

A Lutheran Psychiatrist's Point of View

As a Lutheran who is also a doctor in the field of psychiatry, I would like to offer the following standard medical and Lutheran point of view.

Homosexuality is not a purely learned behaviour any more than is heterosexual behaviour. Most heterosexuals would find it ludicrous to think that they chose to be heterosexual after much training and practice. Many homosexuals report "a priori" knowledge of the orientation, meaning they were attracted to and knew that they were homosexual prior to any sexual activity. The same is true of heterosexuals who knew before sexual activity that their orientation was to the opposite sex. Homosexuality is not a preventable disorder; it is actually not a disorder at all and has not been viewed as such by the medical community long before I was even a physician. In addition, like temperament, sexual orientation is known to be stable throughout the lifespan: heterosexuals, bisexuals, and homosexuals alike. Genes and environment play a role in human sexuality, as they do in body shape and cardiac health.

Attempts to get rid of homosexual orientation in an individual in the past have failed. Aversive therapy, which is giving negative stimuli such as electric shocks or drugs that produce nausea and vomiting when gays see homoerotic stimuli had no long lasting effects except to further traumatize them. This was attempted in the 1960s and was abandoned when it was realized changing sexual orientation is not possible. Reparative therapy has no strong evidence behind it. Testimonials, such as seen on infomercials on television, are one person's opinion and are not respected as scientific evidence. Randomized clinical trials are required to change scientific opinion and as yet, reparative therapy has no strong evidence of this calibre. According to the American Psychiatric Association (APA): "There is no published scientific evidence supporting the efficacy of reparative therapy as a treatment to change one's sexual orientation. It is not described in the scientific literature nor is it mentioned in the APA's latest comprehensive Task Force Report." Refer to the APA's current website for up-to-date confirmation of this data.

Consider the most current medical point of view on homosexuality:

All lesbian, gay, and bisexual persons will to some extent contend with what has been called internalized homophobia which occurs when the developing gay or lesbian person psychologically incorporates negative societal views of homosexuality and then experiences these feelings and beliefs in the form of a negative self evaluationand for some, it can produce a variety of psychiatric and behavioural symptoms including depression, anxiety, denial, and suicide. Anti-gay and anti-lesbian attitudes, heterosexism (attitudes degrading any orientation other than heterosexual), and internalized homophobia serve to define important aspects of development and daily experience in the lives of lesbians and gay men. For some persons, these negative forces impinge upon the successful completion of normative developmental tasks and may delay or prevent successful adaptation and achievement of a healthy sense of self. Internalized homophobia interacts with individual life histories to produce a unique expression in each gay and lesbian person but its common roots lie in experiences such as criticism and shaming because of gender-nonconforming behaviour in childhood, in adolescence, being systematically excluded from institutions like the military, and being discriminated against by prohibition of same-sex marriage and denial of equal health and other benefits to same-sex partners.¹

As a Lutheran, and not just a doctor, I know we all choose to follow certain aspects of the Bible and ignore others. For example, my wife and I do not believe that she should cover her head in church (I Corinthians 11: 1-16); do purification rituals when she is having her period (Leviticus 15: 2-32); or keep silent in church and later ask me questions at home if she needs to (1 Timothy 2: 11-15 and 1 Corinthians 14: 34-36). I don't see anyone at my Lutheran church following these principles; all of us are choosing to follow certain passages in the Bible and ignore others. The same can be said of those Christians quoting certain scriptural passages to support their personal views and suppression of lesbian and gay Lutherans. We haven't historically tried to reinterpret or ignore passages on homosexuality and the result is life-long hardship for people in our Lutheran community. The Bible is clear that sexual activity should only occur within marriage yet we currently deny homosexuals the ability to ever enter into marriage. Therefore, we've condemned them to a life of never having sexual experience within a committed relationship that we heterosexual Lutherans enjoy. Further as a doctor, this concerns me because we enhance the spread of HIV and other sexually transmitted diseases by preventing recognition and respect of long term committed relationships in the gay and lesbian community.

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¹ Sadock, Benjamin. *Comprehensive Textbook of Psychiatry*. Seventh Edition. Page 1618-1619. Philadelphia, PA: Lippincott Williams & Wilkins, 2000