

# Homophobia and the Limits of Scientific Philosophy

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*Abstract: To criticize Richard Swinburne's recent argument for the thesis that homosexuality is a disability that should be prevented and cured, I show that it rests on implausible premises about the concepts of love and of disability, and that the endorsement of its conclusion would lead to grave consequences for homosexuals. I conclude that Swinburne in his argument against homosexuality has moved beyond the limits of scientific philosophy, and into the realm of homophobia.*

*Keywords: homosexuality, homophobia, love, disability*



*Before I start my talk, let me introduce you to this little fellow. He is called Tinky Winky, and he is one of the five Teletubbies, who feature in a BBC television series for little children which started in 1997. The cheerful Teletubbies live in the Tubbytronic Superdome. They move and talk much like the toddlers in the intended audience of the series, their catch-phrases being “Eh-oh” (for “Hello”), “Bye-bye”, and “Uh-oh” (when something went wrong).*

*Tinky Winky has been the object of some moral and political controversy. In 1999, the evangelical pastor Jerry Falwell warned parents of Tinky Winky's hidden homosexuality. “He is purple – the gay-pride colour; and his antenna is shaped like a triangle – the gay pride symbol”<sup>1</sup>. (Falwell is at least partly wrong here, as the gay-pride color is pink; purple is feminist.)*

*This summer, Tinky Winky was accused once again by Eva Sowinska, who at that time was the spokesperson for children of the Polish government. “I noticed he was carrying a woman's handbag. At first, I didn't realise he was a boy.”<sup>2</sup> Therefore, Sowinska was worried that the TV show carried homosexual propaganda and ordered some psychologists to investigate. But Tinky Winky and his Polish fans can be relieved to hear that later Sowinska backtracked. Meanwhile, the sales of Tinky Winky toys have gone up in Poland.<sup>3</sup>*

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<sup>1</sup> Quoted from BBC News (15. 2. 1999).

<sup>2</sup> Quoted from BBC News (25. 5. 2007).

<sup>3</sup> In the preparation of this text, I have profited from discussions with Christian Weidemann, Michael Groneberg and Nikola Kompa. I would like to thank Nicola Möbner, Sebastian Schmoranz and Christian Weidemann, who organized the *Münstersche Vorlesungen 2007* with Richard Swinburne, for their support.

## 1 Introduction

Richard Swinburne argues for the thesis that homosexuality is a disability that should be prevented and cured where possible (R 303ff.). The purpose of my talk is to criticize this argument against homosexuality. After giving you an outline of Swinburne's argument, I will criticize its premises, concentrating on the concepts of love and disability (section 2). In a second step, I will outline some negative consequences for homosexuals living in Western societies that would emerge if the conclusion was widely accepted (section 3). After this discussion of homosexuality, I will change the stance and apply the sociological concept of homophobia to Swinburne's text (section 4).

My presentation will be different in character from the other contributions at this conference. At *Münstersche Vorlesungen*, we usually try to offer internal and mostly constructive criticism to our guest philosopher. My criticism of Swinburne's arguments will be neither internal nor constructive. I will rely on considerations external to Swinburne's philosophy, e.g. on different concepts of love and disability and on the sociological concept of homophobia. And my criticism will not be constructive in spirit because I do not intend to help Swinburne improve his argument against homosexuality.

Let me sketch the place Swinburne's theses about sexual morality have in his philosophy of religion and in the project of his book *Revelation* in particular. Swinburne has argued elsewhere for the probability of the existence of God (e.g. in EG). In *Revelation*, he argues for the thesis that central Christian doctrines of the bible are indeed the revealed word of God. In a first step, Swinburne argues for the probability that, given his existence, God will reveal theological and moral truths to us (R 79ff.). In a second step, Swinburne tries to show that the central doctrines of Christian belief may indeed be the revealed word of God because, in the light of more general convictions about the world and about God, they are not unreasonable (R 135ff.).

Because of this dialectical situation, Swinburne in his defense of the revealed nature of particular Christian doctrines does not argue *from* the bible but *for* the bible. When he discusses central Christian rules concerning sexual morality, he therefore argues that God indeed had reason to make these rules obligatory. As a consequence, Swinburne's arguments for his theses about sexual morality and about homosexuality in particular can be isolated from his overall project in the philosophy of religion. In my criticism of his argument against homosexuality I therefore can refrain from theological considerations.<sup>4</sup>

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<sup>4</sup> In some of his arguments about sexual morality, Swinburne uses the premise that God can restrict the use of sex because it is His gift (R 299). Of course, a critique of this premise cannot be entirely free of theological considerations. But in his discussion of homosexuality, Swinburne does not use this premise (R 303-306).

## 2 Premises about Love and Disability

Swinburne's main argument against homosexuality is contained in a few sentences:

The first thing to recognize is that homosexuality is a disability. For a homosexual is unable to enter into a loving relationship in which the love is as such procreative. It is a great blessing, the normal condition important for the continuance of our race, to have children which are the fruit of loving acts of parents towards each other. (R 303f.)

Swinburne continues: "Disabilities need to be prevented and cured" (R 304). He concludes that homosexuality should be prevented and cured where possible (R 305) and lists some recommendations for putting this conclusion into effect (R 304ff.).<sup>5</sup> Let me give you an overview of this argument:

**P1** Homosexuals are "unable to enter into a loving relationship in which the love is as such procreative" (R 303).

**P2** It is of great value "to have children which are the fruit of loving acts of parents towards each other" (R 303).

**P3** The inability to do something of great value is a disability.

**C1** Homosexuality is a disability (R 303ff.).

**P4** Disabilities need to be prevented and cured where possible (R 304).

**P5** To some extent, it is possible to prevent and cure homosexuality (R 304f., R 361f.).

**C2** To some extent, homosexuality should be prevented and cured (R 304ff.).

If there are no equivocations involved, this reconstructed argument must be seen as valid.<sup>6</sup> But how does Swinburne support the premises? The third premise (P3) can be seen as a definition of the

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<sup>5</sup> The recommendations for the prevention and cure of homosexuality will be listed and discussed in section 3.

<sup>6</sup> Swinburne has a supporting argument to the same conclusion (C1) that homosexuality is a disability: "Children need two parents of different kinds (biological, emotional and mental), so that they have different examples of behaviour to emulate [...] While not everyone may choose to become parents of this kind, the inability to do so is a disability." (R 304) I see the following flaws in the supporting argument: (1) It is by no means clear that men and women are of different biological, mental and emotional kinds. They are of the same biological kind, because they are human beings. And while there are all sorts of mental and emotional differences among human beings, Gender Studies have successfully called into question that these differences are essentially connected to the genders. (2) Children are raised in many different situations: by a single parent, by two parents of the same sex, by a heterosexual couple, in a family-structure comprised of more than two adults or in the collective childcare in a kibbutz. Much study and argument would be needed to show that in general, one of these models is better suited than the others. Swinburne cites only one study to show that it is better for a child to grow up with its biological

concept of disability. It is not stated in Swinburne's text, but it (or something like it) is clearly needed in his argument. Swinburne explicitly states the first, second, and fourth premise (P1, P2, and P4), but he does not give any further support to them. The only premise he does argue for is premise five (P5) about the chances for the prevention and cure of homosexuality.

### **The Question of Change is Irrelevant (P5)**

After briefly establishing that homosexuality is a disability (P1 and P2, R 303f.), Swinburne devotes the larger part of his discussion of homosexuality to the possibility of change (R 304ff.). There even is an appendix about scientific studies which point out the possibility of in some cases changing homosexuality to heterosexuality (R 361f.).<sup>7</sup> Of course, as *ought* implies *can*, the normative conclusion that calls for a change of homosexual inclinations (C2) can only be established if change of this kind is possible. It is nonetheless striking that Swinburne dwells on the question of change so much longer than on the normative component of his argument.

A plausible explanation for this imbalance may be that there is some material for Swinburne to draw from because today there is an extensive debate in the U.S. about the question whether homosexuality is a matter of choice. This debate was initiated in the 1990s by conservative and religious groups like the Ramsey Colloquium, the Traditional Values Foundation, and Exodus International.<sup>8</sup> These groups maintain that although there may be some biological predisposition, homosexual behavior is a matter of choice.<sup>9</sup> Subsequently, some gay and lesbian rights advocates have embraced biological research that seems to show that homosexuality is genetically determined.<sup>10</sup> In this way, the focus of the debate about homosexuality has shifted from the topic of equal rights and individual liberty to the question of choice.<sup>11</sup>

This change of topic has proved an effective rhetoric strategy for the conservative side because those who try to show that homosexuality cannot be changed implicitly have accepted that it *should* be changed, in other words, that it is something like a disease. So "change" here really means

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parents (R 362f.). – In my talk I will not deal with the supporting argument because it does not concern homosexuality as such but gender relations. Swinburne's theses about gender relations and especially his argument for male family headship (R 307f.) would merit a critical article of its own.

<sup>7</sup> Swinburne in his appendix cites four studies to show that beside a genetic predisposition there are environmental factors causing homosexuality (R 361) and one study to show that the youngest of many boys is "more prone to homosexual orientation than others" (R 362). To show that it is possible for homosexuals to change, Swinburne draws only upon one study, the famous Spitzer Study (R 362), which is criticized extensively in Besen (2003): 225ff..

<sup>8</sup> Brookey (2003): 3.

<sup>9</sup> Brookey (2002): 1ff.

<sup>10</sup> Brookey (2002): 4ff.; Groneberg (2006): 17f.

<sup>11</sup> Brookey (2002): 1.

“cure”. But of course, the question of cure can only be relevant if there is something wrong with homosexuality to begin with. To bring this out, imagine our surprise when we would come upon a scientist inquiring extensively into the chances of curing heterosexuality. I think all of us would ascribe to the scientist some wild prejudice against heterosexuality.

Therefore it is best to leave the question of choice unanswered and concentrate on normative issues.<sup>12</sup>

### **Love, Sex, and Procreation (P1)**

Swinburne’s first premise already leads to normative issues. It says that homosexuals are “unable to enter into a loving relationship in which the love is as such procreative” (R 303). On the face of it, this seems indisputable, because it is true that homosexual intercourse can never be procreational. But this is not what Swinburne says.<sup>13</sup> What he does say is that homosexuals are unable “to have children which are the fruit of [their] *loving* acts” (R 303): Swinburne conflates the concepts of love and of sex.

But there obviously are many sexual acts that are not acts of love. And even if, during one of those comparatively few acts of heterosexual intercourse that do lead to procreation, both partners have strong loving feelings towards each other, it is not the loving but the sexual aspect of the act that is procreative. Seen in this sober way, love is *never* procreative, because it only sometimes and then contingently accompanies sexual acts that lead to procreation.

What is more, depending on the interpretation of the elusive concept of love, there may well be acts of love that are not sexual acts. What about caresses, glances, and talking in a certain way? Why should we not for example count *applying for adoption* as an act of love? Then the child of two people of the same sex would be “the fruit of [their] loving acts” (R 303). – In any case, the complex concept of love is quite distinct from the concept of sex, and these concepts certainly are not coextensional.

One conviction behind Swinburne’s confusion of love and sex may well be that the value of sex is inextricably linked to procreation. This is another strong thesis, and much further argument would be needed to support it. For instance, many people nowadays value sex solely because it gives them great pleasure – why should they be wrong to prefer recreation to procreation?

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<sup>12</sup> I will refer to scientific studies critical of the therapy of homosexuality in section 3. But then I will not be concerned with the question of choice, but with the psychological harm inflicted by trying to cure homosexuality.

<sup>13</sup> And this would not suffice for his argument because the normative component he needs in order to reject homosexuality derives from the normatively laden concept of love. The mere fact that heterosexual intercourse is procreative while homosexual intercourse is not can hardly be called “a great blessing, the normal condition important for the continuance of our race” (R 303).

### **Modality (P1)**

Another reason to reject the first premise concerns modality. The first premise says that homosexuals are “*unable* to enter into a loving relationship in which the love is as such procreative” (R 303). Even if there was no problem with the part about love and procreation, this is clearly false. In the standard sense of *being able to do something*, most homosexuals are able to have heterosexual intercourse, are able to marry someone of the opposite sex, are able to have loving feelings towards this spouse and are able to have children from that union. It is only that today, a great number of homosexuals simply prefer not to manifest these abilities. But a preference can hardly count as an inability. (Imagine Tinky Winky gets much more satisfaction from jumping than from walking leisurely and consequently, every time he needs to get from one place to another, jumps all the way. Even if we found his preference puzzling, we surely would not say that Tinky Winky was *unable to walk*.)

### **Overpopulation (P2)**

Swinburne’s second premise is that it is of great value “to have children which are the fruit of loving acts of parents towards each other” (R 303). After the critique of Swinburne’s conflation of love and sex, this has no plausibility seen from the perspective of each single family.<sup>14</sup> But what happens if we take a *global* perspective? Swinburne indeed takes this perspective when he calls having “children which are the fruit of loving acts” “the normal condition important for the continuance of our race” (R 303).

Of course, *global homosexuality*, i.e. the situation where every human being is exclusively homosexual, would make procreation much more complicated<sup>15</sup> and thus might even lead to the dwindling away of the human species. But this scenario is extremely improbable because of some facts about numbers and probabilities: First, there are a large number of human beings living on the planet right now; even Swinburne speaks about “overpopulation” (R 313). Second, only a small percentage of the many sexual acts performed by humans are needed for this very effective process of procreation. Third, history tells us that even in the few societies where homosexuality is acceptable, exclusive homosexuals constitute a very small minority. So it is highly improbable that

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<sup>14</sup> Within the local perspective, we could of course shift the focus from the parents to the child. P2 might gain some plausibility if it is better for a child to grow up with its *biological* parents. Swinburne thinks so (R 304) and he cites one scientific study to this effect (R 362f.). But what reason could there be for the biological link *as such* to effect the social process of growing up – apart from some superstition about blood relations? The biological link, after all, consists in nothing more than a direct causal connection and some genetic similarity. Cf. footnote 6.

<sup>15</sup> Even then, there still would be artificial insemination.

global acceptance of homosexuality would in a significant way reduce the number of human beings. Therefore, the global perspective does not support the second premise.

### **A Counterintuitive Concept of Disability (P3)**

Besides the concept of love, *disability* is the second normatively laden concept in Swinburne's argument against homosexuality. In the (implicit) third premise, disability is defined as the inability to do something of great value. But this concept of disability is counterintuitive and non-standard.

The counterintuitive consequences of Swinburne's concept of disability arise because all kinds of activities are of great value and there will always be people who are unable to perform them. Men are unable to give birth, so masculinity is a disability because of the high value of pregnancy. The inability to read sheet music is a disability because of the high aesthetic value of classical European music.<sup>16</sup> Even heterosexuality would rightly be seen as a disability by those who cherish the joys of same-sex love and sexuality. The fact that most values, including the preference for heterosexual love, are shared only by *some* people renders Swinburne's concept of disability relative and thus useless.

### **Standard Definitions of Disability (P3)**

Swinburne's concept of disability differs significantly from standard definitions. *Taber's Cyclopedic Medical Dictionary* defines *disability* as the "lack of ability to perform mental or physical tasks that one can normally do."<sup>17</sup> In the United Kingdom, the *Disability Discrimination Act* defines a *disabled person* as "someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities" and states that "normal day-to-day activities include everyday things like eating, washing, walking and going shopping".<sup>18</sup> In contrast to Swinburne's definition, the concept of disability is standardly defined with recourse to "normal tasks" or "day-to-day activities". There is no evaluation of these activities involved, and the list of important examples like eating and washing will hardly include the preference for heterosexual intercourse.

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<sup>16</sup> I owe this example to Rosemarie Rheinwald.

<sup>17</sup> Taber (1985).

<sup>18</sup> Direct.gov.uk (2007).

### **A Digression on Disease (P3)**

At this point we should follow Swinburne on his brief digression to the topic of disease. In a footnote he contends that homosexuality is

a disability perhaps naturally called (despite the American Psychiatric Association's 1973 contrary view) a disease. A recent philosophical analysis of the concept of disease produced the plausible analysis that a disease was (1) a state of affairs bad for the individual concerned, which (2) he was unlucky to have, and (3) was in principle curable medically (e.g. did not consist in being poor or persecuted). (R 303, Fn.)

Swinburne continues this footnote with a brief critique of condition (2), presumably to forestall some homosexual objecting: "I am quite happy with my condition!" He remains silent on the crucial condition (1). Presumably, his argument for the thesis that homosexuality is "bad for the individual concerned" would run along much the same lines as the argument for the thesis that homosexuality is a disability and would thus be subject to the same points of criticism.

In 1973, the American Psychiatric Association (APA) removed homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* which is used world-wide. This decision was backed up by scientific research showing that homosexuals do not differ from heterosexuals intellectually or psychologically.<sup>19</sup> To the present day, the APA has repeatedly confirmed its view on homosexuality.<sup>20</sup> In 1992, the World Health Organization removed homosexuality from their *International Classification of Diseases*. Swinburne's suggestion that homosexuality is a disease stands in stark contradiction to the consensus of the scientific community. Although scientific results should not be entirely sacrosanct in philosophical debate, it certainly is not right for a scientific philosopher to contradict results of other sciences *without substantial argument*.

### **Equivocating on the Concept of Disability (P3 and P4)**

More important than the counterintuitive and non-standard nature of the concept of disability defined in the third premise is the equivocation that becomes evident if we take into account the fourth premise, "disabilities need to be prevented and cured" (R 304). The third and fourth premise together entail that *every inability to do something of great value needs to be prevented and cured*. In view of the already mentioned inabilities this is puzzling (at best), because certainly no one is obliged to cure masculinity or the inability to read sheet music – not even those who greatly value pregnancy or classical music.

The radical nature of this consequence becomes evident in light of Swinburne's recommendations for the prevention and cure of homosexuality. Among them are "detering homosexuals from committing homosexual acts" (R 305) and changing the social climate to the effect that

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<sup>19</sup> Besen (2003): 130f.

<sup>20</sup> American Psychiatric Association (2000).



homosexuality is no longer acceptable (R 305). Swinburne recommends these measures in the full knowledge that they will very probably be painful for many homosexuals (R 306). So the fourth premise is a call not only for the prevention and cure, but for the *painful* prevention and cure of disabilities. It is true that in the case of some very grave disease (e.g. cancer) there may indeed be the obligation for uncomfortable prevention (e.g. giving up smoking) and painful cure (e.g. chemotherapy). But this obligation arises because the disease in question is very painful or lethal. With respect to an undisputed case of disability like blindness there is no right, much less an obligation to prevent and cure the disabled people against their will.

Swinburne's call for the painful prevention and cure of homosexuality (P4) is based entirely on the concept of disability as the inability to do something of great value (P3). Homosexuality is not painful or lethal, and most contemporary homosexuals themselves find nothing wrong with their sexual orientation. Furthermore, it can be convincingly argued that the reason for some homosexuals to have a problem with their sexual orientation does not lie in their homosexuality itself but in the societal aversion against homosexuality.<sup>21</sup> Thus, Swinburne has nothing but the fact that homosexual intercourse as such is not procreative (the remains of P1) to base his call for painful prevention and cure on. This surely is not enough. In other words, there is an equivocation involved in the move from premise three to premise four, and therefore the argument is not valid.

### **3 Consequences for Homosexuals**

This third section of my talk continues the critique of Swinburne's argument against homosexuality, but it shifts the focus from the premises to the conclusion that to some extent, homosexuality should be prevented and cured. I will outline the grave consequences for homosexuals (and purported homosexuals) living in Western societies that would be likely to emerge if the conclusion would be widely accepted. In this way I want to illustrate the considerable weight that Swinburne's argument against homosexuality has to bear.

For the interpretation of the conclusion, I will use Swinburne's recommendations for the prevention and cure of homosexuality (R 304ff., R 361f.):

- no solicitation of people who are unsure in their homosexual orientation
- changing the social climate to the effect that homosexuality is no longer acceptable
- genetic and biological intervention
- gender-specific education and dress
- reparative therapy (supererogatory for homosexuals)

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<sup>21</sup> American Academy of Pediatrics et al. (1999): 3ff.

I will now tell you about anti-homosexual actions taken by the state, by religious groups or by single people in Western societies in the last couple of decades that fit very well with Swinburne's recommendations. Of course, Swinburne is not committed to any particular one of these actions. Nonetheless, he is to a certain extent responsible for those consequences that are very probable should his recommendations be followed in contemporary society.

### **Legal Discrimination against Homosexual Practice**

Swinburne is adamant that there is an "obligation on everyone not to strengthen anyone else's homosexual desires and so, fairly evidently, not to solicit anyone (e.g. any adolescent) whose homosexual desires are not firmly fixed" (R 305f.). This obligation is so strong that not even a divine command would justify an exception.<sup>22</sup>

The strong obligation against solicitation would justify the age of consent for legal homosexual intercourse to be much higher than for heterosexual intercourse. An example from England: In 1994 the age of consent for homosexuals was lowered from 21 to 18, and only in 2000 it was again lowered to 16, which had been the heterosexual age of consent all along. In Germany, there was a higher age of consent for homosexuals until 1994.

But the prohibition of solicitation might apply in the case of non-adolescents, too. After all, Swinburne states that homosexuals "cannot know that those whom they solicit have homosexual desires which are beyond strengthening or weakening." (R 305) So perhaps the laws against *all* consensual homosexual intercourse should be reinstated? In England, homosexual practice was legalized in 1967. In Western Germany, the Nazi-version of the §175 which prohibited male homosexuality was reformed in 1969.

### **Changing the Climate**

The social factors that according to Swinburne produce homosexuality "will also surely include the acceptability of homosexual practice among peers and society more widely." (R 304) Therefore, "we should seek to prevent the spread of homosexual desire by seeking to change the general climate of approving the practice" (R 305). Here are some proposals for changing the social climate to the effect that homosexual practice is not acceptable:

- Everyone is called to tell jokes about gays and lesbians and to use derogatory terms when referring to homosexual practice. This will be especially effective in school, because adolescent students are still unsure in their sexual orientation.

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<sup>22</sup> It is a "category 1 obligation" (R 305), i.e. a "necessary moral truth about how all humans ought to act, to which God cannot make exceptions" (R 291).

- There should be no positive depiction of homosexuality in the media. TV-series like *Queer as Folk* which show the homosexual lifestyle in an unbiased way must be stopped.
- The media must see to it that the figures they show are always dressed in a gender-specific way. Here there is a problem for Tinky Winky.
- Religious groups should advertise publicly against homosexuality. In 2006, the Polish Christian group *Piotra Skargi* distributed over Krakow a thousand copies of a poster which calls to stop homosexuality. The poster is easy to understand, because at the centre there is an icon of two men holding hands in a stop sign.<sup>23</sup>

The psychological harm done to homosexually inclined people by measures like these should be evident. It has been shown that even the degree of non-acceptance of homosexuality in contemporary society leads to higher rates of emotional distress and to a higher number of attempted suicides among homosexual youth.<sup>24</sup>

### **Genetic and Biological Intervention**

Swinburne writes that “we should seek to prevent the spread of homosexual desire [...] by promoting scientific research into how genetic or other biological intervention can change sexual desire” (R 305). In the last decades, there has been some research in this direction.<sup>25</sup> Imagine that the scientific community reaches a consensus that they have isolated the genetic cause of homosexuality – what intervention should be taken according to Swinburne to prevent the spread of homosexuality? Swinburne opposes abortion at all stages of pregnancy (R 317), so this is no option. But may people carrying the “homosexual gene” procreate?

And given that scientists claim to have isolated physiological causes that can be treated pharmaceutically, would Swinburne assent to cure by medication? In 1996, the psychiatrist Jeffrey Satinover proposed the anti-depressant Prozac as a cure of homosexuality.<sup>26</sup> – And what about *forced* medication? An example that should be known to philosophers is that of Alan Turing, who died from eating a poisoned apple in 1954. Two years before he had been convicted because of his homosexual behavior and forced to take estrogen.<sup>27</sup> There is a high plausibility that Turing

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<sup>23</sup> Queer.de (26. 4. 2006).

<sup>24</sup> Resnick et al. (1997); Garofalo et al. (1998); Remafeldi et al. (1998).

<sup>25</sup> Dean Hamer isolated a DNA sequence and argued that it may raise the probability of homosexuality (Brookey (2002): 63ff.; Groneberg (2006): 17). Simon LeVay tried to isolate the region of the brain responsible for homosexuality (Brookey (2002): 91ff.; Groneberg (2006): 14). Günter Dörner experimented with rats and thus was led to the conviction that female hormones increase the probability of male homosexuality (Brookey (2002): 74ff.).

<sup>26</sup> Besen (2003): 137.

<sup>27</sup> Hodges (2007): section 1.

committed suicide due to a depression he developed as a consequence of the forced hormone therapy.<sup>28</sup>

### **The Ex-Gay Movement and Reparative Therapy**

Swinburne's call for the therapy of homosexuality is part of his defense of Christian belief. I will therefore take a look at other religious people who are calling for the therapy of homosexuality, i.e. at the Ex Gay movement. Since the 1970s, Christians in the U.S. and later world-wide have formed groups like Love in Action, Exodus International and (in Germany) *Wüstenstrom* which try to cure homosexuality psychotherapeutically ("reparative therapy") or by directly religious means ("transformational ministry"). Exodus in the 1990s started a huge media campaign with some members publicly telling their stories as "Ex Gays" and "Ex Lesbians".<sup>29</sup> In 1992, the now quite influential National Association for Research and Therapy of Homosexuality (NARTH) was founded. It is open to non-Christians and puts the focus more on science than on religion.<sup>30</sup>

Within the spectrum of the Ex Gay movement, Swinburne's call for the therapy of homosexuality would occupy a moderate position. There are two reasons for this. First, he is skeptical of the possibility of change in adult homosexuals (R 305) and for them recommends what in the language of the Ex Gay movement is called "homosexual celibacy"<sup>31</sup> (R 306). Second, he prescribes reparative therapy (R 305f., R 362), not transformational ministry.<sup>32</sup>

Nonetheless, the scientific criticism raised against the Ex Gay movement's reparative therapy is of course highly relevant for Swinburne. The American Psychiatric Association points out that "the potential risks of 'reparative therapy' are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient."<sup>33</sup> And according to the American Academy of Pediatrics, "therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation."<sup>34</sup>

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<sup>28</sup> Cf. Hochhut (1987): 176ff.; Hodges (2007): section 1.

<sup>29</sup> E.g. Paulk (1998); cf. Besen (2003): 81ff.

<sup>30</sup> Besen (2003): 133ff.

<sup>31</sup> Besen (2003): 86f.

<sup>32</sup> Swinburne's use of the expression "reparative therapy" (R 362) seems to be his only direct connection to the Ex Gay movement. An indirect connection is his reliance on the Spitzer Study (R 362) which Spitzer developed in close collaboration with NARTH (Besen (2003): 234).

<sup>33</sup> Quoted from American Academy of Pediatrics et al. (1999): 6.

<sup>34</sup> Quoted from American Academy of Pediatrics et al. (1999): 5.

At this point Swinburne might object that according to him, it is only *supererogatorily* good for homosexuals to seek therapy (R 306). So no one will be forced into reparative therapy. But in the anti-homosexual social climate that Swinburne aims at (and that already is given in the religious communities of the Ex Gay ministries), reparative therapy may well be the only way to acceptance and thus far from voluntary.

Another probable case of not voluntary reparative therapy is that of the underage children of some Christian fundamentalist parents. Imagine the parents of teenage Tinky Winky: If they agree with Swinburne, they will be troubled by Tinky's handbag. Is this the first sign of a developing homosexuality? On the internet page of the Ex Gay group Love in Action the troubled parents are addressed:

Dear Parents,

Have you asked yourself, "Is this really happening to my family?"

We understand that you may be feeling confused and frustrated by your child's sexual struggles. [...] Our ministry is blessed with a loving staff that will help you and your loved ones better understand and support one another as you journey together on unfamiliar territory. [...] [We offer] a concentrated four-day course designed for parents with teens struggling with same-sex attraction, pornography, and/or promiscuity.<sup>35</sup>

As Tinky Winky is a minor, he has no right to oppose his parents' eventual decision to send him to reparative therapy.

## 4 Homophobia

The concept of homophobia is defined as *fear of, aversion to, or discrimination against homosexuality or homosexuals*. Though the suffix "phobia" might suggest otherwise, and although in some cases of homophobia there may be an element of fear involved, this is not a psychological but a sociological category. Thus, *homophobia* stands on the same level as *racism* and *sexism* but on a different level than *arachnophobia*.

For the criticism of Swinburne's argument against homosexuality, it would certainly be beside the point to speculate about whether he fears homosexuality or holds an aversion to homosexuals. But my criticism in section 2 and 3 shows that Swinburne is clearly discriminating against homosexuals. Therefore, his argument against homosexuality is a case of homophobia.

### A Case Study in Homophobia

Swinburne's text "Moral Teaching" provides us with valuable material for a case study about contemporary Christian homophobia, because (unlike other proponents) he refrains from polemics and does not hide his own convictions behind extensive quotes from the Bible. I cannot undertake

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<sup>35</sup> Love in Action (2007).

this study here, but let me give you a sketch of it by going through three standard points that sociology makes about homophobia.

(1) Swinburne's text exemplifies the shift from religious concepts (e.g. sinful acts) to pseudo-biological concepts (e.g. disabled persons) that is typical of modern homophobia.<sup>36</sup> This may be surprising because the context is clearly religious.

(2) In Swinburne's text, homophobia and theses about gender relations interact. He sees the absence of gender-specific education and dress as a possible cause of homosexuality (R 304). This may be seen as an example of the homophobic opinion that homosexuality is a disturbance in the homosexual person's gender-identity, that – in other words – *real* men desire women and *real* women desire men.<sup>37</sup>

(3) In Swinburne's text there are traces of the fear of contagion typical of modern homophobia. He holds an unreasonable<sup>38</sup> worry that homosexuality will spread uncontrollably if society does not take the appropriate measures (R 304ff.). This fits well with the statement of George Weinberg, who in the 1960s coined the term "homophobia",<sup>39</sup> that homophobia "seemed to be associated with a fear of contagion, a fear of reducing the things one fought for – home and family. It was a religious fear"<sup>40</sup>.

### **The Limits of Scientific Philosophy**

Let me sum up: Swinburne's argument against homosexuality is a clear-cut case of homophobia (section 4). The criticism of the premises of Swinburne's argument shows that some premises are wrong and badly argued for and that there is an equivocation which renders the argument invalid (section 2). If Swinburne's conclusion gained wider acceptance in the contemporary Western societies, this probably would lead to grave consequences for homosexuals (section 3). Thus, there is an extreme imbalance between Swinburne's brief argument and the great harm that the endorsement of its conclusion would probably lead to. I conclude that Swinburne in his argument against homosexuality has moved beyond the limits of scientific philosophy, and into the realm of homophobia.

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<sup>36</sup> Cf. Foucault (1977): 27-66.

<sup>37</sup> Cf. Sinfield (2004): 15ff.; Connell (2000): 178f.

<sup>38</sup> Cf. the argument about overpopulation in section 2.

<sup>39</sup> Herek (2004): 6.

<sup>40</sup> Quoted in Herek (2004): 7.

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