

Dispelling Woke Myths about Sex

Presentation for
Inštitút Ladislava Hanusa
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The Ruth Institute

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1

“Woke” Defined

Merriam-Webster: “aware of and actively attentive to important societal facts and issues (especially issues of racial and social justice)”

“Woke” attributes human behavior and differences primarily to external social attributes rather than personal interiority. The range of free moral choice, and with it moral responsibility, is reduced, or may disappear altogether, by the overpowering coercion of social forces.

“Woke” has roots in the Marxist doctrine of “false consciousness,” which is a failure to perceive the true, oppressive character of the material, ideological and institutional processes which exploit the underclass. Religion and tradition are opiates which stupefy the masses with a false sense of personal agency and freedom. The “woke” wake up, reject false consciousness, and recognize their oppression by social and class forces.



2

The Sexual Revolution Defined

For Marx, marriage, including traditional natural sexual norms, is false consciousness, that conceals the true oppressive nature of marriage and family. Men exploit women by demanding sexual access to their bodies; women exploit men by demanding their labor; parents exploit children by demanding their labor, especially in old age. The marital norms of love, commitment, fidelity, and fertility are “turned on their head.” The revolution will overthrow marriage. The sexual revolution is a woke Marxist revolution in sexual behavior.

Wikipedia: “The **sexual revolution**, ... was a [social movement](#) that challenged traditional codes of behavior related to sexuality and [interpersonal relationships](#) throughout the United States and the developed world ...^[1] [The movement] included increased acceptance of [sex](#) outside of traditional heterosexual, monogamous relationships (primarily marriage).^[2] The normalization of [contraception](#) and [the pill](#), [public nudity](#), pornography, [premarital sex](#), homosexuality, [masturbation](#), alternative forms of sexuality, and the legalization of abortion all followed.^{[3][4]}”



3

From Sexual Revolution to Woke Sexuality

The problem with the sexual revolution is that religion, tradition and the marriage-based family rest on the premise that conformity to nature is good and beneficial. They are successful strategies to uphold human fulfillment and meaning, as much as possible, in the expression of their natural inclinations.

Overcoming the conformity of sexual inclinations to nature requires conforming nature to sexual inclinations.

The sexual revolution, then, becomes not just about sex but about liberation from natural limits that restrict and oppress human freedom.

The sexual revolution becomes woke sexuality, which tells us that sexual freedom is restricted not only by social arrangements but also by the natural operations of the body, such as pregnancy, puberty, gender, and aging.



4

Denying and overcoming the Body

Opposing nature is not easy. To overcome natural limits requires a lot of effort: extensive use of bodily technology, replacing or undermining the aforementioned institutions that uphold conformity to nature as good and beneficial, i.e, religion, tradition and the marriage-based family; and (when this fails) the coercion of law and government to get people to behave against their natural inclinations.

Thus, as always, the Marxist revolution becomes the opposite of what it claims to be. Just as the promised ideal liberation of the worker resulted in even greater oppression of the worker in a totalitarian police state, so the sexual revolution's attempted liberation of sexual expression from tradition and family in the sexual revolution has resulted in even greater oppression of women and men.

Ironically, woke sexuality has become a set of ideologies, technologies and institutions intended to conform human sexuality more fully to the ideals of modernity--including unconditioned personal expression, reduced uncertainty in the life course, and availability to industrial capitalism.



5

Myths of Woke Sexuality

Ideologically, woke sexuality follows the Marxist pattern of presenting us with propaganda, that is, false information designed to change our behavior. Typically these come as ideological doctrines presented as scientific fact. Because they appeal to science, however, they can be empirically falsified by examining the evidence. Here below are a few of the falsehoods.

1. Sex is a primarily for pleasure, a kind of play.
2. Multiple sex partners make for a healthy and happy life; to ever have only one partner is a narrow and less full life; to never have a sex partner is a deprivation.
3. Male and female interpersonal sex and parenting roles are interchangeable.
4. Attraction to the same sex is just as legitimate as attraction to the opposite sex.
5. Same-sex relationships are similar to opposite-sex relationships, i.e., marriage.
6. Children raised by same-sex couples turn out just as well, maybe better, than those raised by opposite-sex couples.
7. Gender identity (being male or female) is not inborn and is changeable.
8. Sexual orientation (being homosexual or heterosexual) is inborn and unchangeable.
9. Aborting unborn children is reproductive healthcare.
10. Access to abortion liberates and does not harm women. Lack of access to abortion coerces and harms women.

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Let's look at these myths:

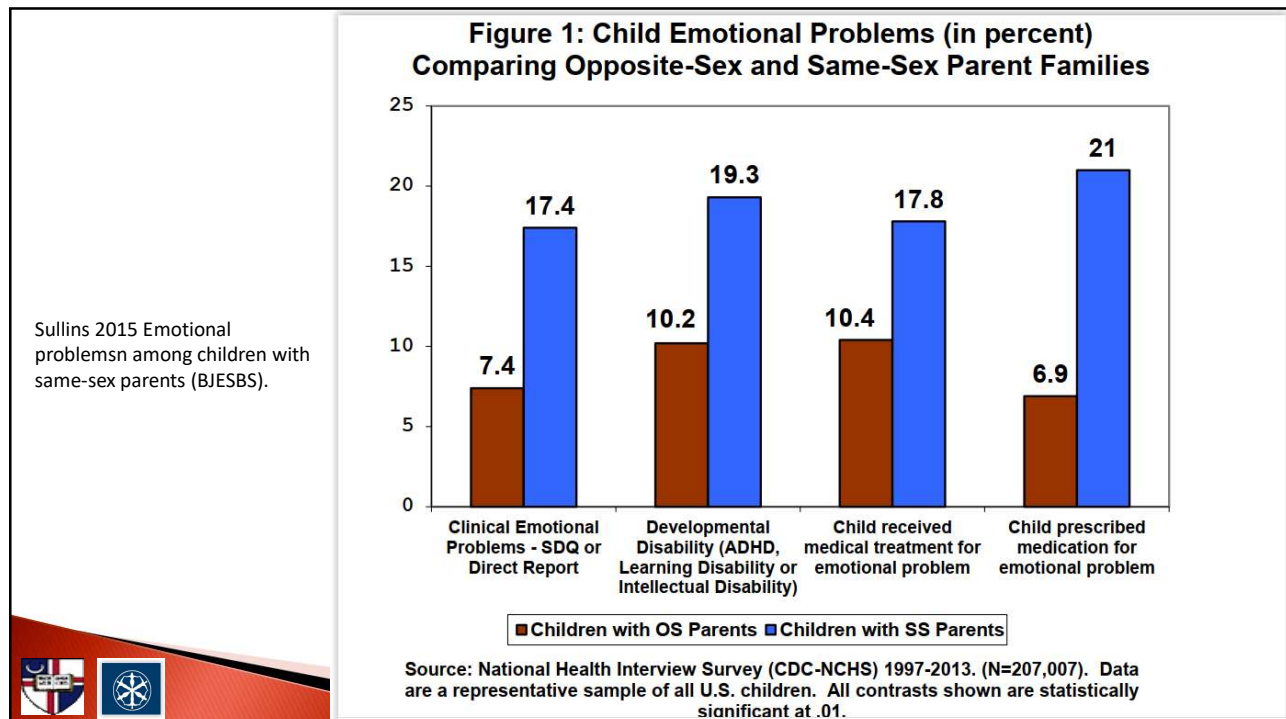
3. Male and female interpersonal sex and parenting roles are interchangeable.

5. Same-sex relationships are similar to opposite-sex relationships, i.e., marriage.

6. Children raised by same-sex couples turn out just as well, maybe better, than those raised by opposite-sex couples.



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Table 2: Risk ratios for child emotional problems contrasting same-sex parents with four opposite-sex family structures: two married biological parents, married step-parent family, cohabiting partners, and single parent: NHIS 2001–2013

Relative Risk for Same-Sex parents compared to:	Model 5.1 (baseline)	Model 5.2 (controls)
Risk for same-sex parents relative to reference group:		
Two married bio parents	3.50 ^{***}	3.62 ^{***}
Married step-parent	1.82 ^{**}	2.16 ^{***}
Single Parent	1.38 ¹	1.78 ^{**}
N	111,437	86,160
Model Fit F (p)	1.0	0.59

Adapted from Sullins (2015), Table 5. Numbers in parentheses report the 95% confidence interval. ^{*}P < 0.05; ^{**}P < 0.01; ^{***}P < 0.001. ¹ .05 < P <= .10 Risk ratios are estimated from logistic regression models adjusted for child age, sex and race, and parents' education and income.

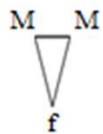
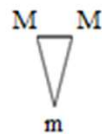


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Table 5: Possible Parent-Child Relational Triads by Sex

Opposite-Sex Parents

Same-Sex Parents



M, male parent; F, female parent; m, male child; f, female child



Sullins 2017 Developmental outcomes for children of same-sex parents (postword in Canzi 2017).

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Table 5. Adjusted Odds Ratios (AORs) for Parent Relationship Features Predicting Child Emotional Problems: NHIS 2008–2018.

Child Distress Due to	Zero Order	With Bio Parents	Final Model
Not two parents	1.42***	0.78*	—
Not married parents	1.46***	1.01	—
Unstable	1.55***	0.99	—
Biological parents			
Two bio parents	Ref.	Ref.	Ref.
One bio parent	1.70***	1.64–1.88***	1.30*
No bio parents	4.77***	4.78–6.02***	4.77***
Absence of bio father	1.49***	1.05	Father absence–mother absence interaction: 1.33*
Absence of bio mother	1.07	0.74*	
Model fit (Hosmer/Lemeshow)			0.56
N	41,954–65,582	41,954–56,638	63,280

Note: Odds ratios are predicted from logistic regression models adjusted for parent education and income, child race, sex and age, sex of respondent, and survey year. All covariates were significant; results are suppressed in the table for simplicity. Difference from reference category, by t-test:

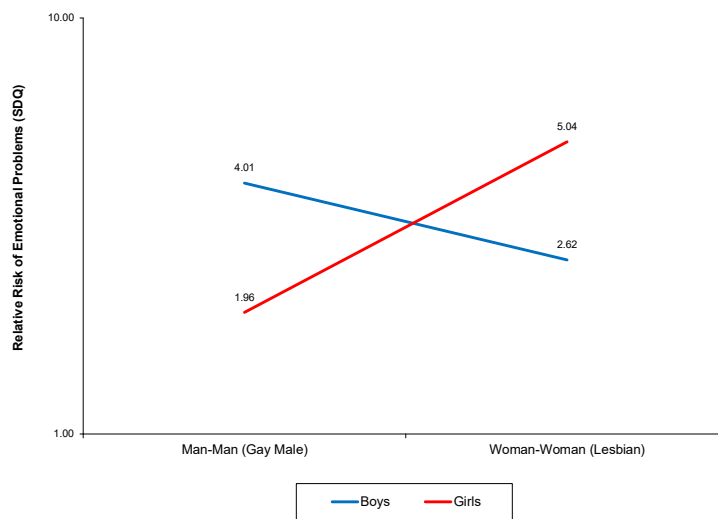
*p < .05.
 **p < .01.
 ***p < .001.



Sullins 2021 The case for mom and dad (Linacre Quarterly).

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Figure 2: Child Emotional Problems with Same-Sex Parents by Child Sex and Parent Sex: NHIS 1997-2016



Reference group is opposite-sex intact married parents.

Sullins 2017 Developmental outcomes for children of same-sex parents (postword in Canzi 2017).



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Scrutinizing Woke Myths

Let's look at

8. Sexual orientation (being homosexual or heterosexual) is inborn and unchangeable.



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Born-That-Way

Is sexual orientation inborn? According to the research consensus, emphatically not.

ANALYSIS

nature
genetics

Polderman et al., "Meta-analysis of the heritability of human traits based on fifty years of twin studies" Nature Genetics (2015)

Meta-analysis of the heritability of human traits based on fifty years of twin studies

Tinca J C Polderman^{1,10}, Beben Benyamin^{2,10}, Christiaan A de Leeuw^{1,3}, Patrick F Sullivan⁴⁻⁶, Arjen van Bochoven⁷, Peter M Visscher^{2,8,11} & Danielle Posthuma^{1,9,11}

Despite a century of research on complex traits in humans, the relative importance and specific nature of the influences of genes and environment on human traits remain controversial. We report a meta-analysis of twin correlations and reported variance components for 17,804 traits from 2,748 publications

Specifically, the partitioning of observed variability into underlying genetic and environmental sources and the relative importance of additive and non-additive genetic variation are continually debated¹⁻⁵. Recent results from large-scale genome-wide association studies (GWAS) show that many genetic variants contribute to the variation

reserved.
Born That Way No More

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Born-That-Way

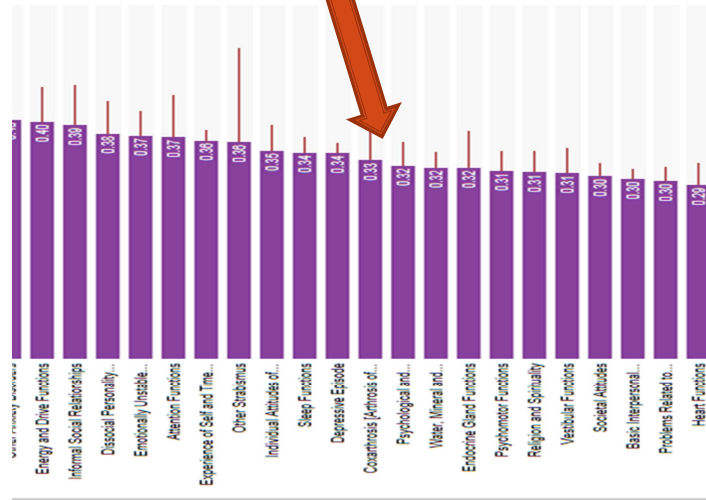
Polderman et al., "Meta-analysis of the heritability of human traits based on fifty years of twin studies". Nature Genetics (2015)

.32 = H2 (heritability) for "Psychological and Behavioural Disorders Associated with Sexual Development and Orientation"

Bailey: "heritability is estimated as32, meaning that about a third of variation in sexual orientation is attributable to genetic differences."

Qazi Rahman, a psychologist at King's College London, confirms: "Genetic factors explain 30 to 40% of the variation between people's sexual orientation."

By context, religion and spirituality is 31% heritable, social attitudes 30%, individual attitudes 35%. None of these are considered innately compelled traits.



Born-That-Way

These results were dramatically confirmed in August 2019 by a landmark study published in *Science*.

Instead of comparing twins, this study directly examined participants' genomes for markers of sexual orientation, a process known as a genome-wide association study (GWAS).

The researchers examined not just one, but three independent samples, and compared their common genetic features, altogether examining almost half a million cases.

Andrea Ganna et al., "Large-Scale GWAS Reveals Insights into the Genetic Architecture of Same-Sex Sexual Behavior," *Science* 365, no. 6456 (August 30, 2019): eaat7693, <https://doi.org/10.1126/science.aat7693>.



RESEARCH ARTICLE

HUMAN GENETICS

Large-scale GWAS reveals insights into the genetic architecture of same-sex sexual behavior

Andrea Ganna^{1,2,3,4,*}, Karin J. H. Verweij^{5,6}, Michel G. Nivard⁶, Robert Maier^{1,2,3}, Robbee Wedow^{1,3,7,8,9,10,11}, Alexander S. Busch^{12,13,14}, Abdel Abdellaoui⁵, Shengru Guo¹⁵, J. Fah Sathirapongsasuti¹⁶, 23andMe Research Team¹⁶, Paul Lichtenstein⁸, Sebastian Lundström¹⁷, Niklas Långström⁴, Adam Auton¹⁶, Kathleen Mullan Harris^{18,19}, Gary W. Beecham¹⁵, Eden R. Martin¹⁵, Alan R. Sanders^{20,21}, John R. B. Perry^{12,†}, Benjamin M. Neale^{1,2,3,†}, Brendan P. Zietsch^{22,†,‡}

Twin and family studies have shown that same-sex sexual behavior is partly genetically influenced, but previous searches for specific genes involved have been underpowered. We performed a genome-wide association study (GWAS) on 477,522 individuals, revealing five loci significantly associated with same-sex sexual behavior. In aggregate, all tested genetic variants accounted for 8 to 25% of variation in same-sex sexual behavior, only partially overlapped between males and females, and do not allow meaningful prediction of an individual's sexual behavior. Comparing these GWAS results with those for the proportion of same-sex to total number of sexual partners among nonheterosexuals suggests that there is no single continuum from opposite-sex to same-sex sexual behavior. Overall, our findings provide insights into the genetics underlying same-sex sexual behavior and underscore the complexity of sexuality.

Born-That-Way

What did they find? -- Heritability

In their words:

their sexual behavior, we estimated broad-sense heritability—the percentage of variation in a trait attributable to genetic variation—at 32.4% [95% confidence intervals (CIs), 10.6 to 54.3] (table S4).

.32 = H² (heritability) of sexual orientation, exactly the same as the twin studies !

The strong, replicated finding of objective, disinterested science is that environmental influences are twice as strong as genetic influences in the development of same-sex behavior.



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Born-That-Way

What did they find? – No gay gene.

0 = number of gay genes. The study concluded definitively that “there is certainly no single genetic determinant (sometimes referred to as the “gay gene” in the media)” of same-sex sexual behavior.

0 = probability of anyone ever finding a gay gene. Instead of a single gene, the study found “many loci with individually small effects, spread across the whole genome ... which additively contribute to individual differences in predisposition to same-sex sexual behavior”. This polygenicity and non-specificity effectively precludes the possibility of genetic determinism; as the lead author stated to the New York Times, “it will be basically impossible to predict one’s sexual activity or orientation just from genetics”.



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Born-That-Way

What did they find? – 0 = probability of anyone ever finding a gay gene.

Recall the distinction between monogenic (Mendelian) and polygenic (complex) traits:

Monogenes/Monogenic Inheritance:

1. They produce discontinuous variations in the expression of traits.
2. A single dominant allele expresses the complete trait.

Polygenes/Polygenic Inheritance:

1. Polygenes produce continuous variations in the expression of traits.
2. A single dominant allele expresses only a unit of the trait.

The study found that same-sex orientation is highly polygenic: “many loci with individually small effects, spread across the whole genome ... additively contribute to individual differences in predisposition to same-sex sexual behavior”. This polygenicity and non-specificity effectively precludes the possibility of genetic determinism; as the lead author stated to the New York Times, “it will be basically impossible to predict one’s sexual activity or orientation just from genetics”.



Belluck, Pam. 2019. “Many Genes Influence Same-Sex Sexuality, Not a Single ‘Gay Gene.’” The New York Times, August 29.

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Born-That-Way

What did they find?

- **Sexual orientation** was not even a distinct trait, but **overlapped genetically** with “a variety of other traits, including externalizing behaviors such as **smoking, cannabis use, risk-taking, and the personality trait “openness to experience.”**¹
- Also, “the genetic effects that differentiate heterosexual from same-sex sexual behavior are not the same as those that differ among nonheterosexuals ..., which suggests that there is no single continuum from opposite-sex to same-sex preference.”¹ They call for reconceptualizing SSA and OSA as independent dimensions and an end to the use of the Kinsey Scale.
- With the study *Science* published a dozen or so editorials by LGBT scientists opposing its publication.

¹ Andrea Ganna et al., “Large-Scale GWAS Reveals Insights into the Genetic Architecture of Same-Sex Sexual Behavior,” *Science* 365, no. 6456 (August 30, 2019).p.1: eaat7693, <https://doi.org/10.1126/science.aat7693>.



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Immutable

Population evidence: A large proportion of persons report changes in sexual attractions over time, mostly to heterosexuality

Table 1. Prevalence of Change in Sexual Attractions Across Longitudinal Studies

Study	I. What percentage of respondents reported any same-sex attractions at first assessment?	II. Of same-sex-attracted respondents, what percentage reported any change in attractions by second assessment (including switches between exclusive same-sex attractions and bisexual attractions)?	III. Of respondents tabulated in column II, what percentage changed to heterosexuality at second assessment?	IV. What percentage of respondents who reported exclusively heterosexual attractions at first assessment ended up reporting same-sex attractions at second assessment?
Add Health (Savin-Williams et al., 2012), N ~ 12,000, change from age 18-24 to age 24-34	5.7 ♂ 13.7 ♀	43 ♂ 50 ♀	66 ♂ 66 ♀	8 ♂ 11 ♀
GUTS (Ott et al., 2011), N ~ 14,000, change from age 18-21 to age 23	7.5 ♂ 8.7 ♀	43 ♂ 46 ♀	57 ♂ 62 ♀	4 ♂ 6 ♀
NSMD (Mock & Eibach, 2012), N ~ 5000, change over 10 years (respondents ranged from 25-74 years of age at first assessment)	1 ♂ 1 ♀	26 ♂ 64 ♀	50 ♂ 55 ♀	1 ♂ 1 ♀
DMHD (Dickson et al., 2013), N ~ 1000				
Change from age 21-26	4.4 ♂ 9.3 ♀	45 ♂ 60 ♀	67 ♂ 83 ♀	2 ♂ 12 ♀
Change from age 26-32	5.6 ♂ 17.2 ♀	38 ♂ 58 ♀	100 ♂ 91 ♀	1 ♂ 8 ♀
Change from age 32-38	5.2 ♂ 14.7 ♀	26 ♂ 55 ♀	67 ♂ 83 ♀	2 ♂ 4 ♀

Diamond & Rosky 2016
"Scrutinizing Immaturity"

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DSO Immutable

a majority of people in the UK who have ever had same-sex experiences identify as heterosexual" (Silva 2022)

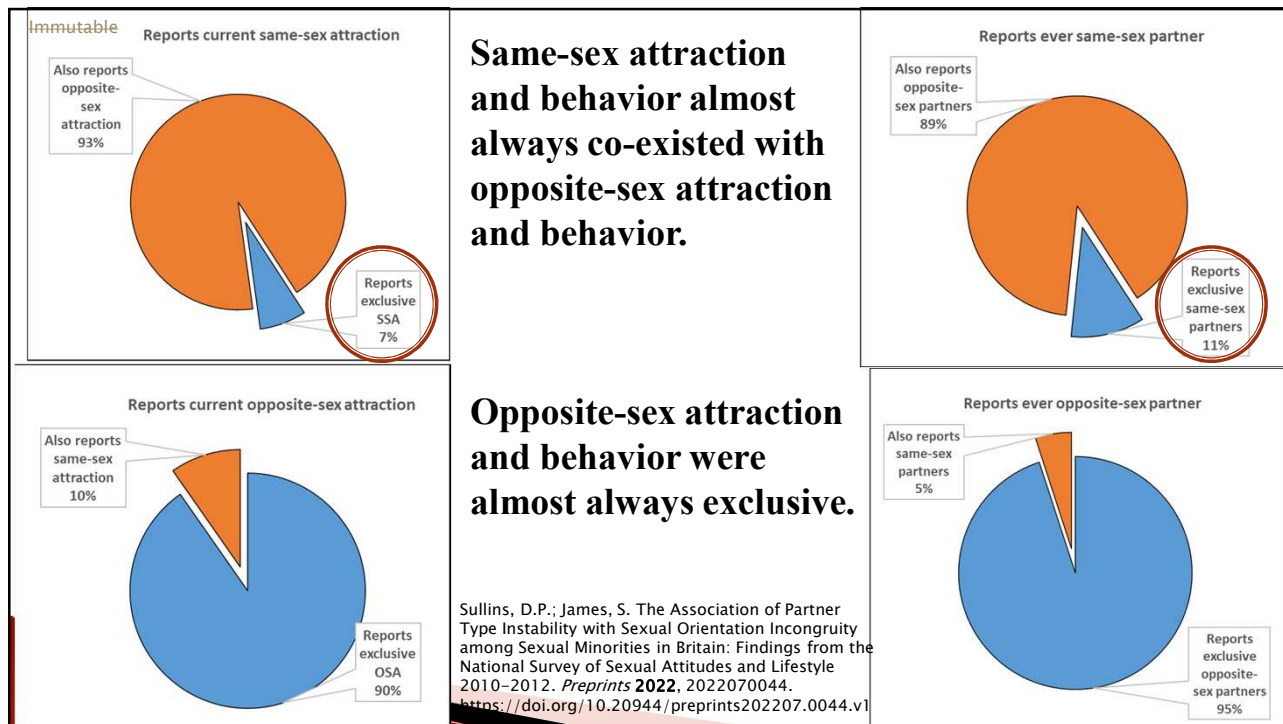
Aim 2: TOTAL POPULATION PREVALENCE OF ANALYSIS GROUPS: UK 2010 (Natsal-3)

	MALES			FEMALES			TOTAL		
	N	Heterosexual %	Population %	N	Heterosexual %	Population %	N	Heterosexual %	Population %
Concordant heterosexuals	4,907	97.05	94.42	6,631	95.75	93.03	11,538	96.40	93.74
Discordant heterosexuals	144	2.95	2.88	351	4.25	4.13	495	3.59	3.47
<i>Closeted</i>	25	0.47	0.46	76	0.82	0.80	101	0.64	0.63
<i>Experimenter</i>	60	1.22	1.23	171	1.18	2.19	231	1.75	1.70
<i>Desister</i>	59	1.26	1.19	104	2.24	1.15	163	1.20	1.17
Total heterosexuals	5,051	100	97.30	6,982	100	97.18	12,033	100	97.21
Non-heterosexuals	172	--	2.70	241	--	2.84	413	--	2.77
Total population	5,223	--	100	7,223	--	100	12,446	--	100

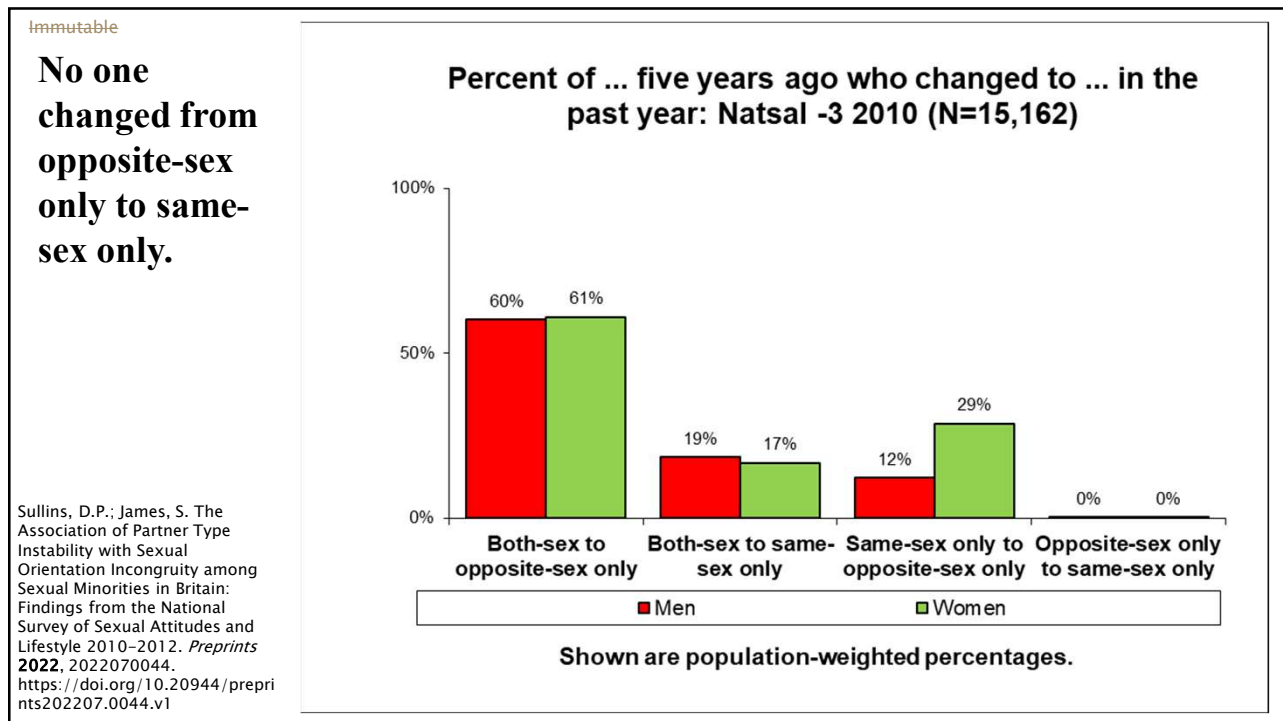
- The population share of discordant heterosexuals was larger than the share of nonheterosexuals; slightly larger for males, much larger for females.
- The population share of persons who once had same-sex sex partner(s) but now have only heterosexual partner(s) (experimenters + desisters) was larger than the share of nonheterosexuals; a little smaller for males, but much larger for females.

Table from Calatrava, M.; Sullins, P.; James, S. Identity-Behavior Discordant Heterosexuals Groups in Britain: Findings from the National Survey of Sexual Attitudes and Lifestyle 2010-2012. *Preprints* **2023**, 2023101088. <https://doi.org/10.20944/preprints202310.1088.v1>

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Scrutinizing Woke Myths

Let's look at

10. Access to abortion liberates and does not harm women. Lack of access to abortion coerces and harms women.



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The hiss of the snake: Subtle lies about abortion

False Promises

- ▶ The first woman was deceived to death by the subtle lies of the snake. Today her daughters are deceived to embrace death by new subtle lies.
- ▶ Thirty years ago even those in favor of legal abortion recognized it as a difficult, if necessary, evil and tried to reduce the number of abortions. Progressives said they wanted to make abortion “safe, legal and rare”.
- ▶ Today that is all gone. Our research and policy elites today tell us that ...
 - Abortion is a form of health care. “Abortion care”. Having an abortion is the moral equivalent of having a tooth pulled.
 - Having an abortion is safer than giving birth to a child.
 - Mental health outcomes are the same whether a woman has an abortion or a child.



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Major medical associations tell us that women's mental health problems are not increased by abortion

American Psychological Association: "among adult women who have an unplanned pregnancy the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy" [4].

British Academy of Medical Royal Colleges: "The rates of mental health problems for women with an unwanted pregnancy were the same whether they had an abortion or gave birth." [5]

These claims are highly misleading, for two reasons.



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First, many abortions terminate *wanted* pregnancies.

- More than one in five (21%) ever-aborting women report having aborted a pregnancy that they wanted to carry to completion (Sullins 2019, using Add Health Wave 4).
- Wanted-pregnancy abortions most often occur because the mother may want the child, but others involved, such as her partner or her parents, do not.
- In patient surveys by abortion providers, over a third of women reported that they were acceding to the wishes of their partner or parents in having the abortion.
- A [research review](#) by the pro-life Elliott Institute estimates that "30 to 60 percent of women having abortions feel pressured to do so by other persons."
- If these abortions are more distressing than those of unwanted pregnancies, our science elites are systematically understating the true psychological harm for women from abortion. I decided to see if this was the case.



Sullins, P. 2019 Affective and Substance Abuse Disorders Following Abortion by Pregnancy Intention in the United States: A Longitudinal Cohort Study (Medicina)

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- ▶ When I examined pregnancy intentions in 2019, I found that the increase in affective distress relative to birth with unwanted pregnancy abortions only was small (18%) and not significant, but with wanted pregnancy abortions was large (69%) and significant (.001).

Table 3. Relative risk [RR/IRR] (95% CI) of mental health disorders with abortion relative to childbirth for ever-pregnant women by pregnancy intention (wanted versus unwanted), adjusted for covariates and other pregnancy outcomes: Add Health Waves I, III and IV (n=3935).

Mental Health Problems	Ever any abortion	Unwanted pregnancy abortions only	Ever wanted pregnancy abortion	Wanted/Unwanted Pregnancy Abortion
	RR/IRR (95% CI)	RR/IRR (95% CI)	RR/IRR (95% CI)	RR/IRR (95% CI)
Depression	1.63 (1.21-2.21)	1.35 (.96-1.85)	2.22 (1.32-3.75)	1.65 (.94-2.87)
Anxiety disorder	1.15 (.81-1.62)	1.06 (.74-1.53)	1.72 (.85-3.47)	1.61 (.77-3.36)
Suicide ideation	2.38 (1.55-3.66)	1.54 (.92-2.57)	3.44 (1.53-7.72)	1.77 (.73-4.29)
Sum of above three affective problems	1.31 *** (1.13-1.53)	1.18 † (1.00-1.40)	1.69 *** (1.31-2.18)	1.43 * (1.08-1.89)

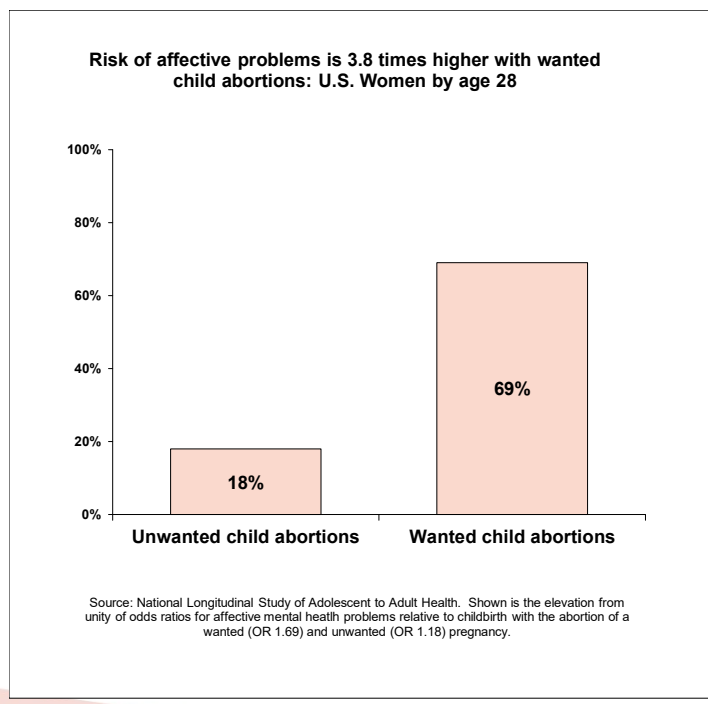
2019 Study



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- ▶ Are wanted child abortions more troubling for women? YES!
- ▶ The odds-based risk of affective distress with abortion compared to childbirth is 18% higher if the child is unwanted, but 69% higher if the child is wanted.
- ▶ The risk of affective distress when aborting a wanted child is almost four (3.8) times higher.

Sullins, P. 2019 Affective and Substance Abuse Disorders Following Abortion by Pregnancy Intention in the United States: A Longitudinal Cohort Study (Medicina)



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Conclusion: Ignoring wanted child abortions whitewashes away the most troubling abortions for women

2019 Study

Remarkably, mine was the first empirical study ever to examine abortions of children in wanted pregnancies. For most researchers in this area, such abortions are invisible. This was the biggest obstacle to publishing the study.

Reviewers and editors repeatedly reported that they “lacked a sense of” or were “perplexed” by the idea that women could look back and say that they actually had wanted to deliver a child they had aborted; although they acknowledged that women routinely deliver children in unwanted pregnancies, and that “very many women express some degree of ambivalence” at the clinic.

More than one told me that women who had obtained an abortion must not have wanted their pregnancy *by definition*, and thus, in the Add Health interviews, they could not have responded the way they clearly did respond. The position–statement review by the AMRC (cited above) codified this bias, explicitly presuming that all aborted pregnancies were unwanted, and thus defining the most distressing abortions out of existence.



Sullins, P. 2019 Affective and Substance Abuse Disorders Following Abortion by Pregnancy Intention in the United States: A Longitudinal Cohort Study (Medicina)

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Myth of the Therapeutic Abortion

Second, they expose the false promise of therapeutic abortion.

American Psychological Association: “among adult women who have an unplanned pregnancy the relative risk of mental health problems **is no greater** if they have a single elective first-trimester abortion than if they deliver that pregnancy” [4].

British Academy of Medical Royal Colleges: “The rates of mental health problems for women with an unwanted pregnancy were **the same** whether they had an abortion or gave birth.” [6]

In claiming that women’s mental health with abortion is no worse, the research summaries of our elite pro-abortion medical agencies admit that women’s mental health with abortion is no better.



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A False Promise

- ▶ The statement that women's mental health is not improved by abortion accurately reflects the research.
- ▶ Some (longer-term) studies have found significant mental health risk with abortion, while others (shorter-term) report little to no mental health risk. But *no study has yet found a long-term mental health benefit for women from abortion*. This is not just the conclusion of pro-life oriented research; it is also the conclusion of pro-abortion research.
- ▶ The promise of widespread legal abortion was that it would benefit women and children. Women would celebrate their control of their fertility, and every child would be a wanted child. Most countries that permit abortion, either on demand or by medical certification, do so on the belief that it benefits women's mental health (United Nations, "Abortion policies and reproductive health around the world"). But after almost 50 years of intense research examination, there is no evidence of this alleged benefit.



Sullins, P. 2019 Affective and Substance Abuse Disorders Following Abortion by Pregnancy Intention in the United States: A Longitudinal Cohort Study (Medicina)

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From transformation to transaction

The modern woke view flattens sex, reducing it from something transcendent to something merely transactional.

Abortion and gay sex exemplify this truth, but the beginning of the flattening process, the gateway drug of woke sexuality, is the birth control pill. Contraception promises a woman sexual experience without the complication of pregnancy; abortion, without the complication of a child; homosexuality, without the complication of a male body; by transitioning, without the complication even of her own female body.

Behind all of these practices is the modern notion of sex as an expression of the self, which has lost the deeper, older truth of sex as a transformation of the self. When experienced in its fulness and original intent, engaging in sex relations transcends the individuality of the partners, both socializing and sacralizing their attractions, drawing them into a more full and complete life that extends (in space) to the whole of human society and (in time) into eternity. It animates their mutual love into an intergenerational solidarity that includes concern for personal virtue and a well-ordered society. It touches their lives with the finger of God. They voluntarily relinquish their individual lives, so as to find them again in something greater than themselves.



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Q & A Material

It was a joy and honor for me to speak to the perceptive and thoughtful group of persons who came to this lecture in Bratislava. There was an extensive time of question and answers following the presentation. In response to some of the issue raised I have included the following studies in the resource folder accompanying these slides:

--"The unintended consequences of mifepristone: evidence from the clinical trials." An early examination of the emotional and social consequences for women of using the abortion pill.

--Dhejne 2011 "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden" Documents greatly increased morbidity, including 19 times greater risk of suicide, following transgender surgery.

--"Is Catholic clergy sex abuse related to homosexual priests?" Addresses the empirical question whether there is a connection between clergy sex abuse and homosexuality.

--"Aborting sex: gay rights as an anti-life movement." Explores the affinities between the promotion of abortion and homosexuality (and contraception) in social and civic discourse.



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Q & A Material, continued

--Messinger 2011 "Invisible victims" On high rates of intimate partner violence in same-sex relationships.

--Sullins 2016 "Invisible victims" On late-onset depression among children who had same-sex parents, also reports high rates of abuse of those children.

--Regnerus 2012 "Adult children of parents who have same-sex relationships" Reports high rates of child sexual abuse by same-sex parents.

--Meyer 2021 "Minority stress and suicide attempts in three cohorts of sexual minority adults." Reports rising suicide attempts among LGB persons since the 1960s.

--Bailey 2020 "Minority stress model deserves reconsideration." Reports and cites the similarity of same-sex psychological difficulties found in the highly tolerant Netherlands and less tolerant U.S.A.



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