

MALE HOMOSEXUALITY : A PSYCHIATRIC STUDY OF THIRTEEN CASES¹

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SUMMARY

13 male homosexuals who approached us for treatment were studied. They came from unusual family back-grounds, had early homosexual experiences which were repeated and later became pleasurable. They showed a variety of homoerotic activity. Belonging to a marriageable age group, the social disadvantages of their homosexual behaviour prompted them to seek treatment. It was observed that early childhood experiences are important in the causation of homosexuality, early channelization of the sexual drive or to objects of the same sex by homosexual seduction and subsequent habituation also played an important part.

In India, homosexuality was not a condemned mode of sexual gratification when the temple sculptors of Konark and Khajuraho were depicting it in stone for all posterity to see. Today the attitude of the law and the heterosexual majority towards this condition creates a stress situation preventing normal integration of homosexuals into the community. Added to this is the onus of heterosexual marriage which is so much a social-law.

However, there has also been in existence since centuries the system of "Hijara" or Eunuchs. Sociological studies (Idnani, 1970; Nerurkar, 1971; Goswami, 1973; Phulwar, 1967) reveal that many people living in these organized hijra communities practice male homosexual prostitution. Some members of this community were found to be permanently attached to prosperous male homosexuals who took care of their financial needs. Thus the practice of male homosexuality finds an outlet in this isolated and ostracized community.

We are presenting here a psychiatric study of thirteen male homosexual patients approaching us for treatment of their sexual anomaly.

MATERIAL AND METHODS :

All male patients attending our Psychiatric Out-patient Department at the K.E.M. Hospital, Bombay, diagnosed as suffering from homosexuality as defined by the I.C.D. 9 of the W.H.O. by two consultants independently were taken up for the study.

Clinical, demographic, personal, family and social data was collected on a standard semi-structured proforma, patients were subjected to a thorough psychiatric examination and underwent the Rorschach and M.M.P.I. tests.

RESULTS AND DISCUSSION :

Sociodemographic data :

Our sample of 13 male patients were between 17 and 28 years of age. The mean was 23.5 years. Since these patients were motivated for treatment it is interesting to note that all were of a marriageable age by the usual Indian standards.

Females probably do not seek help for social reasons. Also female grouping together is more accepted within the community and their homoerotic activities like helping each other during bathing are virtually ignored.

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Occupation-wise 5 patients were holding white-collar jobs, 5 had blue-collar jobs, 2 were students and 1 was a free-lance commercial artist. Our 13 patients covered the total range of economic classes with per capita income varying from Rs. 100/- p.m. to Rs. 1000/-p.m.

Seven patients had been through secondary school, four were graduates and two had post-graduate qualifications.

Thus this sample of 13 patients is a very selective sample of homosexuals seeking help in a general hospital due to which various psychological observations can not be generalised.

PERSONAL AND FAMILY DATA :

Birth order

Four patient had the exception of being the youngest and four others were only sons. Two were second in birth order and two were third in rank. One patient was the eldest and only male child. Slater (1962) found that homosexuality was significantly greater in the younger children. Our findings seem to suggest that exceptional positions in the family may have some contribution towards homosexual behaviour.

Paternal loss and personality of father

Four of our 13 patients lost their fathers before the age of six. One reported death of father between six and eighteen years of age. Besides these five who were separated from their father by death, two others reported physical separation from their father before the age of six and four others remembered their father as strict, punitive, aggressive individuals. Only two patients reported a normal father-son relationship. Thus eleven of 13 patients appear to have been deprived of a father figure in childhood.

Thompson Jr. et al. (1973) found that male homosexuals reported more hostile, detached fathers compared to heterosexual controls. Freund et al. (1974) reported

significantly poorer father-son relationships among homosexuals. Freund et al. (1974) found unreplaced loss of father before the age of five approaching significance among homosexuals when compared with heterosexuals. Our findings appear to be in agreement with these studies.

Maternal loss and personality of mothers

Only one of our 13 patients lost his mother before the age of six. Five patients were obviously over attached to their mothers who were described as warm-hearted considerate, over-anxious and over-protective. The classical description in western literature is that of a close-binding, seductive mother who dominates and minimizes her husband (Marmor, 1975). Maternal death was a rare event in Freund's (1974) controlled study also. Thompson Jr. et al. (1973) and Freund et al. (1974) observed close-binding mother among male homosexuals. Thus our observations indicate the presence of an unusual family background in childhood. Analysts have stressed the abnormal situations in childhood which could lead to heterosexuality being perceived as a threat. They feel that homosexuals develop a marked fear of female genitalia in childhood (Fenichel, 1945). Analysts now view homosexuality as a much more complex configuration of unconscious drives and defensive processes (Lechmann, 1975).

Physical & Psychiatric examination findings

All 13 patients had well-developed secondary male sex characteristics, genitalia and no associated physical anomaly was seen.

Our patients showed no clinical evidence of hormone deficiency and this is in keeping with other workers who have found either raised testosterone levels or no differences when compared to normals (Doerr et al., 1976; Brodie et al., 1975).

On enquiry none of the patients expressed any doubts regarding his male identity. When informed about sex-change procedures none of the 13 expressed any desire for a sex transformation.

Other sexual deviations like exhibitionism, transvestism, fetishism were not found to be co-existing. Two patients had cross dressing behaviour upto the age of 10 years but had no preference for cross-dressing beyond that age. One of these patients used make-up materials like lip-stick and mascara at that age.

The Rorschach and M.M.P.I. tests showed a wide spectrum of responses and profiles but were not diagnostic of any psychiatric condition. The clinical diagnosis was homosexuality in all cases and no additional diagnosis was made.

The absence of any other psychiatric morbidity in our patient population is in agreement with Sahgir *et al.*'s (1970) controlled study. Lachmann (1975) interprets the occurrence of the homosexual deviation in isolation, as a successful defensive walling off by the ego of the sexual life of a person from the non-sexual areas of functioning. Thus sexual functioning may or may not reflect or indicate other psychological difficulties of the individual.

Type of Homosexuality

According to Willis' (1967) classification of homosexual acts resulting in orgasm into Exploratory, Constrained, Facultative and compulsive types, all our patients fall into the compulsive group being able to achieve orgasmic gratification only with a male partner. On the Kinsey scale the patients were rated between 4 and 6 indicating predominant or exclusive homosexuality.

Since the Rorschach and M.M.P.I. tests had no personality patterns to offer, a clinical personality assessment was made which showed the patients to have a wide variety of personality traits ranging

from the shy and timid to the bold and aggressive.

Five patients had effeminate gestures, mode of speech and a liking for sewing, knitting and doing household chores usually done by women. Significantly more feminine traits were seen in male homosexuals by Thompson Jr. *et al.* (1973) also.

Onset progress of homosexual behaviour

Eleven patients had participated in homosexual acts with partners by the age of 20 years. Two were seduced by adults before the age of 10 years and seven others before the age of 15 years. The first homosexual contact was resisted and indulged in only reluctantly by the patients. But after this early homosexual seduction repeated exposures followed and a preference for homoerotic activity developed. The role of early homosexual seduction has been emphasized by Van Den Aardweg (1972) and Roeler and Deisher (1972). Learning theorists view this sequence of events as the establishment of a learned maladaptive pattern of behaviour.

This homoerotic activity had been present in our patients from 2 to 19 years before they felt distressed enough to approach for treatment. In 8 (61%) of our patients the duration of homosexuality was between 10 to 15 years.

Current financial, occupational and interpersonal problems were not considered to be of any significance by patients. The distress which motivated them to take treatment, was the consequence. Guilt regarding the deviation, need to hide the deviant behaviour, a constant feeling of being different from others, difficulty in finding partners and inadequate sexual gratification were present in all our patients to varying degrees.

Homosexual practices and behaviour:

Homosexual fantasies with and without masturbation, mutual mastur-

TABLE 1. *Showing Homosexual Practices*

	No. of patients n=13
1. Homosexual fantasies.	13
2. Masturbation with homosexual fantasies.	13
3. Mutual masturbation.	11
4. Active anal intercourse.	8
5. Passive anal intercourse.	8
6. Steady homosexual partner.	2
7. Fellatio.	1

bation, active and passive anal intercourse were the usual homosexual behaviours seen. Fellatio was practiced by one patient and another was eager to have fellatio performed on him but none of his partners had obliged. Two of our patients had no physical contact with other males. Their deviation being restricted to masturbatory fantasies. Two patients could be called bisexual with a predominance of homosexual activities and fantasies. Four others had attempted heterosexual intercourse without success. Six of our patients had indulged in homosexual activities with more than two partners. Two patients had steady homosexual partners with whom they had developed an emotional attachment. Another patient desired to settle down with a suitable homosexual partner but had failed to find a suitable match.

Most patients relied on casual acquaintances for sexual gratification. Cinema houses, local trains, railway platforms and bus-stops were the usual haunts where such relationships were established. Public urinals were not mentioned as places for contacting homosexuals. Mutual masturbation with willing strangers in cinema theatres while the show was in progress was reported by two patients.

The dominant attitude towards women was one of indifference. No patient expres-

sed any fear, hatred or disgust for the opposite sex. Except for three shy and timid patients the rest were not lacking in social skills with respect to women.

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