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the pill regardless of social or marital class. Decreasing use of the condom is an additional factor in the spread of venereal disease. Fear of pregnancy acts as a brake on promiscuity and the removal of that brake increases sexual activity and hence venereal disease.

We have seen clearly the effects of venereal disease. Its relationship with increased sexual promiscuity is obvious from the Aberdeen figures and indeed in V.D. clinics throughout the country. Christians need to take a long hard look at these facts. We must not allow liberalising ideologies to cloud our sight. Increasing prescriptions for the single girl is not decreasing illegitimacy or abortion; it is making things worse. Venereal disease is in epidemic proportions. Family life is being devalued. We must stand firm in our belief in the sanctity of marriage. Premarital continence and marital fidelity are the principles which the Christian upholds. These together with the blessing by God of the sacrament of marriage are the only way which these alarming trends in society can be stopped. Christians must stop being silent but stand up and argue to preserve what they believe and know to be right.

¹ *Aberdeen's Experience 1946-1970*—Pub. Birth Control Campaign.

² *Pregnancy outcome and Fertility Control in Aberdeen*. Brit. J. of Prev. and Soc. Med. August 1973.

³ Scottish Home and Health Dept.

⁴ Scottish Registrar General.

ROGER C. MOSS

3: Sexual deviations

The best known of the so-called sexual deviations is homosexuality. It may occur in men or women, and refers to the sexual, erotic interest which a person may have for those of his or her own sex, whether or not this results in any form of sexual behaviour. The other deviations may or may not be associated with homosexuality. They are, for the most part, not such clear-cut entities as homosexuality, and have not been studied so intensively. It is not easy to make general statements about the whole group, and most of what follows refers particularly to homosexuality. But as far as our attitude to these people is concerned, and as far as understanding and helping them goes, the general principles are sufficiently similar for the purposes of this article.

The other deviations include *trans-vestism*, the wish to wear the clothing of the other sex; *trans-sexualism*, the desire to change sex, often through the conviction that the individual should have been born with the opposite sex characteristics; *exhibitionism*, usually by

men of ill-adjusted personality, involves exposing the genitals in illicit situations, and is often accompanied by a feeling of sexual pleasure; *fetishism*, in which sexual feeling has to be enhanced by factors which are inessential and accidental to the normal sexual process, such as articles of clothing with say, a silky feeling; *sadism*, in which pleasure is obtained from causing pain to the partner; and *masochism*, in which satisfaction comes through receiving pain or humiliation. The original use of the last two terms was primarily in the setting of sexual experience, but usage has now of course broadened from this.

Genetic factors

In most conditions of psychiatric interest, the former controversies between heredity and environment, nature or nurture, have lost their force. In most instances, the modern question is, how do these two elements combine and interact to produce the situation under observation? And with an entity like homosexuality, which has to do with personality and is thus difficult to define precisely, the obstacles to clear scientific knowledge are considerable.

General opinion is uncertain how much a part genetic factors play in the development of homosexuality, and even more so in the other sexual deviations. Some evidence has suggested that it may play some part, but probably not in every case. A more modern view might be that if genetic factors do anything, they perhaps sensitise the individual, so that if during his development certain environmental influences are present, then he is more likely to become homosexual, or whatever.

The sex hormones circulating in the blood in adult life are no different in quantity, quality or balance between homosexuals and heterosexuals. But an interesting line of research is investigating the influence of abnormal hormone factors at critical periods during pre-natal life, for there is some hint from animal work that it may be this that sensitises an individual to the later development of a sexual deviation.

Environmental influences

There is considerable agreement that the kind of relationships the growing child has had with his parents is often important. And in a more general sense, many of the deviations are influenced by the setting in which sexual matters were first experienced. So that if a very puritanical outlook gave rise to the idea that sex was dirty and relationships with the other sex a bad thing, and if taboos and lack of discussion allowed such notions to persist, a child could be influenced for life. Indeed, many people with sexual problems say that this has been so for them.

In the case of male homosexuality, there may have been an unsatisfactory relationship with a father who was a weak figure in the home; indeed the father may have hardly figured at all in the boy's life. And the boy's mother may have been over-protective, and very often frankly sexually provocative. In the adult homosexual, the rather exclusive relationship with the mother often persists. In female homosexuality, the pattern is not quite so clear, but nevertheless, relationships are frequently poor, and the parents tend to be unhappily married.

The fact that parents wanted their child to be the other sex sometimes drastically influences the way they handle the child, and is probably a significant factor in explaining deviations. Moreover, if the young adult cannot find satisfactory outlets for his sexual drive, if a homosexual relationship gives him a sense of security, if his self-esteem is rather low, and if he can stand to gain materially from homosexual behaviour, an existing tendency can be encouraged and developed.

Personality Development

Do we all go through a homosexual phase in normal development? Are there bisexual elements in everyone?

This is a very difficult question on which to give a factual answer. The famous Kinsey studies in the USA found that about 30% of men and 13% of women had experienced some kind of homosexual encounter at some stage in their lives. When one thinks of the number of girls who develop a "crush" for an older girl during their school-days, and the experience of many boys in boarding schools especially, it would seem fair to assume that an interest in people of the same sex is pretty common during development. In any case, the mid-teens are a time when for a while there is preference for single-sex groups, and if the emergent sexual impulses have to be dealt with in such a context, perhaps it is not surprising that homosexual interest occurs. This process rarely sticks there, and can hardly ever be said to be the main or only reason for homosexuality.

Bisexuality is a term used in several ways. The basic physiology of male and female is of course remarkably similar, and each sex has both male and female hormones. We may all recognise within ourselves masculine and feminine characteristics, but the strength of them depends on what our own society and culture decides are appropriate for each sex. Some deviants refer to themselves as bisexual if they have a capacity for both homosexual and heterosexual relationships. Like most biological phenomena, there seems to be an infinite gradation from one extreme to the other, and here again, the concepts are far too imprecise to provide straight factual answers.

Do sexual deviations then indicate immaturity of the personality, or even a personality defect?

If you take the view that a mature personality is one who among other things is able to have a satisfying heterosexual relationship, then clearly something is 'wrong' with the sexual deviant. Most psychologists would not go as far as this in their definition. Psychiatric examination of homosexuals shows many to be free of personality disorder, psychosis or neurosis. Many homosexuals never go near a doctor, but appear to be mature and responsible members of society. There certainly are some who are mentally immature, some who are severely damaged personalities, and some whose sexual problems are part and parcel of their mental illness. Experience of the latter might lead one to suppose that homosexuality was always associated with personality difficulties, but this is not the case. Yet the fact remains that many of these individuals *feel* deficient, and have difficulty accepting themselves merely as a kind of variation of the human species. Common assumptions, and Christian teaching, lead to the belief that normal life includes heterosexual relationships. It seems forced to argue that this is not necessarily so (as some homosexuals might), but nevertheless in other respects many homosexuals seem remarkably well rounded as people.

Christian attitudes and help

Our primary attitude should not be difficult for us. These are *people*, made by God and for whom Christ died. Yet there is a welter of prejudice for us to work through before this attitude comes easily to us as Christians.

The first need is to take them seriously. These individuals are not joking. For many of them, life in society presents grave problems purely because they feel their state so intensely.

The second need is to be approachable when the theme is in the sexual area. Baldly stated prejudices may ensure that these individuals never come near us. Our own inhibitions with regard to discussing sexual matters are not appropriate to the society we are now living in, and if such topics are taboo for us, then we will be taboo to many who need deep spiritual help.

We have to work out our thinking on the sin problem. Is homosexuality, are the sexual deviations, basically and simply sinful? Even could we say that they were, we should not treat the individual like the leper of old was treated. It is true that the Bible condemns homosexual *practices*, especially on those occasions where it was a group activity and clearly associated with deteriorating social standards. But the Bible is silent on the homosexual *state*. And where a person's make-up causes him to be concerned about his attitudes, but where there is not necessarily any sinful behaviour, why should he be judged? Some of the sexually deviant practices are not con-

sidered abnormal or wrong when practised with mutual consent within marriage. The sin question is not a simple one.

Of course, if our attitudes are sympathetic—though they need not be condoning of deviant practices—the first step to helping people like this will be easier. When approached with a problem of this kind, it is important to try to establish exactly what the problem is. It might be assumed that the individual would like to be made 'normal'. Sometimes indeed, this may be the case, and if so, it will probably be best for a psychiatrist to be involved. Very often, however, this is not the difficulty at all. It may boil down to a need for companionship—the homosexual state having been accepted. Or, commonly for the Christian homosexual, it may be a legitimate anxiety about his feelings when dealing with young fellows at the youth club.

Deeper down, there may be all sorts of questionings and heart-searchings going on. Why should I be different from most people? What outlet can I be permitted to have for my sexual feelings? How can I have the experience of a deep personal relationship without being frowned upon by society, and especially my local church?

If no basic change is desired or thought possible, then these issues have to be faced. To some extent, the process is similar to helping people with a chronic handicap—paraplegia or loss of sight, for example. To find the greatest fulfilment within the limits of what is possible, and above all to find positive meaning for life is important.

Even so, some of the problems are difficult and intractable. Most Christian workers find them so, and professional skill does not necessarily add a great deal. One factor that will help greatly, and which does not depend purely on the person who has the problem, is the degree of acceptance he can find within the Christian fellowship. Just as important as devoting time to the airing of all his problems, is that given to the group in making sure the support given to such individuals is deep and loving. Sooner or later, the sexual problem may leak out. And if it does not lead to rejection of the individual concerned, then perhaps it is a sign that the love of God is being shed abroad in the hearts of the fellowship by His Spirit!

For further reading

Towards a Christian Understanding of the Homosexual, by H. Kimball-Jones, SCM Press 1967. A good, thorough review for the layman of the nature of the problem, its handling in the Judaeo-Christian tradition, and what is needed for a Christian understanding.

The Returns of Love, by Alex Davidson, IVP, 1970. An autobiographical approach which gives a revealing insight into the problems a Christian homosexual faces.

Homosexuality, by D. J. West, Penguin, 1960. The standard popular paperback on the topic.