Before there was knowledge, there was certitude. Throughout much of the 20th century, homosexuality—a word and concept that did not even enter the English language until 1892—was viewed either as an evil choice that could be un-chosen, or as a malady whose effect on society was so detrimental that it needed to be cured. Indeed, in 1952 the American Psychiatric Association, in the first edition of its *Diagnostic and Statistical Manual of Mental Disorders*, labeled homosexuality a disease. Public policy reflected medical dogma, and by 1960 private, consensual sex between same-sex partners was not only condemned as morally wrong, but also defined as a criminal act in every state in the country.

Religious traditions, on the rare instances when they even mentioned homosexuality, almost universally condemned it. Those of the Judeo-Christian variety cherry-picked verses from the Bible to justify their homophobia, even as they implicitly acknowledged that times had changed by ignoring that the Book of Leviticus requires the death penalty “if a man lies with a male as with a woman.”

The LDS Church, which mostly kept homosexuality in the closet until the Stonewall Riots of 1969, was nonetheless unequivocal in its opposition to it. In a private conversation with apostle Spencer Kimball that may have influenced Kimball’s subsequent hardline stance, Church president David O. McKay said “that in his view homosexuality was worse than heterosexual immorality.” In other words, being gay
was worse than committing fornication or adultery. Bruce McConkie, a General Authority, wrote in his encyclopedic and audacious book *Mormon Doctrine* that homosexuality was “among Lucifer’s chief means of leading souls to hell.” What little downside remained was filled by apostle Mark Petersen who, in an editorial in the *Church News*, placed “homosexual offenses” next to murder in his hierarchy of sins.

After becoming church president in 1973, Spencer Kimball ratcheted up institutional homophobia. Merely being homosexual became grounds for excommunication. Brigham Young University, which in many ways represented the vanguard of the church, responded to the call by deploying its security officers to stake out gay bars in Salt Lake City, taking down license plate numbers and threatening to expel gay students unless they ratted on other gay students. Max McBride’s BYU doctoral dissertation consisted of a grotesque clinical trial involving electrical shock as a means of “redirecting” homosexual orientation. The patient number was small—fourteen volunteers, all male—the follow-up was all of two weeks, and the findings lacked any scientific validity; but the dissertation won McBride a PhD in psychology—and damaged for life some of his subjects.

All of these things were done with the best of intentions—indeed, what intentions could be better than saving a soul from Hell’s fire?—and all without a shred of scientific evidence to support either choice or social factors (such as education and recruitment) as causes of homosexuality.

In fairness to Spencer Kimball and his colleagues, science had little to say in the 1970s about the nature of homosexuality. Policy was informed by dogma, not data.
When I was doing doctoral studies in pathology at UCLA from 1973 to 1975, there was not yet a graduate course offered there in the nascent field of molecular biology—and molecular biology has been the key to the scientific understanding of homosexuality.

As the field matured and the sequencing of genes became routine, the hunt for the “gay gene” was on. The assumption was that homosexuality, like many physical traits such as eye and hair color, was determined by one gene. As it gradually became apparent that there was no gay gene, behaviorists began to proclaim victory—but in fact, science had barely begun to speak. For the next few minutes, I will walk you through a summary of how science has informed us about homosexuality. I do this as a scientist who has spent over four decades in biomedical research. Bear in mind that what I will describe is an ongoing journey and not a destination—that this is very much an interim report. That said—and with apologies to Theodore Parker and Martin Luther King—the arc of science is long, but it bends toward truth.

*The Science of Homosexuality*

Two caveats to get started. One is that in this and subsequent sections I will be speaking of the “LGB” portion of the LGBT world. That is, lesbian, gay and bisexual, all of which refer to sexual orientation—the persons to whom one is sexually attracted. The flip side of the coin is gender identity, which is the gender with which a person self-identifies, independent of that person’s anatomical sex. If the two match, one is called “cis-gender.” If they differ, one is “transgender.” Transgender is an entirely different reality than LGB, one that science has yet to illuminate significantly. I bypass gender
identity not because I view it as any less important than sexual orientation, but because the paucity of data doesn’t allow me to say anything useful. However, I give an enthusiastic shout-out to Senator Orrin Hatch, who in response to President Trump’s recent assault on transgenders in the military, said, “Look, people who are transgender, they don’t choose to be transgender. They’re born that way. And why should we hold that against them? And they’re human beings, and many of them are extremely talented human beings.”1 Amen. And hallelujah.

The other caveat is that my remarks will focus primarily on male homosexuality. This is not because I view lesbianism or bisexuality as any less important, but rather because the nearly universal focus—indeed, fixation—of LDS Church policies, procedures and statements has been gay men.

Prevalence of Homosexuality

I’ll first summarize current understanding as to the prevalence of homosexuality, with the disclaimer that most of the data are self-reported, since there is no objective, non-invasive biomarker of sexual orientation. And because there still is a stigma attached to openly disclosed homosexuality, particularly in red states, reported data likely underrepresent the actual prevalence.

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There a general consensus that between 3.5% and 5% of adults throughout the world self-identify as gay, lesbian or bisexual. There is no persuasive evidence that the percentage has varied significantly across time or geography.

While not representing the majority within a given species, homosexuality is a common phenomenon within the animal kingdom—LDS Apostle Boyd Packer’s claims to the contrary notwithstanding when he said, without documentation, “Animals do not pair up with their own gender.”2 A well-documented study of sheep showed that, given a choice, 8% of rams mated exclusively with other rams. Long-term same-sex pair bonding has been reported in ungulates and some birds. A standard reference on the subject of homosexuality in animals, published in 1999, documents homosexual behavior in nearly 500 species of animals,3 while an estimate seven years later put the number at 1,500. I will leave it to you to ponder why this trait perseveres among such an astonishingly broad array of species.

Homosexuality is Complex

Seven decades ago, when Alfred Kinsey brought the study of human sexuality into the daylight, he placed it on a scale from 0—completely heterosexual—to 6—completely homosexual—with a score of 3 denoting bisexuality. Although Kinsey’s

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scale moved understanding forward in the short term, it worked against it in the long term, for two reasons. First, it described only one side of the coin: sexual orientation. It said nothing about gender identity. Second, by placing various embodiments of sexual orientation on a single straight-line scale, it suggested that while different sexual orientations may vary from each other quantitatively, they were qualitatively the same. But they are not. Indeed, male homosexuality is not simply the mirror image of female homosexuality. A special issue of National Geographic in January of this year, entitled “Gender Revolution,” notes that Facebook offers users fifty terms to characterize their sexuality. Rather than viewing sexuality linearly, one should imagine a multi-dimensional array—something like a galaxy of stars with clusters in some locations, single stars in others, and empty space in between. If you can construct that mental image, you have some appreciation for the complexity of human sexuality in all of its flavors—heterosexuality included—and also can appreciate that the search for a single basis of all homosexuality is as fruitless as the quest for the Holy Grail.

**Genetics**

In attempting to shed light on the causes of homosexuality, I turn first to genetics. In using that word, I refer to the sequences of nucleotides in DNA—the beads on the string—that constitute the blueprint by which genes produce proteins. “Epigenetics,” on which I will spend more time, refers to the large variety of mechanisms that control how the genes function.
Dean Hamer, a pioneer of the molecular biology of sexuality, didn’t find the gay gene he sought, but he did find that gay brothers had an increased probability of sharing markers in the Xq28 region of the X chromosome. While not identifying a single cause underlying male homosexuality, Hamer’s work, which has been confirmed broadly by other laboratories, provided strong evidence for a contribution of Xq28, and hence, for genetics. More recent studies have shown that an additional marker, this one on chromosome 8, is shared between homosexual brothers at a rate significantly higher than between straight brothers.

Before molecular biology came of age, family studies, wherein homosexuality clusters in certain families, and twinning studies pointed towards a significant, although not decisive role of genetics. The twinning studies are particularly compelling. There are two types of twins. Identical twins have identical DNA sequences, while fraternal twins share variable percentages of DNA sequences with each other. If genetics were the only factor underlying homosexuality, one would expect 100% concordance among identical twins—that is, both twins would either be heterosexual or homosexual. If genetics were not a factor at all, one would expect the same concordance among fraternal twins as among identical twins, since fraternal twins develop in the same in utero environment.

In fact, the numbers fall between the two extremes. The concordance among identical twins is up to 60%, but among fraternal twins it is only about 15%. This is strong evidence that while genetics is a factor, it is not the only factor that determines sexual orientation. The other, and more dominant factor is epigenetics.
Epigenetics

From the time the fertilized egg is implanted in the wall of the uterus until birth, the developing fetus is immersed—literally—in a sea of maternal factors that help to shape its development. Sometimes, epigenetics can take the fetus down a different pathway than the genetic code prescribes. I will walk you through two important examples of how epigenetics can shift sexual orientation towards homosexuality.

The first is the birth-order effect, which is seen only in males. It is estimated that 15% to 28% of gay men owe their sexual orientation to this effect. While the mechanism is not completely understood, it appears to be due to interactions between the male fetus and the maternal immune system that have increased consequences for each subsequent male birth. After the birth of one son the likelihood of each subsequent son of the same biological mother being gay increases by 33%. If the likelihood of the first is 3%, then that of the second is 4%. The effect is additive, such that the seventh son would have a 17% chance of being gay. Daughters do not experience a similar phenomenon, nor is the effect on sons influenced by the number of older sisters. And the effect is only true for right-handed sons. Who knew that this could be so complicated?

The other example is probably more important in causing homosexuality. It is called “epigenetically canalized sexual development.” In plainer English, at a very early stage of fetal development, epigenetic factors that are not part of the DNA but can be passed from either parent to the fetus affect the way the “sex” of the fetal brain is
imprinted. What that means is this: testosterone is present in all developing fetuses, but in higher levels in the male. But in order for testosterone to exert its effect in imprinting maleness into the fetal brain, there must be a receptor for it within that brain. Generally, male fetuses have higher levels of testosterone and higher levels of testosterone receptors; while females have lower levels of testosterone and lower levels of testosterone receptors.

In some instances, however, there is a mismatch that is determined by an epigenetic factor inherited from a parent. This can result in male embryos with low levels of receptors, in which case testosterone cannot fully exert its masculinizing effect on the brain. Alternatively, female embryos can have high levels of receptors, in which case even the normally low testosterone levels that circulate within the blood of female fetuses are preferentially grabbed by those receptors and allowed to exert a masculinizing effect on their brains.

All of this brain imprinting occurs prenatally. At the time of puberty, when testosterone or estrogen levels begin to spike, the imprinted brain is impervious to their effect, notwithstanding the gender of the genitalia. In other words, a female with a fetal-masculinized brain will be sexually oriented towards women; while a male with a fetal-feminized brain will be sexually oriented towards men, hormones—and hormone therapy—notwithstanding.

Since these epigenetic factors are not necessarily inherited equally, one identical twin may be gay while the other is straight, in spite of them having identical DNA. Identical twins are not as identical as we once supposed.
The genesis of sexual orientation is an area of science that is undergoing much cutting-edge research, and it is certain that future discoveries will elucidate more examples of homosexuality being biologically determined, whether through genetics, epigenetics, or a combination. But the bottom line has already been written: homosexuals are, indeed, “born that way.”

Choice

Let’s take a moment to look at the contrary assertion that homosexuality is merely a choice, rather than a biological imprint. Many data argue persuasively against this assertion:

- While it is documented that homosexual behavior increases when the opposite sex is absent—think of prisons or unisex schools—such behavior is transient, and upon reentering the larger society these people resume their heterosexual orientation, never having completely abandoned it.
- Even in societies such as New Guinea, where adolescent male homosexual behavior is encouraged as a means to preserve female virginity until marriage, adult males show no higher incidence of homosexuality than those in non-permissive cultures.
- The percentage of homosexual men in gay-tolerant societies such as Thailand and the Philippines is no higher than in gay-averse societies.
- Currently available scientific studies show little or no influence of education in determining sexual orientation.
• And finally, children raised by homosexual parents are no more likely to become homosexual than children raised by heterosexual parents.

• To quote a prominent expert, “No theories that attribute the development of homosexuality to non-biological causes have produced convincing data to support their interpretations. If any role of social and educational factors exists, that it so far has escaped a rigorous demonstration strongly suggests that these roles are severely limited.”

Dogma

With science as our backdrop, I will now walk you through the rationale underlying LDS policies, procedures, doctrines and attitudes relating to homosexuality. The earliest church-written guide for ecclesiastical leaders, published in 1973, chided “professionally trained people” who differed among themselves in their opinions regarding the cause of homosexuality, whereas “the gospel makes the issue clear. Homosexuality… is learned behavior (not inborn).” General church officers, most notably apostle Boyd Packer, were even more forceful in denouncing any notion of a biological basis. “There is a falsehood that some are born with an attraction to their own kind, with nothing they can do about it. They are just ‘that way’ and can only yield

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to those desires. That is a malicious and destructive lie. While it is a convincing idea to some, it is of the devil. No one is locked into that kind of life.”

If, as these sources claimed, biology is not the cause, then what is? LDS Church leaders have, for over a century, posited a creative array of causes, the first being, of all things, monogamy – this at a time when they were attempting to justify polygamy. Others included contagion, Satanic influence, pornography, curiosity, and proselytizing. None was tempered by uncertainty.

The aversion to a biological explanation of homosexuality is common among other conservative religious traditions, which justify their sin-based viewpoint by a highly selective reading of biblical verses; but the Mormon construct is more nuanced. Spencer Kimball’s First Presidency wrote, “To believe that immoral behavior is inborn or hereditary is to deny that men have agency to choose between sin and righteousness…. It is inconceivable that—as some involved in homosexual behavior claim—he would permit some of his children to be born with desires and inclinations which would require behavior contrary to the eternal plan.”

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Yet another explanation derives from the Latter-day Saint belief that one’s identity, including gender, began prior to birth—that is, spirit beings in a pre-mortal state bore the identity that they would later have as physical personages—and will remain unaltered in a post-mortal, resurrected state. Using again as a starting point the assumption that homosexuality is inherently sinful, this exercise in circular reasoning goes on to conclude that God is incapable of making a mistake that would place a person into a sinful state because of biological imprinting, and therefore there can be no biological basis for homosexuality. Boyd Packer gave this explanation in 1976: “From our pre-mortal life we were directed into a physical body. There is no mismatching of bodies and spirits. Boys are to become men—masculine, manly man—ultimately to become husbands and fathers.”

Having proclaimed without reservation that homosexuality is a choice rather than a biological imprint, church leaders naturally concluded that the choice could and should be reversed—that homosexuality could and should be “cured.”

*The Cure, 1.0*

“Cure” was the first imagery used by church leaders to describe the manner in which homosexuality should be approached. The Bishop’s *Training Course and Self-Help Guide*, published in 1970, proclaimed, “Though many have been told it is incurable, that

is not true.”¹¹ The same year, future church president Spencer Kimball and senior
apostle Mark Petersen published a pamphlet that concluded with the promise,
“REMEMBER: Homosexuality CAN be cured, if the battle is well organized and
pursued vigorously and continuously.”¹²

Later pronouncements tended to back away from the disease/cure paradigm and
employ other imagery: “an extremely difficult habit to change” (1973);¹³ a “behavior
[that] can be conquered” (1975);¹⁴ “problems [that] can be controlled and eventually
overcome” (1992).¹⁵ However, the consensus remained that homosexuality was a
conscious choice in the opposite direction of the “natural” state of heterosexuality. The
earliest attempts at “curing the disease” focused on self-help. In essence, “You chose to
be homosexual, so you can choose not to be homosexual.”

Many self-help remedies were proposed by church leaders over several years.
Apostle Mark Petersen, who counseled hundreds of gay men, advised one merely “to
‘distract’ himself with his music and other interests.”¹⁶ Petersen and Spencer Kimball,
in their pamphlet Hope for Transgressors, advocated another kind of distraction, wherein
heterosexual was substituted for homosexual. “There must be substitution. The person
should purge out the evil and then fill his life with constructive positive activities and

¹⁵ Understanding and Helping Those Who Have Homosexual Problems. Suggestions for
Ecclesiastical Leaders, 1992, p. 4.
¹⁶ Douglas A. Winkler, “Lavender Sons of Zion: A History of Gay Men in Salt Lake City,
interests. He will throw away his pornographic materials and will have ceased reading articles about homosexuality and will substitute therefor the scriptures and worthy books and articles which will give the mind proper occupation.”17 LDS Welfare Services carried this theme a step further by advocating the substitution of avoidance for engagement—that is, “to flee from other gays, even if it contradicted their responsibility to ‘guide those who stumbled’ since ‘a sympathetic effort to work with other homosexuals to “help” them is especially dangerous.’”18

Another strategy was to use the process of repentance. LDS Welfare Services counseled local leaders in 1973, “While it is an extremely difficult habit to change, homosexuality can be repented of as can any other deeply entrenched habit.”19 This counsel was explicitly endorsed by the First Presidency two years later: “There are many who have repented and become clean through repentance, prayer, self-discipline and loving support from others.”20 The problem with this approach was that it viewed homosexuality as the sin, as opposed to later church policy that accepted celibate homosexuality but condemned “homosexual acts.” One gay church member summarized the frustration of many: “Mormons view homosexuality as a sin that can

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be overcome,’ he said. ‘I know of many gays, including myself, who prayed until their knees are bloody and their hearts broken and still can’t change.’”  

By far, the most damaging suggestion was social role-playing that was promised to be the pathway out of homosexuality. Kimball and Petersen wrote, “The entrenched homosexual has generally and gradually moved all of his interests and affections to those of his own sex rather than to the opposite sex and herein is another step. When you feel he is ready, he should be encouraged to date and gradually move his life toward the normal.”  

And the “normal” meant marriage to someone of the opposite sex. For decades, countless numbers of men were counseled by church leaders to marry a woman, with the implied or expressed promise that this would “cure” their homosexuality. While there are some success stories of “mixed-orientation marriages” — with the successes often involving a bisexual spouse rather than one with changed homosexual orientation — the overall track record of such marriages has generally been dismal, often catastrophic, and sometimes lethal. Eventually, church leaders realized the fallacy and danger of such an approach, and counseled, “Marriage should not be viewed as a way to resolve homosexual problems. The lives of others should not be damaged by entering a marriage where such concerns exist. Encouraging

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22 Spencer W. Kimball and Mark E. Petersen, Hope for Transgressors, 1970, p. 5.
members to cultivate heterosexual feelings as a way to resolve homosexual problems generally leads them to frustration and discouragement.”

In summary, the self-help approach within the LDS Church to “curing” homosexuality took several forms over several decades. All had two things in common. First, they were based on the unsubstantiated assumptions that homosexuality is a chosen behavior and is reversible. Second, they didn’t work.

The Cure, 2.0

As it gradually became clear that self-help didn’t work, an intervention-based approach emerged as an alternative. Generally termed “reparative therapy” but sometimes going by other names such as “conversion therapy” or “sexual orientation change efforts,” it implicitly acknowledged the futility of self-help approaches by introducing therapists to effect the “cure”—generally licensed psychiatrists and psychologists, but often, unlicensed entrepreneurs. The two most significant initiatives were various types of aversion therapy, most notably electrical shock, which was used at BYU and by private practitioners to whom local church leaders often gave referrals; and more benign, but still problematic reparative therapies encouraged by Evergreen

25 The term “electrical shock” should not be confused with “electroshock” or “electroconvulsive therapy,” which terms generally are used to refer to a medical procedure used to treat profound depression.
International, an organization that aligned itself closely with the church and was the frequent recipient of ecclesiastical referrals.

Electrical shock therapy was practiced at BYU beginning in the mid-1970s. The subject—always a male—had a pressure cuff placed around his penis to monitor sexual arousal, and an electrode attached to his bicep. He then sat in front of a projection screen where pornographic photos of nudes—which he was asked to provide—were projected. If he experienced sexual arousal from an image of a nude male, he would receive a shock in the bicep. (Later versions of this, most likely performed off-campus, involved electrodes attached directly to the penis.) A gradual increase of voltage upon repeated arousals was to serve as a negative feedback stimulus that would, according to the working hypothesis, “reorient” him from homosexual to heterosexual, whereupon images of nude females were supposed to elicit sexual arousal. The problem wasn’t just that it didn’t work. One subject reported, “I was definitely not cured, just more messed up.”26 Another, who was the subject of electric shock therapy at BYU in 1977, was so “messed up” that he would not allow anyone to come within six feet of him. One witness reported, “He rolled up his shirtsleeves and showed me his arms. The deeply-scarred skin on the inside of his arms, [caused by the electrical shocks] looked like raw hamburger and I almost vomited from the sight…. The results were badly burned arms and a complete inability to come physically close to any male without him emotionally breaking down from the trauma. His homosexual desires were as strong as ever but he

was unable to touch another man even for a simple hug, he had no heterosexual desires whatsoever, and he was constantly on the verge of suicide.”

A more benign form of therapy was endorsed by Evergreen, which held to two basic beliefs: homosexuality is an “acquired condition,” and while it “may have biological, developmental, and psychological causes,” it “can be altered.” In other words, with help from Evergreen, homosexuality could be un-chosen. Both statements reflected the near-universal beliefs of church leaders at the time. Evergreen’s expensive and sometimes bizarre therapies, which included same-sex nude hugging rituals, were paralleled by an East Coast-based organization, JONAH—Jews Offering New Approaches to Homosexuality. One damaging blow to the entire field of reparative therapy was a lengthy report in 2009 by the American Psychological Association. Its two key findings were that claims of reparative therapy’s efficacy “are not supported,” and that “there was some evidence to indicate that individuals experienced harm” from it.

A second, and perhaps lethal blow to reparative therapy was the court trial in 2015 of JONAH, which was sued on the grounds that it had committed consumer fraud by promising a cure that it could not deliver. With a Mormon plaintiff and several

Mormon defense witnesses, the trial was watched closely by Evergreen. In twelve days of testimony the defense could not produce a single witness who could give credible evidence that JONAH’s therapy had worked. The jury ruled unanimously that JONAH’s claims of sexual orientation conversion constituted consumer fraud.

Since the verdict was announced on June 25th, 2015, one day prior to the Supreme Court’s ruling in Obergefell v. Hodges that upheld same-sex marriage as the law of the land, the public were generally unaware either of the outcome of the JONAH trial or of its implications for reparative therapy. In fact, the controversial practice was experiencing death knells.

Along the way, as all attempts to “cure” homosexuality failed, no LDS leaders went on the record to suggest what should have been obvious to anyone open to the findings of science: the reason various kinds of therapy do not work is that they cannot work. You cannot change a biological imprint once it has been placed upon the developing brain, and the brain—not the genitalia—dictates sexual orientation. Scientists who were paying attention could see this coming for decades. Religionists, on the other hand, are guided by dogma rather than science. Confronted with data, they generally respond by shooting the messenger and becoming science-deniers.

It’s Science, Stupid

Not until 2006 did a senior church leader take a step in the direction of acknowledging the findings of science—and then it was a very tentative, much-nuanced baby-step. Apostle Dallin Oaks said, in an abandonment of the certitude of prior
church leaders as to the causes of homosexuality, “The Church does not have a position on the causes of any of these susceptibilities or inclinations, including those related to same-gender attraction. Those are scientific questions — whether nature or nurture — those are things the Church doesn’t have a position on.”

Six years later — 2012 — the church launched a website, mormonsandgays.org, that for the first time abandoned the “choice” paradigm by stating, “individuals do not choose to have such attractions.” In so doing, it moved to a new middle ground that allowed for a biological explanation without directly embracing it, while at the same time holding LGBT church members accountable for acting out the natural impulses of their not-chosen homosexuality. Such a compromise position is understandable—albeit not acceptable—when one considers the conundrum of the church fully embracing biological causation: If LGBT people are biologically programmed to be what they are, how can a church justify punishing them? The question is not without precedent within Mormon history: for over a century, blacks were denied ordination to the LDS lay priesthood simply because they were black. It didn’t go down well.

What’s Next?

So what’s next? In spite of decades of denial of the scientific explanations of homosexuality, the LDS Church has actually had a long track record of being on the

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right side of science. On issues relating to medicine and sexuality, it generally has staked out fairly progressive positions, and has implicitly encouraged medical research by LDS clinicians and scientists, regardless of the direction it leads. The church exhorts its members to seek medical care from competent, licensed healthcare professionals. It does not forbid or even discourage blood transfusions. It encourages organ and tissue transplantation, commending the donors for the “selfless act that often results in great benefit to individuals with medical conditions.” The pioneer of amniocentesis, a procedure whose results often lead to elective abortion, is an orthodox Mormon. After a century-long transition, the church arrived at a position that places no restrictions on birth control. It countenances in vitro fertilization, while at the same time discouraging—but not prohibiting—donor sperm from anyone other than the husband. And it even has a relatively progressive policy towards elective abortion.

But when it comes to homosexuality, church policies began with the conventional wisdom of the 1960s and essentially remained there, scientific progress notwithstanding. Yes, there have been some shifts in policy along the way. After a low point during the Spencer Kimball years when being homosexual was a sin meriting excommunication, acting out one’s homosexuality became the sin. This was not an inconsequential shift, for the church now allows celibate gays and lesbians to serve fulltime proselytizing missions—something unimaginable during the Kimball years. It has reversed course on recommending a mixed-orientation marriage as a “cure” for

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31 Church Handbook of Instructions. Handbook 1: Stake Presidents and Bishops (Salt Lake City: The Church of Jesus Christ of Latter-day Saints, 2010).
homosexuality. It has backed away from the certitude that homosexuality is a choice, although it still punishes homosexuals for expressing their innate, immutable sexuality. It even acknowledges that it does not know the exact causes of homosexuality.

However, it has never taken the step of acknowledging what science has made abundantly clear, and continues to make clearer with the passage of time and the accumulation of data: It’s biology. It is an indelible, unchangeable imprint, deep within the anatomical brain, that can result from an increasing variety of known causes—some genetic, some epigenetic—none of which is conscious choice. The church’s failure to embrace fully the findings of science continues to foster a culture of homophobia that was demonstrated boldly by its decisive role in promoting California’s Proposition 8 in 2008, and reinforced in November 2015 with what has come to be known simply as “The Policy.”

However, two lines of reasoning suggest the possibility—if not the inevitability—of substantive change in the future. The first is ethics. To go against scientific reality in the abstract, as with evolution-deniers, may be ignorant, but it is not necessarily unethical. No harm, no foul. But to go against scientific reality in a way that hurts people, crosses an ethical line. Legions of LGBT Mormons and, sadly, ex-Mormons bear witness to the damage done to them and their families by homophobic policies, procedures, doctrines and community attitudes rooted in an unscientific view of homosexuality. Even one suicide attributable to church policies is too many. Witness Stuart Matis who, in response to the church’s support of California’s Proposition 22 in 2000 that outlawed same-sex marriage, committed suicide on the steps
of an LDS chapel in an attempt to make a statement that things had gone too far. But Stuart’s has not been the only suicide resulting from church policies and culture, and many of those suicides, as evidenced either by comments to family and friends, or suicide notes, have resulted from institutional homophobia. More than a few followed, and were linked to, the 2015 policy statement. No policy is justifiable, no policy is ethical, that results in suicide.

The second line of reasoning is pragmatism. While many resigned their church membership or simply walked away in the aftermath of Prop 8, unofficial numbers suggest that the effect of The Policy seven years later was far more detrimental to church members. One church employee with access to data said on background that over 60,000 members formally resigned their membership in its aftermath. The president of the Liberty Wells Stake told stake members that in the ten months following the announcement of The Policy, 432 members sent him letters resigning their church membership—fully 10% of the stake population.

Along with LGBT church members, untold numbers of Millennials, for whom LGBT issues are paramount, have simply walked away. And an increasing number of families are also withdrawing. Given the choice of supporting gay children or embracing policies and attitudes that are still demonstrably homophobic, they choose solidarity with their children, even if it involves the extreme measure of an entire family resigning church membership.

The potential for continued hemorrhage leading to significant institutional weakening suggests the wisdom of a reappraisal of policies, procedures and doctrines
in the light of current and evolving scientific knowledge—a reappraisal that would be both pragmatic and ethical. What stands in the way of such a reappraisal? Perhaps the elephant in the room is Mormonism’s theology of afterlife, which currently has no room for gay. While never explicitly acknowledged by church leaders, this may be the source of their impasse. With gay-less afterlife as the endpoint, here-and-now church doctrines and policies represent de facto “reverse engineering.” That is, if there is no room for gay in the afterlife, then there can be no legitimate place for it in this life.

One church member, writing days after the announcement of The Policy, summarized the dilemma: “As a gay Mormon, I make my home in the borderlands. In a theology that says every man must be married to a woman in order to be with God and progress in heaven, gay Mormons are anomalies. No one quite knows what to do with us.”

If top-down change—that is, full embrace of a biological paradigm with its logical consequences—is unlikely, is there a plausible alternative for change? I believe there is, and it comes in the form of social justice—in essence, a bottom-up force for change. Perhaps the most potent force—although one needs patience for this one—will be the maturation of Millennials who simply reject the status quo. As these church members—assuming they hang around long enough—move up through the

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hierarchical pyramid, they are likely to bring along their worldview and challenge not only policies, but also doctrines. They will be emboldened by an increasingly informative body of scientific knowledge about homosexuality, by the fact that doctrinal change has been a fact of life for Mormonism since its founding, and by a profound sense of social justice that will no longer allow injury or death to one of the church’s most vulnerable constituencies. If they take the time to read their own history, they will understand that not a single, significant LDS doctrine has gone unchanged throughout the entire history of the church, and when they come to that understanding, they will look forward instead of backward, embrace fully the foundational concept of continuing revelation—“line upon line”—and institute change at the most fundamental level.

Science matters. If we embrace the findings of science that sexual orientation and gender identity are biologically and indelibly imprinted during fetal development, and that they are varieties of normal, then we become a more just society—as well as recipients of the enormous gifts that LGBT people bring to the table. But if we reject the findings of science and insist that homosexuality is just a bad choice that can be un-chosen, all of society suffers.

The extent and timing of any changes in LDS policy or doctrine cannot be predicted with any accuracy. What can be predicted, and with substantial confidence, is

that because LGBT issues are the civil rights issues of our time, as well as the moral
issues of our time for Millennials, the composition and vitality of the future church will
be reflective of its ability to project moral authority on these issues.