

**Courage Ministry**  
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**An overview of the reasons and causes of same sex attraction**

**Introduction:**

In the ministry of Courage it is important to keep up with the researchers, scholars, writers, therapists and commentators who provide *a consistent ethic* and occasionally develop new insights about same sex attraction. This appreciation allows Courage to deliver wholistic and fruitful pastoral care to men and women who have unwanted same sex attraction and decide to live according to the sacramental life and morality of the Catholic Church.

A recent paper by the Dutch psychologist Dr J.M. Gerard van den Aardweg in the *Linacre Quarterly* 78(3) August 2011 pp 330-354 entitled *On the Psychogenesis of Homosexuality* provides an updated account of the factors of how one might develop same sex attraction. It is a sombre work that questions and deeply challenges societal perceptions and myths: a myth which van den Aardweg calls “a modern mythology masquerading as science.”

**Current opinion**

The two prevailing opinions are that there is a genetic cause for same sex attraction and that there is an inborn cause, which has been undiscovered at the moment. Van den Aardweg’s view is that both views are untenable - “the overwhelming evidence points to psychology, ie. the psychological life history, childhood, adolescent experiences family and peer relationships.”

Because the biological view is so pervasive in society, the gay lobby with its ideology and activism has been extraordinarily influential in socially normalizing same-sex behaviours and relations. (See Courage article 4 of March 2000, *Accounting for the Hope within Courage*, where I show this influence in my Parish). Interestingly though a lesbian activist in 1994 wrote “We should be aware of the potentially intermingling of gay activism with science, which produces *more propaganda than truth*. In other words, people are misled.” (fn.4)

Unfortunately any contrary viewpoint is considered taboo. Many publishing houses and professional journals reject the work of reputable workers and therapists who assist men and women with unwanted same sex attraction.

**Van den Aardweg’s thesis or counterpoints**

Van den Aardweg makes a very thorough and studious investigation of many of the current popular viewpoints and the arguments purporting to support the biological concept of same sex attraction. He dismantles their premises and reveals that the widely acclaimed data is not substantiated by further study and work. He makes three assertions:

1. “No hard evidence for the existence of genetic or otherwise ‘biological’ causes of homosexual tendencies has been found.
2. “‘Indications’ of physical correlates reported in some publications either turned out to be ‘one day butterflies’ which could not be confirmed in subsequent investigation or may equally or better fit a psychological explanation.

3. “ There is a well-established and consistent body of evidence pointing to psychogenic, not physical, origins.

In 1993 Byne and Parsons in their classic study found that ‘there is no evidence... to substantiate a biologic theory.’ In a follow up study in 2009 they were able to confirm ‘that our understanding of the biological underpinnings of homosexuality has not progressed much.’

### **Twin study and research**

Much has been made of many twin studies. Quite a number of researchers have tried to prove the biological factor by showing a high positive correlation of same sex attraction among twins. T. R McGuire in his article: *Is homosexuality genetic?* In the Journal of Homosexuality 28 (1995) 139 states “ the fact that biological and adopted brothers show the same incidence of homosexuality strongly suggests that it is entirely environmental in origin.”

While van den Aardweg makes important conclusions in his exhaustive study of twins, it is too technical for this article. If interested in further study access the information contained in footnotes 13-23.

### **Genetic links and neuroanatomical factors**

D.H.Hamer in 1993 produced a well known study claiming to indicate a genetic link for SSA. The supposed link has not been able to be replicated by researchers. The famous French geneticist, Jerome Lejeune, the discoverer of the gene causing Down syndrome, in a letter to van den Aardweg stated that Hamer’s study ‘was a tempest in a tea cup’ and methodologically deficient. He went on to say that “were it not for the fact that this study is about homosexuality, it would never have been accepted for publication.”

Another study widely reported was by LeVay in 1991. He tried to assert that neuroanatomical links were evident in the hypothalamic nucleus (INAH3) of SSA men who had died of AIDS. However Byne et al., noted that the nuclei of both heterosexual male drug users and homosexual men who died of AIDS “contained the same number of neurons.”

Given that the media and the gay lobby frequently report these ‘breakthroughs’ as fact it is important to question their general acceptance by society

### **Gender conformity versus gender non-conformity**

Gender non-conformity means a person has attitudes normally displayed by the opposite sex. Men with same sex attraction will have feminine tendencies and the women with same sex attraction will have masculine tendencies. Of course all people do have some degree of feminine and masculine attributes.

For the pre-homosexual boy it may be the absence of masculine traits rather than the feminine traits that is the stronger and most influential variable for a future homosexual orientation in adulthood. (See footnote 48 “Even extreme sissyness in boys does not automatically lead to homosexual interests in at least 30 percent of cases.’)

It seems that a significant common denominator among pre-homosexual boys is their avoidance of physical fights, their non-participation in sport, not daring in their activities and being afraid of physical injury. Van den Aardweg calls this ‘masculinity avoidance’.

He considers that for pre-lesbian girls there is a comparable situation. “A degree of ‘tomboyishness’ characterizes the majority of them, yet only a minority of girls known as tomboys develops lesbianism.” There is an underdeveloped femininity, a deficient feminine softness and a lack of feminine self-confidence, resulting in femininity avoidance rather than masculinity as such.

### **Parental influences**

Van den Aardweg reports that a large number of men “with SSA report childhood emotional distance from their father, and/or disturbed father relationships, or paternal absence.” There seems to be in most a lack of father-son confidentiality and positive paternal influences. For many the absent father figure meant an overdependence on the mother.. “The net effect of such parental upbringing was insufficient behavioural and mental masculinisation and/or inhibition of boyishness and maleness. Habits were formed such as physical fearfulness, over-sensitivity, lack of firmness, softness to self, lack of initiative, submissiveness, over-docility and primness, over-domesticated behaviour, infantility and naivety, behavioural inhibition, or narcissism and superiority ideas.” In some cases the boy was not treated as “a real boy” and the girl not valued as “a real girl.”

Not all instances of SSA fit the somewhat stereotypical pattern outlined by van den Aardweg. Obviously, every one has their own individual story and narrative to tell. While parental factors do not directly cause SSA the factors mentioned above can and do pre-dispose one to SSA.

### **Peer Group influence**

So many pre-homosexual children had the pain of not belonging to a peer group. So often they felt that they were outsiders in their same sex peer group, and the boys could not cope with other boys, had few friends and were basically ‘lone wolves.’ The girls could not find any real friends around the time of puberty.

“The crucial experience of *not belonging* to the world of same sex peers is traumatic. It engenders the self-view of *gender inferiority* and accompanying feelings of loneliness and *distress* or *grief*. In early adolescence and adolescence, this not belonging fuels a *longing to belong* to the same-sex community. And this may give rise to homo-erotic friendship fantasies.”

### **Gender Inferiority**

Experiences with peers may catalyse feelings of gender inferiority or gender non-belonging. For example, “the adolescent may self-compare with a brother or sister who is “quite the opposite of me”. Being or feeling rejected, bullied, or teased by siblings or same-sex peers is another way of developing gender inferiority.

Another factor in predisposing to gender inferiority feelings, allied to predisposing parental attitudes involves illnesses and handicaps, physical or psychological.

“The periods of pre-adolescence and adolescence are crucial for the development of SSA.” If an adolescent feels inferior, excluded, locked out and lonely, the person may develop a heightened sense of self-pity, which may lead to self-dramatization and self centred behaviours. Van den Aardweg claims that these behaviours become ‘like a second nature, a second personality. “an inner child ( or adolescent)”. The consequences of such behaviours means that ‘emotional maturation is more or less severely hampered...’ A significant result is that “the core of homosexual love is immature self-love; the friend /partner must love *me* before anything else. That is part of the explanation of the instability and utopian character of homosexual affairs.”

The inferior feelings of the male leads the man to admire his own felt deficiencies in the preferred partner, such as large penis, popularity, boyish mischievousness, muscularity, beauty. While in the case of women, traits of feminine softness, and graciousness are longed for.

### **Is SSA an element of neuroticism?**

Van den Aardweg does not mince his words about this controversial element within SSA men and women. He points to three sources of evidence which reveal elevated scores of neuroticism: a) The two frequently used Eysenck personality tests, b) R.P. Cattell's indices on the Sixteen Personality Factor Questionnaire, and c) the Minnesota Multiphasic Personality Inventory. (fn 72-75). Van den Aardweg asserts that 'biographies and autobiographies of persons with SSA invariably picture a lifestyle burdened by above average emotional pathology from youth on, most conspicuously if the person embraced a gay lifestyle.'

In footnote 82 he writes that he finds 'no exception to this rule.' Entering into a gay lifestyle leads to a pervasive personality deterioration, emotionally and morally. He believes the tendency to self-pity and self-dramatization may feed discontentedness, negativism and grumpiness which leads to either overt or covert complaining. For some who then complain about oneself, one's life, or others results in what is 'typical of many neurotic syndromes other than SSA [and] feeds the longing for same- sex affection.'

### **Conclusion**

In the next article I will comment on the last part of Van den Aardweg's paper where he describes the effort by therapists and others on the issue of change and diminution of unwanted same sex feelings. I will also reflect on my own experience of assisting at least fifty Catholic men and women over a period of fifteen years.

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