CHAPTER - 4
FACTORS AFFECTING HOMOSEXUAL ORIENTATION & ITS IMPLICATION

4.1 INTRODUCTION
Homosexuality is believed to be deviant form of sexual orientation and behaviour by most of the people around the globe. Except the psychologist and experts on science and human rights the common man belief regarding homosexual orientation varies immensely.

Many beliefs that it is a mental disease, few believe that homosexuals are sexually obsessive beast with filthy mindset and inhumane sexual behaviour. Many belief that homosexuality is not a result of nature, but an outcome of how a person is nurtured.

This chapter aims to identify the factors behind homosexual orientation and its implication on oneself and the society.

4.2 FACTORS AFFECTING HOMOSEXUAL ORIENTATION

Ultra-conservative Christians and gay theologians appear to agree that a genetic origin of homosexuality has moral significance. Ultra-conservatives claim that homosexuality has no basis in genetics and is therefore a morally culpable choice.

While there seems to be strong evidence to point to a biological link to a homosexual orientation, it is also very likely that, for some people, a homosexual orientation develops as a result of psycho-sociological factors. In other words, for some, homosexual orientation may be altogether environmentally caused. (Conservative Christians have generally taken the stance that all homosexuality is environmentally caused.) I believe this to be especially true of lesbianism, as there is little, if any, evidence to point to biological origins. Yet, environmentally caused homosexuality is not experienced any differently than biologically caused homosexuality. In either case,
persons find themselves with an overwhelming desire to be intimate with members of the same sex when the whole world says that the normal attraction is to the opposite sex. Despite the testimony of some in today's generation who say they experience no feeling that this is "wrong," I believe that most, if not all, gay persons do experience this feeling initially. Thus, they do not choose to be attracted to the same sex any more than the rest of us have chosen to be attracted to the opposite sex.

The most common conflicts at different life stages that predispose individuals to homosexual attractions and behavior are loneliness and sadness, profound feelings of inadequacy, mistrust and fear, narcissism, sexual addiction, excessive anger, sexual abuse in childhood and a lack of balance in one's life. During times of stress these inner difficulties are activated. In an attempt to seek relief or to escape from this unconscious emotional pain, strong sexual temptations and behavior can occur. This dynamic of inner emotional suffering leading to homosexual desires and activity rarely can begin during childhood but usually it develops in early adolescence. However, adult life may be the first time for the emergence of this disorder.

There are numerous reasons for homosexual orientation. Primarily they can be pointed as follows:

The American academy of pediatrics in 2004 stated in a statistics that, “sexual orientation probably is not determined by any one factor, but by a combination of genetic, hormonal, & environmental influences.”

Homosexuality can be a result of sum total of biological, emotional and psychological factor

4.2.1 INTERNAL FACTORS

Personal traits, includes a sum total of biological, emotional hormonal & psychological factors, Prenatal cerebral development and structural differentiation.

Debate over Homosexuality: Nature or Nurture?

In recent decades, many hotly debated topics have come under the scrutiny of socio biologists, trying to determine their causation and origins. One such topic is homosexuality. Originally thought by the American Psychological Association (hereafter referred to as APA) to be a mental disorder, research into its causes, origins, and development has consequently led to its removal by the APA from its list of diagnoses and disorders. Many different theories can be found regarding the root of homosexuality, as far back historically as Ancient Greece. The current debate is whether or not homosexuality is a result of nature: a person's environment and surroundings, or of his biology and genetics.

In debating sexual orientation, much is unknown; according to Charles Darwin, "...we do not even in the least know the final cause of sexuality. The whole subject is hidden in darkness." Although the APA currently states that sexual orientation is not a choice, rather "...it emerges from most people in early adolescence with no prior sexual experience". Social theorists argue that an individual's upbringing can directly influence this [sexual orientation]. Also tied in with many of these debates is the morality of homosexuality.

Let us first look at the biological debate. Biological theorists have found substantial instances of anatomical, genetic, and endocrine evidence to support their argument. Experiments in biological research date back as far as the late 1930's, beginning with the pioneering research of Alfred Kinsey (for the University of Indiana) on human sexuality. Kinsey had two goals for his tests: 1) to find out how many adult males engaged in homosexual behavior, and 2) to suggest theories about it came to be. When asked if they had engaged in homosexual sexual relations, a large percent of the population tested answered "no", however when asked if they had engaged in same-

sex sexual relations, the percentage answering "yes" nearly doubled. The experiment yielded that 30% of males had experienced at least orgasm in a homosexual act. The results of this research became the widely popularized Kinsey Scale of Sexuality. This scale rates all individuals on a spectrum of sexuality, ranging from 100% heterosexual to 100% homosexual, and everything in between. While establishing that as many as 10% of adult males reported having sexual relations with a same-sex partner, this research did little more than to put the word homosexual into common language.

Karen Hooker executed the first psychological test done to test for biological determinism in 1957, on a grant from the National Institute of Mental Health. The study was meant to explore the relationship between homosexuality and psychological development and illness. Hooker studied both homosexuals and heterosexuals. Both groups were matched for age, intelligence quotient (IQ) and education level, and were then subjected to three psychological tests. These three tests, the Rorschach, Thematic Apperception Test (TAT) and the Make-A-Picture-Story Test (MAPS), were then analyzed by psychologists, and the results were tabulated. The results of Hooker's experiment yielded no significant differences in answers on any of the three tests. Because both groups' answers scored very similarly, she concluded a zero correlation between social determinism of sexuality.

As a result of Hooker's finding, the APA removed homosexuality from its Diagnostic and Statistical Manual of Psychological Disorders in 1973. In 1975 it then released a public statement that homosexuality was not a mental disorder. In 1994, two decades later, the APA finally stated, "...homosexuality is neither a mental illness nor a moral depravity. It is the way a portion of the population expresses human love and sexuality".

D.F. Swaab conducted the next noteworthy experiment in 1990. This experiment became the first to document a physiological difference in the anatomical structure of a gay man’s brain. Swaab found in his post-mortem examination of homosexual males' brains that a portion of the hypothalamus of the brain was structurally different
than a heterosexual brain. The hypothalamus is the portion of the human brain directly related to sexual drive and function. In the homosexual brains examined, a small portion of the hypothalamus, termed the suprachiasmatic nucleus (SCN), was found to be twice the size of its heterosexual counterpart.

At the same time, another scientist, Laura S. Allen made a similar discovery in the hypothalamus as well. She found that the anterior commissure (AC) of the hypothalamus was also significantly larger in the homosexual subjects than that of the heterosexuals. Both Swaab's and Allen's results became a standing ground for the biological argument on homosexuality. The very fact that the AC and the SCN are not involved in the regulation of sexual behavior makes it highly unlikely that the size differences result from differences in sexual behavior. Rather the size differences came prenatally during sexual differentiation. The size and shape of the human brain is determined biologically and is impacted minutely, if at all by behavior of any kind.

Simon LeVay conducted another experiment regarding the hypothalamus of the human brain in 1991. LeVay, like Swaab and Allen also did a post-mortem examination on human brains; however, he did his examinations on patients who had died from AIDS-related illnesses. He examined 19 declared homosexual men, with a mean age of 38.2, 16 presumed heterosexual men, with a mean age of 42.8, and 6 presumed heterosexual women, with a mean age of 41.2. LeVay discovered that within the hypothalamus, the third interstitial notch of the anterior hypothalamus (INAH3) was two to three times smaller in homosexual men than in heterosexual men. The women examined also exhibited this phenomenon. LeVay concluded the "homosexual and heterosexual men differ in the central neuronal mechanisms that control sexual behavior"158, and like Allen159 and Swaab, agreed that this difference in


anatomy was no product of upbringing or environment, but rather prenatal cerebral development and structural differentiation.

While all of this scientific experimentation and conclusion seems evidentiary, socio-behaviorists are not convinced. This opposing point-of-view proposes that homosexuality is the result of environmental factors, not biological ones. Most social theorists see childhood elements as the largest contributing factors to homosexuality. Often they examine childhood play patterns, early peer interactions and relations, differences in parental behavior toward male and female children, and the role of gender constancy in the household.

The social argument for homosexuality dates back to the ancient Greeks. Aristophanes, in his Symposium investigates homosexuality, although not termed as such, as a desire by men to share a long-term fulfillment of the soul. He believed that two souls are longing to be together, and the sexual desire alone is not strong enough to create homosexuality, but that the cultural environment allows or forbids the relationship to occur [10]. In Greece is it well known that many men engaged in same-sex relationships, however, these were not equal relationships, they were older men to young boys going through the transition to adulthood. Two instances where the culture is a causative agent of homosexual expression are in New Guinea and Crete. In some tribes in New Guinea, young boys ages 8-15 are inseminated daily by the young male warriors of the tribe. In Crete, every adolescent boy undertook a homosexual relationship as a rite of passage into manhood. In these two instances, the homosexuality is accepted; however, it can be argued that it is also forced, not a natural expression.

Most psychoanalytic theories, however, stress the role of parental and family dynamics, not the society as a whole. Behaviorists believe that some sexual and gender identification differences result from roles imposed by family and friends upon children, such as the masculine and the feminine stereotypes. Problems with this are there is no evidence, social or biological, to support that homosexual children were
raised differently than were the heterosexual children. Also, with reinforcement of gender identification norms, one would be led to logically deduce that all of the stereotype reinforcement would ensure a heterosexual outcome.

While it is agreed that an element of gender ID is based on the decision made by parents on how to raise the child, the other element is formed with the development of language skills, naming of sexual behaviors and the naming process related to these behaviors. Gender ID is learned over time, and other contributions include the frequency of parental interactions, tolerance of aggression levels, and the vigor of play during childhood.

In this, another theory is acknowledged, the Parental Manipulation Theory. This theory is that one or both parents are able to neuter and control offspring to promote their (the parent's) evolutionary fitness, ensuring the passage of genes into the next generation. By selecting only heterosexual practices as acceptable, the parents are attempting to promote their passage of genes.

Two predominant social theorists on homosexuality are David Halperin and Jean Foucault. Although both social theorists have largely contrasting ideas on the environmental contributions to the formation of an individual's homosexuality. Halperin believed in Plano physical theory. This theory believes that homosexuality is a freak of nature, an error. His theory follows in the tradition of psychological theory on this subject. Halperin was a Freudian psychologist, and places stock in Freud's idea that homosexuality is derived from a failure to resolve Oedipal issues. Although Halperin has a large following from interest groups such as Christian coalition's, his theory is largely disrespected by the psychological community at large, as it provides only a result, not a cause. He fails to produce any scientific evidence. He does, however, provide examples. He postulates that a weak father and strong mother, with an unresolved Oedipus complex will lead to a weak, and then homosexual, son, because the mother has too strong of an image, compared to the weak state of the father. Psychologists argue that this same arrangement would also possibly lead to a stronger son, striving for compensation of his father's weakness.
Jean Foucault argues, "...homosexuality became because we made it so." Foucault says that the category of homosexuality itself was only created a mere one hundred years ago, after a German neologism coined some twenty years later. Foucault gives root to the social derivation of homosexuality believing that homosexuality appeared as one of the forms of sexuality, only "after it was transposed from the practice of sodomy into a kind of interior androgyny, a hermaphrodisim of the soul". The theorists believe that the homosexual had been an aberration, and had then become a species, justifying itself with a new word.

### 4.2.2 EXTERNAL FACTORS

*There are numerous other factors which are held responsible by the experts as well as by common man for causing homosexual orientation of a person. In brief they are:*

1. Sadness and loneliness.
2. Weak masculine identity, leading to experimentation with homosexuality.
3. Fear and mistrust. (Emotional or physical abuse)
4. Sexual addiction. (Early peer interactions and relations.)
5. Sexual trauma in childhood.(sexual abuse)
6. Excessive anger.
7. Childhood play patterns.
8. Differences in parental behaviour toward male and female children.
9. The loss of local moral order, through connection with the west.

**Sadness and Loneliness**

The most frequently seen cause of sadness in the past leading to homosexual attractions in males was the result of childhood and adolescent rejection by peers because of very limited athletic abilities. The lack of understanding in family, failure to receive warmth, affection, and praise from parents has resulted in terrible inner emptiness with sadness and loneliness in our young. This is one of the reasons why some females will attempt to fill this void for gentle, comforting maternal love through homosexual behavior.
Weak Masculine Identity Leading To Experimentation with Sexuality

Another important cause of homosexual temptations and acting-out behavior is the result of strong feelings of insecurity. A lack of confidence may arise from rejection by parents, peers, siblings and other significant people in whom one wanted to invest trust. In an unconscious attempt to undo the earlier life rejection, a person may seek validation and acceptance from members of the same sex.

However, the most common early life disappointments leading to homosexual desires is the result of peer rejections because of a boy's poor eye-hand and athletic coordination. This is a very difficult weakness to have in a culture that is obsessed with successful athletic performance to the point where it is seen as the major measure of masculinity. Children who are not athletically coordinated are regularly the last to be chosen to join teams and are often the victims of rejection and ridicule. They are referred to regularly in a feminine manner through the use of such painful names as sissy, fairy, and queer. Also, they may be told that they run or act like a girl. As the betrayal pain by their peer continues year after year, these males feel increasingly inadequate, confused, isolated, lonely, and weak. This harsh treatment by peers results in these youngsters having a very poor body image and a poor sense of their masculinity. This introduces them to experiment with homosexuality.

Fear and Mistrust (Emotional and Physical Abuse)

Fear of vulnerability to heterosexual relationships is another important factor in the development of homosexual attractions. This inability to feel safe loving someone of the opposite sex is usually unconscious and originates most often from traumatic experiences within the home. In males this may be a consequence of having a mother who was overly controlling, excessively needy or dependent, angry and critical, unaffectionate and cold, narcissistic and insensitive, very mistrustful and addicted of ill.

In females the fear of trusting males in a loving relationship may arise from having a father who was very angry, rejecting and distant, insensitive toward the mother,
abusive, harsh, selfish, addicted or unloving. Today, abandonment pain by the father from divorce is one of the major sources of male mistrust in females who develop and unconscious dread of being hurt as they saw their mothers wounded by their father. Subsequently, such females for a period of time may only feel safe being comforted in love by another female.

**Sexual Addiction (Early Peer Interaction and Relations)**

The sexually compulsive, highly reckless, and life-threatening behavior in a large percentage of homosexuals would indicate the presence of an addictive disorder in these individuals. These addictions resemble substance abuse disorders in that individuals engage in compulsive behaviors that are medically hazardous\(^\text{160}\).

These studies support the clinical view that homosexuality is a disorder with extremely compulsive, highly reckless, and self-destructive features.

**Sexual Trauma in Childhood**

A number of males who were raped or sexually abused by older males in childhood develop confusion about their masculine identity. As with other victims of rape, they think that their behavior must have in some way led to the abuse. Such traumatic experiences can create self-hatred and the false belief that they must be homosexual. As adolescents, their relationship with girls is often undermined by their shame and the belief that no female could possibly love them if they knew of their sexual

\(^{160}\text{This clinical view of much homosexual behaviour as being addictive in nature is supported by numerous studies of the sexual practices of homosexuals and by the recent best estimates that one half of all homosexual males in New York City are HIV positive. (C. Horowitz. New York February, 1993: 30) The National Institute of Health estimated that at current rates of infection, a majority of twenty year old gay or bisexual men nationwide will eventually have the AIDS virus. (Newsweek, September 19,1994: 50-51) A national survey of gay men showing that 41 percent performed anilingus (tongue on or in the anus), 46 percent received it and 46 percent of the men sometimes had sex that they considered riskier than they should be having. (The Advocate, August 23, 1994: 20).}
Experiences.

**Excessive Anger**

The most significant type of anger influencing the development of homosexual attractions in childhood is anger with oneself. As a result of ongoing rejections by peers, many boys acquire an intense dislike for their bodies and view them as weak, unattractive, and unmasculine. They are so uncomfortable with their physiques that it is not unusual for them to spend a great deal of time fantasizing about escaping from their own bodies by assuming the body of another. This daydreaming can begin when they are very young and may lead to a strong physical attraction for those of the same sex.

Finally, excessive anger is seen in a number of other areas in the homosexual lifestyle. Most importantly, passive-aggressive anger, which is the quiet venting of hostility while pretending not to be angry, is manifested in the failure of HIV-positive individuals to inform their sexual partners of their illness. These men and women often feel that since they have to suffer, others should also. Intense anger is also seen in homosexuals within the media or in the educational, political, ministerial and mental health fields when they attempt to force our culture to change its views on homosexuality. Their approaches are often direct assaults against Judeo-Christian morality, the nuclear family, and the basic differences between men and women,

**Childhood Play Patterns**

Our society is gender stereotyped. Generally, we have different play pattern for boys and girls. For example, very commonly we see boys playing with toy cars, toy guns etc. whereas girls are fond of, and mostly seen playing with dolls, teddy bears etc. Even if a boy wishes to play with a doll (as generally observed they don’t like to play with) it sounds unusual. Thus, childhood play pattern can also be an indication of a child’s personality or sexuality. During my research period, I have not read any study which claims that if we change playing pattern of children their sexual orientation can
also be moulded. Thus, playing pattern can be an indication of a child’s personality but not otherwise.

**Differences in Parental Behaviour towards Male and Female Children**

Parent’s partial behaviour towards a child of a particular sex can augment the feelings of insecurity, hatred and under confidence in a child. Such a child may develop feeling of anger with oneself associated with his/ her sexuality and may also build up abhorrence for such parent who discriminates. Thus, an unusual dislikes for such parent may pile up and result in disregard of such gender.

**Loss of Local Moral Order through Connection with the West**

Most of the Indians believe that homosexuality is a result of degradation of our culture, reduced moral values with present generation and is a product imported from western countries. People in general are unaware of the fact that homosexuality is not foreign to India; its existence is acknowledged in history, our mythology; though generally disapproved and condemned. But still Indian majority lashes out against accepting homosexuality in Indian legal and social system.

**4.3 IMPLICATIONS OF HOMOSEXUALITY**

**4.3.1 Implications or effects of homosexuality on the life of homosexuals are:**

- Such a person is stuck in between two opposite characteristics of his personality, & continuously struggles within, where his inner sexual identity is not in tune with his biological sex. This all leads to a state of confusion for him/ her. He/ she could not understand which emotion to suppress or which personality to build on.

- He may become a subject of mockery, hated & neglected by people at large including his own family. This results in poor social bonding as wherever he she goes, he/ she knows that he will be looked down. Own parents also fails to understand his/ her emotions leading to a traumatic state of mind for the poor fellow.
Thirdly, he may be pushed into various treatments, including psychological treatment, shock therapies, etc, by his own family in order to be cured of homosexuality. Many parents could not understand the real cause for such sexual orientation of their child. They feels something is wrong with their ward and do resort to various therapies including shock therapy\textsuperscript{161}, believing that their ward’s deviant sexual orientation can be cured these ways.

He may be forcibly married to someone, by his family in the belief that everything becomes all right after marriage. This is a normal practice adopted by many parents of homosexuals. Parents feel that lack of opportunity to have normal heterosexual intercourse has landed their ward to such an unnatural sexual practices and attractions. Thereby, marry their homosexual child to a person of opposite sex as marriage is legal license to have sex. Though, it has not always worked in favour of parents & the homosexual continues to have same-sex attractions denying heterosexual marriage bond\textsuperscript{162}.

There are various health issues involved in homosexuality which reflects and effects the homosexual life’s expressively. The homosexuals in order to express their love and fulfill their sexual desire adapt sexual practices which are unsafe (without any precautions) and not normal in nature. Such unprotected sex leads to various hazardous diseases. The NGOs involved with MSM Groups/ LGBT Groups cannot function properly for the life and health of such people if homosexuality is not legalized, as they are always shadowed by a threat of law which is against them.

\textsuperscript{161} ‘shock Therapy’ was a therapy legally given to homosexuals before 1983 (In 1983, homosexuality was removed from a list of mental disease by American Psychiatric association), in which a homosexual is shown a video clip or a picture depicting homosexual sexual practices, and if he/ she feels arose sexually by watching such video/ picture, were immediately given shock, so that they dare not want/ feel like resorting to homosexual temptations.

\textsuperscript{162} ‘Manvendra Singh Gohil’ presently an LGBT icon and activist, share his struggle identifying his sexual orientation. He was married to a woman, but continued to have homosexual attractions. He tried to pacify his agony by practicing Yoga also, in order to get rid of his homosexuality. But at the last could not detach himself from his real identity of a Gay and this divorced his wife. (\textbf{For more details related to his story see annexures: Case Study 1-Gay Royale of modern India})
Wide spread drug abuse is found among homosexuals to heighten their sexual pleasures.

The chance of depression among homosexuals is also very high. Depression is caused by number of factors, such as, due to poor parental/ sibling bonding, low self esteem, social boycott, poor health (including mental health), poor academics, no employment and the accompanying of all ‘no happiness in one’s life’ 163. All these illustrated factors are present in the life of a homosexual. In most of the cases, A homosexual is believed by his own parents and sibling as ‘a mental person’, because of which his/ her self esteem is very low, is always boycotted by the society including his/ her friends at family and school. This result in poor academics, as he/ she is always confused about his/ her personality and could not concentrate on studies. Many homosexuals have seen to leave their studies in between due to lack of interest or opportunity. Poor educational standards combined with low self esteem and respect and social boycott, leaves him unemployed or employed in certain jobs of barber, fashion designer, tailor, dancer or prostitution. All this leads to a depressed life for him or her & this is how they become vulnerable to drug abuse/ sexual abuse.

They are found to have a more chance of history of drug and alcohol abuse. Homosexuals are a new class of vulnerable group thus there are more chances of drug, alchol and sexual abuse with them.

Homosexual activities is a major carrier of many fatal diseases, including AIDS, Hepatitis B, ulcers and ruptures, Syphillis (veneral disease) & genital

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163 This is an illustration of a case study of a 19 years old college going boy, who was my student (now 23 years), (personally known to me for four years) who has been struggling with his identity. He left his studies in between and identified himself as a ‘woman trapped in man’s body’. He also attempted to commit suicide few years back as he belonged to a conservative family and was the only son of his father with three daughters. He was scared to reveal his emotions to anybody and lived a life when all his classmates, friends made a mockery of him.
herpes. Ignorance, Lack of medical attendance, unsafe sexual practices may lead them to such fatal diseases\(^{164}\).

**4.3.2 Implications or effect of homosexuality on the life of family members of homosexuals:**

- Family members most of the time, finds it very difficult to cope with their child’s homosexuality. This becomes more difficult if the family is a socially reputed family, and when gender stereotyping is more. Parents don’t understand what is ‘abnormal’ about their child, or why he/she is behaving in such way.

- They many times curse themselves (especially Indians) as they suspect that it is because of their misdeeds or sin in past life, that they are cursed with such children. This is the outcome of our mythological belief in ‘as you sow, so you reap’.

- Families of homosexuals feel stigmatized & restrain themselves from socializing along with such children. Such homosexual child brings hitch, shame & pity for the parents from strangers/relatives or friends. This belief is further strengthened by the fact that parents lack the confidence, courage to stand by their ward\(^{165}\), as they themselves fail to understand the real identity of their child.

- This also leads to their quest to change their child’s sexuality & the zeal to adopt any & every way to get their children cured by all possible means. Many

\(^{164}\) A doctor was interviewed at a leading NGO working for LGBT who advises to MSM that ‘whether anal sex is injurious and a major carrier of AIDS and other deadly diseases or not?’ he replied back that it is unsafe for health if proper precautions are not taken such as, use of lubricants, and condoms while having gay sex. If proper precautions are taken then, it is as normal as heterosexual sex.

\(^{165}\) An iconic example of accepting one’s child with his/her sexuality is a senior citizen woman in India. Every year, in ‘Delhi Queer Pride Parade, there is a grand mom, a ‘Dadi’, who participates and has stood by side of his grandson who is a Gay. She accepted her grandson’s sexuality with open mind and heart, even when the mother of such boy was shameful, shy and unacceptive of his son’s deviance sexuality. This ‘grand mom’ real name’ Rani Sharma’ is an icon for the parents whose children are homosexuals. (Picture of this woman ‘Lovely called dadi alias Rani Sharma’ in annexure appended to the research work)
psychologists have asserted that parents come requesting them to counsel their ward or even adopt any method to make them normal.

4.4 HOW TO HEAL HOMOSEXUAL ATTRACTIONS AND BEHAVIOUR?

The healing of those with homosexual attractions involves a process of understanding compassionately the emotional hurts they have experienced, resolving the anger with those who have inflicted pain through a process of forgiveness, utilizing cognitive and behavioral techniques, admitting powerlessness over their emotional suffering, and relying upon religious, primarily catholic spirituality and the sacraments. Only God's love is powerful enough to overcome the painful loneliness and sadness. Insecurities and fears by providing a feeling being deeply loved, special, and safe at every life stage. As the emotional wounds are healed, homosexual attractions and behaviors diminish and eventually disappear.

In regard to the success of psychotherapy in treating homosexuality, in 1962 Bieber I. (Bieber, I. Homosexuality: A psychoanalytic study. New York: Basic Books; 1962 reported the cure rate from psychoanalysis of 27 percent. A recent survey of 285 psychoanalysts who had treated 1,215 homosexual patients revealed that 23 percent of their patients changed to heterosexuality.

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166 ‘Give him electric shock or cut open his brain, but make my gay son straight’, they were upset when I explained that nothing can be done about one’s sexual orientation, I have turned down 50 such request where parents visit my clinic hoping to cure their child by shock or surgery’ said Dr. Pulkit Sharma of VIMHANS. Agreeing with Dr. Pulkit Dr. Samir Parikh, Chief Psychiatrist, Max Healthcare says: “Parents who come to convert their gay sons believe there’s a cure for ‘the mental disease’. They tell me ‘if you wish, you can change his life. We have to get him married, please save him”. “The richer and more educated the parents are, the more difficult is it for them to accept a gay child. They experience guilt and shame that often turns into hatred for their child”, says Dr. Sandeep Vohra, senior consultant psychiatrist, Apollo Hospital.} Interviewed & Reported by Shara Ashraf, pg no. 01, Hindustan Times, New Delhi, 27th November, 2011.

There are various ways recommended to heal homosexual attractions and behaviours, few of them are described below:

4.4.1 UNDERSTANDING

Increasing numbers of males with homosexual attractions are entering therapy because of their fear of AIDS. Many of these people may resist initially working to recognize their emotional hurts because they fear facing their pain or because they have been influenced by our culture to believe that there are no psychological conflicts associated with homosexuality. However, most who seek counseling are searching for the truth and are open to explore their life disappointments. Their openness is enhanced by the therapist's optimism and confidence in regard to the healing of the emotional wounds which produce their temptations and behavior.

Identifying and understanding the various types of emotional conflicts at different life stages are the first steps in the recovery process. These wounds are inflicted most often in childhood and early adolescence and arise from disappointments with parents, siblings, or peers. This pain is regularly denied and then emerges in masked ways as homosexual temptations early in adolescence. However, for some, the homosexual attractions may not come out until the twenties or thirties. In such cases some adult trauma has usually occurred that is associated unconsciously with unresolved childhood and adolescent conflicts.

4.4.2 FORGIVENESS

The resolution of excessive anger is essential in the healing various emotional and addictive disorders and in the healing of homosexual attractions. The painful disappointments in important relationships during childhood and adolescence result in very strong anger, as well as sadness, mistrust, and low self-esteem. It is not possible to resolve the loneliness, fear, compulsive behavior, and insecurity without removing the closely associated resentment. The childhood rejections by peers and fathers lead first to sadness and next to anger. The emotion of anger then encapsulates experiences

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of sadness at different life stages. In order to dislodge the sadness, the capsule of anger must be removed. This can only be done through a process of forgiveness, because the sole reliance upon the expression of anger does not truly free individuals from their inner resentment and bitterness.

Unfortunately, the young mental health field has relied almost exclusively upon the expression of anger as the primary mechanism for dealing with this powerful emotion. While expression is important at times, when solely relied on for relief from anger, it has limited value because mere words or behaviors cannot make up for the depth of resentment and bitterness that has been denied in significant relationships in childhood and adolescence. Those who pursued therapy for their homosexual impulses in the past were rarely challenged to resolve their hostile feelings toward their parents and peers, nor were they counseled to use forgiveness. The failure to address and to recommend an effective treatment approach for buried anger is one reason why therapy did not produce more significant clinical improvement in these individuals, with the other being the lack of understanding of the value of spirituality in the recovery process.

4.4.3 RELIGIOUS OR CATHOLIC SPIRITUALITY

The major aspects of Religious or Catholic spirituality which play an essential role in the healing of the emotional wounds leading to homosexual attractions and behavior are prayers of petition, meditation, the scriptures and spiritual direction. Once the basic conflict has been identified and understood, most individuals regularly employ each of these aspects of spirituality in their recovery. However, some find one particular method of prayer particularly helpful. For example, those who were rejected repeatedly by their peers often discover that spending time daily meditating upon and visualizing Jesus being at their side through childhood and adolescence as their best friend, when they felt very lonely and isolated, to be particularly comforting and strengthening.

Thus, An urgent need exists to examine the truth in regard to homosexuality, both morally and psychologically. Recently, Pope John Paul II stated, “We need now more
than ever to have the courage to look truth in the eye and to call things by their proper name, without yielding to convenient compromises or to the temptation of self-deception.”

As the teacher of truth, the Church affirms in the Catechism that “homosexual acts are acts of grave depravity, are intrinsically disordered, and under no circumstances can be approved.”

4.5 CONCLUSION

Summarily, homosexuality is not always "caused" by a choice. Some heterosexual men choose to engage in homosexual encounters and then go back to their wives and the enjoyment of a heterosexual sex. A person finds him/herself with a homosexual orientation as a result of the interplay of several factors, including heredity, prenatal influence, and environmental factors such as childhood trauma or being brought up and conditioned as a member of the opposite sex. The parent must adopt an empathetic and understanding attitude while encountering homosexual orientation of their child. It’s not easy for a parent to accept a fact that their child is struggling with identity crisis. I believe if a child goes to a parent and report that he/she feels & identify himself or herself with a different sexuality than from his/her biological identity, parents must follow following steps:

- They should listen to them reposing full faith and confidence in them, without any prejudices and with empathy and compassion. It is too difficult for a homosexual to reveal his or her identity to someone & the first step of ‘coming out’ is a milestone for them to live their life with complete and actual identity.

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170 (Catechism of the Catholic Church, New York: Catholic Book Publishing Co., 1994: 366 (2357 in Canadian Published Catechism))
171 [Recently Tim Cook: CEO of the APPLE Company comes out and revealed in public that he is a Gay. “While I have never denied my sexuality, haven’t publicly acknowledged it either, until now,” Crook wrote in an article in Bloomberg Businessweek, “so let me be clear: I am proud to be gay, and I consider being gay among the greatest gifts god has given to me.”. Raj, Yashwant., Pg. no. 01 & 26, Hindustan Times, Noida & Ghaziabad, 31st October, 2014, Friday]
Then they must try to introspect and analyze the possible cause because of which a child has revealed his/her identity before them. Parents can also make it out whether it’s a ‘nature or nurture’. Whether it’s just a statement made by a child influenced by some environmental factors, such as his or her surroundings, friend circle, childhood experiences, trauma, sexual abuse etc; or whether such statement is nothing but a manifestation of his real hidden sexuality. (personal characteristics of a child).

Parents can counsel their child and can also seek expert counselling by psychologist etc, but no threatening or harmful ways such as shock therapy etc, be adopted in order to ‘so called- curing the homosexuality of a child’.

If after adopting all humanely measures, a parent discovers that homosexuality is the real identity of their ward, they must accept their child beyond all odds, after all ‘it’s their child’

The parents must stand by their children against all odds and should extend all support to facilitate their living and wishful life. 

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GHAZAL DHALLIWAL, biologically a Male, (Now a female, post Sex change operation) encountering Gender Dysphasia, share her story in a TV SHOW titled ‘SATYAMEV JAYATE’ on STAR PLUS Channel which was aired on 19th October, 2014. She publicly admitted her sexual identity struggle, initial depressions, and how her family which initially failed but later on understood her difficulties in life & supported her beyond all odds. The love, understanding and support reposed in her by her parents has became a torch bearer for the parents whose child also facing gender dysphasia. Today, Ghazal Dhalliwal is a happy woman, successful in her career as a writer, socially recognized not only in India but also abroad, all because of her own confidence and the unconditional support of her parents. (For More details: see ‘Satyamev Jayate’, Season 3, Episode 3 on ‘alternate Sexuality’ aired on 19th October, 2014 on Star Plus. OR Watch at http://www.satyamevjayate.in/accepting-alternative-sexualities.aspx).