

Animal House Considers God

How would you like this introduction for your speaking engagement?

The terrazzo floor is glazed with stale, dry beer from the weekend's wild party. As students stream into the dining room, it is obvious no self-respecting cockroach would have wanted to live in the adjoining kitchen. A few composite portraits of members hang – somewhat askew – on the paneled walls. The room buzzes as the 60 men swap stories and engage in friendly banter. Then their leader gavels them to order. Welcome to the fraternity chapter meeting.

First up is a profanity-laced tirade by the president condemning two rival University of Miami fraternities and a UM campus administrator. Next, an officer blasts some members for lagging participation. A sharp crack of the gavel awakens a sleeping brother, who responds with an obscene gesture. The president declares he is stressed out and cannot wait to get away for spring break so he can get drunk and sleep with some chicks he does not know. A few minutes later he announces a speaker who has come to talk about brotherhood.

As you step up to speak, you might think, ***So, I break my back raising support to get to do this?***

Some friends, Christian campus workers at the University of Miami, lined me up to speak at this fraternity. Ken and Robert were eager to reach the campus Greek community. Of course, fraternity and sorority members have no special standing in God's eyes. But Greeks are leaders on many campuses, with significant potential influence for Christ. They often live together which helps facilitate small groups and discipleship. Ken was a member of this fraternity on another campus, as was I, and his relationships in the Miami chapter opened doors. We prayed that God would work through this meeting.

My opening joke bombed. My stories and illustrations about communication skills, conflict resolution, and brotherly love seemed to connect; they laughed and appeared more relaxed. The chapter advisor had told me that internal feuds were affecting his men. As I spoke, I was convinced the Holy Spirit had arranged this presentation on this topic for this audience at this moment. To catch a glimpse of what went on that evening, here is a bit of what the men heard.

Backfired Road Trip And Brotherly Love Quotient

I related this incident: During my freshman year in college, two other pledges and I took my fraternity big brother (an older student mentor) on a road trip. We borrowed his car (he was generous), took him to dinner, and then drove to a remote location with plans to strand him there. All went according to plan until we arrived at the remote location. Somehow, he overpowered us, grabbed the keys, and drove off, leaving **us** to find our way home. Of course, we were red-faced. Eventually, his forgiveness soothed our embarrassment.

In the same way, these men to whom I spoke could forgive when wronged, but care enough to confront when appropriate. Balancing truth and grace can be challenging.

Some questions helped them analyze their attitudes and brotherly love quotient:

- 1. How often do I use biting sarcasm?*
- 2. How do I act toward members whose participation lags?*
- 3. Do I participate in chapter activities as I should? How is my attitude?*
- 4. How do I feel about the brother who casts a vote against my favorite rushee (prospective member)?*

5. *How do I relate to rushees to whom we did not extend bids to join the fraternity? Later, when I see them on campus, do I give a friendly smile and greeting? Or was all that just for rush?*

6. *I am madly in love with the beautiful blond in Chemistry 101. So is another member of my chapter ... and **they** are going out tonight. How do I feel toward that brother?*

Number six may be the ultimate test of brotherly love.

How does one get the internal power to love and accept others unconditionally? I related to these men that as I struggled with this question some friends suggested I consider the spiritual dimension. I learned in coming to faith as a freshman that God can provide inner power to enhance life and relationships.

The men seemed fairly attentive and were gracious in their applause. Had the Holy Spirit penetrated hearts? The men's written comments gave some clues:

- *"On target."*
- *"Very good but a bit idealistic to me."*
- *"If I did not know any better, I would have thought that you had lived here for months. You clearly know the ins and outs of fraternity life, and you hit the nail right on the head. I especially like what you said about the situation where two brothers like the same girl [sic]; it happens more than we would like to admit. Thank you."*
- *"Boring."*
- *"Very sincere. I am not the most spiritual person. But you made sense."*
- *"You read my mind."*

- *“I would be interested in receiving your articles and more about brotherhood.”*

Arrogance, wrath, and lasciviousness sometime mask empty hurting hearts.

Ken continued his ministry in that house. Two years later, the chapter gathered at 11 p.m. to hear a Christian perspective on sex. When my host and I departed after midnight, several men followed us out the door with heartfelt questions. Animal house was not a church sanctuary, but God was at work.

Lessons For Communicating In Secular Universities

Consider some lessons from this story that relate to one-on-one, small-group, and public speaking situations.

Pray

Ken, Robert, other friends, and I prayed before the outreach. The warm response was God’s answer. Wisdom and skill help, but ultimately it is God who works in hearts.

Meet on their turf

To present Christ to hardened nonbelievers in their own home might seem scary, but they feel much more comfortable there among their friends than they would in a church or a neutral campus location. Use various outreach venues as appropriate, but also go where people are. Jesus and Paul went to homes, the marketplace, synagogues, and schools.

Transcend differences

In a Greek house or dormitory, you may encounter uncomfortable scenarios: pinups, porn, drunkenness, and foul language. At a campus-wide outreach meeting in my fraternity house, one member welcomed guests while tied to a cross. Other members

heckled the speaker. The speaker responded with poise, engaging them in friendly dialogue about Jesus. We are seeking to rescue lost people who do not always feel lost. Pick your battles and learn to overlook the natural flaws of natural people so you can relate spiritual truth.

Establish personal relationships

Ken's friendships with fraternity leaders helped open doors for our meeting and for continued ministry there. That we were both members of their fraternity did not hurt. Use the opportunities you are given; but warm, personal relationships can open many doors for the gospel.

Use humor and stories

Those men could relate to the story about my backfired road trip, laughing with – and at – me. Humor can involve risk. I have studied, written about, taught, and used humor often. I also have had hilarious stories fall flat. Learn from these situations, develop recovery techniques, but realize that circumstances and specific audiences may generate different reactions. Do not be discouraged when your best zingers or illustrations bomb. Ask others to critique your presentation, but keep telling stories to connect with today's campus culture.

Connect with their situation

Learn your listeners' intellectual and emotional languages. This applies to any people group you seek to reach, whether they reside in remote forested jungles or nearby academic ones. In this case, stories about fraternity life and recognizable social situations – using terms familiar to them – helped gain and hold attention.

Connect their interests with spiritual matters

The brotherly love quotient questions helped listeners consider their need for inner strength to love

unconditionally. From that point, discussing spiritual matters, God's inner power, and my own journey to faith followed naturally. Do not simply tack the gospel onto your secular material. Show a clear connection.

Trust the Holy Spirit for long-term fruit and open doors

After Paul presented Christ to the Greek philosophers on Mars Hill, "some laughed, but others said, 'We want to hear more about this later.' ... Some joined him and became believers" (Acts 17:32,34, NLT).[{1}](#) Similarly, in our attempts to reach secular students and professors, some will scorn, some will want to know more, and some will believe. As we are faithful to trust the Holy Spirit to open hearts and doors of opportunity, God will work. "The king's heart is like channels of water in the hand of the Lord; He turns it wherever He wishes" (Proverbs 21:1, NASB).[{2}](#)

Notes

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2. Scripture quotation taken from the ***New American Standard Bible***[®], Copyright ©1960, 1962, 1963, 1968, 1971, 1973, 1975, 1977, 1995 by The Lockman Foundation. Used by permission. (www.Lockman.org).

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Best Way to Avoid AIDS: Know Your Partner

The recent World AIDS Day brought accelerated national and state efforts to combat the deadly disease.

The federal Centers for Disease Control launched a major, campaign to make young Americans aware of AIDS risks, and California's Department of Health Services announced a three-year, \$6 million effort to reduce the spread of HIV in the state.

The advertising, marketing and community relations' strategy is impressive. But is its message completely on target?

The number of AIDS cases diagnosed in the United States, recently passed 500,000. An estimated one of every 92 American males ages 27 to 39 has the HIV virus. The CDC says AIDS is now the leading killer of people ages 25 to 44. California has more than 87,000 documented AIDS cases. Many people don't realize they're at risk. The campaigns wisely seek to warn them.

The young adult component of the California campaign, "Protect Yourself- Respect Yourself " promotes "safer sex" practices. It says that "latex condoms, when properly used, are an effective way to prevent (HIV) infection." Just how safe are latex condoms?

Theresa Crenshaw, M. D., is past president of the American Association of Sex Educators, Counselors and Therapists. She once asked 500 marriage and family therapists in Chicago, "How many of you recommend condoms for AIDS protection?"

A majority of the hands went up. Then, she asked how many in the room would have sex with an AIDS-infected partner using a condom. Not one hand went up.

These were marriage and family therapists, the “experts” who advise others. Dr. Crenshaw admonished them, “It is irresponsible to give students, clients, patients advice that you would not live by yourself, because they may die by it.”

Condoms have an 85 percent (annual) success rate in protecting against pregnancy. That’s a 15 percent failure rate. But a woman can get pregnant only about six days per month. HIV can infect a person 31 days per month. Latex rubber, from which latex gloves and condoms are made, has tiny, naturally occurring voids or capillaries measuring on the order of one micron in diameter. Pores or holes 5 microns in diameter have been detected in cross sections of latex gloves. (A micron is one-thou-sandth of a millimeter.) Latex condoms will generally block the human sperm, which is much larger than the HIV virus.

But HIV is only 0.1 micron in diameter. A 5-micron hole is 50 times larger than the HIV virus. A 1-micron hole is 10 times larger. The virus can easily fit through. It’s kind of like running a football play with no defense on the field to stop you.

In other words, many of the tiny pores in the latex condom are large enough to pass the HIV virus (which causes AIDS) in its fluid medium. (HIV sometimes at-taches to cells such as white blood cells; other times, it remains in the tiny cell-free state.)

Earlier this year, Johns Hopkins University reported re-search on HIV transmission from infected men to uninfected women in Brazil. The study took pains to exclude women at high risk of contracting HIV from sources other than their own infected sex partners. Of women who said their partners always used condoms during vaginal intercourse, 23 percent became HIV-positive. Risk reduction is not risk elimination.

One U. S. Food and Drug Administration study tested condoms in

the laboratory for leakage of HIV-size particles. Almost 33 percent leaked. That's one in three.

Burlington County, New Jersey, banned condom distribution at its own county AIDS counseling center. Officials feared legal liabilities if people contracted AIDS or died after using the condoms, which the county distributed.

Latex condoms are sensitive to heat, cold, light and pressure. The FDA recommends they be stored in "a cool, dry place out of direct sunlight, perhaps in a drawer or closet." Yet they are often shipped in metal truck trailers without climate control. In winter, the trailers are like freezers. In summer, they're like ovens. Some have reached 185 degrees Fahrenheit inside. A worker once fried eggs in a skillet next to the condoms, using the heat that had accumulated inside the trailer.

Is the condom safe? Is it safer? Safer than what?

Look at it this way. If you decide to drive the wrong way down a divided highway, is it safer if you use a seat belt? You wouldn't call the process "safe." To call it "safer" completely misses the point. It's still a very risky—and a very foolish —thing to do.

AIDS expert Dr. Robert Redfield of the Walter Reed Hospital put it like this at an AIDS briefing in Washington, D. C.: If my teenage son realizes it's foolish to drink a fifth of bourbon before he drives to the party, do I tell him to go ahead and drink a six-pack of beer instead?

According to Redfield, when you're talking about AIDS, "Condoms aren't safe, they're dangerous."

"Condom sense" is very, very risky. Common sense says, "If you want to be safe, reserve sex for a faithful, monogamous relationship with an uninfected partner."

At this season of the year, much attention is focused on a

teacher from Nazareth, who said, "You shall know the truth, and the truth shall make you free." Could it be that the sexual practice that he and his followers advocated—sexual relations only in a monogamous marriage—is actually the safest, too? AIDS kills. Why gamble with a deadly disease?

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Safe Sex?

Starlight dances off the sparkling water as the waves gently lap the shore. A cool breeze brushes across your face as you stroll hand in hand along the moonlit beach.

The party was getting crowded and the two of you decided to take a walk on the deserted waterfront. You've only known each other a short while but things seem so right. You laugh together and sense a longing to know this person in a deeper way.

You pause and tenderly gaze into each other's eyes, blood rushing throughout your body as your heart beats faster. Soon you are in each other's arms kissing softly at first, then fervently. You tug at each other's clothes and both kneel to the sand. The condom comes on. You join in passionate lovemaking, then relax, hearing only the gentle waves and each other's breathing, grateful that you are comfortable in mutual care and that all is safe.

Or is it?

Was the condom you used enough to keep you safe? Aside from the emotional and psychological implications of your romantic

encounter, realize that the condom is not a 100% guarantee of safety against AIDS for the same reason the condom is not a 100% guarantee of safety against pregnancy. There's always the possibility of human or mechanical error. Condoms can slip and break. They also can leak. Even the experts aren't certain condoms can guarantee against sexual transmission of the HIV virus.

Theresa Crenshaw, M.D., has been a member of the President's Commission on HIV. She is past president of the American Association of Sex Educators, Counselors, and Therapists^[1] and once asked this question to 500 marriage and family therapists in Chicago: "How many of you recommend condoms for AIDS protection?"

A majority of the hands went up. Then she asked how many in the room would have sex with an AIDS infected partner using a condom. Not one hand went up.

These were marriage and family therapists, the "experts" who advise others. Dr. Crenshaw admonished them that, "It is irresponsible to give students, clients, patients advice that you would not live by yourself because they may die by it."^[2] What does this tell you about the confidence experts have in condoms to protect persons against AIDS?

Not too long ago herpes caught the public's attention. Now, of course, the focus is on AIDS. As with herpes, it is very difficult to be absolutely certain that your partner in premarital sex does not have AIDS and there is no known cure. But, of course, there's a big difference between herpes and AIDS: herpes will make you sick; AIDS will kill you.

Assessing the Risk

After I had made these remarks at a university in California, one young man asked me to explain what I meant when I said that condoms aren't safe. Consider this:

Condoms have an 85% (annual) success rate in protecting against pregnancy. That's 15% a failure rate.[{3}](#) But remember, a women can get pregnant only about six days per month.[{4}](#) HIV can infect a person 31 days per month.

Latex rubber, from which latex gloves and condoms are made, has tiny, naturally occurring voids or capillaries measuring on the order of one micron in diameter. Pores or holes five microns in diameter have been detected in cross sections of latex gloves.[{5}](#) (A micron is one thousandth of a millimeter.) Latex condoms will generally block the human sperm, which is much larger than the HIV virus. (A human sperm is about 60 microns long and three to five microns in diameter at the head.[{6}](#) But the HIV virus is only 0.1 micron in diameter.[{7}](#) A five- micron hole is 50 times larger than the HIV virus. A one-micron hole is 10 times larger. The virus can easily fit through. It's kind of like running a football play with no defense on the field to stop you or shooting a soccer ball into an open goal. The hole is huge!

In other words, many of the tiny pores in the latex condom are large enough to pass the HIV virus (that causes AIDS) in its fluid medium.

One study focused on married couples in which one partner was HIV positive. When couples used condoms for protection, after one and one-half years, 17% of the healthy partners had become infected.[{8}](#) That' s about one in six, the same odds as Russian roulette.

One U.S. Food and Drug Administration (FDA) study tested condoms in the laboratory for leakage of HIV-sized particles. Almost 33% leaked.[{9}](#) One in three.

One analysis of 11 studies on condom effectiveness found that condoms had a 31% estimated failure rate in protecting against HIV transmission. In other words, as the report stated, "These results indicate that exposed condom users will be about a

third as likely to become infected as exposed individuals practicing “unprotected” sex.... The public at large may not understand the difference between “condoms may reduce risk of” and “condoms will prevent” HIV transmission. It is a disservice to encourage the belief that condoms will prevent sexual transmission of HIV. Condoms will not eliminate risk of sexual transmission and, in fact, may only lower risk somewhat.”{10} Burlington County, New Jersey, banned condom distribution at its own county AIDS counseling center. Officials feared the legal liabilities if people contracted AIDS or died after using the condoms the county distributed. They were afraid the county would be held legally responsible for the deaths. {11}

Over Easy Please

Latex condoms are sensitive to heat, cold, light, and pressure. The FDA recommends they be stored in “a cool, dry place, out of direct sunlight, perhaps in a drawer or closet.”{12} Yet they are often shipped in metal truck trailers without climate control. In winter the trailers are like freezers. In summer they’re like ovens. Some have reached 185F (85C) inside. A worker once fried eggs in a skillet next to the condoms, using the heat that had accumulated inside the trailer.{13} Are you thinking of entrusting you life to this little piece of rubber?

Is the condom safe? Is it safer? Safer than what?

Look at it this way: If you decide to drive the wrong way down a divided highway, is it safer if you use a seat belt?{14} You wouldn’t call the process “safe.” To call it “safer” completely misses the point. It’ s still a very riskyand a very foolishthing to do.

Remember that a national study found that condoms have a 15% failure rate with pregnancy. Perhaps you have flown in airplanes. Suppose only 15 crashes occurred for every 100

plane flights. Would you say airline travel was safe? Safer?[{15}](#) Would you still fly?

AIDS expert Dr. Redfield of the Walter Reed Hospital put it like this at an AIDS briefing in Washington, DC: If my teenage son realizes it's foolish to drink a fifth of bourbon before he drives to the party, do I tell him to go ahead and drink a six pack of beer first, instead? [{16}](#) According to Dr. Redfield, when you're considering AIDS, "Condoms aren't safe; they're dangerous."[{17}](#)

The Test

You might say, "We've both been tested for AIDS. Neither of us has it."

The time span between HIV infection and detection of HIV antibodies has been found to be anywhere from three to six months, sometimes longer. [{18}](#) In rare cases it can even take years for signs of the virus to appear.[{19}](#) Dr. Redfield says that after he was exposed to HIV in his work, he waited 14 months before having sex with his wife.[{20}](#) Suppose you meet someone who says, "I had an HIV test a year ago; it was negative. I haven't had sex for a year. I just had another test; it was negative. I'm safe." You see the test results in writing. Is it safe to sleep with that person?

We all know how hormones can influence honesty. It comes down to this: Are they telling the truth about not being sexually active in the interim? Is there even a chance that person might twist the truth even slightly in order to get into bed with you? Even with the tests, it all boils down to trust. That's why I say, "It's very difficult to be absolutely certain that your partner in premarital sex does not have AIDS."

"Condom sense" is very, very risky. Common sense says, "If you want to be safe, wait."

The Total You

There are many other benefits to waiting (or to stopping until marriage, if you're a sexually active single). By "waiting," I mean reserving sex for marriage.

Sex involves your total personalitybody, mind, and spirit. Besides being physically risky, premarital sex can hurt you emotionally and relationally. While you are single, sex can breed insecurity ("Am I the only one they've slept with? Have there been, or will there be, others?"). It can generate performance fears that can dampen sexual response. (If you fear even slightly that your acceptance by your partner hinges on your sexual performance, that fear can hamper your performance.) It can cloud the issue, confusing you into mistaking sexually charged sensations for genuine love.

After you marry, you might wonder, "If they slept with me before we married, how do I know that they won't sleep with someone else now that we are married?" (Marital faithfulness in the age of AIDS is, of course, important both emotionally and physically.) When disagreements crop up with your mate, will you be tempted to ask yourself, "Did we just marry on a wave of passion?" Don't forget flashbacks, those mental images of previous sexual encounters that have a nasty way of creeping back into your mind during arousal. Who wants to be thinking of previous sex partners while making love with their spouse? Worse, who wants their spouse to be thinking of previous sex partners?

Waiting until marriage can help you both have the confidence, security, trust, and self respect that a solid, intimate relationship needs. "I really like what you said about waiting," said a recently married young woman after a lecture at Sydney University in Australia. "My fianc and I had to make the decision and we decided to wait." (Each had been sexually active in other previous relationships.) "With all the other tensions, decisions, and stress of engagement, sex would have

been just another worry. Waiting 'till our marriage before we had sex was the best decision we ever made.”{21}

Why Is It Hard to Wait?

Apart from the obvious physical power of one's sex drive, there are other equally powerful emotional factors that can make it difficult to wait. A longing to be close to someone or a yearning to express love can generate intense desires for physical intimacy. Many singles today want to wait but lack the inner strength or self-esteem. They want to be loved as we all do and may fear losing love if they postpone sex. They are frustrated when unable to control their sexual drives or when relationships prove unfulfilling.

Often sex brings an emptiness rather than the wholeness people seek through it. As one TV producer told me, “Frankly, I think the sexual revolution has backfired in our faces. It's degrading to be treated like a piece of meat.” The previous night her lover had justified his decision to sleep around by telling her, “There's plenty of me for everyone.” What I suspect he meant was, “There's plenty of everyone for me.” She felt betrayed and alone.

I explained to her and to her TV audience that sexuality also involves the spiritual. One wise spiritual teacher understood our loneliness and longings for love. He recognized human emotional needs for esteem, acceptance, and wholeness and offered a plan to meet them. His plan has helped people to become whole “new creatures,”{22} that is, “brand new person(s) inside.”{23} He taught that we can be accepted just as we are, even with our faults.{24} We can enjoy the self-esteem that comes from knowing who we are and that our lives can count for something significant.{25} He promised unconditional love to all who ask.{26} Once we know we're loved and accepted, we can have greater security to be vulnerable in relationships and new inner strength to make wise choices for safe living.{27} This teacher said, “You

shall know the truth, and the truth shall make you free.”{28} “My peace I give to you,” He explained. “Do not let your hearts be troubled and do not be afraid.”{29} Millions attest to the safety and security He can provide in relationships. His name, of course, is Jesus of Nazareth. I placed my faith in Him personally my freshman year at Duke, Two Lambda Chis influenced me in that direction. Though I was skeptical at first, it “has made all the difference,” as Robert Frost would say.

Sex and spirituality are, of course, quite controversial topics. I realize that our International Fraternity contains a wide spectrum of beliefs on these issues. I offer these perspectives not to preach but to stimulate healthy thinking.

Diversity was one of the things that attracted me to our chapter at Duke. Politically, philosophically, and spiritually we ran the gamut. There were liberals, conservatives, Christians, Jews, atheists, and agnostics. We tried to respect one another and learn from each other even when we differed on issues like these. That is the spirit in which I offer these remarks; may I encourage you to consider them in the same way.

To summarize, the only truly safe sex is the lovemaking that occurs in a faithful monogamous relationship where both partners are HIV negative. Condoms may reduce the risk of HIV transmission somewhat, but they can’t guarantee prevention. Please, don’t entrust your life to something as risky as a condom.

Notes

1. Richard W. Smith, “Parent’s HIV Prevention Information Package:’ n.d., p. 48. (Smith is “a public health professional with more than 20 years of experience in the epidemiology of Sexually Transmitted Diseases and HIV/AIDS prevention and control.” He resides in Trenton, NJ.)
2. Theresa Crenshaw, M.D., “The Psychology of AIDS Prevention:

Implementing Effective Strategies, "Transcript: National Conference on HIV, Washington, DC, November 1987, p. 4.1

3. Elise F. Jones and Jacqueline Darroch Forrest, "Contraceptive Failure Rates Based on the 1988 NSFG (National Survey of Family I Growth):' *Family Planning Perspectives* 24:1 (January/February 1992), pp. 12, 18. (Jones is senior research associate and Forrest is vice president for research for Planned Parenthood's Alan Guttmacher Institute.) See also R. Gordon, *Journal of Sex and Marital Therapy* (1989), 15, pp. 5-30; in David G. Collart is affiliated with the Emory University Department of Biology. His doctorate is from the University of Florida in biochemistry and molecular biology.)

4. Richard W. Smith, "Is the Condom Really Safe Sex?", n.d., p. I; see also Collart, loc. cit.

5. C.M. Roland, "Barrier Performance of Latex Rubber," *Rubber World: The Technical Service Magazine for Rubber Industry*, 208:3, June 1993, pp. 1 518; and personal conversation, September 24, 1993. (Roland, who holds a Ph.D., is editor of *Rubber Chemistry and Technology* and also head of the Polymer Properties Section, Navel Research Laboratory, Washington, DC.)

6. William R. Hensyl, ed., *Stedman's Medical Dictionary*, 25th Ed. (Baltimore: Williams & Wilkins, 1990), p. 1445; Macdonald Critchley, ed., *Butterworth's Medical Dictionary*, 2nd Ed. (Boston: Butterworth & Co., 1978), p. 1577; Marcia F. Goldsmith, "Sex in the Age of AIDS Calls for Common Sense and 'Condom Sense,'" *JAMA* (Journal of the American Medical Association) 257:17, May 1, 1987, p. 2262.

7. James Kettering, Ph.D., "Efficacy of Thermoplastic Elastometers and Latex Condoms as Viral Barriers," *Contraception*, vol. 47, June 1993, pp. 563-564; and personal conversation, September 20, 1993. (Kettering is with the Department of Microbiology, Loma Linda University School of Medicine, Loma Linda, CA.)

8. Margaret A. Fischl, et al, "Heterosexual Transmission of Human Immunodeficiency Virus (HIV): Relationship of Sexual Practices to Seroconversion," III International Conference on

AIDS, June 15, 1987, Abstracts Volume, p. 178; in "In Defense of a Little Virginité, Focus on the Family," *USA Today*, April 14, 1992, 11A.

9. Ronald F. Carey, Ph.D., et al, "Effectiveness of Latex Condoms as a Barrier to Human Immunodeficiency Virus-sized Particles Under conditions of Simulated Use," *Sexually Transmitted Diseases* 19:4 (July-August 1992), pp. 230-234. (Carey works for the US Food and Drug Administration.)

10. Susan C. Weller, "A Meta-Analysis of Condom Effectiveness in Reducing Sexually Transmitted HIV," *Soc Sci Med* 36:12 (1993), pp. 1635-1644, emphasis hers. (Weller is with the Department of Preventive Medicine and Community Health, University of Texas Medical Branch, Galveston. TX. *Soc Sci Med* is published in Great Britain.)

11. Douglas A. Campbell, "Burlco Stops Distribution of Condoms," *The Philadelphia Inquirer*, April 11, 1991. IB, 4B.

12. Condoms and Sexually Transmitted Diseases Especially AIDS," *HHS Publication FDA* (90-4239), in Smith, op. cit., P. 2.

13. William B. Vesey, "Condom Failure," *HLI Reports* (the newsletter of Human Life International, Gaithersburg, MD) 9:7 (July 1991); see also Collart, op. cit., p. 3.

14. "Condoms Fail," *Staying Current* (the newsletter of AIDS Information Ministries), iv: III (May-June 1992), p. 4.

15. George V. Corwell, "When simple solutions yield deadly results," *Trenton Times* (NJ), February 5, 1993. (Corwell is associate director for education, New Jersey Catholic Conference, Trenton, NJ.)

16. Robert Redfield, Jr., M.D., "Why Wait? Capital Briefing; AIDS: What You're Not Hearing Could Kill Your Youth," oral presentation), Washington, DC, May 8, 1992. (Dr. Redfield is chief of the Department of Retroviral Research at Walter Reed Army Institute of Research.)

17. Ibid.

18. Ibid.

19. Ibid. Redfield says that some people with hypogammaglobulinemia do not make antibodies, hence it takes

years for them to show signs of HIV infection. (Current HIV tests detect not the virus itself, but rather the antibodies that the human body manufactures to attempt to fight the virus.)

20. Ibid.

21. Space limits extensive development here of the practical, psychological, and emotional advantages of waiting. These have been more adequately discussed in Rusty Wright and Linda Raney Wright, *How to Unlock the Secrets of Love, Sex, and Marriage*, Barbour Books, 1981; Rusty Wright, "Dynamic Sex: Beyond Technique and Experience," Campus Crusade for Christ, 1977.

22. 2 Corinthians 5:17, New American Standard Bible.

23. 2 Corinthians, 5:17, Living Bible.

24. Luke 15:10-32.

25. John 1:12; II Corinthians 5:20.

26. John 3:16; 13:34-35; 17:20, 23, 26; I John 4:7-21.

27. Acts I :8; Ephesians 5: 18; Galatians 5: 16-24; I Corinthians 6:18-20.

28. John 8:32.

29. John 14:27, NIV.

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A Funny Thing Happened on the Way to the End

Hundreds of cases have been recorded of people who returned from the brink of death to report on “the other side.” But are out-of-body experiences really encounters with the afterlife ... or something more deceptive?

A man is dying.

As he lies on the operating table of a large hospital, he hears his doctor pronounce him dead. A loud, harsh buzzing reverberates in his head. At the same time, he senses himself moving quickly through a long, dark tunnel. Then, suddenly, he finds he is outside of his own physical body. Like a spectator, he watches the doctor's desperate attempts to revive his corpse. Soon, he sees the spirits of relatives and friends who have already died. He encounters a “being of light.” This being shows him an instant replay of his life and has him evaluate his past deeds. Finally, the man learns that his time to die has not yet come and that he must return to his body. He resists, for he has found his afterlife experience to be quite pleasant. Yet, somehow, he is reunited with his physical body and lives. [\[1\]](#)

You may be one of the many who have read this account of a near- death experience in the best-selling book, *Life After Life*, by Dr. Raymond A. Moody, Jr. Dr. Moody is a psychiatrist who pieced together this picture from the reports of numerous patients he had studied. He notes that not all dying patients have these “out-of-body experiences” (OBE's) and stresses that this is a *composite account* from some who have. Not every element appears in every experience, but the picture is fairly representative, he says.

The last few years have seen a flurry of books and articles on

these OBE's as an increasing number of doctors report similar findings. My own curiosity led me to several fascinating interviews with surviving patients.

One interview was with a woman in Kansas, who developed complications after major surgery. She told me that she sensed herself rising out of her body, soaring through space and hearing heavenly voices before she returned to her body.

A man in Arizona was in a coma for five months following a severe motorcycle accident. He said that during that time he saw his deceased father, who spoke to him.

Interpreting the OBE's

How should we interpret these out-of-body experiences? Are they genuine previews of the afterlife? Hallucinations caused by traumatic events? Or something else?

Let's evaluate.

First, the people who have death-related OBE's fall into different categories. Some have been pronounced clinically dead and later are resuscitated. Others have had close calls with death, but were never really thought dead (such as survivors of automobile accidents). Still others did die—permanently—but described what they saw before they expired.

Second, the determination of the point of death is a hotly debated issue. In the past, doctors relied merely on the ceasing of the heartbeat and respiration. More recently they have used the EEG or brainwave test. Some argue that death must be *an irreversible* loss of all vital signs and functions. These would say that patients who were resuscitated did not really die because they were resuscitated. But whatever one considers the point of death, most would agree that these folks have come much closer to it than the majority of people living today.

A number of possible explanations for the OBE's have been offered. Different ones may apply in different situations. Here are a few of the main theories:

The physiological explanations suggest that a "physical" condition may have caused some of the out-of-body experiences. For instance, cerebral anoxia (a shortage of oxygen in the brain) occurs when the heart stops. The brain can survive for a short while (usually only a few minutes) without receiving oxygen from the blood. Anoxia can produce abnormal mental states.[\[2\]](#) Thus, patients who recover from heart failure and report OBE's may be merely reporting details of an "altered state of consciousness," some say.[\[3\]](#)

The pharmacological explanations say that drugs or anesthetics may induce some of the near-death experiences. Some primitive societies use drugs to induce OBE's in their religious ceremonies.[\[4\]](#)

LSD and marijuana sometimes generate similar sensations. [\[5\]](#) Even many medically accepted drugs have produced mental states akin to those reported by the dying. Ether, a gaseous anesthetic, can cause the patient to experience "sensations like that of being drawn down a dark tunnel."[\[6\]](#)

The drug ketamine is an anesthetic that is injected into the veins.[\[7\]](#) It is used widely and produces hallucinatory reactions 10% to 15% of the time." UCLA pharmacologists Siegel and Jarvik report the reactions of two subjects who took this drug:

"I'm moving through some kind of train tunnel. There are all sorts of lights and colors, mostly in the center, far, far away; way, far away, and little people and stuff running around the walks of the tube, like little cartoon nebbishes; they're pretty close."

"Everything's changing really fast, like pictures in a film, or television, just right in front of me. I am watching it

happen right there.”{9} The tunnel, lights, people and film scenes in these accounts bear some resemblance to the OBE images.

The psychological explanations suggest that the individual’s mind may generate the unusual mental experience. Sigmund Freud, writing about the difficulty of coping with the thought of death, said it would be more comfortable in our minds to picture ourselves as detached observers.{10} Some modern psychiatrists, following this theme, theorize that the OBE is merely a defense mechanism against the anxiety of death. That is, since the thought of one’s own death is so frightening, the patient’s mind invents the OBE to make it seem as if only the body is dying while the soul or spirit lives on.

Dr. Russell Noyes, University of Iowa psychiatrist, has done extensive research into the experiences of people in life threatening situations. He says that the OBE is “an emergency mechanism . . . a reflex action, if you like.” {11}

Noyes and his associate, Roy Kletti, write, “In the face of mortal danger we find individuals becoming observers of that which is taking place, effectively removing themselves from danger.”{12}

Other psychologists wonder if the patient may be confusing his or her *interpretation* of the experience with what actually happened.{13} The conscious mind seems to need an explanation for an unusual vision; therefore, it interprets the event in familiar terms. Thus, say these psychologists, the resuscitated patient reports conversations with deceased relatives or religious figures common to his culture.

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could be completely spiritual and yet
not be from God.**

Spiritual Theories

The spiritual explanations grant the existence of the spiritual realm. They view many of the OBE's as real manifestations of this realm. Dr. Moody, while admitting his inability to prove his belief, feels that the OBE's represent genuine previews of the afterlife.[{14}](#) The famous Dr. Elisabeth Kubler-Ross, well-known writer on death and dying, says she became convinced of the afterlife through her study of OBE's and related phenomena.[{15}](#)

Many have noted that the experiences in Dr. Moody's first book, *Life After Life*, seem to contradict some of the traditional Christian beliefs about the afterlife. All of the patients—Christian and non-Christian—report feelings of bliss and ecstasy with no mention of unpleasantness, hell or judgment.

However, Dr. Moody's first book was based on limited observation. Further research yielded new information that he presents in a second book, *Reflections on Life After Life*, which came out in 1977 (two years later).

He has now talked with numerous patients who refer to a "city of light" and describe scenes that are reminiscent of biblical material.[{16}](#) Some of his other patients report seeing "beings who seemed to be 'trapped' in an apparently most unfortunate state of existence."[{17}](#)

One woman who was supposedly "dead" for 15 minutes said she saw spirits who appeared confused. "They seemed to shuffle," she reports, "as someone would on a chain gang . . . not knowing where they were going. They all had the most weebegone expressions. It was quite depressing."[{18}](#)

Dr. Moody now states, "Nothing I have encountered precludes

the possibility of a hell.”{19} Some have felt that the OBE’s are inconsistent with the biblical concept of a final judgment at the world’s end. No one reports standing before God and being judged for eternity. Dr. Moody responds in his second book by pointing out that “the end of the world has not yet taken place, “so there is no inconsistency.” There may well be a final judgment,” he says. “Near-death experiences in no way imply the contrary.”{20}

Life After Death?

How should one view the OBE’s and their relationship to the issue of life after death? Scientific or experimental methods are currently unable to solve the riddle (as a number of scientists will admit).{21} Not only is it difficult to provide controlled situations during medical emergencies; the scientist has no instruments to determine the *content* of events in the spiritual or mental realms.

Personal testimony alone is insufficient as a test of truth in these cases. Subjective mental experiences can be deceptive and are susceptible to influence by injury, drugs, psychological trauma, etc., as stated previously. Also, what would we conclude when the experiences differ?

Another approach involves the spiritual realm. Presumably, a qualified spiritual authority could accurately inform us about the afterlife. But with so many differing authorities on today’s spiritual scene, whom should we believe?

An increasing number of educated men and women are concluding that Jesus of Nazareth is a trustworthy spiritual leader. A major reason for this conclusion is that He successfully *predicted* His own out-of-body experience—that is, His own death and resurrection. Consider the evidence:{22}

Jesus was executed on the cross and declared dead. His body was wrapped like a mummy and then placed in a tomb. An

extremely large stone was rolled against the entrance. A unit of superior Roman soldiers was placed out front to guard against grave robbers. On the third day, the stone had been rolled away and the tomb was empty, but the grave clothes were still in place. The Roman guards came out with the feeble story that the disciples had stolen the body while they were sleeping. But how could they know who had done it if they were asleep?

Meanwhile, hundreds of people were saying they saw Jesus alive and were believing in Him because His prediction had come true. Both the Romans *and* the Jews would have loved to have produced the body to squelch the movement. No one did. The tomb remained empty and Christianity spread like wildfire. Jesus' disciples were so convinced that He had risen that they endured torture and even martyrdom for their faith.

Jesus Christ successfully predicted His own resurrection. This was not a mere resuscitation after His heart had stopped beating for a few minutes. It was a dramatic physical resurrection after several days in the grave.

Why is this incident so important? The resurrection shows that Jesus has power over death. It establishes Him as a spiritual authority. Because He remains consistent on statements we can test (such as His resurrection prediction), we seemingly have solid grounds for trusting Him on statements we *cannot* test (such as those He made about life after death).

One statement Jesus made was that all who believe in Him will have everlasting life, an eternity of joy. As one early Christian wrote: "No eye has seen, no ear has heard, no mind has conceived what God has prepared for those who love Him."

Jesus also explained that God loves us and desires our happiness both now and after we die.[\[24\]](#) However, we all initially exist in a condition of separation or alienation from God. This condition is called sin, and it prevents us

from achieving maximum fulfillment in this life and from spending eternity with God.{25}

Jesus claimed to be the solution to our sin problem. By His death on the cross He paid the penalty for our sins so that we might be forgiven and live forever with God.{26} The Bible explains, “God has given us eternal life, and this life is in His Son (Jesus). He who has the Son has the life; he who does not have the Son of God does not have the life.”{27} If we refuse this free gift in Jesus, we are choosing to exclude ourselves from God, opting instead for an eternity of suffering. {28}

OBE Interpretation

In light of the above, how should one interpret the OBE’S? Here are some guidelines I use.

Because I have concluded that historical evidence supports both the authority of Jesus and the accuracy of the biblical documents, accept them as a standard.

If a given OBE contradicts biblical statements or principles, I do not accept it as being completely from God. If the experience does not contradict biblical statements or principles, then it *could* be from God. (I say “could” because there is always a possibility of influence from one of the other factors—body, drug or mind.)

It is also possible that a given OBE could be completely spiritual and yet not be from God.

Jesus clearly taught the existence of an evil spiritual being, Satan.

We are told that Satan “disguises himself as an angel of

light,"{30} but Jesus said that he is "a liar, and the father of lies."{31}

One of Satan's favorite deceptions is convincing people that they can achieve eternal life by doing good. That way, they don't see their need for receiving Christ's pardon.

Could this be the reason that sometimes the "being of light" in the OBE's tells the patient to go back and live a good life, but makes no mention of a commitment to Christ? (I'm not accusing everyone connected with OBE's of deliberately being in league with the devil. Rather, I'm offering a word of caution, a suggestion to consider satanic influence as one of several possible alternatives in individual cases.)

Obviously death is a common denominator of the human race. Some seek to avoid the issue or to insulate themselves from it through possessions and pursuits, popularity or power. Many feel that whatever belief makes you comfortable is okay. Do any of these descriptions fit you?

In the spring of 1977, a nightclub near Cincinnati was packed to the brim. Suddenly, a busboy stepped onto the stage, interrupted the program and announced that the building was on fire. Perhaps because they saw no smoke, many of the guests remained seated. Maybe they thought it was a joke, a part of the program, and felt comfortable with that explanation. When they finally saw the smoke, it was too late. More than 150 people died as the nightclub burned.{32}

As you consider death, are you believing what you want to believe, or what the evidence shows is true? Jesus said, "I am the resurrection and the life; he who believes in Me shall live, even if he dies."{33}

I encourage you to place your faith in Jesus Christ as your Savior. Then you, too, will live, even if you die.

Notes

1. Paraphrased from Raymond A. Moody, Jr., M. D., *Life After Life*, Bantam, New York, 1976 (first published by Mockingbird Books in 1975), pp. 21, 22.
2. Stanislav Grof, M. D., and Joan Halifax-Grof, "Psychedelics and the Experience of Death," in Toynbee, Koestier, and others, *Life After Death*, McGraw-Hill, New York, 1976, p. 196.
3. Daniel Goleman, "Back from the Brink," *Psychology Today*, April, 1977, p. 59.
4. Michael Grosso, "Some Varieties of Out-of-Body Experience," *Journal of the American Society for Psychical Research*, April, 1976, pp. 185, 186.
5. Grof and Halifax Grof, pp. 193-195; Stanislav Grof, "Varieties of Transpersonal Experiences: Observations from LSD Psychotherapy," *The Journal of Transpersonal Psychology*, 4: 1, 1972, p.67; Russell Noyes, Jr., M.D., and Roy Kletti, "Depersonalization in the Face of Life-Threatening Danger: An Interpretation," *Omega: Journal of Death and Dying*, 7: 2, 1976, p. 108.
6. Raymond A. Moody, Jr., *Reflections on Life After Life*, Bantam/ Mockingbird, New York and Covington, Georgia, 1977, p. 108.
7. Moody, *Life After Life*, p. 157.
8. Louis Jolyon West, M.D., "A Clinical and Theoretical Overview of Hallucinatory Phenomena" in R. K. Siegel and L. J. West (eds.), *Hallucinations Behavior, Experience, and Theory*, John Wiley & Sons, New York, 1975, p. 292.
9. Ronald K. Siegel, Ph. D. and Murray E. Jarvik, M.D., Ph.D., "Drug-Induced Hallucinations in Animals and Man," in Siegel and West, pp. 116-118.
10. Sigmund Freud, "Thoughts for the Times on War and Death" (1915), *Collected Papers*, Vol. 4, Basic Books, 1959; quoted in Russell Noyes, Jr., M.D., "The Experience of Dying," *Psychiatry*, May 1972, p. 178.
11. Joan Kron, "The Out-of-Body Trip: What a Way to Go!" *New York Magazine*, December 27, 1976-January 3, 1977, p. 72.
12. Noyes and Kietti (1976), loc. cit.
13. Dr. Charles Tart in Robert A. Monroe, *Journeys Out of the*

- Body*, Doubleday, Garden City, New York, 1971, pp. 6, 7.
14. Moody, *Reflections on Life After Life*, p. 111.
 15. James Pearre *Chicago Tribune*, "Ghost Story: How a long dead patient talked doctor into continuing work with the dying," *San Francisco Sunday Examiner & Chronicle*, November 14, 1976, section B, p. 7.
 16. Moody, *Reflections on Life After Life*, pp. 15-18.
 17. *Ibid*, pp. 18-22.
 18. *Ibid.*, pp. 19-21.
 19. *Ibid.*, p. 36.
 20. *Ibid.*, pp. 36, 37.
 21. *Ibid.*, pp. 132-135; A. Susan Mennear, "Life After Death?" *Good Housekeeping*, September, 1976, pp. 187, 188; J. B. Rhine, Ph. D., "Parapsychology and Psvchology: The Shifting Relationship Today," *The Journal of Parapsychology*, June, 1976, pp. 131-133.
 22. For a more thorough documentation of resurrection evidences, see Josh McDowell, *Evidence That Demands a Verdict*, Campus Crusade for Christ International, 1972, pp. 185-273; see also pp. 15-79 for evidences for the reliability of the biblical documents.
 23. 1 Corinthians 2: 9, NIV.
 24. John 3: 16; John 10:10.
 25. Romans 1:23; 6:23.
 26. Luke 19:10; Mark 10:45; 1 Peter 2:24; John 3:16.
 27. 1 John 5: 11,12.
 28. John 3:36; Revelation 20:15.
 29. McDowell, loc. cit.
 30. 11 Corinthians 11:14.
 31. John 8:44.
 32. "They Didn't Believe It," *The New York Times*, May 30, 1977, p. 16; Hal Bruno, "The Fire Next Time," *Newsweek*, June 13, 1977, pp. 24, 27.
 33. John 11:25.