

The Causes of Male Homosexuality

Today, the majority of respected scientists agree that homosexuality is due to a combination of **social, psychological, and biological factors**.

Dr. Simon LeVay, the researcher who made world-wide news after apparently discovering a difference in the brains of some homosexuals, says,

“At this point, the most widely held opinion [on causation of homosexuality] is that *multiple factors* play a role.”¹

Dr. Dennis McFadden, a University of Texas neuroscientist who has studied lesbianism, explains:

“Any human behavior is going to be the result of complex intermingling of genetics and environment. It would be **astonishing** if it were not true for homosexuality.”²

Gay men often insist they were “born that way.” But gay activist and author Andrew Sullivan says that any “honest homosexual” who ponders his family background from the classic *distant father, overclose mother* perspective will have to admit that Freud had something perceptive to say. In fact, Sullivan says it would be *self-deception* to think of homosexuality as inherited like hair color:³

“Gay people would doubtless like the ‘hair analogy’ to be accurate, because it would enable them to avoid the wrenching and often painful self-analysis they would otherwise have to embark upon. **But alas, it isn’t.**” (p. 164)... [I]t would be bizarre if environmental influences did not play a profound role as well.”(p. 134)

Why Are the Psychological Factors Not Acknowledged?

Why, then, has research into the psychological factors come to a virtual standstill? Because, as Sullivan says,

“only a few brave souls are prepared to make this bracing case in public.”⁴

In fact, an investigation of the developmental factors correlated with homosexuality would constitute career suicide for most researchers. As Dr. Jeffrey Satinover explains:

“The research agenda is being distorted by the political requirement that no...associated traits should be discovered, and that homosexuality should be falsely presented as directly inherited.”⁵

There is, in fact, a wealth of older, “buried” research identifying many common developmental, temperamental and family patterns connected to homosexuality. **This research has never been scientifically refuted.**^{6,7}

Gender Nonconformity

“Gender nonconformity in childhood may be the single most common observable factor associated with homosexuality,” as well as “the retrospective sense of having been different from other children,” says Dr. George Rekers, professor of neuropsychiatry at the University of South Carolina School of Medicine.⁸

The gender-nonconforming boy tended to avoid competition and rough-and-tumble play with other males, and often felt intimidated and rejected by them. He thus missed the bonding experiences that help create a sense of masculine identity. If the father-son relationship was inadequate as well (for example, through a father-son temperamental “mismatch” which did not meet the needs of the child), then the boy is likely to suffer from a **gender-identity deficit**.^{9,10,11,12}

In early adolescence, the boy admires, romanticizes and then eroticizes this “mysterious maleness” which he has had to observe from a distance as an “outsider looking in.”

Temperament

What characteristics would help "open the door" for a boy to develop homosexually? Dr. A. Dean Byrd summarizes the most common temperamental traits he has seen in his work with about 400 homosexual men:¹³

1) Interpersonal sensitivity. There is a tendency to personalize criticism and detach from others when hurt. As one ex-gay man said:

"I was just more social than other boys. I was friendly and relational. I was sensitive and less competitive and aggressive."¹⁴

Such a boy will avoid many of the developmental challenges and "rites-of-passage" which, if unsuccessfully negotiated, could cause him to feel different from, or "less than" his male peers.

2) Introspection/obsessiveness. This tendency shows itself in an obsessive **preoccupation with being different from other boys.** (Interestingly, this same principle will later operate in reverse: *undoing a homosexual identification in adulthood.*)^{15,16}

3) Perfectionism. The mothers of homosexual men often describe them as the "best little boys in the world." Often they were "conforming, obedient, helpful and wanting to please," says Dr. Byrd. "They are not competitive with other boys, but excel individually."

Fathers and Mothers

Relationship with Father. Dr. Satinover describes the most commonly reported father-son pattern:

"For whatever reason, [the homosexual] recalls a painful 'mismatch' between what he needed and longed for, and what his father offered him. Perhaps most people would agree that his father was distinctly distant and ineffective; maybe it was just that his own needs were unique enough that his father, a decent man, could never quite find the right way to relate to him. Or perhaps his father really disliked and rejected his son's sensitivity. In any event, the absence of a happy, warm, and intimate closeness with his father led to the boy's pulling away in disappointment, 'defensively detaching' in order to protect himself."¹⁷

Has this view of the father-son relationship been "discredited," as gay advocates claim? Through meta-analysis of the modern empirical studies, a research

team concluded:

"With only a few exceptions, the male homosexual declares that father has been a negative influence in his life... There is not a **single even moderately well-controlled study** that we have been able to locate in which male homosexuals refer to father positively or affectionately."¹⁸

Relationship with Mother. The mother-son pattern is less consistent. However, a close-binding, intimate mother-son relationship has been found fairly commonly among male homosexuals,^{19,20} in which the mother openly preferred the son to her husband.

The relationship often poses a paradox in that the homosexual man often feels *better understood by his mother* than anyone else in his life—yet in some other, essential ways, *deeply misunderstood by her.*²¹ Whether the bond was overclose or distant, says Dr. Gregory Dickson, it is often characterized by ambivalence, leaving the son with an "ongoing and conflicted need for mothering" and feelings of being both "angry and appreciative"²² toward her.

The Need to "Choose" Between Parents. Gay writer Andrew Sullivan says he:

"followed a typical pattern of homosexual development...I had a very close relationship with my mother and a somewhat distant one with my father... In my adolescence I warred with my father and sided with my mother in the family fights that took place."²³

A healthy family pattern, in contrast, would allow the boy to develop both *connectedness to*, and *distance from*, each parent. This is necessary for the boy to eventually separate himself from his mother and comfortably enter the masculine sphere.

"A lack of this healthy triangulation," says Dr. Dickson, "may result in the developing boy finding himself 'stuck' between parents, where he must choose one parent over the other."²⁴

Such strife also characterized the family life of Olympic diver Greg Louganis, as he says in his autobiography, *Breaking the Surface*. Louganis says his father terrorized the family. Teased by his male peers as well, Louganis developed an intense relationship with his mother as her best friend and "soul mate." But as he grew up, he longed for what had been missing throughout his life—intimacy and affirmation from men—and thus his romantic attractions were homosexual.

Siblings. One of the preeminent researchers in the field of male homosexuality, the late psychoanalyst Irving Bieber, said the prehomosexual boy characteristically suffers from:

“a continuity of traumatic experiences with males, starting with the father. Brothers were usually feared and hated, and the prehomosexual child had difficulties with same-sex peer groups, until adolescence. The consistent history of unremitting fear of, and hostility to, other males throughout childhood has led me to conclude that male homosexuality is basically an **adaptation to a disorder of a man’s relationship with other men.**”²⁵

Early Sexual Seduction

The boy who is developing homosexually is especially vulnerable to sexual seduction. In fact, both peer and sexual abuse are frequently reported.^{26, 27} Olympian Greg Louganis describes his relationship with a pedophile he met on a beach. He felt uncomfortable about their age difference, but in a certain way, the experience felt right:

“I kept going back for the affection, the holding, the cuddling—more than the sex. I was starved for affection.”²⁸

Eroticization of an Emotional Need

Every male has a *normal developmental need* for masculine affirmative and love. Dr. Satinover explains the phenomenon in the prehomosexual boy:

“Although he has ‘defensively detached’ from his father, the young boy still carries silently within him a terrible longing for the warmth, love, and encircling arms of the father he never did, nor could have. Early on, he develops intense, non-sexual attachments to older boys he admires—but at a distance, repeating with them the same experience of longing and unavailability. When puberty sets in, sexual urges—which can attach themselves to any object, especially in males—rise to the surface and combine with his already intense need for masculine intimacy and warmth. He begins to develop homosexual crushes.”²⁹

The boy may feel conflict, but through sex, he:

“cannot help admit that the relief is immense. This temporary feeling of comfort is so profound that the experience is powerfully reinforced.

However much he may struggle, he finds himself powerfully driven to repeat the experience. Soon homosexual activity becomes the central organizing factor in his life as he slowly acquires the habit of turning to it regularly—not just because of his original need for fatherly warmth and love, but to relieve anxiety of any sort.”³⁰

How Society Influences a Gay Identity

When the sexually confused young man is introduced to the gay community through the Internet, or perhaps a school counseling program, the struggle is over. Now he belongs to an embracing community. With their encouragement, he concludes:

“I was always different, always an outsider. I developed crushes on boys from as long as I can remember, and the first time I had homosexual sex, it just ‘felt right.’ So it makes perfect sense to me that homosexuality is genetic. Finally, I stopped struggling and just accepted myself the way I am.”³¹

Why is Homosexuality Not a Normal Sexual Variation?

In 1973, the American Psychiatric Association removed homosexuality from its list of disorders. But is the condition truly normal?

Fifty years ago, one clinician offered a very useful definition of “normal.”³² The wisdom of that definition is still apparent. Very simply, normality is “*that which functions according to its design.*”

Let us summarize the factors which clinicians have observed in male homosexuality which are not—by such a definition—normal. Often, we see poor relationship with father; poor relationship with male peers; difficulty individuating from mother; and an unhappy parental marriage. There is a tendency to have avoided developmental challenges; a sense of masculine deficit; and a persistent belief of having been different from, and misunderstood by, other males. There remain feelings of fear, hatred, envy and admiration toward men, with the conflicting wish to be accepted and loved by them.³³

There is also a sense of disconnectedness from, yet narcissistic fascination with, one’s own body;³⁴ greater vulnerability to childhood seduction;³⁵ and in adulthood, higher rates of depression, anxiety, suicide, alcohol and drug abuse, promiscuity, and life-threatening disease³⁶—along with the *characteristic*

inability to maintain monogamous relationships.

In fact, gay clinicians themselves report this characteristic non-monogamy—but they resolve this problem by **redefining it as normal for gay men.**³⁷

Anatomically, too, we see a condition characterized by practices which are *abnormal and unhealthy*. This leads to rectal and prostate damage, AIDS, hepatitis B, and a host of sexually transmitted disorders which, “normally rare, grow to epidemic proportions when they enter the homosexual population.”³⁸ Former Surgeon General Everett Koop has stated that “anal intercourse, even with a condom, is simply too dangerous a practice.”³⁹

Like all other deep-seated identity problems with an addictive behavioral element, homosexuality is difficult to overcome. Psychotherapy consists of understanding the emotional roots of the attraction, strengthening masculine identification, and learning to meet same-sex needs for attention, affection and affirmation in a non-erotic manner.

In spite of the challenge it poses, some men find the process to be a source of tremendous fulfillment. One ex-gay man, now married, summarizes the transition that has occurred in his life—which represented both an emotional change, and a conscious decision:⁴⁰

“Today, I’d have to go through a lot of barricades—psychologically, spiritually and emotionally—to get to the point of acting on any temptation.”

“I am very fulfilled in my life. **I don’t want homosexuality.**”

Endnotes

- (1) Le Vay, Simon (1996). *Queer Science*, MIT Press.
- (2) “Scientists Challenge Notion that Homosexuality’s a Matter of Choice,” *The Charlotte Observer*, August 9, 1998.
- (3) Sullivan, Andrew (1998) *Love Undetectable: Notes on Friendship, Sex and Survival*. New York: Knopf.
- (4) Sullivan, p. 107.
- (5) Satinover, Jeffrey, “The Gay Gene?” *The Journal of Human Sexuality*, 1996 (call 972-713-7130), p. 8.
- (6) Yarhouse, Mark, “When Clients Seek Treatment for Same-Sex Attraction: Ethical Issues in the ‘Right to Choose’ Debate.” *Psychotherapy* vol. 35, no. 2, Summer 1998, p. 248-259.
- (7) Goldberg, Steven (1994). *When Wish Replaces Thought: Why So Much of What You Believe is False*. Buffalo, New York: Prometheus Books.
- (8) Rekers, George (1995). In *Handbook of Child and Adolescent Sexual Problems*, G. Rekers, ed., N.Y.: Lexington Books, p. 300.

- (9) Marmor, Judd (1965) *Sexual Inversion*. N.Y.: Basic Books.
- (10) Nicolosi, Joseph (1991) *Reparative Therapy of Male Homosexuality*. Northvale, N.J.: Jason Aronson.
- (11) Socarides, Charles (1968) *The Overt Homosexual*. N.Y.: Grune and Stratton.
- (12) Bieber, I., Dince, P., Drellich, M., Grand, H., Gundlach, R., Kremer, M., Rifkin, A., Wilbur, C., and Bieber, T. (1962) *Homosexuality: A Psychoanalytic Study of Male Homosexuals*. N.Y.: Basic Books.
- (13) Byrd, Dean, “Interpersonal Treatment of Unwanted Male Homosexual Attractions: Clinical Interventions.” NARTH 1998 Collected Papers.
- (14) “Interview with Jerry Armelli,” *NARTH Bulletin*, December 1998, p. 3.
- (15) Rupp, Richard, “How Groups Work: Coming Out of a Gay Identity, and Becoming One of the Guys,” *NARTH Bulletin*, December 1998, p. 2.
- (16) Nicolosi, 1991.
- (17) Satinover, Jeffrey, (1996) *Homosexuality and the Politics of Truth*. Grand Rapids, MI: Baker Books, p. 222.
- (18) Fisher, Seymour and Roger Greenberg (1996), *Freud Scientifically Reappraised: Testing the Theories and Therapy*. New York: John Wiley & Sons.
- (19) Socarides, 1968.
- (20) Bieber et al, 1962.
- (21) Dickson, Gregory, “Developmental Factors in Homosexuality,” *NARTH Bulletin*, August 1998, p. 34.
- (22) Dickson, 1998.
- (23) Sullivan, Andrew (1995) *Virtually Normal*. N.Y.: Knopf, p. 9.
- (24) Dickson, Gregory, “Environmental Factors and the Development of Male Homosexuality,” unpublished doctoral thesis, Fuller Theological Seminary, 1997.
- (25) Bieber, I., “Arriving at the APA Decision on Homosexuality,” in Engelhardt, H.T. and Caplan, A., eds., (1987), *Scientific Controversies: Case Studies in the Resolution and Closure of Disputes in Science and Technology*. Cambridge U. Press, p. 422.
- (26) Doll, L., Joy, D., Bartholow, B., Harrison, J., Bolan, G., Douglas, J., Saltzman, L., Moss, P., Delgado, W. (1992), “Self-reported childhood and adolescent sexual abuse among adult homosexual and bisexual men.” *Child Abuse and Neglect* 16:825-864.
- (27) Lauman, E.O., Gagnon, J.H., Michael, R.T., and Michaels, S. (1994). *The Social Organization of Homosexuality*. Chicago: U. of Chicago Press.
- (28) Louganis, Greg (1995) *Breaking the Surface*. N.Y.: Random House, p. 79.
- (29) Satinover, 1996, p. 223.
- (30) Satinover, 1996, p. 224.
- (31) Satinover, 1996, p. 226.
- (32) King, C.D. (1945). “The Meaning of Normal.” *Yale Journal of Biology and Medicine*, 18, 493-501.
- (33) Bieber, I., “Arriving at the APA Decision on Homosexuality,” in Engelhardt, H.T. and Caplan, A., eds., (1987), *Scientific Controversies: Case Studies in the Resolution and Closure of Disputes in Science and Technology*. Cambridge U. Press.
- (34) Nicolosi, 1991.
- (35) Bell, A. and Weinberg, M. (1981). *Sexual Preference: Its Development Among Men and Women*. Bloomington, IN: Indiana U. Press.
- (36) For an overview of all these factors, see Schmidt, Thomas (1995) *Straight and Narrow? Compassion and Clarity in the Homosexuality Debate*. Downers Grove, Ill.: InterVarsity.
- (37) McWhirter, D. and Mattison, A. (1984) *The Male Couple: How Relationships Develop*. Englewood Cliffs, N.J.: Prentice-Hall.
- (38) Schmidt, 1995, p. 118.
- (39) Hooper, Celia. “Surgeon General Advises Doctors to Teach Patients about Condoms,” *United Press International*, Oct. 13, 1987.
- (40) “Interview with Jerry Armelli,” *NARTH Bulletin*, December 1998, p. 19.