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## Historical Perspectives of Male Same-Sex-Sexual-Orientation and the Division into Contemporary Etiologies

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### Abstract

This is an introductory paper on the historical perspectives of the social acceptance of homosexual behavior, as well as contemporary views on the division of pro-gay and pro-development (growth out of homosexuality) groups. In conjunction with this, a discussion of the etiology of male-same-sex-sexual-attractions is proposed in accordance to genetic and environmental research. Difficulties in maintaining a pro-gay stance are proposed. Future research into the success of pro-development therapy, is suggested.

Historical Perspectives of Male Same-Sex-Sexual-Orientation  
and the Division into Contemporary Etiologies

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may 9, 1998  
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### Abstract

This is an introductory paper on the historical perspectives of the social acceptance of homosexual behavior, as well as contemporary views on the division of pro-gay and pro-development (growth out of homosexuality) groups. In conjunction with this, a discussion of the etiology of male-same-sex-sexual-attractions is proposed in accordance to genetic and environmental research. Difficulties in maintaining a pro-gay stance are proposed. Future research into the success of pro-development therapy, is suggested.

## Historical Perspectives of Male Same-Sex-Sexual-Attraction And the Division Into Contemporary Etiologies

In understanding the topic of homosexuality and the social ramifications it plays on society, it is important to take a closer look at the historical perspectives of homosexuality and how these views have changed over the years. In doing so we are able to get a better perspective on the various factors that shape our thoughts about how individuals and society as a whole view the homosexual condition.

Throughout history, social acceptance of male homosexuality has varied. In ancient Greece it was accepted as part of normal sexual behavior. With the emergence of Judaism-Christianity, homosexuality was seen as an abomination. Historically, treatment of individuals committing homosexual acts has fluctuated from respect, ambivalence, tolerance and acceptance (scientifically) as a normal variation of human sexual behavior to persecution--leading to corporal punishment (i.e., castration, death).

Following a historical discussion, I further explore the research of the etiology of homosexuality in regards to genetic/biological and environmental factors (i.e., studies of brain regions, sex chromosomes, identical twins, child rearing). I discuss how these studies have assisted in developing two divergent constructs in contemporary society. One construct states that the development of male-same-sex-sexual-attractions is a normal psychosexual process. The other states that male same-sex-sexual-attractions is a response to unmet same-sex love needs. In response to this I go into detail regarding those

members of the male population who desire to develop out of their same-sex-sexual-attraction, and the problems they are confronted with. I discuss the success of ex-gay therapy groups and how they differ in theory and practice in reference to pro-gay therapy/support groups.

### Historical Perspectives Regarding Male Homosexuality

#### Homosexuality in ancient Greece

In Grecian history, with the discovery of artifacts depicting homosexual acts between men in the form of painted vases, historians have been able to study homosexuality in ancient Greece. During that period, a sexual act between two consenting same-sex individuals was not an uncommon occurrence among males (Liebert, 1986). In fact, in ancient Greece there does not exist any "nouns corresponding to English nouns for a homosexual or a heterosexual [individual]...[I]n Greek society the alternation of homosexual and heterosexual behavior in the same individual [was accepted]" (Liebert, 1986, p. 188). However, an unwritten code existed: Citizens, those of public and political power, could not commit homosexual acts with one another as mature adults (although it was accepted between citizens and non-citizens). If they chose to do so, they would lose privileges of citizenship, such as the right to obtain public office or to vote. The act of oral, anal, and masturbatory sex was criticized.

At that time, the homosexual relationship was viewed quite differently than it is in contemporary times. As reported by historical scholars (e.g., Liebert, 1986; Dover, 1978;

Richlin, 1983; Boswell, 1980; and Bray, 1982), a gay community as we know it today did not exist in ancient Greece. "For citizens, a homosexual relationship was only to be accepted between a mature man and a youth ... between 13- 17 [post-pubescent]" (Liebert, 1986, p.188). The homosexual relationship between an elder and a post-pubescent youth was seen merely as a part of achieving manhood. Another difference between ancient Greece and contemporary society regarding homosexuality is that "erotic friendship between men of the same age, so far as we know, did not exist" (Liebert 1986, p. 191). After a small "courtship," the two generally parted after the event and went on with their heterosexual livelihoods.

#### Early Jewish and Christian views on homosexuality

With the rise of Judeo-Christianity, religion has played a key role in shaping societal attitudes toward homosexuality, directly impacting the treatment of those individuals with same-sex-sexual-attractions. Those of the Jewish and Christian faith sought the word of God as a moral base. For example, in the Old Testament of the Holy Bible it states "thou shalt not lie with mankind...[I]t is an abomination" (Leviticus 18:22). Based on biblical interpretation, society saw this act as immoral. While some scriptures spoke of "abominable" sins, other verses recite the fate of those who commit them: "If a man also lie with mankind, as he lieth with a women, both of them have committed an abomination: they shall surely be put to death; their blood shall be upon them" (Leviticus 20:13). According to the scriptures, anytime an individual acted or thought in a way that

was contrary to the way of the Heavenly Father, he or she was seen as a sinner. They would be forced to endure certain consequences such as death. This death was prophesied as spiritual or literal death.

### Perceptions of homosexuality during the Pre-Renaissance and Renaissance Period

Ambiguity and varying interpretations about homosexuality were common during the Pre-Renaissance period, and homosexuals were accorded various levels of acceptance and treatment. It was not until the thirteenth century, under the influence of Thomas Aquinas, that canon law underwent recodification. At that time a “moral code” was solidified (D’Emilio, 1983). Aquinas postulated “that there are ‘natural laws’ that human beings must adhere to if they are to be moral ... [S]ome people will state that homosexuality is immoral because it goes against ‘natural moral law’--that is, it goes against nature for beings of the same sex to love one another or engage in sexual acts” (as quoted in Thiroux, 1986, p. 14). According to his interpretation, natural procreation involves a man and a woman, and anything deviating from this (as is the case of homosexual acts) was seen as a heinous sin-- an abomination. Those who believed in Aquinas’ interpretation (e.g., the church, kings) saw homosexuality as a threat to the family; therefore, strict laws were set and punishments were delivered to those who acted upon their same-sex-sexual-attractions. Over time, punishments included death and castration.

### The era of medicalizing homosexuality (1700's -1800's)

In the eighteenth-century, sexual activity came under close scrutiny. As researched by Bullough (1974) and Hansen (1989), during this period the views of Boerhaave (1728), Tissot (1758), Brown (1803), Kellogg (1838), Lallemand (1839), Graham (1848), and Acton (1871), gained popularity. These researchers believed that “[F]requent intercourse was dangerous, but most dangerous was that loss of semen not aimed towards procreation” (Bullough, 1974, p. 100). Bullough (1974, p. 102, 103) states: “[E]very time a man ejaculated he lowered his life force, thereby exposing his system to disease and premature death...[A]nyone who willingly and knowingly engaged in nonproductive sex was obviously sick.”

In the late 1800's, homosexuality--then termed “sexual inversion,” “contrary sexual instinct,” or a “sexual perversion,”--seemed a rarity (Hansen, 1989, p. 92, 94). In 1884, Kiernan reported only five cases in America “predisposed to the affection [homosexuality]”(p. 263). Non-procreative sex was becoming more accepted as a disorder that should be treated and not punished (Bullough, 1974). It was at this time that homosexual behavior appeared to vanish from the public spectrum as it was, and went “into the closet.” Individuals feared persecution and remained silent until the late 1800's and early 1900's.

### Pre-contemporary views on homosexuality: Early 1900's

In the early 1900's the medical profession tried to “cure” homosexuality with such

procedures as castrations, hysterectomies, lobotomies, electroshock treatments and aversion therapies. Many homosexuals were committed to mental institutions by doctors for breaking “sexual psychopath” laws. D’Emilio (1983) reports that in the later part of the 1950’s, a district attorney employed a psychopath law, to commit 29 male homosexuals to mental asylums. D’Emilio (1983) also reported that only crimes such as murder, kidnaping, and rape elicited more severe penalties than consenting sexual [homosexual] activities among individuals.

In the early 1900’s, the psychoanalytic view gained explanatory stature regarding the causality of the homosexual condition. Freud (1910) theorized an absent father and an over dominating mother as being the cause of homosexuality. This notion of homosexuality as a mental illness grew in acceptance in the psychiatric field. These philosophies, beliefs, and actions (e.g., homosexuals were “sick” and morbid and needed to be institutionalized) assisted in creating a climate of homophobia. Individuals who acted upon their homosexual tendencies were classified and looked upon as mental deviants.

The medical profession came to another abrupt turning point, at the time of the Stonewall riots in 1969, when homosexuals took a sociopolitical stance on their rights to express their homosexual orientation (D’Emilio, 1983). At that time, those with same-sex-sexual-attractions began to localize and fight for civil liberties and rights. For example, homosexuals show their partners affection (i.e., hand holding/kissing) in public without

harassment. Homosexuals also pushed for the right to marry, as well as become primary care givers to children . Since that time an increasing number of individuals have come forward and have openly declared themselves homosexual (D’Emilio, 1983; Duberman, 1993). Organizations such as the American Psychiatric Association Committee on Lesbian and Gay Concerns and The National Gay and Lesbian Task Force emerged to protect, support and advocate for homosexual rights. Organizations such as these have increased substantially in size over the last thirty years. It was during the late 1960's that a “new order” of thinking about homosexuality emerged. This new paradigm of acceptance challenged the previous view of homosexuality as a deviant mental illness.

In 1974, practitioners in the mental health field debated over the appropriateness of including homosexuality in the Diagnostic and Statistical Manual (DSM) (APA, 1974), the tool used to identify various psycho-pathologies. This 1974 debate suggests that the DSM is not a static representation of diagnostic constructs. In fact criteria for numerous “diagnoses” have been refined, changed, and at times omitted within successive revisions of the manual. This has been the case with the debated subject of homosexuality. According to Gilles-Thomas (1989), it may be the most controversial “sexual variation” in the western culture. This topic in particular has received some interesting attention within the DSM (1952,1968, 1980, 1987,1994). Social influence has played a major role in this. Therefore, in the following I will elaborate on the historical perspective of homosexuality as a psychopathology, the debates that brought about the changes within the Diagnostic

and Statistical Manuals (1952, 1968, 1980, 1987, 1994), as well as a future perspective for classifying homosexuality as a “sexual orientation disturbance.”

#### An era of diagnosing homosexuality as a mental illness (1950's-1980's)

Historically, homosexuality was viewed by psychiatry as a psychopathology. It was the DSM (1952) that first listed homosexuality as a ‘sexual deviation disorder.’ This continued with the DSM-II (1968). At the same time, however, a growing debate over this view ensued. Society, and specifically the American mental health field, began to think that defining homosexuality as a psychopathology was based more on values than on clear cut empirical data (Gilles-Thomas, 1989). Henceforth, gays did not want to be labeled or stigmatized as mentally ill. In 1973 the term homosexuality was dropped from the list of disorders. In 1975 the APA stated that for any sexual condition to be termed a disorder, it must exist in conjunction with “distress” (Socarides, 1978). In light of this, the APA stated that, “... homosexuality is not considered a mental disorder” (DSM III, 1980, p. 282 ). In essence, homosexuality, according to the APA is one form “of sexual behavior which [is not by itself] a psychiatric disorder” (cited in Socarides, 1978, p. 421). This position resulted in a continuing debate within the American Psychiatric community.

Psychoanalytic practitioners, were in an uproar about the APA announcement. Some thought this was an “indefensible response to gay pressure, as a capitulation to mob action, and was a sad reflection of the temper of the times [from pro-gay groups]” (Bayer & Spitzer, 1982, p. 32). Dr. Charles Socarides (1978) stated:

If such changes are due to social and/or political activism, neither the goal of individual liberties nor the best interests of society are served ... This position [deleting homosexuality as a psychiatric disorder] misinforms psychiatry, the medical profession, individual homosexuals, their families and governmental agencies which are responsible for mental health policies [and] third party payments.

The conclusion drawn ... is: homosexuals are healthy; society is "sick;" consequently[,] in order to remedy society's ills, fundamental changes in psychiatric diagnosis must be undertaken.

Many of our values could use change but scientific findings cannot be altered to meet the demands of social change (p. 414-415).

At the same time, discussions about the semantics and the nomenclature of criteria for future DSM revisions, involving individuals expressing difficulty with their sexual orientation, spawned other heated debates. In an effort to remove homosexuality as a classification, the term "Sexual Orientation Disturbance" was developed and was to apply only to homosexuals distressed over their sexual orientation--those seeking change (Bayer & Spitzer, 1982).

In the article entitled *Edited Correspondence on the Status of Homosexuality in the DSM-III* (1982), Bayer and Spitzer (1982) gave a record of these contentious debates among members of the advisory committee on Psychosexual Disorders for the DSM-III (1982). This regarded changing the terminology of mal-adjusted homosexuals. Dr. Robert Spitzer was the Chair of the task force on the Nomenclature of the DSM-III, as well as a member of the Psychosexual Disorders committee. He received a letter from Dr. Richard Green that expressed Green's dislike in the way Dr. Spitzer had decided on a different

term to encompass homosexuals who experience difficulty with their sexual orientation. This term was “homodysphilia.” It is interpreted as “faulty homosexual love” (Socarides, 1978, p. 424). Dr. Green along and other professionals expressed their desire to include the term “Sexual Orientation Disturbance” for those individuals who are uncomfortable being homosexual. Dr. Green informed another colleague (Bayer & Spitzer, 1982):

my first preference would be to exclude sexual orientation disturbance entirely or “homodysphilia” or “heterodysphilia.” If, however, Dr. Spitzer’s group insists on retaining the concept of homodysphilia, then my second choice would be to include “heterodysphilia” as well, or at least subdivide sexual orientation disturbance into homosexual type and heterosexual type (p. 36).

It was Dr. Green who spent a considerable amount of time in developing the concept and criteria of Sexual Orientation Disturbance. This construct was ultimately abandoned because it could also stand for individuals who were disturbed about their heterosexual orientation. This would only contribute to the present confusion.

In concert with Dr Green, Dr Richard C. Pillard, an associate professor of psychiatry at the Boston University School of Medicine, stated (Bayer & Spitzer, 1982):

The dyshomophilia diagnosis is quite unsatisfactory ...while thinking about this I wrote George Winokur, Leon Eisenberg, Marcel Sagar, Judd Marmor, and Dick Green, ... no one was pleased with Dyshomo-philial. I think it would be a mistake at this stage to adopt a new term which has not been tested by clinical usage nor found a place in the literature As George Winokur said, “No new words without new data!”(p. 38-39).

A letter from Dr. Judd Marmor, from the University of California School of

Medicine, pinpoints the main focus of the controversy (Bayer & Spitzer, 1982):

Either homosexuality in and of itself is a mental disorder or it is not. To say that in "some cases" it is pathological is a complete reversal and contradiction of the Board's position statement of 1973. If it is pathological, then the diagnosis should be homosexuality, not homodysphilia (p.40).

Letters such as this provided the impetus in changing the nomenclature for homosexuals. But the question of whether homosexuality is normal or abnormal continues to be under scrutiny. Those who subscribe to the "abnormal theories" of homosexuality claim to have identified past early childhood experiences more often (such as poor father-son relationships and/or poor relationships with same sex peers) ( Nicolosi, 1993; Moberly, 1983). Those professionals (Smith, 1988) who explain homosexual behavior as being normal, criticize the data used to support the "abnormality" argument. Basically they state that human behavior exists on a continuum; therefore, there is no reason to see homosexual behavior as abnormal. Instead it is based on one's values (Gilles-Thomas, 1989)

"Ego-Dystonic Homosexuality" remained the term used for individuals who were distressed over homosexual arousal and persistent lack of heterosexual arousal. This term was located in the section entitled "Other Psychosexual Disorders" of the DSM-III (1980, p. 281-282). The resulting diagnostic criteria for Ego-Dystonic Homosexuality was printed in the DSM-III (1980) as follows:

A. The individual complains that heterosexual arousal is persistently

absent or weak and significantly interferes with initiating or maintaining wanted heterosexual relationships.

B. There is a sustained pattern of homosexual arousal that the individual explicitly states has been unwanted and persistent source of distress (p. 282).

Even this revision was looked upon with criticism. The concern centered on having “homosexuality” mentioned within the DSM. So the controversy brought with it another change with the DSM-III-R (1987). This time the term “homosexuality” was eliminated completely. The distress caused by one’s sexual orientation was mentioned briefly in the section entitled “Sexual Disorder Not Otherwise Specified.” In that section it states (DSM-III-R, 1987):

Sexual disorders that are not classifiable in any of the previous categories. In rare instances, this category may be used concurrently with one of the specific diagnoses when both are necessary to explain or describe the clinical disturbance.

*Examples:*

- (1) marked feelings of inadequacy concerning body habitus, size and shape of sex organs, sexual performance, or other traits related to self-imposed standards of masculinity or femininity
- (2) distress about a pattern of repeated sexual conquests or other forms of nonparaphilic sexual addiction, involving a succession of people who exist only as things to be used
- (3) *persistent and marked distress about one’s sexual orientation* [italics added] (p. 294).

As noted there has been a considerable reduction in the terminology in this revision from the previous definition. Now, with the latest revision, the DSM-IV (1994) excludes disturbances of one’s sexual orientation completely.

In a phone conversation with Dr. Robert Spitzer (1996), he informed me that he thought the declassification of homosexuality and sexual orientation disturbances will not “ever change” within successive revisions in the DSM. To include a disorder within the manual, there needs to be substantial evidence that it exists within the population, it is considered a mental disorder, and there is data to back it up. I also questioned him about the process to reintroduce homosexuality in the DSM once again. He restated that “it will never happen.” Removing homosexuality from the DSM nomenclature strengthened the position that a homosexual lifestyle was no more of a variant in human behavior than that of an individual developing a heterosexual identity.

There are some, however, who still work toward bringing homosexuality back to the nomenclature (Nicolosi, 1993; Moberly, 1983; Consiglio, 1991). They reintroduce to society the idea that same sex bonding with the father figure and/or other peers have not fulfilled same-sex emotional needs of the individual, thus leading to a homosexual condition.

#### The Division Into Contemporary Etiologies of Homosexuality

#### Perspectives of Homosexuality in Contemporary Times - A period of conflicting research, theory and therapy. (1970's - Present)

Recent trends in the discussion of homosexuality have brought attention to civil rights, human morality, and the position of spirituality in society. For instance, with the recent recognition of same-sex marriages in Hawaii, the legislature contemplated over

the civil rights of homosexuals and their desires to marry and raise children.

In light of the growing support for individuals living a homosexual lifestyle, there has been a congregation of professionals that have continued to study the issues and difficulties in claiming a homosexual identity. Sagarin (1976) stresses the dangers of prematurely labeling oneself homosexual. Farrell (1984, p. 194) states "that as a person perceives stereotypic imputations of deviance (homosexuality) in the social response, they will tend to reconstruct their past in accordance with the public definitions." Moberly (1983) has explained that the homosexual condition is a result of conditions surrounding inadequate childhood experiences with the same-sex parent or peers. In regards to male homosexuality, the role of a father figure has been found to be essential in the development of the male child and his sexual orientation (Bene, 1965; Biller, 1974; Greenson, 1968; Moberly, 1983; Payne, 1981; 1984; 1985; Van den Aardweg, 1986; Yablonsky, 1982). Nicolosi (1991, p. 43-44) states that both clinical and empirical studies find that homosexuals, rather than heterosexuals, had "distant, hostile, or rejecting childhood relationships with father (Allen, 1962; Bell et al., 1981; Bene, 1965; Bieber et al., 1962; Ferenczi, 1914; Freud, 1905; Jonas, 1944; Milic and Crowne, 1986; O'Connor, 1964; Schofield, 1965; Shearer, 1966; Siegelman, 1974; Townes et al., 1976; West, 1959; Yablonsky, 1982)." Specifically, fathers who don't spend adequate time building positive emotional bonds/relationships with their sons, and/or instead reject them or treat them in a "hostile" (i.e., verbally, physically, and emotionally abuse them) manner, may give way to

sons that are fixated in a state of homo-emotional distress; that in turn could lead the male child into homosexual adulthood.

### Perspectives into the development of the homosexual identity

The development of a homosexual identity is as complex as the development of one's personality. Individuals are faced with many different experiences in their lifetime and they perceive these experiences uniquely. When it comes to discussing sexual orientation, the effects of nature versus nurture are heatedly debated. In order to get a sense of what factors contribute to the development of same-sex-sexual-attractions, I will briefly discuss current studies dealing with biological, genetic, and environmental factors. I will also comment on the importance of the interaction between these areas and the prevailing perspectives.

### Research into the genetic and biological factors of homosexuality

We are biological beings. From every thought we have to every movement we make, neurons fire in our brain and body. If the neurological process is altered in some way, either through traumatic life experiences or through changes in neurological make-up, the way one perceives and reacts to the world around him or her will inevitably be affected .

I will briefly address some studies regarding sexual orientation. They include chromosomal links as well as brain regions that are thought to influence sexual orientation. I will also report on studies dealing with monozygotic and dizygotic twins, in regard to the

linkage of genetic factors to homosexuality.

### Chromosome studies

Hamer et. al. (1993) looked into the role of genetics in regard to male homosexuality. To do so, they looked at pedigree charts on 114 families of homosexual men. What they found was an increased rate of same-sex orientation in the maternal uncles and the male cousins of the subjects they studied. However, this was not the case for paternal relatives. They theorized the possibility of a sex-linked transmission of sexual orientation in the population. Hamer et. al. (1993) studied DNA of a selected group of 40 families in which there were two gay brothers. They found that there were polymorphic markers on the X chromosome of approximately 64% of the sibling-pairs that were tested. Hamer (1993) and his colleagues documented that there is a high correlation between the make-up of the long arm of the sex chromosome, specifically the section of the chromosome believed to be associated with sexual orientation (Xq28), and the association with the males sexual orientation (i.e., homosexuality, bisexuality, heterosexuality). This is not a conclusive study, as Hammer (1993) reports. Nothing is said about the total number of homosexual occurrences that are related to the Xq28. In fact, some of the males in the study may be predisposed to homosexuality by genetic factors.

### Study of the hypothalamus

LeVay (1991) studied the difference in the size of certain regions of the brain of homosexuals and heterosexuals. Specifically, he measured the volume of cell groups in the

hypothalamus (known to be involved in the regulating of sexual behavior), called INAH3 (third interstitial nucleus of the anterior hypothalamus), in deceased subjects. He then compared the data between the homosexual and heterosexual subjects. He reported that the INAH3 in the heterosexual subjects were twice as large as those in the homosexual or female subjects. LeVay notes that one's sexual orientation is rooted in some biological foundations. These findings, regarding the corresponding size of the INAH3, have been interpreted as evidence for the theory into "why" male homosexual behavior is "more like" (LeVay, 1991) that of females than that of heterosexual males.

A problem of LeVay's study is that nearly half of his subjects died of AIDS, which could have affected these brain regions. To my knowledge, his study has not been replicated. Also, LeVay examined a scientifically small number of subjects (35 male cadavers, 19 known homosexuals with 16 assumed heterosexuals).

### Study with twins

Bailey and Pillard (1991) theorized that there is a genetic contribution to male sexual orientation. To examine this, they studied monozygotic (mz) and dizygotic (dz) twins with same-sex cotwins, and male subjects with adoptive brothers (ages 19-65 years). Sexual orientation was ascertained by asking the probands about their sexual orientation, or asking family members directly. Bailey and Pillard (1991) concluded that 52% of identical twin pairs and 11% of adoptive brothers were bisexual or homosexual. In essence

Bailey and Pillard (1991) were stating that homosexuality was genetically based. This was shown to be true whether a boy grew up exhibiting traditional male gender role behaviors or female gender role behaviors.

#### Environmental factors in homosexuality

We indeed are products of our environment. The people and events around us help shape our perspectives, in turn impacting the development of our personalities. In the following section I will discuss studies and theories regarding parental and peer relationships that have been hypothesized to contribute to the development of same-sex-sexual-attractions.

#### Perspectives in parental relationships

Freud was one of the first theorists to hypothesize about the development of a homosexual identity through the rejection of the father figure (Freud, 1905). Nicolosi (1991, p. 71) states that Freud “linked homosexuality to narcissism.” Quoting Freud: “A man can love himself as he is, he can love himself as he was, he can love someone who was once a part of himself, and he can love what he himself would like to be.” Nicolosi continues (p. 71): “Freud describes the ‘impoverished’ person who loves someone who possesses excellence he himself never had.” This is the fundamental drive of homosexuality, according to Freud. Elizabeth Moberly (1983) calls this a reparative drive. She informs: “The reparative drive seeks to fulfill needs that are normally met through the medium of the child’s attachment to the parent of the same sex. In this sense, the

homosexual love-need is essentially a search for parenting” (Moberly, 1983, p. 9). In essence, the young child does not perceive a healthy bond with the same-sex parent. This could be due to conditional factors (i.e., father works long hours, father and mother are divorced, father is not present). There could also be a lack of emotional attachment (i.e., father is emotionally distant). Support for this is seen in studies by Milic and Crowne (1986), Siegelman (1974), and Townes et. al. (1976) that report that the homosexuals interviewed in their studies perceived their fathers as cold, hostile, or distant.

The general role model for a young male (who is developing male gender roles) is the father, or a father figure (step-father, coach, male relative, scout master, male mentor, or “Big Brother”). Hypothetically if this individual, and others like him (e.g., older male siblings, same-sex-peers) are not present in his life, he will search for other possible role models to identify with. These individuals may include his mother, sisters, opposite-sex peers, as well as fictional characters (e.g., a “make believe” friend, story book characters). In either case, the youth internalizes their actions and thus develops an individualized understanding of what is considered relevant and important in their life. In the case that the number of male role models (to actively interact with in an affirming his own masculinity) is limited, or more importantly, perceived limited by the youth, the youth is also limited in internalizing male gender roles and identity. Currently I am unaware of any studies that refute this.

Dallas (1991, p. 96) discusses that “early perceptions of rejection or indifference

from the parent of the same sex can be seen in the backgrounds of many homosexually oriented adults.” He also cites Dr. Richard Friedman (1988) who investigated “13 independent studies from 1959 to 1981 on the early family lives of homosexuals.” Dr. Friedman found that “out of these 13, all but one concluded that in the parent-child interactions of adult homosexuals, the subjects’ relationships with the parent of the same sex was unsatisfactory.” Dallas (1991, p. 96-97) goes on to state that over half of the studies investigated by Friedman “were not conducted ...with patients seeking professional help for their homosexuality;” in fact seven of the studies used subjects that were not in “distress over their homosexuality.” It is interesting that Dallas chose Friedman’s book, *Male Homosexuality* (1988), to support his theories on homosexual males wanting to develop out of same-sex-sexual attractions. He states: “Friedman....[is] highly sympathetic to the gay rights movement” (Dallas, 1991, p. 97). As cited in Dallas (1991, p. 97) Friedman (1988) supports the importance of family dynamics in regards to homosexuality by stating:

The weight of the evidence discussed here seems therefore to implicate a pattern of family interactions in the development of homosexual men.

An emotionally secure, non traumatic, warm and supportive pattern has not been documented to occur with any frequency in the backgrounds of homosexual men (p. 71).

This is not a new perspective; it has been acknowledged previously that the lack of parental support and love can leave a child devastated. Dallas (1991, p. 97) also cites

Fairbain (1941) as saying:

Frustration of his desire to be loved and to have his love accepted is the greatest trauma that a child can experience. Where relationships with outer objects (i.e., parents) are unsatisfactory, we also encounter such phenomena as...homosexuality and [these] phenomena should be regarded as attempts to salvage natural emotional relationships which have broken down (p. 83).

Current research by Phelan (1996, p. 1027), supports earlier studies that concluded homosexual men considered their fathers to be “cold, hostile, and distant,” and that “homosexual men recalled their fathers as more rejecting and less loving than did heterosexual men.” Fairbain (1941) touched on an interesting dilemma when he discussed the trauma caused by unsatisfactory relationships, specifically with parents. There are also important people in an individual’s life that can have similar influence; his peers. I will discuss these individuals next.

#### Perspectives in peer relationships

Nicolosi (1991, p. 62) cites Van Den Aarweg’s (1986) literature review and states: “Poor peer relations can be identified more often in the background of homosexuals than poor relations with the father.” Nicolosi (1991, p. 63) also reports the significant influence of same-sex peers in fulfilling homo-emotional needs, with studies by Friedman (1988) and Fagot (1985). They emphasize that pre-homosexual boys miss out on the important male-male bonding relationships. In regard to this, Nicolosi (1991) adds:

Through the balance of challenge and support, boys in groups have a unique power to actualize masculine

potential in each other. The unique way in which pre-adolescent boys are capable of alternatively putting each other down, then lifting each other up with affection and compassion is captured in the movie *Stand By Me*. Males in groups teach each other a resiliency and trust that the pre-homosexual boy-- who is on the outside of these activities-- misses (p. 63).

Perspectives regarding the homosexual self and others in society-- Difficulties in assuming a homosexual identity

Our perceptions of the interactions we have regarding situations and others, assist us in reacting certain ways to specific environmental events. We are individualistic creatures, each of us having our own unique personality. Yet we find to a degree that under similar circumstances, individuals can react in like ways. This has been the case in the way we view the homosexual self. In the following sections I will discuss how labeling theory and internalized homophobia play a role in contributing to the development of homosexuality.

Labeling issues

Sagarin (1976) states why one should not take the step to label themselves homosexual. According to Sagarin, when people choose to label themselves homosexual, they lock themselves into that role. Once that role is assumed, it becomes difficult to reverse the label. Sagarin (1976, p. 26) states "Believing that one is an addict, an alcoholic, a schizophrenic, or a homosexual can result in relinquishing the search for change and becoming imprisoned in the role." He warns that segregating oneself into a

particular group, such as homosexual, can lead to failure for those who are seeking therapy to change their sexual orientation. He is a strong advocate for one's ability to change one's "...behavioral, characterological, or personality type..." Sagarin (1976) also questions the importance of accepting oneself.

Erik Erikson ... uses the expression "ego identity" to describe "a persistent sameness within oneself and a persistent sharing of some kind of essential character with others." But no matter *how* persistent it is, a characteristic of personality or behavior need not be permanent unless it has biological, chemical, or physiological referents--and even then the characteristic would not necessarily be permanent. Moreover, "the sharing of some kind of essential character with others" tends to be self-perpetuating, especially when a person internalizes the notion of identity and says to himself, "that is what I am." He would be freer if he said, "That is what I do." There are choices inherent in doing, in action; the future is open. There is a relative lack of choice in being (p. 28).

Also, anytime one defines a behavior, a select group of individuals fits the proposed description. Once this has commenced, the opportunity for discrimination of that population can be exploited. If this happens, it segregates people, which can drive people apart from one another, hampering the natural drive to try to understand the situation (in this case homosexuality). Allocating individuals to certain categories of behavior is not the problem. The problem emerges when we assume that their behavior will be static once they become categorized.

Sagarin (1976) takes a bold behavioral stance when he concludes in saying:

There is no alcoholic, heterosexual, or homosexual identity. There are only people who behave in a given manner, at various times in their lives, in some cases over an entire lifetime. The behavior is

real, but the identity is an invention. It is an invention believed so thoroughly by some people that they have become what they were improperly tagged as being (p. 28).

Farrell (1984) states that:

Individuals reconstruct their past in accordance with their interpretations of the meaning that others assign to their present situation. It is an interaction process wherein reacting [to] others and eventually the individual attempts to bring consistency to an otherwise dissonant situation. In this manner, conformist and deviant alike affirm their identity and prepare themselves for action relative to the behavior or attributes in question. The outcome for non-deviants is more clear understanding of “what they are not, have never been, and will never be” while that for the deviant is a precise and consistent definition of “what they are, always were, and will always be”(p.191).

Farrell (1984, p. 194) continues by stating that as a person “perceive[s] stereotypic imputations of deviance (homosexuality) in the social response, they will tend to reconstruct their past in accordance with the public definition.” Evidence in his study also supports the proposition that the “interpreting of one’s past as involving elements of the deviation will result in engulfment of the [homosexual] role.” Farrell (1984) explains that sociological and psychological factors are important in explaining homosexuality.

### Homophobic issues

Homophobia can appear at various levels (i.e., societal, individualistic, self-centered) and intensities. Nicolosi (1991, p. 138) cites Wienberg (1972, p. 16-17) as coining the term homophobia. He informs that the “most frequently cited characteristic is

the threat to values.” Nicolosi (1991, p. 138) also cites Morin (1977) as adding to Wienberg’s definition by stating homophobia is “ any belief system that values heterosexuality as superior to and/or ‘more natural’ than homosexuality.” As Nicolosi (1991, p. 138) points out, many religious denominations and cultures would fall into the category of being homophobic if this definition were to be used.

A serious dilemma occurs when an individual who has same-sex-sexual-attractions also has internalized homophobia. They fear that they may become homosexual. This is a critical period of time when cognitive dissonance plays an important role in developing a homosexual identity. Depending on their personal philosophies, the role of religion in their lives, and their values and moral systems, these individuals with same-sex-sexual attractions are faced with deciding how they are to live their lives. This is the turning point for individuals who are faced with this situation. Individuals can choose to live their lives as a homosexual or they can take action to bring about change in their lives through development out of same-sex-sexual-attractions. A political battle exists within our society that designates same-sex-attractions which lead to same-sex-sexual-attractions as deviant/diseased personalities or can also be seen as naturally occurring human processes that have been impacted by environmental and biological factors. This brings about the question of whether there is a genuine “cure,” or if one is able to “grow” and develop out of one’s same-sex-sexual-attraction. In the following sections, I will discuss this dilemma in greater detail.

### Critiquing Studies and Therapeutic Perspectives in the Development of Homosexuality within Contemporary Society

According to Vernon, Jang, Harris, and McCarthy (1997), studies on monozygotic twins, dizygotic twins, and siblings indicate that both environmental factors along with genetic predispositions contribute to the make-up of an individual's personality. Simply, the way our personality is developed, and how we perceive our environment, is a product of the interaction between our biological make-up and the environment to which we interact with. We are cognitive-biological-behavioral beings.

Until recently, the debate over nature (genetics/biology) versus nurture (environmental/familial dynamics) has rested on which factor was the cause of homosexual development. Now, there is more emphasis placed on the factors (i.e., same-sex parent child relationships, same-sex peer relationships) that contribute or predispose an individual to develop same-sex-sexual-attractions (Moberly, 1983; Nicolosi, 1991). Therefore, in discussing the development of a homosexual identity, one needs to address the familial/environmental aspects during an individual's development, as well as the biologic/genetic factors that pre-dispose an individual to homosexuality.

It is important to mention that because individuals have had to contend with these environmental, familial, genetic, and biological conditions, it doesn't ensure that they will develop a homosexual identity. Instead, the interaction between these circumstances pre-disposes the individual in developing certain personality traits; how to respond to all these

factors is clearly up to the individual (Dallas, 1991, p. 98). I will discuss the importance of the environmental and genetic factors in developing a homosexual identity in the following sections. Again, homosexual identity refers to an individual who “resolves his [or her] sexual ‘orientation’ privately [and or publically] by accepting himself [or herself] as exclusively homosexual” (Consiglio, 1991, p. 198).

#### Interaction between nature and nurture

In discussing the role that genetic, biological, and psychosocial factors play in the etiology of homosexuality, it is important to stress that it is the interaction of these factors that contributes to pre-disposing an individual to develop a certain way. Bigler (1993) informs that since human behavior is on some type of continuum, sexual orientation is probably the same. He states that there is a substantial amount of scientific support for the interaction between “biological...factors” and “environmental conditions” that contribute to the development of the homosexual identity. He warns against separating the biological and environmental influences, and suggests further study into the interactionistic view proposed by Byne and Parsons.

Masters and Johnson (1984) report that genetic theories of homosexuality have been “discarded.” They emphasize that there just is not a simple cause and effect relationship between genetics and homosexuality. They contend that it more than one’s mere biological make-up that facilitates individuals in developing same-sex-sexual attractions. It is misleading to state that either biological “or” environmental factors solely

contribute to homosexual identities.

Studies of twins by Bailey and Pillard (1991) suggest that homosexuality is seen more frequently in monozygotic than in dizygotic twins. Only 50% of the time is an identical gay if their co-twin is gay. If genetics were the complete cause for homosexuality, we would see that homosexuality would be represented in both of the mono-zygotic co-twins nearly 100% of the time. But, we are biological beings, and at the same time we are affected by the environment in which we interact with. In taking this into consideration, we may need to consider the ideology that no single biological or psychosocial factor contributes to homosexuality exclusively, as these reviewers suggest.

#### A medical cure versus a developmental process

Whether or not individuals with same-sex-sexual-attractions can be “cured” and obtain opposite-sex-sexual-attractions is one of the most debated subjects in the homosexual to heterosexual conversion controversies. This debate over nature and nurture, respectively, has been an ongoing confrontation between pro-gay activists and individuals who believe in the possibility for change in one’s sexual orientation.

Anytime a group of individuals is set apart from society, and looked upon with disrespect and insignificance, just cause arises for retaliation in the form of social, political, or religious reform. In the past, male homosexuals have been identified as sodomists, monsters, degenerates, and deviants, among other terms. With this kind of negative baggage associated with the same-sex-sexual-attraction. It is not surprising that

such a suppressed body of individuals fought to justify their feelings and their place in society.

It is time to re-assess the way we look at same-sex-attraction issues that lead to same-sex-sexual-attractions. Moberly (1983) discusses the importance of looking at homosexuality as a form of unfilled same-sex love needs (homo-emotional needs) in the early stages of a childhood. Simply, homo-emotional needs can be met through the consent of a child with an involved father figure or peer group in the child's life to form strong male bonds. Moberly (1983) states that it is the child's perception of the adequacy of building such bonds that dispose a child to heterosexual or homosexual orientation. With this in mind, it would be more appropriate to identify one's conversion of homosexuality to heterosexuality as a developmental process instead of defining a "cure." The word cure suggests a strong biomedical component. As previously mentioned, both biological and environmental conditions predispose or contribute to an individual developing homosexuality. Cure also suggests that one needs to be restored to a healthy or previously healthy state. With the concepts suggested by Moberly (1983), the individual has not previously achieved a state of homeostasis to be restored to. Therefore, it would be more appropriate to state one's sexual orientation as a developmental process. Sexual orientation is an integral component to one's personality. Is this unchangeable? Nicolosi (1991) (as well as other ex-gay counselors and support groups like Exodus International and Homosexuals Anonymous) reports that individuals can change their sexual

orientation, but it is a difficult and long process that requires drastic changes in their perceptions and lifestyles. On May 17, 1997, The National Association for Research and Therapy of Homosexuality (NARTH) released reports from its two year study that homosexuals are changing their sexual orientation through a strong desire to change and intense therapy. In the study, approximately 860 individuals were struggling to overcome homosexuality and over 200 therapists and psychologists assisted. Some significant findings of the study include: 68 % of the respondents perceived themselves as entirely or almost exclusively homosexual, while another 22% stated that they were more homosexual than heterosexual. Thirteen percent reported that after treatment they perceived themselves as almost entirely homosexual. At the same, time 33% stated that they were either exclusively or entirely heterosexual. Of the respondents, 99% believed that treatment to change homosexuality “can be effective and valuable” (NARTH, 1997).

#### Therapy and The Developmental Process - Pro Gay versus Pro Development

Sexual feelings for the same sex may be so overpowering that the individual turns toward his/her desires or his/her desires are so disturbing that it places him/her in a state of dissonance. There are many political, religious, and psychiatric organizations that assist the individual in coming forward with their same-sex-sexual-attractions and accepting them (i.e., Parents, Families, and Friends of Lesbians and Gays). There are yet others that help the individual face these feelings and develop beyond them (i.e., National Association

on Research and Therapy of Homosexuality, Exodus International).

Some therapists and support groups (i.e., Parents, Families, and Friends of Lesbians and Gays) assist individuals and family members in developing a pro-gay identity and atmosphere. There is little focus on past life experiences and more emphasis on biological factors. Homosexuality is considered as natural as heterosexuality among these groups (e.g., National Gay and Lesbian Task Force; Parents, Families, and Friends of Lesbians and Gays). Advocacy is also an integral function of these organizations in seeking religious freedoms, civil liberties, and rights (i.e., right to marry within the same-sex).

Therapy through private consultation and ex-gay support groups can assist individuals in looking into their own values and morals and what they want to achieve out of a heterosexual life to make it rewarding and appealing. A common focus with most groups is having the individual first look at contributing factors that brought the individual into developing same-sex-sexual-attractions. These include the perception of a poor same-sex parent relationship, perception of poor same-sex peer relationships, sexualization of the ideal self, or becoming sexually aroused by those of the same-sex who closely resemble the individual's ideal self. There is also mention of some underlying value system or code of ethics that is compromised by resorting to homosexual relationships. This is often paired with religious themes on morality concerning sexuality and differences in the type of love one has for others (i.e., agape love is a brotherly type of love). In coming to

understand all the environmental factors involved in developing a homosexual identity, genetic and biological factors are also taken in consideration. The genetic and biological factors are not seen as direct causes of the homosexual condition in the individual, but are considered as predisposing factors that contributes to same-sex-sexual-attraction. The final and probably the most time consuming part of pro-development through homosexuality to heterosexuality is the process of empowering the identity of the individual and developing strong non-sexual same sex relationships in order to fill the void of the Homo-emotional needs that were not met in childhood. Overcoming ingrained compulsive behaviors (i.e., emotional dependancy and longing for intimacy, pornography, masturbation, homosexual activity, visual indulgence) is also part of the process in development. Consiglio (1991) states that when an individual has diminished or eliminated these compulsive behaviors, along with building appropriate internal feelings (i.e., self-esteem, gender identity, spiritual renewal, self-acceptance, positive self talk), the individual is considered to have fulfilled sexual-emotional maturation. An interesting point that most pro-development advocates of homosexuality uphold is that individuals with “same-sex-attractions” will develop “same-sex-sexual-attractions” (a homosexual identity) if they do not choose to make dramatic changes in their life (i.e., resolving personal issues of identity confusion, fortifying one’s self-esteem, self-acceptance, and spiritual renewal) (NARTH 1997).

## Conclusion

Considerable amounts of literature that deal with acting out in reference to homosexuality and its moral standing exists. Conversely, the underlying process and its development has not been attended to until recently. With the lack of empirical and scientific evidence in proving the specific development of same-sex-sexual-attractions, considerable ambiguity to the factors that cause a homosexual orientation also becomes apparent. An understanding of the interaction between biological and developmental factors needs to be assessed. Also the stages to which same-sex-sexual-attractions manifest themselves should be explored more fully. There could be a great danger in strictly labeling anyone homosexual if they are not aware of the research base that indicates one can change their sexual orientation. Labeling can cause harm, because it categorizes an individual, and it may be difficult for the individual to re-negotiate his/her thoughts and feelings about his/her situation. It also can harbor acts of discrimination as well as separatists views factors that assist in segregating these individuals from others in society as individuals are seen as different. Therefore, it is important for individuals to know the values and moral systems of themselves and others, as well as the environmental and biological factors that bring about a homosexual orientation. Then, professionals would be able to assist those having difficulties in accepting and changing their sexual orientation more effectively. Future studies should concentrate on bridging biological/environmental factors that contribute to the development of the sexual

orientation in order to provide broader knowledge of homosexual development thus facilitating understanding.

Since the Gay liberation movement in the 1970's, there has been change in the way society we acknowledges, understand, associate with, and look at those individuals who are homosexual. The stigmatization of "being" homosexual or realizing one has the desires and emotions consistent with homosexuality, can bring about devastating affects in ones own mental health if they are not at ease with their sexual orientation.

Since Diagnostic and Statistical Manual (DSM) has been in place, it has gone through many revisions in its criteria for diagnosing psychopathology. Evidence of this is given with the condition of homosexuality. Due to scientific and sociopolitical debate over the morality of including homosexuality in the DSM, it was decided to have the term "homosexuality" removed. Other debates regarding ill-adjusted homosexuals ensued. The committee members responsible for the nomenclature and criteria of psychosexual disorders were in disagreement about the terminology that was to be included in the DSM-III (1980). Later revisions included a few brief words about the dysfunction and finally omitted the disorder altogether (in the latest revision of the DSM-IV, 1994). However, there are those of the psychiatric community who do not agree with the decision to omit the homosexual condition from the DSM entirely. These professionals (i.e., Nicolosi, Sacarides) are still researching the disturbances that homosexuality causes within the lives of the individuals it affects.

Considerable conflict and debate over the “naturalness” of being homosexual continues. Studies (i.e., LeVay et. Al., 1991; Bailey and Pillard, 1991; Malic and Crowns, 1986; Steelman, 1974) discussed above show that both biological and environmental factors contribute to its development. Thus, the “normalcy” of an individual proclaiming oneself as homosexual has, in contemporary society, become individualistic. Factors such as one’s biological make-up, stance on morality, religion, understanding of homosexual development, and public opinion (in the form of acceptance/non-acceptance), have assisted in the development of the homosexual’s perceptions on same-sex-sexual-attractions as being appropriate or inappropriate for themselves. People can make a choice to live without submitting themselves, or supporting a homosexual lifestyle, and do so without condemning themselves or others. These are individuals who may believe in the rights of others to choose to live their lives the way they want or how an individual’s free agency directs them, but do not choose to live a sexual lifestyle with a same-sex partner.

In educating others, professionals should provide information on the development of same-sex-sexual-attractions and various resources the individual can be offered in accordance to how he/she wants to live. Information should include the affects of biological/environmental factors as they relate to the homosexual self. As professionals, we would be better at serving others if we do so. This is, if society finally figures out what is the most appropriate way friends, family members, professionals, and insurance companies should perceive individuals with same-sex-sexual-attractions.

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