

07 109-C

What Makes a Homosexual?

New attitudes and understanding are shedding a helpful light on an age-old problem of human sexuality

A MOTHER called me recently, in a state of great agitation. "Last night," she said, "my son told me he was a homosexual. Can you do anything for him? He's only 17."

What can, and should, a parent do when faced with this situation? How does it all begin? And whose fault is it, if anyone's?

Homosexuality has always existed, of course, but only recently has it been openly talked about. With this new openness, many myths about homosexuality are being dispelled. One is that a homosexual cannot be a useful, happy, productive person.

DR. LAWRENCE J. HATTERER has treated more than 200 homosexual patients in 20 years of psychiatric practice. He is the author of *Changing Homosexuality in the Male* (Dell Publishing and McGraw Hill).

Many committed homosexuals are. The notion that homosexual practices between consenting adults are criminal is disappearing as laws pertaining to homosexual behavior are challenged. Disappearing, too, is the idea that an individual who has engaged in homosexual practices cannot lead a normal, heterosexual life. He can—if he wants to.

By "homosexual" I mean a person whose conscious or unconscious sexual attractions and experiences are predominantly toward and with members of his own sex. However, there are degrees of homosexuality. Between the exclusive heterosexual and the exclusive homosexual, there is the man or woman who is predominantly heterosexual, perhaps married and a parent, yet who occasionally practices homosexuality;

the true bisexual; and the practicing homosexual who may occasionally engage in heterosexual sex.

From a psychiatrist's point of view, the two opposite poles—the committed heterosexual and the committed homosexual, both of whom are sure of their sexual identities—probably function best in life, as far as sexual conflicts are concerned. It's the ones in between who can get into trouble.

Homosexuals fit no preconceived pattern. Male homosexuals may be frail in build and effeminate in manner, or big and rugged. Women homosexuals—lesbians—may be masculine-acting and looking, or as pretty as movie stars. Homosexuals of either sex may be simply average people, indistinguishable in build and manner from anyone else.

According to the best evidence so far, homosexuals are made, not born, and a complex of life situations and influences throughout infancy, childhood, adolescence and early adulthood are involved in the making. Among the homosexuals I have studied, certain family backgrounds and subsequent life experiences occur more frequently than others.

The mother who called about her son told me, on her first visit, a story that had many of these common factors. The parents' relationship had been bad from the start. "My husband was a man's man. He stayed out a lot, gambled, slept around. We were always in debt. When he came home, we fought. So I was alone with my son most of the time.

He was my companion—my best friend.

"He and his father never got along. The boy was too soft and gentle. I suppose I overprotected him. He stayed around the house a lot and helped me, and the neighbors said, 'What a good boy he is.'"

The beginnings of this boy's homosexuality were rooted in one of the many classic family patterns that tend to confuse a child about his sexual identity: the overprotective mother, and the ineffectual, hostile and critical father who is devalued by mother and son. Variations on this pattern include the boy who is criticized for rough-and-tumble behavior with other boys, and the girl who is given a catcher's mitt instead of a doll. Such children may well get the idea that the parents wanted a child of the opposite sex. Confusion about sexual identity may be further compounded by repetition of such remarks as, "He's not going to be an athlete like his brother," or "She's a real little tomboy."

Parents, without *forcing* a girl-child into a passive, dependent role, or a boy into an aggressive one, should show respect for any masculine or feminine traits a child exhibits, as well as for his emerging sexual feelings. Thus, don't ridicule your daughter's crush on a film star, or panic if you find your 11-year-old boy sneaking in *Playboy*. Instead, try to provide accurate sexual information as soon as the child is ready, and talk to him or her about sex as a part of everyday living.

Remember, too, that rough-and-tumble play with other boys, which includes much physical contact, is perfectly normal in pre-adolescent and adolescent boys. So is the tendency of girls at this age to withdraw into a secret, feminine world, spending a good deal of time sleeping over at each other's houses. Parents have interpreted both kinds of behavior as signs of homosexual interest. They aren't.

Homosexuality is usually blamed on the mother, and it's true that a mother can be a major causative factor. The case of the overprotective, seductive mother has already been noted. Her opposite is the dominating, aggressive mother who may reject the son, criticizing him as she criticizes his father. Both of these types of women may consciously or unconsciously hate, or feel competitive toward, men, and transmit these feelings to the male child.

But Father can be at fault, too, most often by default. The absent father, presenting no male image for the son, helps turn him toward a feminine role. Conversely, the father who is present, and sits in judgment on his son for failure to live up to his own concept of the male role (which the father himself may be insecure about), is equally destructive. This kind of father also tends to turn daughters toward lesbianism.

Parents who are physically absent, or who are so involved in their own conflicts that the child is left out of the family constellation, also help set children on the path to homo-

sexuality. They give their child no sense of his own identity, sexually or otherwise, and he may eventually turn to someone who, through recognition and acceptance, makes him feel like a person.

I don't want to give the impression that parents alone are responsible for homosexuality in a child; his experiences with his own peer group can carry equal weight. Children are quick to turn on the odd one, and an effeminate-seeming boy will be singled out as "different," ignored or even tormented. This usually precipitates withdrawal from the group, and it's interesting to note that the overwhelming proportion of homosexuals I have worked with were, in their childhoods, "loners."

In adolescence we come to a dangerous period. Homosexual experimentation is common, at least among boys. Those who come from family situations and life circumstances that have predisposed them toward homosexuality are most vulnerable during these years. If they then engage in homosexual behavior, they may well live out their lives as committed homosexuals. On the other hand, the adolescent whose sexual identity is firm may quite conceivably indulge in adolescent homosexual experiences with no lasting results.

A parent should be aware of a teen-ager's friends and social life and alert to signs of homosexual involvement. Gerald, for example, seemed an average little boy. But his detached, shallow parents had little

emotional contact with him. This left a vacuum that was filled, when he was 14, by a homosexual teacher, who seduced Gerald at a time when the boy was ready for sexual involvement but had no idea of how or where to direct these urges. At 17, he moved on to another homosexual "protector." By the time the parents realized what was going on, Gerald had packed his bags and left for New York. He came to me at 22—jobless, drifting, isolated, and moving desperately from one male protector to another. Had his parents been aware of his initial involvement, and sought professional guidance, he might have been spared much unhappiness.

For the fact is that borderline cases—young people who in the sexual confusion of adolescence are exposed to homosexual stimuli and contact—*can* be helped. Take two cases that have surfaced in my practice: Ted, at 18 a virgin who has developed an addiction to homosexual pornography but is terrified of homosexual practice; and Alan, who at 15 fell in with a gang of homosexual toughs in his neighborhood and now wants out, desperately. These and hundreds of other variations of homosexual and bisexual histories can usually be redirected in therapy.

The parent who learns that his child is homosexual must not panic,

or react with anger. It is important to show no disapproval, but to try to communicate with him. First, determine the degree of involvement. Sometimes an admission is rooted more in fears and fantasies than in overt homosexual behavior. Often, an open announcement of homosexuality to parents is the first cry for help. Help him. He is not committed; much can be accomplished if he gets professional guidance.

What of the young person who *is* totally committed? If he is beyond adolescence, his parents must face reality. There is no point in their being shocked, angry or disapproving. Their "child" is an adult now, and has opted for his own way of life. Committed homosexuals don't want criticism, pardon or pity, and they are within their rights to feel this way. Parents have no choice but to accept it. I would suggest, for the happiness of both sides, that at least the attempt at open communication and love be made.

In my experience, that should be the parental approach from the start: I have never known a family yet where love, acceptance and open communication prevailed that turned out a totally committed homosexual.

✦ For information on reprints of this article, see page 18 ✦



A MAN who is opposed to hunting has a bumper sticker on his car which reads: "Support the Right to Arm Bears."

—Clay Cole, quoted by Robert Sylvester, Chicago Tribune-New York News Syndicate