

Homosexuality: Nature or Nurture?
A Case Against Reparative Therapy and Discrimination
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Homosexuality refers to the feelings of sexual attraction and behaviour between persons of the same gender. The term “gay” is also frequently used adjectivally to refer to the homosexual trait, as well as the homosexual individual. Homosexuality has been part of human society ever since history was recorded. For example, artwork and literature dating back to ancient Greece depict grown men and male youths in bed, lending credence to the Greek view that it was normal for a man to have relationships with both women and male youths. Thematically similar works from ancient China exist; accounts from Spanish invaders speak of the open practice of sodomy they found in some Latin American countries; literature from the Middle East, most notably *Arabian Nights*, contain references to same-sex love (1); these suggest that homosexuality is not a phenomenon that recently arose, and that it can be observed all over the globe. Interestingly, ancient civilisations generally did not view homosexuality with great disdain, only taking issue with certain sexual activities deemed as inappropriate. Civilisations that predominantly subscribed to Abrahamic faiths, namely Judaism, Christianity and Islam, were noted to be an exception – they viewed homosexuality as an “abomination” and punished homosexuals (2).

Homosexuality was also regarded as a psychological disorder as early as the advent of psychology as a field of study, and remained so until the late 20th century. As more studies into homosexuality were carried out, there emerged the idea that homosexuality was more widespread than previously assumed, and that perhaps it was not entirely classifiable as an illness. This, in addition to gay rights activism, paved the way to the eventual declassification of homosexuality, in and of itself, as a psychological disorder by the American Psychological Association (APA) in the seventh printing of its second revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-II) in 1974 (3). It was replaced with “sexual orientation

disturbance”, which was later replaced with “ego-dystonic homosexuality” – the condition describing either a chronic non-arousal in desired heterosexual relationships or chronic frustration due to undesired homosexual feelings – in DSM-III in 1980, and once again removed in 1987 in a revised DSM-III, DSM-III-R. Today, DSM-IV classifies “persistent and marked distress about one’s sexual orientation” under “sexual disorder not otherwise specified” (4), with the disorder specifically referring to the *distress* originating from one’s sexual orientation, rather than the sexual orientation itself. Other organisations such as the Ministry of Health of Russia similarly removed homosexuality from the classification of a mental illness, and mainstream medical opinion is as such (3). However, not all organisations have adopted this view. For instance, the US Defense Department continues to classify homosexuality as a mental illness (5).

Indeed, this dichotomy in views regarding homosexuality extends to the public at large. Nowadays, due to the efforts of gay rights activists and the declassification of homosexuality as an illness, homosexuality is generally increasingly viewed as acceptable by a progressively enlightened society. Yet, there continues to be groups that oppose homosexuality on perceived moral grounds as well as religious grounds. Homosexuals today face certain discrimination and are sometimes subjected to attacks by moral vigilantes who view homosexuality as immoral. Are these actions justified? Is discrimination based on sexuality justified?

Another point of contention regarding homosexuality is the root cause of homosexuality. On the one hand, some believe homosexuality is rooted purely in genetics and biological factors – they argue that the reason for homosexuality lies in nature. They are hence of the view that if homosexuality is an illness, it is categorically not an acquired mental one. On the other hand, others believe that homosexuality is a behaviour acquired purely through social interactions – they argue that homosexuality is nurtured. They are hence of the view that homosexuality is a

mental illness, and that psychological treatment – reparative therapy – is feasible in converting homosexuals to a heterosexual orientation. A third view which takes into account both sides of the argument entails the complex interaction between the two causative agents. This view holds that an individual's genes and biological make-up determine the degree of influence social interactions have on the individual's sexuality. It propounds that in the absence of the genetic and biological factors, social interactions, which might be involved in causing homosexuality, would not give rise to homosexuality.

Recent research seeks to establish the physiological link between homosexuality and biological factors such as genes. Others maintain that social factors are wholly responsible for the presentation of homosexuality in an individual. Perhaps it is best to take the middle ground and view homosexuality as attributable to both biological and social factors since there is a lack of incontrovertible evidence from either side to support their claims. The implications of taking such a view are far-reaching. Countries which criminalize homosexuality would have to consider removing those laws; various forms of discrimination in society against homosexuals would be unjustifiable; reparative therapy would have to be seen as an extension of homophobia, the prejudice against homosexuals. Thus, determining the true causes of homosexuality is of paramount importance.

“Nurture” Arguments and Counter-arguments

There are numerous theories as to how homosexuality takes root due to social environmental influences. Among these are the theories that a homosexual individual learns homosexual behaviour through observation and makes a conscious choice to adopt that kind of lifestyle, that homosexuality arises because of sexual abuse in the individual’s childhood, and the “distant father” theory.

Some conservative Christian groups are of the opinion that homosexuals are the way they are because they, at a young age, observe the behaviour of other homosexuals, and become interested in it. Coupled with a more tolerant society, such an interest is not curbed and is instead given room to flourish. One makes the choice to continue along this path and thus develops into a homosexual. The observation of homosexual behaviour occurs so early in childhood that one comes to believe that one was homosexual all along, and this idea is so deeply ingrained in the homosexual that he would believe that any attempt to cure him of his homosexuality would lead only to failure (6). A weakness of this argument is that it cannot ensure that all homosexuals have observed homosexual behaviour as a child – what of the homosexuals who have never observed such behaviour prior to the personal experience of homosexual feelings? Regarding the claim that an individual would make a choice to adopt this lifestyle, one may wonder at who would choose to live a life which would probably include discrimination aimed at him. Indeed, Nobel Peace Prize recipient Archbishop Desmond Tutu opined, regarding sexual orientation being a choice, that “the homosexual persons must be the craziest coots around to choose a way of life that exposes them to so much hostility, discrimination, loss and suffering.” (7)

Another theory of homosexuality holds that a possible root of homosexuality is sexual abuse in an individual's childhood. For instance, a young boy sexually abused by an adult male could grow to doubt his own sexuality and might eventually come to the conclusion that he was in fact a homosexual. Such confusion over sexuality has been expressed by male survivors of childhood sexual abuse. However, there are at least two flaws with this chain of argument. Firstly, it cannot explain the incidence of homosexuality in individuals who were not subjected to sexual abuse during their childhoods. Secondly, although confusion over sexuality has been expressed by male survivors, another reaction to this confusion has been open hostility towards other homosexuals (8). In other words, confusion over sexuality stemming from the abuse is also likely to result in homophobia instead of homosexuality.

Homosexuality is also viewed by some as a result of ineffective parenting, one in which the presence of a "distant father" would have profound psychological impact on a growing child. The "distant father" theory states that homosexuality in males is caused by an unavailability of fatherly affection and attention during a young boy's childhood. Because the father was emotionally unavailable or incompetent in forming bonds with his son, the son would develop a yearning for closeness with a man to compensate for the lack of fatherly love, and this would result in homosexual feelings in the son. There is evidence to suggest that on the whole, homosexual men are of the opinion that they had less attentive and loving fathers than their heterosexual counterparts (9). Once again, while there is evidence to suggest a link between "distant fathers" and homosexuality, it does not account for homosexuals who have had close relationships with their fathers and their families, nor does it account for heterosexuals who have had weak relationships with their fathers.

In presenting some of the theories which support the view that homosexuality is a socially derived illness, we realise that while these theories do have some merit and are likely to hold some truth, they are inadequate as an all-encompassing theory for homosexuality. Perhaps there are other factors which contribute to the emergence of the homosexual trait.

“Nature” Arguments and Counter-arguments

The discovery of genes and the role they play in a vast majority of biological functions has led some to believe that homosexuality could have a genetic and biological basis. Studies of animals have yielded clues to the nature of homosexuality, and proposed theories include the existence of a gene that causes homosexuality and the possibility of hormones influencing brain development and hence sexual orientation during the gestation of a foetus.

People have frequently turned to observing animals and their behaviour to gain a sense of what is natural and what is not. One would not be wrong to say that if animals ate for energy and mated to ensure the proliferation of their species, that it would also be natural for Man to engage in such activities. Consequently, proponents of the view that homosexuality is natural cite numerous examples of homosexuality occurring both in wild and captive animals. For instance, the Central Park Zoo in Manhattan housed two male penguins which were coupled for nearly six years by 2004 (10). The two penguins even managed to incubate a fertilized egg given to them by the zoo’s chief keeper which eventually resulted in the birth of a chick. There are other accounts of homosexual behaviour in other animals such as bottle-nosed dolphins, rams, giraffes and birds, just to name a few (11). While this suggests that homosexuality could be natural, there is a danger in using animals as a yardstick for determining if something is natural or not. Some animals, such as hamsters, are known to kill and eat their offspring in times of stress (12).

Infanticide, in this case, can hardly be considered natural for humans as it is tantamount to murder.

Another attempt to link homosexuality to nature can be seen in the efforts to link genes to homosexuality. In 1993, Hamer claimed to have identified a gene marker on the X chromosomes, a region which he termed Xq28. In his study, he examined 114 families with homosexual members and found that the incidence of homosexuality was higher in the maternal side of the families. As males get their X chromosomes from their mothers and Y chromosomes from their fathers, Hamer concluded that male homosexuality could have a biological basis in the Xq28 region of the X chromosome (13). However, his study's findings could not be independently replicated by other researchers, who consequently cast doubts on Hamer's findings (14).

Another angle of research involved studying the concordance rates of homosexuality between monozygotic twins (twins with identical genetic material) and dizygotic twins (twins with different genetic material but sharing the same gestation period). The results of four studies are shown in Table 1 (15).

| Sibling type | Hamer et al | Whitam et al | Bailey & Pillard | King & McDonald |
|--------------------------|--------------------|---------------------|-----------------------------|----------------------------|
| <i>Common brothers</i> | 13.5% | - | - | - |
| <i>Dizygotic twins</i> | - | 28.6% | 22.0% | 12.5% |
| <i>Monozygotic twins</i> | - | 64.7% | 52.0% | 25.0% |

Table 1: Four studies studying concordance rates of homosexuality among brothers and twins (taken from http://www.yawningbread.org/arch_1997/yax-061.htm)

All three studies performed on twins showed that the concordance rate of homosexuality was higher among monozygotic twins compared to dizygotic twins, and the rates in both groups tended to be higher than the rate observed among common brothers other than one instance in King & McDonald's study. These imply that homosexuality has genetic links, but these genes do not guarantee the expression of the homosexual trait, which would have resulted in a 100% concordance rate, which was clearly not the case. Rather, there could be other factors involved in the cause of homosexuality. These factors possibly come into effect during the gestation period of a foetus, as dizygotic twins seem to exhibit higher concordance rates than common brothers when they should be approximately the same, since they are genetically dissimilar.

One of the possible factors that could effect changes in brain development during the gestation period is the hormone levels in the foetus. Research has shown that in genetically male rats, removal of male sexual organs before a critical point in time resulted in male rats with characteristic female behaviours. This critical point in time is that of the masculinisation of the brain by testosterone produced in the male sexual organs. In other words, these male rats had female brains, since the brain naturally develops into a female one in the absence of testosterone. However, if these male rats which had their sexual organs removed had not passed this critical point in time, injection of testosterone would result in a male brain with characteristic male behaviour. In humans, embryos start producing sex hormones around the 6th week of gestation. A theory developed by Dr Milton Diamond, which could explain how hormones could cause homosexuality, postulates that the sexualisation of the brain in foetuses occurs in 4 discrete stages. These stages, in no particular order, involve laying down basic sexual patterns in the brain which produce attributes we generally assign to different sexes, determining gender of

desired sexual partner, determining sexual identity and determining sexual anatomy. A deficit or surplus of testosterone in any stage of brain development could respectively cause under-masculinisation or over-masculinisation of the aspect corresponding to that stage (16). For instance, if a male foetus does not get enough testosterone during the stage which determines the gender of a desired sexual partner, his brain would likely develop into one which seeks out men instead of women as a sexual partner. If this same male foetus does get sufficient testosterone during the stage determining sexual identity, his brain would likely cause him to identify as male and yet seek out men as a sexual partner. This theory can explain the diverse attributes observed in real life – some men, though effeminate in behaviour, identify as men and seek out women as sexual partners, and thus cannot be considered homosexual despite effeminate behaviour; others, though thoroughly masculine in behaviour, can identify as men and yet seek out men as sexual partners, and thus are considered homosexual despite otherwise masculine behaviour. However, this theory is unproven at the present time, and the reasons why hormonal levels might fluctuate are also unclear.

Implications of the continuing debate between Nature and Nurture

In the light of evidence suggesting that homosexuality is not caused purely by social and environmental factors, we can infer that it cannot be classified as an acquired mental illness. There is also some evidence to suggest that homosexuality is largely out of the control of the individual.

This means that reparative therapy would seem to be redundant in the first place, for it would be an attempt to cure something that is not an illness. Many forms of reparative therapy involve teachings that homosexuality is unnatural and abhorrent. This could lead to increased

anxiety or intense feelings of self-loathing in the homosexual seeking therapy. In extreme cases it can result in depression and even suicidal thoughts. In addition, statistics regarding the success of reparative therapy are sketchy at best and downright disappointing otherwise, ranging from 0% to 5% (17). For the minority that has been thoroughly “cured”, one could contend that they were not truly homosexual to begin with, and were merely confused or in an experimental stage of their life.

Some would argue that reparative therapy could help homosexuals who are struggling with their sexuality. It is important to note then the difference between reparative therapy and psychological counselling. The difference lies in their aims – reparative therapy seeks to convert the homosexual to a heterosexual, while counselling seeks to aid the homosexual in coming to terms with his sexuality and learn to cope with it such that overall mental well-being can be achieved. Reparative therapy can thus be said to be detrimental to the mental health of an individual, almost akin to brainwashing, as it could be seen as an extension of deeply rooted homophobia.

The stand against discrimination against homosexuals is even clearer. Discrimination based on the grounds of homosexuality is unjustifiable, for no harm is brought onto society by homosexuality in and of itself. Homosexuality is also largely not a matter of choice, further negating any reasons to support discrimination. If the idea that discrimination against African-Americans because of their different skin colour seems ludicrous, that is because it is, and so it is with discrimination against homosexuals on the basis of their different sexuality.

Conclusion

The world in which we live is gradually becoming more accepting of homosexuality. Despite this, there is still much to know about why it occurs. The importance in knowing why lies in the impact it will have on society at large. Discrimination is still a problem, in addition to the propagation of the flawed idea that homosexuality can be cured with reparative therapy – these are issues that need to be resolved if we are to believe in equality. Biology and genetics offers some promise in explaining the cause of homosexuality. The theories put forward and the studies conducted have generally been able to partially account for homosexuality. There are also theories which implicate social factors as causes of homosexuality, though none are sufficient as standalone explanations. It would seem then that the most likely cause of homosexuality is not exclusively social or biological, that factors from both interact and influence to eventually find a middle ground to explain homosexuality, that neither can cause homosexuality in the absence of the other. Given that stance, it is reasonable to discredit the relevance and efficacy of reparative therapies of homosexuality, and to condemn discrimination of homosexuals because of their different, minority sexuality.

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