

# The “Gay Gene” Is Born

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**B**IOMEDICAL research and speculation into the etiology of same-sex attraction burgeoned in the mid-nineteenth century and were the foundation of our contemporary notion of homosexuality. The matters of “sodomy” and “pederasty” have, of course, been discussed since antiquity and have been the object of legal, religious, and literary texts. However, the idea that same-sex eroticism (what we now refer to as “homosexual orientation”) is a distinctive psychic condition was elaborated in Victorian medical writings. Nevertheless, today’s American general public most probably perceives the biology of homosexuality as a discovery of the past two decades.

In this essay, I will not examine the scientific merits of current biological research on homosexuality. I am far more interested in the zeal exhibited by scientific researchers and the gay public alike for the biologization of homosexuality. I will focus particularly on male homosexuality, which has also been the object of the most intense biomedical scrutiny since the 19th century. I suggest that it is the evidence of personal experience or the subjective phenomenology of homosexuality that bolsters credence in scientific data that, for over a century, has been extremely tentative at best.

As an example of this, let me start with the sexual hypotheses of Karl Heinrich Ulrichs (1825-1895), a German lawyer who was one of the earliest writers to explore the biological origins of “same-sex love.” In a series of twelve pamphlets published between 1864 and 1879, Ulrichs developed scientific theories to explain his own psychosexual constitution. Initially, his work relied entirely on educated speculation; however, his later writings drew on a growing number of German scientific articles, which themselves were informed by his first publications.

Ulrichs baptized himself and other men like him as “Urnings.” The central characteristic of Urnings was that they had a female soul in a male body (*anima muliebris virili corpore inclusa*). In his second pamphlet, *Inclusa* (1864), Ulrichs wrote: “Our character, the manner in which we feel, our entire temperament is not masculine, it is feminine. We only act male. We play the male just as an actress plays a man on stage. ... It is impossible for us to transform our female instinct into a male instinct.” It was this intrinsic female psyche that explained his attraction to men. This model of psychosexual inversion quickly took root in the medical literature (and has never left).

Equally important to Ulrichs was the fact that this feminine

temperament was evident from early childhood and therefore indicated that “uranism” was congenital (in *Inclusa*):

This outwardly recognizable female essence I call the female habitus of the Urning. ... The female habitus is quite particularly in us in our childhood, before we have been reared into an artificial masculinity. ... The Urning shows as a child a quite unmistakable partiality for girlish activities, for interaction with girls, for playing with girls’ playthings, namely also with dolls.

He was not aware at this point that one medico-legal expert had already suggested some cases of “pederasty” might be of congenital psychopathic origin (Casper 1852). Ulrichs was familiar, however, with embryological work showing that male and female gonadal morphology developed from an indifferent gonad. This was interpreted as a manifestation of the hermaphroditic or “bisexual” nature of the embryo. Other studies had also begun to explore how the actual varieties of hermaphroditism developed. Ulrichs hypothesized that, just as there must be germs (*Keime*)

that determine the male or female development of the genitals, there might be a germ that determines the direction of the sexual drive. (He was writing, of course, before chromosomes or genes had been identified.) Urnings were just a variant of nature in whom germs for the genitals and the sexual drive had crossed, creating a “third sex.” As he became familiar with lesbians and a variety of other psychosexual manifestations, Ulrichs’s model

became more convoluted. However, he remained certain of the congenital nature of same-sex love or “homosexuality” (as it was called for the first time in 1869).

The purpose of Ulrichs’s publications was explicitly political. He strategically relied upon science and its enlightened objectivity as a weapon against outdated laws, religious orthodoxy, and social prejudice. Uranism was inborn, biological, and irrepressible, he claimed. Therefore, it should no longer be viewed as immoral or criminal. Armed with this argument, he battled relentlessly against German antisodomy laws. His reliance on biological explanations was certainly tactical, but it was also fueled by his personal experience and that of many homosexual informants who insisted that the same-sex love drive was congenital.

During the period in which Ulrichs was publishing his pamphlets on Uranism, German neuropsychiatric and forensics experts were also beginning to discover the phenomenon of “contrary sexual sensation” (*conträre Sexualempfindung*) (Westphal 1869). By the end of the 19th century, case studies of sexual inversion had multiplied in the European and American medical literature. These relied on the prevalent techniques of the time: anthropometrics, detailed family medical and psychological histories, and patient histories. The dominant etiological hypothesis

The idea that same-sex eroticism (what we now refer to as “homosexual orientation”) is a distinctive psychic condition was first elaborated in Victorian medical writings.

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was that “true” sexual inversion (as opposed to the opportunistic homosexual activity of prisoners, soldiers, and monks) was a congenital neuropsychiatric disorder resulting from degenerate heredity (Krafft-Ebing 1877). Retaining the assumption that inversion was a form of psychosexual hermaphroditism, physicians searched, at times desperately, for somatic, behavioral, or psychic stigmata of effeminacy.

Critiques of this model arose at the time from medical professionals as well as homosexual subjects, who increasingly volunteered their own histories to sexologists. They identified numerous problems with the existing evidence and models for the biological basis of homosexuality, yet the congenital hypothesis remained enormously seductive. Take, for example, one homosexual informant’s anamnesis from the turn of the century. E. S., a fifty-year-old physician, sent British sexologist Havelock Ellis a lengthy confession that was included in Ellis’s and John A. Symonds’s controversial 1896 monograph, *Sexual Inversion*. Doctor E. S. simultaneously tried to recollect, make sense of, and defend his “sexual inversion”:

I have some reason ... for believing that some of my relatives (on the paternal side) were not normal in their sexual life. ... A great proportion of my near relatives have remained unmarried or deferred marriage until late in life. ... Long before puberty—which was early with me—I remember being greatly attracted to certain boys, and wishing to have an opportunity of sleeping with them. ... Looking back now, I feel perfectly certain that my instincts were wholly homosexual from the very first. ...

As a medical student, the first reference bearing definitely on the subject of sexual inversion was made in the class of Medical Jurisprudence, where certain sexual crimes were alluded to ... as manifestations of the criminal depravity of ordinary or insane people. ... I felt that this teaching must be based on some radical error or prejudice or misapprehension, for I knew from my own very clear remembrance of my own development that my peculiarity was not acquired, but inborn; my great misfortune undoubtedly, but not my fault.

Dr. E. S. alludes to theories of “acquired inversion” that proposed it was the result of perversions in child rearing (e.g., masturbation by nannies, seduction by adult pederasts, the negligence of feminist mothers, or the poor example of effeminate fathers). However, he scrutinizes his family tree for traces of homosexual heredity. His recollections of even the earliest erotic inclinations point to a deeply felt etiology. And his poignant conclusion indicates how it is the evidence of experience that for him is the ultimate proof and defense of his congenital sexuality.

Dr. E. S.’s case history provided ideal data to support Ellis’s own loosely formed theory of the origins of homosexuality. Ellis’s views were certainly colored by his personal familiarity with many homosexuals—including his co-author on *Sexual Inversion* and his own wife, Edith Lees. Ellis described homosexuality as “abnormal” (literally, not the norm) but not pathological. He supported the theory that all people had a somewhat hermaphroditic physiology from birth and undifferentiated sexual feelings until early puberty (cf. Dessoir 1894). He felt that attempts to distinguish between acquired and congenital homosexuality were senseless, and that the only useful classification system of sexuality was a simple tripartite, descriptive one: heterosexual, bisexual, and homosexual.

By 1915, he presented the question of the nature of homosex-

uality as fully resolved: “It may now be said to be recognized by all authorities, even by Freud who emphasizes a special psychological mechanism by which homosexuality may become established, that a congenital predisposition as well as an acquired tendency is necessary to constitute true inversion” (Ellis 1915). He was being somewhat disingenuous, since the origin of homosexuality was still controversial, and he particularly disagreed with psychoanalytic formulations. Later in the monograph, for example, he ridiculed analysts who approached patients with a pre-existing theory and then scoured the patient’s history to find traces that matched the model. He was particularly critical of Freudians who believed that the mechanism of homosexuality was purely psychic and therefore amenable to treatment by psychoanalysis. Ellis instead argued that homosexual predisposition was congenital and determined organically as a result of the balance of sexual hormones. Again, it should be pointed out that, like Ulrichs, Ellis was first writing before the identification of chromosomes or sex steroids.

Given his conviction that inversion was an organically and psychically rooted variation of nature, he was deeply skeptical of all attempts to cure it. He was, however, keenly aware that the invert “is the victim of social hostility” that would contribute to the frequency of “nervous conditions” in them. So, although opposed to attempts at a cure, Ellis saw promise in the use of psychoanalysis for “adaptation-therapy”: “There can be no doubt that—even if we put aside all effort at a cure and regard an invert’s condition as inborn and permanent—a large and important field of treatment [through psychoanalysis] here still remains.”

Ellis’s pessimism about curing homosexuality offered Victorian homosexuals a welcome reprieve from therapeutic persecution. Certainly not all advocates of congenitalist models of homosexuality were as sympathetic. Those who pursued hormonal imbalance theories advocated and employed endocrinological interventions to cure homosexuality, and some advocates of genetic explanations proposed eugenic approaches to the “problem” of homosexuality. But not all psychoanalysts advocated curing homosexuals. Freud himself was unusually liberal in this regard. In his “Letter to an American Mother” (1935), Freud explained the value of psychoanalysis for homosexuals in terms not so dissimilar to those of Ellis. Many subsequent analysts, however, insisted that homosexuality was a form of severe psychopathology that could be cured through analysis.

Edmund Bergler was probably the most strident of these, and as Lewes (1988) argues, it is a disgrace to the psychoanalytic profession that Bergler and his sympathizers were allowed to publish their spiteful views. In the face of psychoanalytic persecution, homosexuals regularly turned to congenitalist models in their defense. For example, in the course of one of Bergler’s sessions haranguing a patient, the homosexual analysand objects: “[Y]ou don’t even mention the biological factor of inborn femininity. A homosexual doesn’t have any choice. Nature made him that way.” Bergler’s typical retort is to further belittle the patient and the theory (Bergler 1959). Essentially, Ulrich’s model of congenital psychosexual inversion continued being used in defense of homosexuals, not based on the strength of scientific evidence but because of its resonance with many homosexual men’s existential reality.

It comes as no surprise, then, that many present-day gay advocacy groups, like Parents and Friends of Lesbians and Gays

(PFLAG), and gays (particularly men) have rushed to embrace the new genetic and neurobiological studies of homosexuality that have emerged in the past decade. Current hypotheses still fundamentally rely on the model of congenital psychosexual inversion: congenital gay men have some genetic variation or early embryological perturbation that leads to feminization of critical brain structures, producing effeminate behavior in childhood and a predisposition to adult homosexuality.

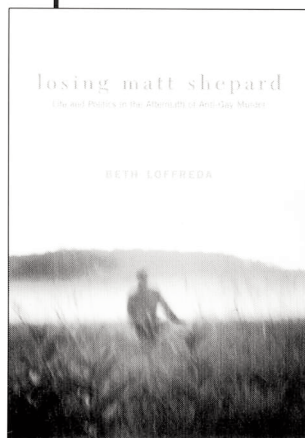
Drescher's case examples in *Psychoanalytic Therapy and the Gay Man* (1998) point out how the congenital model springs up repeatedly from patients. One patient, for example, explains, "I thought I was born gay. I knew I liked to watch guys on TV. ... I think there's a gene that skips a generation. My dad's brother was gay. I think it's genetic." In this patient's formulation of the origins of his sexuality, we hear echoes of Dr. E. S.'s confession to Ellis: family heredity and personal childhood experience are sufficient evidence to support genetic etiology. Other patients provide more eclectic, even internally contradictory, explanations for the biological basis of their homosexuality, but they all rely on the evidence of personal experience to prove that "there is something of nature in there."

The biologization of homosexuality has figured prominently in homosexual men's self-explorations since the emergence of the phenomenon in the medical literature in the 19th century—even when the evidence was scant or circumstantial. Nevertheless, the existential resonance of congenital models for men with early homoerotic attractions has made these biological explanations irresistible for many. Biological explanations of sexual orientation have, in particular, served many homosexuals as personal and public defenses against the social hostility that, as Ellis suggested, are heavily responsible for gay people's psychological suffering. In seizing upon this biological defense as a topic for analysis, Drescher has highlighted a critical avenue for understanding gay men and their psychological adaptation to family and society. He points the way to the fulfillment of Ellis's original hopes for psychoanalysis in the service of gay men.

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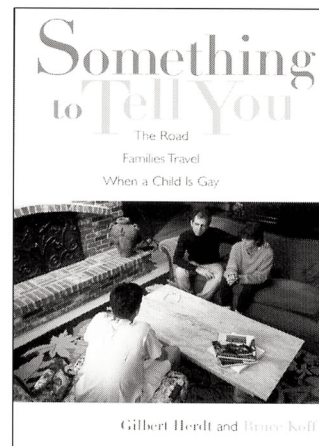
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