

# HOMOSEXUALITY (ETIOLOGY AND THERAPY)

Authored by  
**mohammad looti**

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## HOMOSEXUALITY (ETIOLOGY AND THERAPY)

**Primary Disciplinary Field(s):** Psychology, Sociology, Sexology, Medicine

### 1. Core Definition and Continuum Model

The term **homosexuality** describes erotic relationships between members of the same sex, encompassing a range of activities from sexual fantasies and kissing to mutual masturbation, oral, or anal contact. Contemporary understanding rejects the idea that human beings can be strictly divided into two separate and distinct sexual groups (homosexuals and heterosexuals). Instead, modern views posit a **continuous line** between these two poles, suggesting that many individuals share both homosexual and heterosexual tendencies to varying degrees. Some investigators hypothesize that all individuals possess some measure of bisexuality, although the homosexual component often remains latent in the majority of the population.

Evidence supporting this widespread potential for homosexual response was notably provided by Kinsey's estimates (1948, 1953), which indicated that 50 per cent of males and 28 per cent of females had engaged in overt homosexual activity at least occasionally during their lives. While occasional engagement is widespread, the number of individuals--men or women--who can be termed active or **persistent homosexuals** is significantly smaller, generally estimated to range from 2 to 8 per cent of the overall population.

### 2. Etiological Approaches: The Constitutional Perspective

Historically, the etiology of homosexuality has been investigated through two primary competing frameworks: the **constitutional approach** and the **psychosocial approach**. The constitutional framework emphasizes biological determinants, specifically focusing on heredity, chromosomal differences, and the balance of sex hormones.

The hereditary explanation received initial support from Kallmann's twin studies (1953), which reported a 100 per cent concordance rate (both twins being homosexual) among identical twins, compared to only 40 per cent among fraternal twins. However, this interpretation is subject to debate. Critics note that identical twins typically share more environmental experiences than fraternal twins, suggesting that their similar homosexual patterns may not have developed independently based on genetics alone. Furthermore, the fact that some individuals exhibit shifts from exclusively heterosexual to exclusively homosexual patterns (or vice versa) during their lives strongly suggests that heredity is not the sole or determining factor. Therefore, genetic contributions are considered highly debatable.

Other biological hypotheses, such as the suggested role of **chromosomal differences** or **hormone imbalance**, have also faced significant scrutiny. While chromosomal anomalies (e.g., a

male with two X chromosomes) exist, they are not definitively linked to sexual behavior. Similarly, earlier studies suggesting that an abnormal androgen-estrogen ratio caused homosexuality have failed to be supported by more recent investigations. Hormonal imbalance is prevalent among nonhomosexual individuals, and changes in sexual patterns are known to occur without corresponding shifts in hormone balance. Crucially, medical treatment utilizing sex hormones has proven ineffective in altering the direction of sexual interest. Consequently, constitutional factors are now generally viewed as playing an **interacting** role in sexual orientation development, rather than a decisive or determining one.

### 3. Etiological Approaches: The Psychosocial Perspective

Current academic focus has increasingly shifted toward **psychological and social explanations** for the development of sexual orientation. This perspective holds that the sexual impulse is somewhat amorphous or undirected during a child's early years, making it possible for the impulse to be channeled toward a homosexual direction, even within a predominantly heterosexual societal context. Two primary psychosocial factors are stressed as major influences in the establishment of homosexual patterns: early homosexual experiences and dysfunctional family dynamics.

### 4. Key Psychosocial Factors

One critical influence is **early homosexual experiences**. Studies by Bieber and colleagues (1962) indicated that homosexual individuals had such experiences in childhood more than twice as often as their heterosexual counterparts. These incidents were frequently repeated, reinforced by physical pleasure, and often involved the young person deriving crucial comfort and emotional support from the older partner, thus significantly reinforcing and establishing the homosexual pattern.

A second major factor involves **distorted family relationships**, particularly in the case of male homosexuality. One common pattern identified involves an unhappily married mother who establishes a pathologically close, often subtly seductive, relationship with her son, treating him as "mummy's little lover." A boy may also become extremely attached to his mother if the father is physically absent, excessively harsh, or exhibits a combination of being domineering yet fundamentally weak (Bender and Paster, 1941). Some authorities suggest this attachment encourages the boy to identify with the feminine role, while others hypothesize that the mother actively suppresses the boy's masculinity to mitigate her own or his incestuous impulses and resultant guilt feelings. This sense of guilt regarding the forbidden mother figure can subsequently lead the boy to avoid all future relationships with women, who remind him of the initial conflict.

Crucially, boys who develop pathological attachments to their mothers often fail to achieve normative masculine identification by modeling themselves after their father. The father may

actively refuse to serve as a role model, perhaps rejecting the son as a rival. Conversely, alternative family dynamics, such as a father showing marked preference for a daughter, may cause the son to wish he were a girl--a desire that might remain latent before manifesting as overt homosexuality. In yet other scenarios, a mother who is excessively hostile or emotionally detached can instill in the boy a deep dislike or fear of women, prompting him to seek satisfaction solely within his own sex.

The culmination of these early distorted family patterns often results in the boy becoming dependent on his mother, closely identified with her, and developing traits such as timidity and effeminacy that lead him to avoid typical masculine activities. Bieber's findings demonstrated that less than one-fifth of the male homosexuals studied had participated in traditionally masculine games, and nearly all reported having been humiliated and rejected by male peers. Bieber concluded that "failure in the peer group, and anxieties about a masculine, heterosexual presentation of self, paved the way for the prehomosexual's initiation into the less threatening atmosphere of homosexual society, its values and way of life."

## 5. Psychoanalytic and Social Contact Influences

**Psychoanalytic theory** provides another developmental explanation, centering on **castration anxiety** and penis envy. According to this view, the male homosexual avoids women because they trigger unconscious fears related to the loss or deprivation of the penis, functioning effectively only with a "woman with a penis." Conversely, the female homosexual avoids males because they remind her of having already been "castrated," finding satisfaction only with women who do not evoke feelings of penis envy.

In addition to developmental patterns, **social contact** can lead to temporary homosexual behavior, often termed **accidental or pseudohomosexuality**. This type of behavior arises when individuals are confined to environments that place them in close proximity only with members of their own sex while restricting opportunities for heterosexual relationships--typical examples include correctional institutions, military service, and boarding schools.

Crucially, individuals engaging in pseudohomosexuality typically do not identify as homosexuals and tend to revert to heterosexual behavior once they regain access to varied social opportunities. However, the experience can sometimes lead to lasting changes. A small percentage of individuals remain homosexual following these experiences, and some men, particularly those released after long prison terms, have been observed seeking out children or adolescents of their own sex following their release.

## 6. Therapeutic Approaches and Challenges

Therapy for homosexuality presents a complex set of challenges. A significant obstacle is that

many homosexual individuals believe their tendencies are either **inborn** or are the unalterable result of deep-seated familial influences established early in life. Moreover, many have successfully rationalized and fully accepted their way of life, especially if they are integrated into a fairly well-organized "homosexual community." When these individuals seek professional assistance, it is often primarily due to distress arising from social disapproval, anxiety, or depression stemming from the fear of detection, rather than an explicit desire to fundamentally alter their sexual orientation.

Nonetheless, some homosexual individuals actively seek to change their pattern through techniques such as psychoanalysis or other forms of psychotherapy. Data suggests that between 25 and 30 per cent of these motivated patients successfully achieve a heterosexual orientation.

A promising behavioral approach developed by Freud (1960) utilizes a **conditioning program**. This method involves administering an emetic (inducing vomiting) to the male patient while he is simultaneously shown slides of dressed and nude males (aversion therapy). Subsequently, the patient is given an injection of the male hormone, **testosterone**, to heighten the sex drive, and is then shown films of nude and semi-nude women. Follow-up studies indicated that this rigorous treatment was fully effective in achieving orientation change in at least 25 per cent of cases.

It is important to note that not all therapists pursue the goal of altering homosexual patterns. Some practitioners adopt a pragmatic approach, choosing instead to help the confirmed homosexual achieve self-acceptance, provided their relationships are restricted to adult partners. Conversely, other authorities maintain the strict position that all homosexuals are emotionally disturbed and require treatment, arguing that they are inevitably haunted by a sense of guilt, even if that feeling is deeply repressed in certain individuals.

## 7. Further Reading

- Bender, L., & Paster, S. (1941). Homosexual Trends in Children.
- Bieber, I., et al. (1962). Homosexuality: A Psychoanalytic Study of Male Homosexuals.
- Freud, J. (1960). Conditioning treatment of male homosexuality.
- Kallmann, F. J. (1953). Heredity in health and mental disorder.
- Kinsey, A. C. (1948). Sexual Behavior in the Human Male.
- Kinsey, A. C. (1953). Sexual Behavior in the Human Female.