own homosexuality - including his years as an active homosexual, as well as a homosexual prostitute, in Vienna and Munich - and recognition of how many early Nazis were themselves homosexual (Roehm and Hess especially) - allows us to recognize the accuracy of Igra's description of Hitler (and his party) as “the condottiere of a band of evil men who were united together by a common vice.” (2, p. 26) They were essentially a den of evil conspiracy. While the shared nature of their vice, with each knowing of the others' criminal activities, especially in the sexual area, might have left Hitler open to exposure by his equally criminal colleagues, after the Roehm purge of June, 1934 (a power play which Hitler justified by publicly attacking Roehm's well-known homosexuality) the Fuhrer concentrated all power into his own hands, with all of Germany, including the army, pledging fealty to him alone. This closed all avenues through which these vices, and his especially, could have been exposed.

Homosexuality in Britain

The turn-of-the-century work of Havelock Ellis in England (21), and other sex reformers on the continent, also fostered homosexuality's acceptance. Distressed at the political persecution of homosexuals (of Oscar Wilde especially), these reformers started viewing them as “biologically different from heterosexual.” They “argued that homosexuals should not be punished for their acts because their orientation was biological, not a matter of choice” - that they were unable, rather than unwilling, to engage in normal sexuality.

Homosexuality in America

Homosexuality, “the love that dared not say its name” in America fifty

years ago, has now become a successful and important political movement - or cult - which never stops talking. After having been accepted here far more than it ever was in Germany, its well-organized supporters now demand that same-sex marriage be placed on the same legal footing as traditional wedlock. Thru their continuing efforts to reduce (and eventually eliminate) laws on minimal age for sexual consent, they also reveal a probable ultimate goal: to remove any legal curbs on sexual behavior.

Steps in America's legitimization of homosexuality include (1) the Stonewall riot of 1969, (2) the American Psychiatric Association's removal in 1973 of homosexuality from its list of mental disorders (and the American Psychological Association's similar action a year later); (3) the AIDS epidemic, whose media coverage has made homosexuals innocent casualties of a mysterious virus rather than victims of their own promiscuity, (4) Richard Berke's April, 2000, revelation of homosexuals' central role within the New York Times (22); and (5) Lawrence v. Texas (2003), and Romer v. Evans (1996), the 2003 Supreme Court decisions decriminalizing homosexuality, which have been used to demand equal rights for same-sex relationships as for traditional marriage.

The Stonewall riot

The Stonewall riot, celebrated ever since as the gay community's Independence Day, occurred when a “mob of drag queens, dykes, street people and bar boys” physically attacked (taunted) a group of police conducting a raid on the Stonewall Bar in New York City's Greenwich Village. This Mafia-controlled bar, which the police wanted to close for selling liquor without a license, was a major meeting place for sexual deviants, whose increasingly obscene public sexual activities had evoked considerable citizen protest. As the police started taking individual bar patrons in for questioning, a mob gathered across the street and, “almost by signal, the crowd erupted into cobblestone and bottle heaving.” A “window-smashing melee” was followed by “a blaze of flame” from within the bar, within which police officers were trapped. By morning, the bar was a burned-out wreck, with homosexual leaders then declaring the violence a success (18, p. 311).

The Stonewall riot became the new symbol of the 'gay rights' movement. In its wake, Gay Liberation Fronts sprang up across the country, using intimidatory and coercive methods to achieve political gains. One of their first targets was the medical community. Psychiatric, medical and

behavior modification conventions in San Francisco, Los Angeles and Chicago were stormed, with homosexual activists shouting down speakers and terrorizing audience members.

2. The organized homosexual attack on, and takeover of, psychiatry

In 1970, a homosexual faction within the American Psychiatric Association, a major target, began planning a systematic effort to disrupt the group's annual meetings (23). At the 1971 meeting, Dr. Irving Bieber, a leading homosexuality expert, was interrupted while reading a paper and aggressively told, “[if your] book talked about black people the way it talks about homosexuals, you'd be drawn and quartered, and you'd deserve it.”

The homosexual group then demanded that the A.P.A. program committee give it a panel of its own at the 1971 meeting, warning that if it did not get it, they're “not going to break up just one section.” Although they got the panel, the intimidating tactics continued. Its members broke into one meeting, grabbed the microphone and gave it to an outside activist, who then announced, “psychiatry is the enemy incarnate. Psychiatry has waged a relentless war of extermination against us. You may take this as a declaration of war against you... We're rejecting you all as our owners.” Nobody objected.

The activists then secured an appearance before the APA Committee on Nomenclature, whose chairman agreed that homosexual behavior might not be a sign of psychiatric disorder. In 1973, the Committee voted to remove homosexuality from the Diagnostic and Statistical Manual of Mental Disorders, but that outcome had been secretly decided in advance. With no new data ever having been introduced, and no experts on the subject on the Committee, those objecting to this fundamental change were given 15 minutes to present their views to the Committee.

After the vote, members' objections forced presentation of the issue to the entire Association membership. Supporters of the change then sent a letter to the entire membership - a letter written, dispatched and paid for by the National Gay Task Force, whose role the A.P.A. membership was not told about. While a majority of the one-third of the membership who took part in the poll supported the change, a survey of psychiatrists four years later by the journal *Medical Aspects of Human Sexuality* showed that 69% disagreed with the vote and still considered homosexuality a disorder.

Ronald Bayer, who wrote the definitive study of these events, maintains that “the result was not a conclusion based upon an approximation of the scientific truth as dictated by reason but was instead an action demanded by the ideological temper of the times” (24). After the removal of homosexuality from the DSM, reports on efforts to change it essentially disappeared from the psychiatric literature. Since that time, the A.P.A. has been perhaps the most important professional organization actively supporting the homosexual agenda. And now we have efforts, particularly within the American Psychological Association, to ban as unethical any psychological efforts to help those seeking to change out of homosexuality.

If a vote by these professional organizations is all that is needed to normalize homosexuality, could the same faction-driven process occur with other behavior now considered aberrant, such as pederasty, once a critical mass of politically active practitioners has been reached?

3. AIDS and Homosexuality

There is little recognition of how the AIDS epidemic helped legitimize homosexuality. After the disease was first described in 1983 in drug-abusing homosexuals, and a test was created for antibodies to HIV - the alleged cause of the illness - its dangers were immensely exaggerated (25).

Many people who might have had the illness - homosexuals especially - were treated as lepers. Frightened courthouse attendants, for example, insisted on rubber gloves before touching people who might be suffering from this disease. Demands were made to isolate and quarantine actual, and even potential, disease victims - and also homosexuals. These gross irrationalities soon evoked sympathy for those being targeted.

A positive test for antibodies (not for the virus itself!) was taken as indicating both current infection and imminent death. That alleged great danger was used to justify the universal prescription of large doses of AZT, a very toxic drug previously judged too noxious for humans. This was given to both the clinically ill and “HIV-positives” in otherwise excellent health. The consequent deaths of many from both groups, most of them homosexual, evoked great public sympathy for their plight. These deaths also apparently created strong personal and political bonds among those who survived.

Although the new virus HIV was described as the cause of AIDS, and as transmitted from one person to another primarily via sexual intercourse, the homosexual political movement ignored the promiscuity through which the disease was believed spread and instead vociferously demanded more money for virus research. The many scientists thus funded came into direct contact with dying homosexuals, whose behavior they were hardly in a position to question.

This loud public insistence on “the search for a cure,” and on the drugs thru which that cure would be accomplished, helped create a public picture of AIDS patients, most of them homosexuals, as innocent victims of a dread micro-organism rather than of their own behavior. The AIDS quilts created all over the country show the extent to which AIDS patients were seen as blameless victims of this menacing microbe, for whom pity was thus evoked, and whose promiscuous behavior was removed from criticism. The remarkableness of this phenomenon becomes clear if we ask whether similar memorial-quilts would be sought for victims of syphilis.

4. The role of the New York Times

The major media, and the New York Times in particular, have played a central role in getting homosexuality accepted. Although neither same-sex civil relationships nor gay marriage are recognized in New York State, the paper's society pages feature same-sex commitment ceremonies alongside traditional marriages. Here the influence of homosexual activists - supported by the newspaper's owners and editors - also plays a key role. In April, 2000, Richard Berke, then the paper's national political correspondent, told the National Lesbian and Gay Journalists' Association that “literally three-quarters of the people deciding what's on the front page are not-so-closeted homosexuals... a real cry from what it was like not so long ago” (22).

5. The lies on which the Supreme Court decisions are based

Jeffrey Satinover, M.D. has demonstrated the Supreme Court's profound scientific errors in *Lawrence v. Texas* and *Romer v. Evans*, its decisions decriminalizing homosexuality (23). These are based, in turn, on the scientific Big Lies presented in amici briefs by the American Psychiatric and Psychological Associations and the National Association of Social Workers. Among other things, these decisions are based on the false presumption proclaimed by the mental health professions that

homosexuals “form a 'class' whose boundaries are defined by a stable 'trait.’”

Satinover (1) reviews the previously-mentioned political (rather than scientific) process through which the psychiatric and psychological guilds removed homosexuality from the list of mental disorders, (2) examines what he calls their “massive misrepresentation of the scientific record,” and (3) ends by scrutinizing “a key section of the two briefs used to define homosexuality as a “class,” a claim which depends upon homosexuality being an innate and immutable trait. (Racial “class” status is dependent upon “race,” a parameter that is relatively static with fixed meanings across studies.) “

The key study in the field, by Lauman et al., for the National Opinion Research Center at the University of Chicago, surveyed a statistically representative sample of American adults between the ages of 18 and 59 (26).

While the briefs submitted by the guilds refer to this study, they completely misrepresent its findings. They do this by extracting portions of its sentences so that its meaning is turned into its opposite, by citing page numbers not relevant to the statements they make, and primarily by simply not reporting the vast bulk of the study, whose conclusions in every area with respect to homosexuality are explicitly opposite to what the amici authors hold, and also opposite to the formal positions of the mental health guilds with respect to the stability of homosexuality and to its very definition and definability.

In the first paragraph of a chapter devoted entirely to the prevalence of homosexuality, Laumann declares that trying to determine a single number for that prevalence is “a futile exercise.... because it presupposes assumptions that are patently false: that homosexuality is a uniform attribute across individuals, that it is stable over time, and that it can be easily measured.”

Not only did the Laumann group discover that homosexuality is not a “stable trait,” they found to their surprise that its instability over the course of life was one-directional: declining, and very significantly so. Homosexuality tended spontaneously to “convert” into heterosexuality as a cohort of individuals aged, and this was true for both men and women - the pull of the normative, as it were (or they died - as a cross sectional study, either or both is possible).

So striking and unexpected was this finding that it led researchers all over the world in subsequent years to see if it was really true. Their research involved hundreds of people and strongly confirmed Laumann. Much of that work had been completed and published before the Lawrence briefs were submitted in mid-1995, yet the briefs fail to mention any of it. In fact, they claim the scientific literature supports the opposite finding. After making a welter of complex statements about “sexual orientation” admixed with a large number of references and footnotes that appear to sustain each of the individual statements, the authors claim that “sexual orientation” or “identity” is well-defined enough to be meaningfully spoken of, and, in particular, used legally to establish homosexuals as a class. They then assert that both Laumann and the other footnoted authorities support that view.

Laumann et al were actually forced by the data to conclude that “homosexuality” scarcely exists. To claim to “be gay” is in effect an almost utterly meaningless scientific statement. “Sexual identity” is too unstable to be labeled “identity.” Reputable scientific reference provides overwhelming evidence that contradicts the amici's claims. The labels “homosexual,” “bisexual,” and “heterosexual” provide nothing more than a convenient short-hand, because the dynamism of sexual “identity” over time frustrates any such static classification system.

For example, the authors of the brief allege that “current professional understanding is that the core feelings and attractions that form the basis for adult sexual orientation typically emerge by early adolescence. For some people, adult homosexual orientation is predictable by early childhood.” They do not mention the contradictory evidence in Laumann, which provides the most careful and extensive database ever obtained on the childhood experiences of matched homosexual and heterosexual populations. Indeed, later, the authors will cite a paper that Laumann et al. wrote using the same data to analyze the impact of childhood sexual trauma on later life, but will ignore what that study has to say about homosexuality. While they also claim that “few generalizable estimates exist of the prevalence of homosexual orientation in the United States [their footnote refers to Laumann]; among existing surveys on sexuality, estimates differ substantially,” Laumann actually says: “overall we find our results remarkably similar to those from other surveys of sexual behavior that have been conducted on national populations using probability sampling methods.”

Satinover concludes (23) that “since 1994 - for ten years - there has existed solid epidemiologic evidence, now extensively confirmed and reconfirmed, that the most common natural course for a young person who develops a 'homosexual identity' is for it to spontaneously disappear unless that process is discouraged or interfered with by extraneous factors. (*Italics in original*) We may now say with increasing confidence that those 'extraneous' factors are primarily the 'social milieu' in which the person finds himself. Ironically, this 'social milieu' is the family setting and culture being created by, inter alia, the decisions enforced by the Justices of the Supreme Court of the United States acting in coordination with the misrepresentation of scientific evidence provided to it by the American Psychiatric Association, the American Psychological Association, and the National Association of Social Workers.

More recent developments

In recent years, a veritable academic cottage industry has arisen dedicated to promoting homosexuality. The lesbian, gay and bisexual academic studies series, “Between Men - Between Women,” includes more than fifty volumes, many of which equate Judaism and homosexuality, with Freud cited as linking them. Chapter headings in the series' 2003 volume, “Queer Theory and the Jewish Question” (27) include, for example, “Queers Are Like Jews, Aren't They?” “Jew Boys, Queer Boys: Rhetoric of Anti-Semitism and Homophobia” in the Leopold-Loeb trial; and “Homophobia and the Post-Coloniality of 'the Jewish science'” - psychoanalysis.

Jews alleged inborn biological differences from “Aryans” were a major ideological justification for Nazi efforts to eliminate them. Similar biological misinformation underlies American views of homosexuals today: that some mysterious inborn biological and irreversible factor differentiates them from the rest of us.

We should also note how, over the years, consciously-created and slowly-accepted changes in language have both fostered and reflected the increasing public acceptance of homosexuality. Kertbeny's coining the term “homosexual” in 1869 began the changes. More recently, the emotionally neutral term “homosexual” has been replaced in many of our media by the benevolent-sounding “gay.” (“Warm” is today's German equivalent.) This process can be called “semantic laundering.”

Neglected aspects of homosexuality

The psychology of same-sex relationships: the importance of the first experience

Sexual release is intrinsically pleasurable. One's first sexual experience is never forgotten, and having once experienced sexual pleasure, people will want to repeat it.

When that first experience occurs in childhood, and with someone of the same sex, especially when it is pleasurable, that person's life-scale is tilted toward repetition, and then toward a homosexual life-style. But choice of that life-style is not inevitable. It is the separate, personal decisions of each individual which determine his particular behaviors, the patterns he then engages in, and the habits he thus develops.

Subsequent social experience greatly influences whether earlier same-sex experiences will be repeated and/or become habitual. Religious and societal prohibitions, and social involvement with members of the opposite sex, reduce the chance of repetition. That chance will be increased by association with, or membership in, gay groups. If these experiences occur sufficiently often in adolescence and adulthood, they can become pleasurable habits, which may then be difficult to change.

Defiance in homosexuality

Feelings of defiance against existing rules and laws are part of the human make-up. "Everything I like is illegal, immoral or fattening" is their quasi-humorous motto. Called "the evil inclination" by Jewish theology, and found in all of us, defiance is particularly visible during adolescence. But the existence of society requires obedience to law, and, consequently, both the social and individual control of forbidden impulses.

Sexual defiance is a central psychological element in homosexuality (28). Deliberately doing what is sexually forbidden can extend to deliberate involvement in other forbidden behavior - because it is forbidden. This may help explain the gratuitous cruelty of the Nazis.

The importance of differentiating feelings from behavior, especially for adolescents

Feelings and impulses, both of which are internal, must be differentiated from behavior itself. Experiencing forbidden impulses is part of being

alive; without prohibited sexual feelings toward glamorous movie stars, for example, Hollywood could not exist. But responsible citizenship requires that we control our forbidden impulses, which may be particularly troublesome during adolescence.

Adolescents often experience sexual feelings toward both genders, with doubts about their own sexual identity then often arising. Misinformation from the media and gay organizations, including the increasing presentation of same-sex relationships as acceptable or even desirable, can aggravate that sexual con_fusion. Youngsters should therefore be taught to shrug off such feelings as unimportant, comparable to heterosexual attraction to underdressed movie stars. Same-sex feelings can occur in any of us; their mere existence does not make anyone even temporarily “gay.”

Some uninformed youngsters with same-sex feelings start dwelling on them. Troubled by guilt and self-doubt, they may then try to suppress them. When this does not work, they may instead become obsessed with them. Should an authority figure then advise them that such feelings represent their true “identity,” they may feel momentarily relieved, agree, and seek to solidify that “identity” by acting on their feelings, i.e. engaging in same-sex physical relationships. That behavior can then shape their “identity,” and their entire future lives

It is widely asserted, although sub rosa rather than openly, that men's sexual impulses toward other men are stronger than those toward women, and are therefore too strong to be contained. Former New Jersey Governor James McGreevey used this ridiculous notion to justify his disgraceful behavior. Twice-married and a father with a daughter from each wife, he sought to excuse a clandestine homosexual affair, which was about to be exposed, by publicly proclaiming he was “a gay American:” that his being “gay” made him unable to control his consciously-chosen bisexual promiscuity!

The notion that homosexuality is outside an individual's control removes his responsibility for engaging in same-sex activities: “my genes (or my childhood) make me do it.” It is thus presented as a compulsion: a drive from within which one can neither resist nor change.

Homosexuality, promiscuity, disease and premature death

Homosexuals are far more promiscuous than the rest of us. One study

found that while 68% of men and 76% of women had had only one (heterosexual) partner in the previous year, only 2.6% of homosexual men and 1.2% of lesbians had so limited themselves. (29). Another found that, for the American population as a whole, the number of lifetime sexual partners was 7.15 (8.67 for those who never married), while gays, even after the appearance of AIDS, had an average of more than 50 a year - over 600 between ages 18 and 30 (30).

The profoundly destructive effects of gay promiscuity on health precede, and extend far beyond, AIDS - which was first defined as “gay-related immune deficiency syndrome.” As long ago as 1968, years before its discovery, the Manhattan homosexual community was described as beginning to display the disease profile typical of a “tropical island” or third world community, with rectal trauma, use of recreational drugs and the transmission of many viral and bacterial infections far more common than previously (31. 32). One result of this promiscuity has been a much shortened life-span for homosexuals - perhaps by as much as 20 years (33,34).

Summary

Homosexuality can be seen most simply as an often-pleasurable habit, which can become harder to change the more it is engaged in. While same-sex behavior has existed as long as humanity itself, it has been dealt with very differently in different societies. It was accepted in Greek societies and banned (for the first time) by Judaism - and then by Christianity. But it was always seen as a chosen activity, under conscious control.

In mid-19th century Germany, men engaging in same-sex relationships formulated the self-serving notion that this behavior was outside their control rather than having been chosen. That was supposedly because they were biologically different from the rest of us. This notion, accepted by the medical science and leading European sex experts of that day, has been widely repeated ever since in various forms, such as (1) the pseudo-scientific publications early in the 20th century by the homosexual Berlin Jewish psychiatrist Magnus Hirschfeld, and (2) the more recent claims that homosexuality is caused by one or more genes.

In the mid- and late-19th century, Lamarckianism was widely accepted by physicians and scientists, including Freud. This theory - belief in the inheritance of acquired characteristics - was particularly significant

concerning Jews. whose behavioral differences from non-Jews were seen as biologically determined. And if Jews' different behavior patterns arose from biological differences from the remainder of humanity, the same could be - and was - said of those engaging in same-sex activities.

Homosexuality grew rapidly in Germany , with two distinct trends emerging within it: the fems who sought homosexuality's legal acceptance as morally equal to heterosexuality, and the hellenic, super-masculine machos (butches) who despised women, fems and the law itself. Butches and their sexual criminality played major roles within the Nazi party.

In America, intensive and increasingly successful efforts to legitimize homosexuality have been going on since the Stonewall riot of 1969. Examination of several steps in this process, which culminated in the 2003 Supreme Court rulings decriminalizing it, reveals the aggressive skill and clever chicanery of the homosexual political activists seeking this goal. Scrutiny of the allegedly scientific material submitted by the homosexual-influenced psychiatric and psychological guilds, upon which the Court based its decision, reveals not only that material's errors but its deliberate mendacity thru both omission and commission. And the most recent epidemiological studies demonstrate clearly that “the most common natural course for a young person who develops a 'homosexual identity' is for it to spontaneously disappear unless that process is discouraged or interfered with by extraneous factors” - such as those fostered by the Court's decision.

Other psychological and medical aspects of homosexuality, whose significance is often omitted, include the significance of the first sexual experience, especially with someone of the same sex; the central roles of defiance and promiscuity; the importance of differentiating feelings from behavior; and the increases in promiscuity, disease and earlier death associated with homosexual behavior.

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Letters and Responses

Mme. Roussel of France said:

This would seem to indicate that when a child is raped, he or she can "find it pleasurable". No. Little girls who have been raped can turn to "slutting" and little boys to homosexuality, because of the "re-victimization" process that is one of the symptoms of post-traumatic stress disorder. Certainly not because they "liked it". In fact, they seek to diminish the traumatic aspect of the rape by making it "a banal act" - since "what is banal stops being dangerous", or so they unfortunately think. It is only self-destructive behavior.

As stated by my nephew, 16 years old, "a child is attracted sexually to no-one".

Sexual intercourse with a child is always a rape, and what Nathaniel S. Lehrman has written makes me want to vomit.

So, please, tell me how you can possibly have peer-reviewed or approved of that dirty little paragraph ?

There are too few people like you, really doing something else for gays than telling them they should be happy the way they are, to allow those kind of goofs.

Was it only a slip? A monumental one, at that, since many gays are such after a rape, and that kind of statement is more than enough to put them off forever.

"You are gay because you liked being raped as a child" - tell me what self-destructive gay, ex-pedophile victim, would trust any of the men who are supposed to have peer-reviewed this article ?

Dr. Lehrman replies:

Mme. Roussel's fury is based denying the well-known fact that childhood homosexual experience with an adult, heinous though we correctly consider it, can in fact be pleasurable.

All such adult-child encounters - which are indeed rape, as Mme. Roussel says - predispose their victims to homosexuality in adulthood. While such encounters may certainly be painful, they can also be pleasurable if the rapist acts in a kind and considerate way. A youngster who experiences such encounter(s) as pleasurable will therefore be more likely, than one whose encounter(s) are painful, to define him/herself in adulthood as homosexual, and engage in homosexual activity. But, as I said, that choice is not inevitable.

Dr. Cameron adds:

A peer reviewed article means that at least two of the peers listed on our editorial/review board read and gave an OK to the article, not that everyone on the board did. Plus, giving an OK does not mean that the reviewers agreed with some or all of the content of the article, only that it was professionally done and thus worthy of publication.

I find the passage Mme. Roussel criticizes in accord with what we know about human sexuality. And also note Lehrman did not specify adult-child sex -- indeed any sexual experience can do. In Kinsey's study, the first sexual experience appeared to be very influential in later sexual activity. In the FRI study in 1983-4, the first sexual experience also appeared to be very influential – especially for boys. For boys at least, almost two-thirds who reported that their first sexual experience was homosexual said they engaged in homosexuality in adulthood. This was true whether the experience was reported as with a peer or an adult (e.g., statutory rape). For those who reported their first sexual experience was with their father, one said he was heterosexual at interview, one said he was bisexual, and one said he was homosexual. 4.2% of men reported, that before they were 16, their first sexual experience was with a woman, 1.4% reported their first sexual experience was with a man. If a woman were the first partner when the respondent was a boy, he was no less apt to say he engaged in heterosexuality in adulthood.

Girls seemed less apt to be affected. Only 3 reported their first sexual experience was with a woman. Of those, 1 reported current exclusive heterosexuality (her grandmother was the perpetrator, and she volunteered 'hating women' as a consequence); and 2 reported 'mainly' heterosexual interests. The first sexual experience was reported with her father by 18 women, 4 (22%) of whom reported bi/homosexual interests at interview. 10% of women reported their first sexual experience was with a man (over the age of 17) while they were under the age of 16 – 9.6% of those currently claiming exclusive heterosexuality, 20.3% of those currently claimed bi/homosexuality. Thus, while first sex with a man appears far more apt to be associated with adult heterosexuality, a disproportionate number who reported undergoing this experience reported current homosexuality (the X^2 for this difference is 7.9, <0.01).