The New York Times Magazine, April 2, 1989

Homosexuality: Who and Why?

IN THE BAD OLD DAYS, WHEN homosexuality was considered a mental illness, a friend of mine was trying to go straight. He was seeing a distinguished psychoanalyst who believed (and still believes) that what some call a life style and still others call a crime is a psychiatrically treatable disorder. Through six years of anguished analysis, my friend changed his sexual orientation and married. His wife was wonderful — they had been friends for years — but he died unexpectedly of a heart attack at the age of 42, six months after the wedding. I am not superstitious, and I don't blame anyone, least of all his wife; he was happy with her. But a nagging question remains: Is it possible that my friend's doctor was trying to change something that should have been left alone?

He had been homosexual for years, and had had at least one stable long-term relationship. But he lived in a society that condemned him on religious and medical grounds. He "freely" chose to change through psychoanalysis. But this was a limited sort of freedom, and though he in fact did change — as some have — he did not live to find out how the change would work.

Those bad old days are over; yet a rising tide of bigotry against gay people has followed the AIDS epidemic. Religious fanatics point to AIDS as proof of God's wrath. Some gay men and women have begun to ponder again the nature of their sexual orientation, and parents wonder: Who becomes gay?

EUGENE MIHAESCO

Age-old questions on the subject abound. Even after many studies, there are few, if any, authoritative answers - and prejudice is rife.

Neither science nor art has yet produced a single answer. Yet perhaps that in itself is an answer: that anything so complicated and various and interesting could have a single origin seems wrongheaded. Socrates and Tennessee Williams, Sappho and Adrienne Rich, to take only four people, representing only two cultures, seem certain to have come to their homosexuality in four such different ways as to make generalizations useless. In the further reaches of the anthropological universe, we find variations that knock most folk theories for a loop.

Consider the Sambia of New Guinea, described by Gilbert Herdt in "Guardians of the Flutes." They belong to a group of cultures in which homosexual practices are actually *required* of boys for several years as rites of passage into adulthood. After adolescence, the young men abandon homosexual practices, marry women, father children and continue as heterosexuals for the rest of their lives.

The lesson is threefold: first, a culture can make such a rule and get every person to conform; second, years of obligatory homosexuality apparently do not commit the average man to a lifetime of homoerotic desires. The third lesson may be drawn from the life of Kalutwo, a Sambia. He grew up stigmatized as the illegitimate son of an older widow and had no contact with his father. He showed unacceptably strong homoerotic attachments, and never adjusted to a heterosexual relationship, having four marriages without issue — possibly unconsummated — by his mid-30's. According to Herdt and the psychoanalyst Robert Stoller, Kalutwo would have been homosexual anywhere.

The conclusion is reasonable. In every population, some men — most estimates say 5 to 10 percent — are drawn to homoerotic pursuits, whether they are punished, allowed or required. The percentage of strongly homoerotic women is generally estimated to be smaller, though in bisexuality women are said to outnumber men. But it should be remembered, definitions vary, and biases in such estimates are inevitable.

Some homosexuality was said to be present in all of 76 societies examined in one cross-cultural study, including the Tahitians, the Mohave Indians and a number of Amazonian tribes. In 48 (64 percent), it was condoned; in no society was it the dominant mode. Thus, all the societies had homosexuality, and the majority accepted its inevitability.

Not so our society. The Judeo-Christian tradition condemned homosexuality unequivocally, ending Greco-Roman tolerance. Yet centuries of condemnation, culminating in the Nazi attempt to physically exterminate homosexuals along with Jews and other "undesirables," have failed to make this minority acquiesce. Where do homosexuals come from, and how do they persist in the face of such persecution? In April 1935, with the Nazis' noose tightening around homosexuals, Sigmund Freud wrote to the mother of a gay man, "Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness." Yet he went on to attribute it to "a certain arrest of sexual development," and then to deny that successful reorientation through psychoanalysis was possible, at least not "in the majority of cases."

Freud's sensitive formulation is remarkably close to the one we would give today. Although few accept his notion about arrested sexual development, most psychiatrists agree that sexual orientation is difficult to change, and that change is not intrinsically desirable. But a person's sexual orientation may be linked in some poorly understood way with anxiety, depression and other medically defined symptoms that can be treated, regardless of what may happen to sexual orientation.

Extensive research on the psychological development of homosexuals, by Allan Bell and others at the Kinsey Institute, found no support for most theories. The only factor implicating parents was (for both sexes) a poor relationship with the father — something shared by Kalutwo.

Yet some characteristics of the child could be predictive. For both sexes, but especially for males, gender nonconformity in childhood predicted homoerotic adaptation in adulthood. Other studies have drawn the same conclusion. The most dramatic, called "The 'Sissy Boy Syndrome' and

Melvin Konner, an anthropologist and physician, teaches at Emory University.

the Development of Homosexuality," was published in 1987 by Richard Green, a psychiatrist at the University of California at Los Angeles. His was the first study starting with childhood and following through to adulthood, rather than asking adults about their memories. Boys dissatisfied with being boys — cross-dressing, avidly pursuing traditional girls' games to the exclusion of boys' games, and the like — had a high likelihood of growing up gay. Two-thirds to three-fourths became homosexuals. No homosexuality appeared in a control group.

GREEN'S UNEXPECTEDLY STRONG findings have been variously interpreted as showing that male homosexuality is innate or that early childhood environment is key. Either way, some gay men are *intrinsically* homoerotic. Some studies have pointed to genes. For example, identical twins are more likely to share the same sexual orientation than nonidentical twins. And in a recent study by Richard Pillard and James Weinrich, homosexual men were four times as likely to have a homosexual brother (21 percent) as were heterosexual men. Although these familial patterns could be interpreted as stemming from shared early experiences, it is at least equally likely that they are due to shared genes.

Nevertheless, the rare "sissy boy" syndrome cannot account for the majority of even male homosexuals, and for females the predictive power of "tomboyishness" is less strong. Frequently, homosexual orientation is not accompanied by these or any other departure from typical gender roles. In the last decade, one study after another — as well as the expressive literature that followed the increased tolerance of the 1970's — has shown that homosexuals differ enormously from one another. As Bell and Martin Weinberg concluded in another book: "We do not do justice to people's sexual orientation when we refer to it by a singular noun. There are 'homosexualities' and there are 'heterosexualities.' " Life styles, personalities, behaviors, hopes and dreams all show tremendous variation among people who share either of those labels. No uniformity, psychological, hormonal or genetic has been found.

Bell and Weinberg write that their "least ambiguous finding . . . is that homosexuality is not necessarily related to pathology." In 1974, the American Psychiatric Association conceded the truth of this observation, essentially made by Freud. In that year — three years after my friend's death — homosexuality was removed from the association's list of diagnostic categories. In the current official diagnostic manual, it is represented by only a vestige: "persistent and marked distress about one's sexual orientation," a subcategory under "Sexual Disorder Not Otherwise Specified." This allows homosexuals who are distressed by their sexual orientation to seek psychiatric help to change it. A good therapist will understand that the distress is not necessarily intrinsic, but may be the product of continued social prejudice. As Freud put it in his 1935 letter to the mother about her homosexual son, if he "is unhappy, neurotic, torn by conflicts, inhibited in his social life, analysis may bring him harmony, peace of mind, full efficiency, whether he remains a homosexual or gets changed."

In fact, if the psychiatrist is fair-minded, the same diagnostic subcategory will admit patients dissatisfied with their heterosexual orientation and wanting to become gay. Adrienne Rich — whose lesbian poems are perhaps the most beautiful recent love poetry — has described a syndrome she calls "compulsory heterosexuality." It refers to the requirement of universal heterosexual adaptation imposed on American women, who she believes are, like all other women, naturally bisexual.

In this realm, diagnoses will not help much. The most common recent answer to the main questions about sexual orientation has been something like "I'm O.K.; you're O.K." But, better, is the reply to that bit of psychobabble provided by Fritz Perls, the founder of Gestalt psychotherapy: "I'm not O.K.; you're not O.K. — and that's O.K." As for religious pieties, they are even less helpful than diagnoses. Fear of AIDS is understandable, but it's really beside the point. If AIDS were God's punishment for gay men, then gay women would presumably be God's chosen people, for they have the lowest rates of AIDS and other sexually transmitted diseases. Perhaps in an atmosphere of tolerance and compassion, we can all do better at finding out — and becoming — who we really are. ■