

Bem's Theory of Sexual Orientation: Implications for Treatment and Prevention

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These politically-correct days, discovering a paper which proposes a psychological theory of sexual preference is rare. I was therefore surprised to find Daryl J. Bem's article published in a recent issue of *Psychological Review* (Bem, 1996). This surprise is particularly gratifying when one bears in mind that *Psychological Review* is a publication of the *American Psychological Association*, an organization that often discourages research on homosexuality.

Bem does not claim that his theory is comprehensive. He admits that his developmental thesis "does not describe an inevitable, universal path to sexual orientation, but the modal path followed by most men and women," and that there are "individual variations, alternative paths, and cultural influences on sexual orientation" (Bem, 1996, p. 322). In this paper, I mean to summarize Bem's theory, and examine some of its implications to the issues surrounding the treatment and prevention of homosexuality.

The EBE Theory

Bem assumes that *heterosexuality* is not to be taken for granted as natural; just like *homosexuality*, he says, it needs to be explained. He rejects biological explanations--instead attempting to understand the development of sexual preference within the context of the "optimal level of arousal" theory of human motivation.

According to this theory, people show preference for experiences that elicit a moderate level of arousal in them (Mook, 1987). As applied to sexual preference, the theory contends that human beings are sexually attracted to those whom they have perceived as dissimilar, yet not *too* dissimilar to themselves. This principle applies equally to heterosexual and homosexual attractions.

Bem summarizes the principle underlying the development of sexual orientation in the phrase "exotic becomes erotic" (EBE). Typically, girls and boys play with peers of their own sex. This is due to their differing temperaments and cultural expectations. Consequently, more often than not, children become increasingly comfortable with members of their own sex. As same-sex peers become familiar to the growing child, peers of the opposite sex are commonly deemed dissimilar and exotic. The exotic, but not the *too* exotic, leads to a heightened but moderate level of arousal, which in turn is transformed into sexual attraction.

The development of *less typical* sexual preferences, such as homosexuality, follows the same EBE principle. Temperament, as well as cultural and other factors, affect the child's preference for certain activities and playmates. Thus, some children prefer activities that are atypical to

their sex. Some girls, for example, prefer rough-and-tumble play more characteristic of boys, whereas some boys prefer quiet activities and socializing more characteristic of girls. These gender-nonconforming children are led to construe themselves as different from their same-sex peers. Consequently, same-sex peers become mysterious and exotic to them. The unfamiliarity and mystique lead to heightened arousal, which later in life translates into sexual attraction.

Bem summarizes his theory in the following chart:

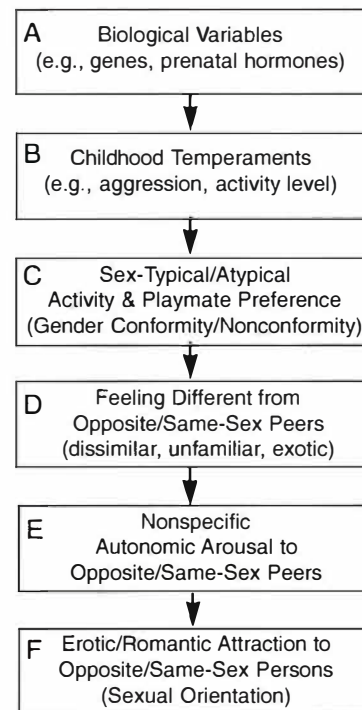


Figure 1. The temporal sequence of events leading to sexual orientation for most men and women in a gender-polarizing culture (Bem, 1996, p. 321).

The Ethics of Therapy

Probably the most fundamental question about conversion therapy with homosexual clients is whether it should be conducted at all. Critics often argue that homosexuality is inborn, as natural as heterosexuality, and therefore should not be treated at all. Others, in defense of therapy, respond with the argument that only heterosexuality is natural, whereas homosexuality is a perversion of nature.

Bem disregards the inflammatory construct of "naturalness," and considers it irrelevant. According to his theory, both homosexuality and heterosexuality are acquired con-

structions, and as such, neither is "natural." Sexual preference is determined not by our genes, but by the way we interact with others, he believes, and the way we feel about ourselves in the context of same-sex and opposite-sex peers. From the point of view of the EBE theory, homosexuality and heterosexuality are neither biological facts, nor moral statements, but rather constructions.

The psychotherapist's responsibility, then, is to help his client understand his or her constructions, to articulate and elaborate them, and to explore the possibility of replacing them with a better and more useful understanding. The ethical questions concerning the treatment of homosexuals are no graver than the questions surrounding the ethics of psychotherapy in general.

It may be fair to ask whether therapists have the right at all to influence the course of development of their clients. Is it any more unethical to help homosexual persons change their undesired sexual feelings, than it is to help stutterers eliminate the anxiety which underlies their undesired pattern of speech? Does the ethics of the treatment of stuttering depend on whether this speech pattern is said to be acquired or hereditary? Obviously, the answer to these questions must be "no."

Homosexuality Need Not be Categorized as a Disorder

Psychotherapists who do not automatically affirm homosexuality are often accused of having branded it pathological, and are therefore deemed homophobic. Bem wisely refrains from categorizing homosexual orientation as a disorder. In fact, one does not have to define a psychological phenomenon a disorder to believe in the legitimacy of its research and treatment. After all, we consider therapy legitimate when applied to numerous nonpathological conditions. Do we have to define test anxiety, bereavement, or stuttering pathological before we treat them? So long as these conditions are disagreeable to the client, we see little problem in applying psychotherapeutic procedures to treat them. One does not have to be homophobic to see validity in therapies which help homosexuals change the construction of their sexuality.

Implications to Prevention

Parents may regard the prospect of homosexuality in their children as undesirable for a variety of reasons. Their reasons may be related to social acceptability, health risks, moral and religious beliefs, or economics. Yet, as therapists we cannot be made judges of our clients' ethics. Those who consult us because they wish to reduce the likelihood that their children will construe themselves as homosexual deserve well-thought-out and well-researched answers.

Peers

"EBE theory predicts that the effect of any childhood variable on an individual's sexual orientation depends on whether it prompts him or her to feel more similar to, or more different from, same-sex or opposite-sex peers" (p. 331). Examining Bem's sequence of events (*Figure 1*)

reveals possible points of intervention which may help the child avoid seeing himself or herself as different from their own sex.

For example, children with nonconforming temperament can be guided in their choice of playmates. As my clients tell me about their homes, it is clear that parents of gender-nonconforming children are often concerned about their children's sexual identity. Anxious parents often try to compensate for the nonaggressive nature of their son by pushing him into competitive activities and aggressive sports. This is often done despite the boy's obvious disinclination and his protest. Casting the child into aggressive situations is likely to be counterproductive, making him feel inadequate in the company of boys. Steering such a child to spend time with boys of similar, quiet temperament is wiser. They are less likely to taunt him, and more likely to accept him. Temperament compatibility will induce more comfortable time for the child, advancing familiarity and minimizing arousal. Associating with nonaggressive boys is also preferable to finding refuge in spending time exclusively with girl playmates. The latter may accentuate his feeling of being different from other boys, and may even bring on other boys' ridicule.

Family

Bem's theory predicts that children who feel alienated from their own sex have an increased likelihood of developing sexual attraction to their own sex later in life. The child's same-sex parent has a special responsibility to help the child feel comfortable within his own sex group. The importance of the father's role in the development of male identity in the child was extensively discussed by Nicolosi (1991). In a close and positive relationship with their fathers, boys are more likely to develop the constructs useful to making them feel comfortable in the company of other boys.

Siblings may also play a significant role in the development of sexual identity in their brother or sister. Aggressive boys, for example, may make a less aggressive brother feel excluded and rejected. The connection between sibling relationship and homosexuality gained support by a recent study which showed that the likelihood of a boy to develop homosexual orientation is correlated with the number of older brothers (but *not* sisters) he has (Blanchard & Bogaert, 1996). By attending to possible consequences of sibling rivalry, parents can help prevent problems from developing in the gender-nonconforming child.

Culture

As a culture, we need to fight prejudice and misconceptions about the sexes and about sexuality. If we broaden the range of what constitutes acceptable behavior for boys and girls, gender-nonconforming children will have an easier time and feel more comfortable with their sex group. If we relax our construction of femininity and masculinity, fewer atypically active girls will feel unfeminine, and fewer gender-nonconforming boys will feel rejected by

members of their own sex.

Thus the redefinition, but not the elimination of the traditional differentiation between male-female cultural roles is recommended. EBE theory contends that we need to maintain a clear sexual differentiation, and to preserve a moderate level of tension and arousal between the sexes. After all, it is this tension or arousal that is being transformed into sexual attraction between the sexes. "Heterosexuality is the modal outcome across time and culture because virtually every human society ensures that most boys and girls will grow up seeing the other sex as exotic and, hence, erotic" (p. 329).

Implications for Therapy

Within the context of constructivist psychology, and following Bem's EBE theory, homosexual men and women are said to develop two discrepant constructions: of themselves, and of others of their own sex. In my practice, I find a consistent disparity between the self-definition of homosexual men on one hand, and their understanding of "what being a man is all about" on the other. Often the homosexual client develops the construct of "a real man" (*vs.* "men like me") and attributes to him exaggerated masculine characteristics. Thus, the client ends up clearly placing himself "out of the league of real men."

In therapy with homosexual men, moving away from homosexuality toward heterosexuality means bridging the discrepancy between one's construction of the self, and that of masculinity. At the conclusion of a successful therapy, the client will see himself as more similar to other men and feel more comfortable with them. The process involves shifting his self-definition closer to his definition of masculinity, and reconstruing masculinity so it is less caricature-like and more achievable. This reconstruction dislodges "real men" from their pedestal. Consequently, men are perceived as familiar peers, and thus less exotic and attractive.

Therapies which emphasize male bonding, such as Nicolosi's reparative therapy (Nicolosi, 1991; 1993), cultivate changes in the client's self-perception. This is achieved through the encouragement of positive nonsexual contact between the client and other men. Within the context of such relationships, the client bonds with male friends. This allows him to feel accepted by them as a male among males. Through the process of identification he increases his feeling of belongingness to his own gender. As an alternative to the limiting construct of "real men," the client finds it more useful to recognize that "there is more than one way of being a man."

Conclusion

The EBE theory of the development of sexual orientation is an interesting contribution to our understanding of homosexuality. One of its major strengths is its parsimony. First, the EBE theory applies a single principle to both homosexual and heterosexual attractions, and to men and

women alike. Second, it embeds its principle in the well-established theory of optimal level of arousal. Third, the theory draws support from a large variety of sources, and dozens of research studies.

Bem's theory also has the advantage of being nonideological. This allows us to free the study of homosexuality from the political controversy that has surrounded it for decades. The EBE theory does not condemn homosexuality; neither does it condone it. It refrains from seeing it as a disorder, yet focuses on the need to explain its development. By circumventing the issue of "naturalness" of heterosexuality and homosexuality, it invites more objective research on the subject.

Admittedly, the EBE theory is not all-encompassing and exhaustive. It surely requires elaboration and enhancement. Thus, tying the EBE principle to the concepts of self-perception and self-construction is essential. It must be broadened to incorporate the body of evidence that deals with sexual identity. For example, it will be useful to explore the relationship between gender-nonconformity and cultural and filial factors, rather than focusing chiefly on inborn temperament.

Overall, Bem's EBE theory is promising, since it is permeable, and is open for further elaboration and development. It provides us with a solid principle which can be further applied to other aspects of sexual orientation and sexual identity.

Last, but not least, Bem's theory has an appeal to those of us who believe in the legitimacy and efficacy of psychotherapy with homosexual clients. The theory supports the notion of reparative therapy, as it sees homosexuality set in one's construction of the self, rather than as genetically determined. As such, it gives therapists a good framework for thinking about the issue of homosexuality, its treatment, and its prevention.

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