PROFILE OF A HOMOSEXUAL IN SINGAPORE

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ABSTRACT

A study was done on 40 homosexual subjects and 47 controls between the ages of 18-19 years, matched for race and age. There was no significant difference in the educational level, and family background of the 2 groups.

But homosexuals had a significantly more unhappy childhood than the controls, were more often reprimanded than physically punished and were often teased by their classmates and called names. They were not overprotected or infantilized by their parents and there was no overclose relationship with their mothers. The majority mixed with effeminate boys, admired a senior person in school and about a third had a physical relationship with this person.

Almost half had been molested when they were young. Less than a fifth had girlfriends. About three-quarters knew of AIDS and of these less than a fifth felt they would give up their sexual practices because of fear of AIDS. The main problems faced by the subjects were confusion about their identity, their desire to find the right partner, relationship problems and difficulties in controlling their impulses.

Keywords : *Homosexuals, unhappy childhood, knowledge of AIDS, confusion about identity*

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INTRODUCTION

Homosexuality is a controversial entity in psychiatry and Meyers[1] considered it one of the most difficult subjects to address, with a great lack of consensus among psychiatrists and others about whether it is a life-style, a preference, an illness, a socio-political movement or a biological preference. Bancroft[2] felt that an important point to consider was whether homosexuality helped in the adaptation of the individual to his environment.

The thinking in the psychiatric community, especially among the Americans who influence the international psychiatric scene with their system of classification of mental disorders, has gradually evolved from considering it a mental disorder to viewing it as part of normal behaviour. Indeed Gadpaille[3] asserted that, "for many people, including many psychiatrists, homosexual behaviour has become more of a sociopolitical issue than a variety of sexual activities that may or may not have clinical relevance". In the Diagnostic and Statistical Classification of Disease I[4] & II[5] homosexuality was considered a sexual deviation but in DSM III[6] the category of homosexuality was replaced by "Sexual orientation disturbance" and homosexuality was deemed a mental disorder only if it was ego-dystonic. In the revised edition ie the DSM III-R[7], the latter category has been removed and there is no diagnosis of homosexuality. However in the index the word 'homosexuality' does appear and this condition is listed under the general heading of "sexual disorders not otherwise specified". In the International Classification of Diseases 9th edition[8], homosexuality is a psychiatric entity and is considered to be a sexual deviation or disorder with exclusive or predominant sexual attraction for persons of the same sex with or without physical relationships. This controversy about homosexuality centres on the issue of what behaviour pattern is pathological and what is normal. Bancroft[9] traced the medicalization of homosexuality - physicians, because they believed that it was incorrect to view homosexuality in the light of badness or sin, accepted that there was an innateness in a behaviour considered to be abominable, concluded that it was an illness, like alcoholism. Subsequently, homosexuality was thought to be due to progressive degeneration, or a throwback to an earlier stage of development. Later, Freudian theory postulated that homosexuality arose out of a castration fear of the father as a result of the Oedipus complex ie love for the mother and wish to possess her, and homosexuals were seen as deeply flawed individuals. Endocrine research also lent support to the 'pathology' view of homosexuals-boys exposed to female hormones prenatally because of threatened miscarriage in mothers were found to be less masculine[10]. In addition, changes in luteinizing hormone as a result of s single dose of oestrogen in homosexuals were midway between females and heterosexual males[11,12].

However criticisms against this medical concept of homosexuality focussed on the issue of what disease was. According to Boorse[13] illness should be a condition that reduced biological fitness or the chance of survival. Ruse[14] argued that although it was true that homosexuals did not reproduce like heterosexuals yet biologically they were not less fit. Even in terms of mental health, well-being and adjustment the second Kinsey report[15] showed that the great majority (70%) were satisfied with their sexual adjustment and about 80% were happy with themselves. Thus homosexuality should not be viewed as an illness, but as an alternative sexual pattern, that had been medicalized, but did not qualify as an illness.

In Singapore, homosexuality is accepted as a diagnostic entity, because the ICD 9 system of disease classification is used. For most doctors no strong feelings have been expressed one way or other, whether the diagnosis 'homosexuality' should or should not retained, no pro or anti lobbies exist and no forums have been held to discuss this issue. However legally, homosexuality is a criminal offence and offenders can be given sentences ranging from 2 years to life imprisonment, depend-

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ing on the charge*. This legal standing probably has not affected the use of the diagnosis of 'Homosexuality' in Singapore as it is not certain how many medical practitioners are aware of this particular section of the Penal Code. In any case, so long as the category of Homosexuality exists in the ICD it is likely to remain as a diagnosable condition.

Little research has been done on homosexuals in Singapore, and not much is known about the patterns of their childhood development, upbringing, relationship with parents, sexual behaviour and problems they face being a homosexual. This study therefore sets out to address these points.

METHOD

A group of 40 young effeminate homosexual males aged 18-19 years who were in training in a big corporation were interviewed. These cases were all subjects known to be homosexuals and all were asked to participate in the survey. None refused. The controls were those attending the same course, matched for age, race and sex, whose names were alphabetically closest to the subject. The instruments used were:

1) A questionnaire that dealt with demographic data, childhood experience, sexual development and knowledge of AIDS and present problems. The areas covered included educational background, occupation of father, whether family was intact or broken, recall of childhood, punishment received as a child, who the main caregivers were, teasing in childhood, attraction to an older person, sexual development, interest in girls, childhood molestation, relationship of molester to victims, homosexual and crossdressing experiences, sexual practices, AIDS awareness and problems faced as a homosexual.
2) Parental Bonding Instrument[16]
   The Parental Bonding Instrument (Parker 1979) comprising 25 self-rating questions is a simple questionnaire that measures bonding between parents and children and requires a respondent to rate the various attitudes and behaviour of his parents, as he remembers them, in his first 10 years of life. Essentially it measures the level of care and overprotection by parents. A high care score indicates that the parent is caring and empathic while a low one suggests an indifferent or rejecting parent. The overprotection scale reflects factors like the encouragement of dependency, infantilization of the child and overcontrol by the parent [17]. The instruments were given to the subjects to rate by themselves. A research assistant was present throughout the time taken for each respondent to complete the questionnaire. Should a respondent be unable to either comprehend or had queries about any question, the research assistant clarified the questions raised.

RESULTS

Education

There was no significant difference in the educational background of the 2 groups. The majority, 80% of the subjects and 80% of the controls had obtained their 'O' levels and about a third had passed their 'A' levels.

Occupation of Father

Of those whose fathers were working there was no significant difference between the 2 groups. However there were slightly more professionals/ administrators among the fathers of the control group (26%) than the subjects (18%).

Broken Families - Divorce

Only 4 subjects (10%) and 3 controls gave a history of parental divorce or separation.

Siblings

There was no significant difference between the 2 groups and the number of brothers or sisters they had. The homosexual group had proportionately less sisters than the control group. Only about 8 (20%) of the subjects were able to confide their problems to their siblings.

Parental Bonding

Table I
Parental Bonding

Parental Bonding		Mean	T Value	Sig.
Mother care	(Homosexuals)	21.5	-2.94	.004
	(Controls)	25.3		
Father care	(Homosexuals)	18.9	-2.13	N.S
	(Controls)	21.8		
Mother overprotection	(Homosexuals)	14.5	1.77	N.S
	(Controls)	12.0		
Father	(Homosexuals)	18.0	-2.13	N.S
	(Controls)	21.9		

The Parental Bonding scale indicated that there was a significant difference between the 2 groups in terms of care by the mother, with the controls perceiving their mothers to show more care for them than the subjects. However there was no difference in the perception of care by the father, and overprotection by either parents.

Close Relationship with Significant Others in Early Childhood

There was no significant difference between the 2 groups and who they perceived they were closest to in early childhood (1-5 years old). Slightly more of the subjects were close to their fathers or brothers[39] than the controls[26].

Sleeping Arrangements

The homosexual subjects did not differ significantly from the controls in the sleeping arrangements during early childhood. About half of the subjects slept with their mothers compared to 28% of the controls.

Table IIa
One way Analysis of Variance of Father Care (DV) by Sleeping with father before age of 5 (IV)

R Square	Sum of squares	DF	F	Sig.
0.015	20.74	1	0.41	NS

* Penal Code Sec 377
Whoever voluntarily has carnal intercourse against the order of nature with any man, woman, or animal, shall be punished with imprisonment for life, or with imprisonment for a term which may extend to ten years, and shall be liable to fine.

* Penal Code Sec 377A
Any male person who, in public or private, commits, or abets the commission of, or procures or attempts to procure the commission by any male person of, any act of gross indecency with another male person, shall be punished with imprisonment for a term which may extend to two years.

Table IIb
One way Analysis of Variance of Father Overprotection (DV) by Sleeping with father before age of 5 (IV)

R Square	Sum of squares	DF	F	Sig.
0.04	38.1	1	1.22	NS

Table IIc
One way Analysis of Variance of Mother Care (DV) by Sleeping with mother before age of 5 (IV)

R Square	Sum of squares	DF	F	Sig.
0.007	6.5928	1	0.19	NS

Table IId
One way Analysis of Variance of Mother Overprotection (DV) by Sleeping with mother before age of 5 (IV)

R Square	Sum of squares	DF	F	Sig.
0.016	11.2820	1	0.39	NS

From the above tables it can be seen that using an analysis of variance with:

a) father care as the dependent variable by sleeping with father before age of 5 as the independent variable
b) father overprotection as the dependent variable by sleeping with father before age of 5 as the independent variable
c) mother care as the dependent variable by sleeping with mother before age of 5 as the independent variable
d) mother overprotection as the dependent variables by sleeping with mother before age of 5 as the independent variable

there was found to be no significant interaction between the sleeping arrangements and father care, father overprotection, mother care and mother overprotection scores.

Childhood

Significantly more of the homosexual group recalled being unhappy in childhood than the controls. The unhappy childhood was attributed to a variety of causes, mostly related to their homosexuality viz

a) Not being understood by parents and brothers
b) Being teased and insulted by peers and relatives
c) Being lonely because they could not mix with other boys or because they were ostracized
d) Other reasons like problems between the parents and crises at home

Table III
Childhood Happiness

Happiness	Subjects	Controls
Happy	17 (42.5%)	25 (53.0%)
Neutral	12 (30.0%)	18 (38.0%)
Unhappy	10 (25.0%)	4 (9.0%)
Missing data	1 (2.5%)	

$P < 0.05$

Punishment

However in terms of childhood discipline there was a significant difference between the 2 groups as more homosexuals were reprimanded than physically punished compared to the controls.

Table IV
Type and Frequency of Punishment

Punishment	Subjects	Controls
Nil	3 (8%)	4 (8%)
Beating	9 (22%)	20 (43%)
Reprimanding	25 (62%)	20 (43%)
Not Sure	2 (5%)	1 (1%)
Missing data	1 (3%)	2 (4%)

$P < 0.05$

Caregiver

Significantly fewer homosexuals were looked after by their female relatives when compared to the controls. Fifteen per cent were cared for by their fathers, grandfathers or uncles.

Table V
Major Caregivers

Major Caregivers	Subjects	Controls
Mother	24 (60%)	39 (83%)
Grandmother/aunt	9 (22%)	5 (11%)
Male relative (father, uncle, grandmother)	6 (15%)	1 (2%)
Missing data	1 (3%)	2 (4%)

$P < 0.01$

Teasing

A very significant number was teased and called names like "chaboh eng" (girlie) and "ah kua" (transvestite) when they were in the primary school. Three of the controls were also likewise teased when they were young.

Table VI
Teasing

Teased	Homosexuals	Controls
Yes	24 (60%)	3 (6%)
No	12 (30%)	44 (94%)
Not sure	4 (10%)	0

$P < 0.005$

About half (54%) of the subjects mixed with effeminate boys during their primary school compared to 15% of the controls. About a third of the subjects still had contact with these friends compared to none of the controls. When they were older (ie in their teens during secondary school days) only one of the controls was still teased as being effeminate, but 2 more of the homosexual group received these nicknames.

Attraction to a more senior person

Significantly more homosexual males admired and were close to a senior person compared to the controls.

Table VII
Attraction to a more Senior Male Figure

Attraction to a more senior male figure	Homosexual		Controls	
Yes	19	(48%)	13	(28%)
No	17	(42%)	31	(66%)
Not sure	4	(10%)	3	(6%)

P<0.05

Of these significantly more of the subjects felt that this senior person took a special interest in them, and 8 (42%) had a physical relationship with this person.

Sexual Development

Interest in girls

About 10 (25%) of the subjects had been interested in girls, 7 (18%) had a girlfriend previously and one of them (2.5%) had experienced heterosexual sex in the past.

Childhood Molestation

Table VIII
Childhood Molestation

Childhood Molestation	Homosexuals		Controls	
Yes	18	(45%)	2	(4%)
No	17	(43%)	43	(92%)
Not sure	4	(10%)	2	(4%)
Missing Data	1	(2%)	0	

P<0.0001

Eighteen of the subjects (45%) compared to 2 controls (4%) p<0.001 had a history of being molested in childhood, about half by someone known to them (friend, classmate and stranger) and half by a stranger.

Relationship of Molester to Victim

Of the subjects(18) who had been molested the majority were by people known to the subjects viz 8 by friends, one each by a classmate and a relative, and 8 by a stranger. Of the 2 controls who had experienced a molestation in childhood, the experience was with strangers.

Mean Age of First Experience

Voice change	12.8 years
Attracted to a male	11.6 years
Started to feel they were a female	10.5 years (N=26)
Started to wear female clothes	11.3 years
Used make-up for the first time	12.5 years
Sexual intercourse	12.7 years
Loved a man	13.0 years
Had a special boyfriend	15.0 years

The mean age of first experiencing homosexual urges and cross gender behaviour appeared to be at the time of puberty ie from 11-15 years. The mean age of first sexual intercourse was quite early at 12.7 years. All the controls denied such behaviour.

Crossdressing

A large number of the subjects gave a crossdressing history compared to none of the controls.

Make-up	31 (79%)
Unisex clothes	30 (77%)
Dresses	25 (66%)
Ladies shoes	21 (55%)
Brassieres	15 (40%)

Sexual Practices

The frequency of sexual practices was dissimilar in the 2 groups, as few controls appeared to be interested in oral and anal sex, unlike the subjects.

Table IX
Sexual Practices

Sexual Practices	Homosexuals		Controls	
Oral sex	30	(75%)	4	(8%)
Kissing	29	(72%)	19	(40%)
Touching/petting	29	(72%)	15	(32%)
Masturbation (mutual)	20	(50%)	8	(17%)
Masturbation (self)	17	(42%)	24	(51%)
Anal sex	17	(42%)	1	(2%)

Only one of the subjects and none of the controls admitted contracting venereal disease in the past.

AIDS Awareness

Less homosexuals (77%) than controls (81%) knew what AIDS was, but the difference was not significant and of the subjects, only 7 (17%) felt it would stop them from having sexual relationships with men.

In general most of the knowledge of AIDS centred around it being a transmittable disease, which attacked the human defences, was often fatal, but could lead to a carrier state and was associated with homosexuality or sexual contact.

Problems Facing the Subjects

Twenty-three percent of subjects had current problems and these concerned:

a) Their homosexuality (15%) eg confusion about their identity and urges. "I am confused about my future, about what I am." "I feel I have a split personality. I feel confused when my female urge comes." "I don't know what my sexual identity and preference is."

b) Yearning for the right person (16%). "I'm looking for Mr Right." " I want the right steady." " My problem is finding an understanding man whom I can fall in love with and who loves me."

c) Relationship problems (12%). " People talk about me." "I've been called Ah Kua (transvestite). And people disturb me and touch my private areas." " People don't accept me for what I am and pick on me" "My colleagues disturb me."

d) Trying to control their urges (7%). "I'm trying to stop the progression of my sexual deviation because of religious conviction." "I must stop my sexual relations with so many men." "I am very vulnerable to homosexual tendencies."

DISCUSSION

The background of the homosexual group and the controls was similar in terms of the level of education, occupation of their father, size of family and family break up through divorce of their parents. The 2 groups were well educated, with the ma-

jority achieving at least an 'O' level education. The subjects did not come from families with predominantly female members. Comparing this group to Saghir et al's[18], 88 male subjects in the US, 29% of Saghir's group had come from a broken home, and this was more marked in the sissy group of whom 38% had such a background. Although there was a tendency in the American subjects to be only children and only sons, this was not statistically significant. There was also no disproportionately high ratio of sisters to brother in the American sample. Broken homes were also found in 55% of a group of 15-19 year old American homosexual adolescents[19]; in addition, almost half had a history of running away from home because of sexuality related and family conflicts. Significantly more of the Singapore subjects recalled having an unhappy childhood (25%) compared to 4% of the controls, and yet in terms of punishment, they recalled receiving less physical punishment than the controls and more reprimanding as a form of childhood punishment. The unhappiness stemmed from problems related to their homosexuality and in particular their effeminacy. But on the whole, the majority had a happy childhood. In a sample of Singapore transsexuals, more male transsexuals had an unhappy childhood than the controls, but the possible reasons were not elaborated[20].

Although significantly more of the homosexual subjects were looked after by male relatives than the controls, what the finding means is uncertain, as in actual fact 82% had been cared for by their mothers or grandmothers since young and only 15% by their fathers or other male relatives.

The scores of the Parental Bonding Instrument scales suggest that parents of homosexuals were not overprotective of their sons, and did not encourage them to be dependent, or infantilized. Tsoi's[20] data on male transsexuals showed that their parents had a significantly lower care score but a significantly higher over-protection score than the controls. The present data of these homosexuals show a similar trend except that the fathers are less protective than the fathers of the controls. The findings suggest that both parents are not perceived as being empathic and understanding and among this group there does not appear to be the picture of the overclose, incestuous relationship with a smothering mother and a cold relationship with a distant or hostile father that has been suggested to be one of the aetiological factors in homosexuality[21-23]. According to the psychoanalytical theory, homosexuality is likely to result from this type of constellation because the very close relationship with mother leads to an intense Oedipal complex and subsequent castration fears with regard to father who is viewed as a competitor. The son then makes a decision to give up mother and in so doing turns against women. However, as has been pointed out the Freudian theory is in fact only a theory and not universally accepted[14]. In addition, such family constellations are not unique to homosexuals. The relationship of the Singapore subjects to their parents appear to be consistent with what was found in American homosexuals[18] ie fathers were seen to be more uninvolved and mothers to be more possessive but not very different from the controls. So, whether and to what extent, parental influences contribute to homosexuality per se, is difficult to ascertain, as such family relationships are also seen in heterosexuals[3]. And, in Singapore, especially among the older generation, the impression is that mothers are closer to their children than fathers, who are busy at work, and are distant or authoritarian figures.

Sixty percent of the subjects were teased by their classmates with nicknames meaning sissy, effeminate, or transvestite. Saghir et al[18] defined sissiness as a syndrome of cross gender behavioural patterns which included aversion to playing with other boys or being involved in boys' games, cross gender behaviour, and wish for crossdressing. Thus a majority of Singapore subjects were perceived by their peers to be effeminate and labelled as such. However, it was interesting that 3% of the controls also had such nicknames. The prevalence of effeminate behaviour in young boys in the population was found to be low in one study, ranging from 2% (preference for girls as playmates) to 15% (playing with dolls)[24]. However, these inclinations were shortlived and often circumscribed. Green[25] in his longitudinal study of 66 feminine boys found that three-quarters of them eventually became homosexual or bisexual; Zuger[24] even postulated that early effeminate behaviour was not merely a forerunner of homosexuality but in fact, the earliest stage of homosexuality. However feminine mannerisms and behaviour may not necessarily be an invariable indicator of homosexuality[26].

Effeminate behaviour was common in many of the subjects and about 80% had a history of putting on make-up and 66% had put on dresses. Thirty percent of Saghir et al's group[18] had cross gender ideas of wanting to be females and these started prior to the age of 10 and disappeared by the age of 20. About one-third of their homosexual males crossdressed in childhood but it was remarkable that fully 23% of the heterosexual controls also had a history of crossdressing compared to none of the controls of the Singapore group. Whether the crossdressing behaviour in the Singapore subjects is indicative of an early stage of transsexualism or not remains to be seen and only a follow-up study can determine this. Clinically it would appear that there is an overlap between homosexuals and transsexuals. It is possible that the availability of surgery could facilitate this process, and the permissiveness of a society would also play a role in the full development of the condition. It was found that Singapore transsexuals passed through a homosexual phase early in their development and it was not possible at the initial stage to differentiate the 2 groups ie effeminate homosexuals and transsexuals[20]. Stoller[27] considered homosexuals who crossdressed to be uninterested in sex change, and to arise out of an ambivalent identification with and hostility to women.

Forty-five percent of the subjects gave the history of being molested in childhood and in about half the cases, it was by someone known to them and in the other half by a stranger, as compared to only 2 (4%) of the controls. A study of American adolescents[19] revealed that about 24% had a history of sexual victimization. Of these less than 30% had been involved with family members; thus a history of childhood molestation seemed to be higher in the Singapore homosexual subjects. As to whether this applies to other sexual identity disorders in Singapore like transsexualism is not known, for Tsoi[20] made no mention of this in his monograph. How significant this factor is in the development of the homosexual identity is not clear. Green[25] in his follow-up of effeminate boys did not look into this aspect of the problem. It was also found that some subjects who were victimized did not perceive the experiences as being detrimental or abusive[19]. It is possible that some of the Singapore subjects could have presented their early sexual experiences in the light of molestation, as homosexuality is not an openly accepted condition in the society and some stigmatization is attached. In places where homosexuality was not established, stigmatization was likely to be high and invariably stresses would result[26]. Sexual conservatism has been found to be related to anti-homosexual sentiment[28] and as Singaporean attitudes towards sex are conservative[29], this could be a factor why the homosexual sample would work to portray themselves in a victim's role. In addition, significantly more of them than the controls were attracted to older males in childhood and as the majority were said to be 'sissy'. it is possible the men they were attracted to, perhaps perceiving compliance, had a physical relationship with them. Attraction to older men is not uncommon and 30% of Ramafedi's subjects[19] were attracted to men by the age of 6 years and the

others from early to mid-adolescence (11-16 years). Prepubertal activity has been described in 38% of subjects, and the first homosexual experience was more frequent with friends than strangers[30]. As stated before, it is not clear whether a physical relationship or seduction in childhood causes homosexuality in later life, as the seduction could be a result of the effeminacy rather than the cause of it. An association between high Kinsey homosexuality scores and increased frequencies of sexual contact with adult males in childhood has been shown[31]. In addition, those who started masturbatory behaviour as a result of masturbation by a person of the same sex had a higher propensity to homosexual behaviour in adulthood. Thus an association between childhood homosexual behaviour and adult homosexuality is present. But it could be argued that this early homoerotization causes later homosexuality, and behaviourists believe this to be so. Learning theorists are of the opinion that initially a child is neither homosexually or heterosexually inclined[32,33] but original neutral stimuli, if paired with sexual excitement, can become eroticized. Thus the molestation of these children could lead to learned sexual excitment with males.

Some evidence that negates this learning theory of homoerotization in childhood is the account by Stoller et al[34] of the sexual rituals of the Sambia men from the Eastern Highlands of New Guinea. From 7 to 10 years Sambia boys are made to fellate postpubertal boys. At puberty they are in turn fellated by younger boys till they reach adulthood, when they are expected to marry and father children. Homosexuality is almost unheard of in this society. Thus it would seem that, in this society at least, early homosexual experiences do not lead to homosexuality in later life. However, the finding of a high incidence of molestation in Singapore's sample of homosexuals should be noted, and perhaps a long-term study should be done into Singapore boys who have been molested or have experienced sexual abuse.

The problems faced by the homosexual group appeared to reflect some egodystonicity in that they were confused about their identities and disturbed by their urges. However, this does not appear unusual in homosexual development as 60% of a group of homosexuals were found at one time or another in their lives to have contemplated a change of their homosexual orientation and fully 30% were unable to accept their homosexuality[18]. Like the Singapore subjects, Chinese homosexuals revealed similar problems of yearning for the right partner but also feared punishment, arrest, sentencing and being sent to labour reform camps[35]. This created a tremendous anguish and mental pressure in the subjects. In the West, similar problems were present like the need for love and secrecy, fear of blackmail, being unaccepted and guilt. These were the common dilemmas of some American male adolescent homosexuals in the seventies[29] and even in the eighties, the American Committee in Adolescence[36] pointed out that the difficulties of being accepted by peer groups, family rejection, harrassment and social isolation were only some of the problems faced by homosexuals.

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