Born Gay?

Can a person be born gay?

Answer: In 1996, The Advocate, a gay and lesbian magazine, asked readers what they believed the potential impact would be to the advancement of gay and lesbian rights if a scientific discovery is made that proves a biological basis for homosexuality. About 61 percent of the magazine readers asserted that such scientific research would advance the cause of gays and lesbians and lead to more positive attitudes toward homosexuality. For example, if one can be born gay, much like being born with blonde hair or brown eyes, then a fair society could not possibly condemn such an individual as being unnatural or immoral. To that end, gay activists and the liberal media have actively encouraged and pushed the idea that homosexuality is inherited and unchangeable, and researchers have diligently sought the scientific evidence to back up that claim. Unfortunately for the pro-homosexuality movement, the vast research on this subject has failed to establish any scientific evidence that shows a purely genetic basis for homosexuality.

The controversy began with the work of Simon LeVay, M.D. in 1991, when he noted differences in the brains of 41 cadavers between homosexual versus heterosexual males. The hypothalamus, an area that is believed to regulate sexual activity, was smaller in homosexual males than heterosexuals. Although Dr. LeVay believed the brain differences proved the biological basis for homosexuality, he failed to consider a variety of reasons, other than genetic, that the brains were different. First, all 19 of the homosexual cadavers had died of AIDS, a disease known to affect the neurological system. Second, scientists who have studied the biochemistry of brains know that the way a person thinks affects the way his brain functions, specifically the neurochemicals released in the brain and the way certain pathways grow and change. Could the structural brain differences have started with the differences in thoughts between homosexuals and heterosexuals, not with genetics? Third, there is no proof that the hypothalamus size had any association with homosexuality, either as a cause for it or a result of it.

In 1993, Dean Hamer made the astounding claim in his research that there may be a gene for homosexuality. His team of researchers began a series of gene linkage studies, in which families with several homosexuals underwent genetic analysis to determine if any chromosomal variants could be found in the family and if the variant correlated with those individuals who displayed the homosexuality. Although Hamer's study sample was very small, he found a significant linkage between gays and a marker on the maternal X chromosome, Xq28. Additional studies with larger sample sizes had conflicting results in the linkage to Xq28. Additional proposed linkages have been reported for 7q36, 10q26, and 8p12. Thus far, these linkages have been hypothesized but not validated.

Do these genetic linkages mean that homosexuality is an inherited trait? This information suggests that there are heritable characteristics that may be common among homosexuals. Associated characteristics do not necessarily mean that there is a causal link. To illustrate this point, if one conducted a genetic study among professional athletes, it would probably be determined that a significant percentage of these stars shared certain genetic sequences. One might erroneously conclude that these genetic sequences mean that engaging in professional sports is a heritable trait. However, a closer look reveals that the sequences code for increased athletic ability, speed, agility and strength. People who have these traits may naturally gravitate to or be encouraged toward playing professional sports. Although athletes share these traits in common, being a professional athlete itself is not heritable. The environment in which an individual grows up and the choices that he makes influence the ultimate career path.

Research indicates that there are some statistically significant physiologic differences between homosexual individuals and heterosexual individuals. For example, homosexuals are more likely to be either ambidextrous or left-handed. Homosexuals also emit different underarm odors than heterosexuals. Gay males more commonly have counterclockwise hair whirls and increased ridge density in the fingerprints on the left pinkies and thumbs. The gene linkages could code for any of these findings. A significant point to note is that the variance in Xq28 that has been linked to homosexuality can occur in heterosexuals and may not occur in some homosexuals. Hamer, himself, in an interview in Scientific American, when asked about a sole biologic root for homosexuality, stated, "From twin studies, we already know that half or more of the variability in sexual orientation is not inherited."

There are many scientists, psychologists, and researchers who cite environmental factors as major contributors to homosexual feelings. They strongly believe that in the first few years of life, negative early childhood experiences in an unloving or non-supportive home environment are a critical part of this process. Common elements seem to be an emotionally withdrawn or physically absent father and an overbearing, fawning or over-protective mother. In many cases, there may be reports of physical, sexual or emotional abuse. Disruption of gender identification may contribute to the development toward homosexuality. This process begins between ages two and four. During this phase, children move from their primary connection with the mother to seek out deeper attachments with the parent of the same gender. For males, the relationship between a boy and his father is the primary means of developing a secure gender identity. As a father and son share time together, the father expresses his value and interest in the son, and gives to the son a sense of masculinity. The boy begins to develop a sense of his own gender by understanding himself in relation to his father. Conversely, a mother who is distant, abusive, or physically absent or a mother who is viewed by the daughter as being too weak (such as when the mother is abused by males) may disrupt the identification of the daughter with being feminine.

Peer attachments with same-sex friends also play a role in developing gender identity. Eventually, after years of interaction and bonding with same-sex peers, children enter puberty and begin to pay attention to the opposite sex. When this natural process is disrupted, it feels very natural for a child to love and crave the attention of the same-sex. When children with certain temperaments initially perceive rejection of the same-sex parent, they detach and bond with the other parent. They begin to adopt the patterns and attributes of the opposite sex. However, there is always a longing for a connection with the same-sex parent, love and affirmation from the same gender. These children believe that they were born that way, having craved the love and attachment with the same-sex parents for as long as they can remember. It begins as an emotional craving, not a sexual craving. It reflects a legitimate need for non-sexual love, an emotional need that ultimately becomes sexualized as they enter puberty.

Most researchers have concluded that sexual orientation is a complex, multifactorial issue in which biological, social and psychological factors combine to play a role in the ultimate sexual orientation of an individual. According to Julie Harren, Ph.D., the formula for this interplay between factors might be represented by the equations:

--Genes + Brain Wiring + Prenatal Hormonal Environment = Temperament.

--Parents + Peers + Experiences = Environment.

--Temperament + Environment = Homosexual Orientation.

When reviewing the collective evidence in an adult twin study involving 7600 twins in Sweden, genetic factors explained between 18 and 39 percent of the sexual orientation choices, while 61 to 66 percent of sexual orientation choices stemmed from the individual environment. Environmental factors included prenatal and perinatal experiences, physical and psychological trauma, sickness or disease, violence or abuse, peer group influences, and sexual experiences. According to researcher Simon LeVay, whose work started the whole genetic discussion regarding homosexuality, "At this point, the most widely held opinion is that multiple factors play a role."

Although it may be easier, psychologically, for a homosexual to believe that homosexuality is inborn, the accumulated scientific evidence suggests that most cases are not solely the result of genetic determination, hormonal disturbances, or chromosomal aberrations. Homosexuality is determined outside of the womb. For those who are unhappy with their lives as homosexuals, this truth offers hope for change, if they desire it. Clinical experience has shown that some individuals can change learned responses and defense mechanisms to early painful experiences with help.

Homosexuals are precious souls to God, for whom Christ died. God loves persons of all sexual orientations, just like He loves all sinners. The Bible says, "But God commends His love to us, in that while we were yet sinners, Christ died for us" (Romans 5:8). Jesus Christ "is the propitiation for our sins: and not for ours only, but

also for the sins of the whole world" (I John 2:2). The gospel of Christ "is the power of God for salvation, to every one that believes" (Romans 1:16). In Christ alone, we find the definitive source for healing, restoration, forgiveness, and comfort. He is the way by which we can all experience the affirming, unconditional love, value, and acceptance of our Father in Heaven.