Homosexuality And Brain Development

By Sander Breiner, M.D.

Safe homosexual behavior between consenting adults is their own private business. Homosexuals who are interested in therapy have the same rights and opportunities as heterosexuals. This freedom is a key concept in a democracy. It allows people to speak their minds, but not injure another. It also means the freedom to participate in social or religious activities that involve informed and consenting adults, which is not injurious to oneself or others.

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Most adults do not support such freedom for children.

Adults must protect children until they have more mature judgment. Gradually, adults allow and encourage the maturation of their children to adulthood by increasing freedom of behavioral expression, with a protective attitude, so they do not injure themselves, or become injured by others.

All children growing from prepuberty to adulthood normally have doubts about themselves, especially in their social and sexual roles, appearance, and function. Anything that increases their doubts about their acceptability or adequacy as a male or female becomes stressful. Any previous psychological problem makes them more vulnerable.

Anything that contributes to doubts about their social sexual roles can organically/physiologically deleteriously affect their brain development. This should be kept in mind as we explore the anatomy and physiology of the brain and mind of the child in its transition to adulthood.



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Adolescent Brain Development

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Many experts agree that the brain is in a state of constant change during the pubertal stage of humar growth. There are numerous structural changes such as a significant decrease of synaptic density, estroger receptors in various portions of the brain (which are highly sensitive), and there are marked changes in the brain anatomy. While these changes are occurring there is the risk of outside stimuli affecting the balance and possibly affecting the final overall geography of the brain itself.

One result of this extensive restructuring of the brain during adolescence is that early developmental compromises become vulnerable. This means that certain brain regions will become vulnerable to dysfunction due to adverse experiences that have taken place earlier and might be changed from partial resolution to poor resolution by current stresses on the brain restructuring during adolescence (Goldman Rakic, 1983).

Rosso states that there is a close connection between adolescent social anxiety and abstract reasoning. The ability to handle social anxiety increases as abstract reasoning becomes more prevalent through experience (Rosso, 2004). This can be countered by early risk taking behavior which can lead to cognitive impairment,. Silveri indicates that intervention, by a parent or other adult, can prevent poor cognitive and emotional development (Silveri, 2004).

"Children make approximately two to three times the numbers of response suppression errors as adults. There is a rapid decrease in the number of errors with age, with stabilization beginning in mid-adolescence" (Luna, 2004).

There is interesting evidence that puberty onset begins at night with the first surge of sex hormones. Night means sleep, and sleep means dreams. Dreams contain wishes from the "child within," which the child's conscience considers forbidden. This wish, in a more mature form, precedes social behavior. Therefore, as social activity matures, there is increased movement towards adult desires and activity including love and sex.

The brain neurons that produce kisspeptin also carry receptors for leptin (which is produced by fat cells). Kisspeptin moderates this connection. Further, kisspeptin paired with GP R54 helps to regulate heterosexuality past puberty. Any marked stress, including heavy physical or athletic activity and/or significant weight loss will cause a delay of secondary sex characteristics, and the preceding normal neurohumoral heterosexual development.

Therefore, what disturbs the pubertal postpubertal child's self and gender concept, related to their sexual interests and activity, will contribute to difficulty in the complex neurohumoral development as described in the preceding discussion (Vogel, 2005).

McDaniel points out, "There are increased rates of nonlethal suicidal behavior among youth with same-sex sexual orientation. However the suicide attempt rate was higher for those with same-sex orientation with an actual same-sex sexual contact" (McDaniel, 2001).

Discussion

Recently there has been increased literature sent to the nation's schools, prepared by homosexually oriented teachers. This informs the students of their opinion that the students have "legit-imate sexual alternatives." This is part of an extensive political and pseudoeducational program designed to present the concept of homosexuality as a normal and reasonable choice. There is increasing political pressure that this material be made available and promulgated as part of the educational experience.

In view of the preceding important research information about the brain microscopically and neurochemically of children through adolescence, probably up to 22 years of age, parents have cause to be concerned. The white matter of the brain markedly increases in the vulnerable period of 12 to 22 years of age. This means that dendrite arborization is going on at a very rapid rate. Knowledge in every area is exponentially increasing; especially in the social, sexual, selfawareness, and everything encompassed in the concept of maturation. The self concept of the child at 12 is much different and much less sophisticated compared to that of a 22 year old. What is being learned about the social self is anatomically produced in these extensive synaptic connections of the dendrites that make up the white matter of the brain.

In the same period, the neurohumoral hormone axis development

is equally rapidly expanding as part of the extensive dendrite arborization. This effects the entire hormonal and somatic development of the individual child. The complex sexual area is particularly sensitive during this period. There are microscopic and chemical changes especially in the sensitive sexual and secondary sexual characteristic development. Ovarian and testicular growth and function can be stimulated or delayed by the physical and psychological stresses in this period.

How permanent and injurious these negative effects will be varies from child to child, but there will be a negative effect. Therapists, educators, and parents try to avoid and modify the doubts and stress these children might be experiencing related to their being attractive, athletic, or socially/sexually acceptable. Adults can decipher their children's doubts about themselves, and try to help them avoid the pain and stress that would result from any extra stress in these areas.

Children in this age range may express their doubts and insecurities, especially if there are any additional psychological/social problems by moving into a more active homosexual reference. In view of the vulnerability of the developing brain, anatomically, dynamically, and neurochemically; and its effect on the neurohumoral development and functioning, it is obvious that some significant psychological and /or organic injuries could occur. Some of these children will believe they are homosexual and attempt to function more in that reference and social milieu. It is common for these individuals to not recognize their basic heterosexuality until they are adults. At that point in their adult lives their conflicts such as depression and low selfesteem will be more complex with greater difficulties in making social, sexual, and vocational adjustments.

Suggestions to developing children indicating that having homosexual feelings are equivalent to being a hidden homosexual are playing upon their normal doubts about themselves. Since this acts as an additional stress, it will affect their neurohumoral/hormone development, normal dendrite arborization, ovarian and testicular development, and most importantly their selfesteem and contribute to their underlying depression. Presenting homosexuality to children as a normal or reasonable life alternative is potentially physically and psychologically injurious to them.

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References

Goldman-Rakic, P.; Isseroff, A.; Schwartz, M. L.; & Bugbee, N. M. (1983). *The Neurobiology of Cognitive Development. Handbook of Child Psychology; Vol II*, (John Wiley & Sons). pp 281-344.

Luna, B.; Sweeney, J.A., "The Emergence of Collaborative Brain

Function" Annals NYAS, Vol. 1021, pp 296-300. 2004.

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McDaniel, J.; Purcell, D.' D'Augeli, A., "The Relationship Between Sexual Orientation and Risk for Suicide," *Suicide and Life Threatening Behavior*, Vol. 31, pp. 84-104, 2001.

Rosso, I.M.; Young, A.D.; Femia, L.A. & Yurgelun-Todd, D.A., "Cognitive and Emotional Components of Frontal Lobe Functioning in Chilhood and Adolescence," *Annals NYAS*, pp 355362, 2004.

Adolescent Emotional and Cognitive Development, Annals NYAS, Vol.1021, pp 363-370, 2004.

Vogel, G., "A Powerful First Kiss," *Science*, Vol. 309, No. 5734, July 22, 2005.

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