



Gay Behaviors and Persistent Problems: Looked Globally Through the Lens of an Overview and a Single Case Report

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Authors' contributions

This work was carried out in collaboration between both authors. The author BAH wrote the first draft of this paper in Arabic. Author NAQ translated the Arabic version into English. Authors BAH and NAQ designed, analysed, literature searches, interpreted and prepared the final version of the manuscript. Both authors read and approved the final manuscript.

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ABSTRACT

Background: Prior to 1973, homosexuality was considered a mental disorder. Gay Rights Movement in European-Western world, controversial variegated theories and political all out efforts ultimately removed homosexuality from Diagnostic and Statistical Manual of Mental Disorders (DSM-I&II) with highly conflicting consequences to major religions of the world.

Objective: This study aimed to overview gay behavior and described a single case with assaults and mixed emotions of gay activities at younger age who visited psychiatric clinics for consultation and treatment of gay behavior.

Methods: Electronic searches of relevant literature were conducted for retrieving most influential articles published in PubMed, Google Scholar and ScienceDirect using keywords and Boolean Operators and following eligibility criteria retained 54 articles. We comprehensively evaluated this case in outpatient clinic and systematically administered 12 sessions of cognitive behavior therapy (CBT).

Results: Currently, the diagnostic terms in terms of sexual and transgender identity disorder are used to address the problems of gay people in DSM or high risk homosexual behavior having

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problems with lifestyle in International Classification of Diseases (ICD-10). One person with chronic passive gay behavior with distressful aversion at later stage presented to the psychiatric clinic, expressed strong desire and motivation to change it, and after 12 CBT sessions improved and began to enjoy heterosexual life.

Conclusion: Although homosexuality fully derecognized in two major diagnostic classification systems of mental disorders across the world, some persons with agonizing and painful gay symptoms and psychiatric disorders and addictions to various substances eventually seek help from mental health professionals who manage them by diverse interventions resulting in better outcome and good quality of life including marital stability. Therefore, gay people presenting with psychological conditions or distressful behaviors need mental health services for changing their gay to heterosexual style and simultaneously addressing mental and physical disorders globally.

Keywords: Gay behavior; diagnostic and statistical manual of mental disorders; international classification of diseases; gender identity disorder; gender dysphoria; cognitive behavior therapy.

1. INTRODUCTION

Sex is one of the biological drives and an important component of human life. Sex sharing between two legally bound man and woman, both with normal genital organs, is referred to as heterosexual behavior with reproductive activities, and ideally had been considered normal sexual behavior across the board. Besides providing mutual enjoyment, wellbeing and happiness for the two marriage partners, sexual activities also contribute to the production of children and, ultimately, have been sustaining human creation since ancient times. Any deviational sexual orientation, relationship and modification of heterosexual behavior due to biopsychosocial, cultural and environmental factors, community beliefs and biased arguments, and polarized theories and political overtures were considered abnormal and pathological in the past and even currently in some corners of the world [1-4]. The research literature before and after 1973, beyond this paper, is replete with huge scientific information including sexual abuse and views of opponents and proponents directed towards lesbian, gay, bigender, and transsexuals and queer (LGBTQ), transgender incongruence, transvestic disorder, gender dysphoria, gender variance, sexual orientation and paraphilias [5-11]. Overall, the word homosexuality is replaced by high-risk homosexual behavior linked with life styles (ICD-10) and high risk heterosexual behavior and both diagnostic indexes have problem with life style and gender dysphoria (DSM-III-V). However, gay persons with strong desire to change their homosexual life style associated with various psychiatric conditions and self-directed violent behavior in terms of suicide ideation, communication and suicidal attempts present to

mental health experts [12] and need necessary psychiatric healthcare services including medications in order to change their life style to heterosexual behavior.

1.1 Aims of the Study

This study aimed to briefly overview gay behavior, and described a single case who presented with chronic gay behavior preceded by sexual abuse with ambivalent emotions from pleasant to guilt and sadness. The relevance of this research is that persons with gay behavior seek help of MH professionals, and need comprehensive psychiatric evaluation and treatment for leading a more purposeful moral life. The significance of this study is that MH professionals might grasp new insights into the biopsychosocial and cultural problems of gay people concerning transgender disorder or high risk homosexual behavior.

2. METHODS

2.1 Search Strategy

The relevant literature published in English (2016 to 2020) was searched in PubMed, Google Scholar, and ScienceDirect databases to retrieve most influential and freely accessible articles on gay behavior. The Boolean operators and keywords used in multiple e-searches were "homosexual AND gay OR gender identity disorder OR theories OR sexual dysfunctions OR drug treatment interventions OR psychotherapies. The search strategy and the keywords were modified as appropriate according to the searched databases, and keywords modification was related to local

search literature. In addition, references included in full text articles that focused mainly on details of homosexual behavior and its related narratives were reviewed for inclusion in this critical overview. Although there were numerous books on LGBTQ since 2016, we included few book chapters for this overview.

2.2 Search Results

Hundreds of thousands articles concerning homosexual behavior were retrieved and reviewed by two independent researchers. Our focus was on full articles describing gay behavior along with its concise narratives, biopsychosocial and cultural theories and views, and management strategies. In addition, we also briefly reviewed articles that highlighted its current status in view of opponents' and proponents' positions. These articles were reviewed critically and the brief sketches of important contents were incorporated in this narrative overview. The additional inclusion criteria were free access to full articles, papers containing salient features of gay people along with details of their mental conditions and treatment outcomes. All types of related studies such as descriptive studies including case reports, systematic reviews, meta-analyses, randomized clinical trials, observational studies, and short communications were included for further review. Screening of retrieved relevant records excluded more than two thousand

papers. More than six hundred records were reviewed for eligibility purpose. After removing duplications, unrelated articles, articles cited in systematic reviews and meta-analysis, full articles not accessible, and irrelevant unrelated information, 63 articles were left for further review. Finally, two reviewers including one neutral agreed to include 54 published studies (Fig. 1).

3. RESULTS

3.1 Gay Behavior

The topic of homosexual and now gay behavior is strongly politicized and enmeshed with complex biological, psychological, social and cultural views and changing attitudes, i.e., wrong to tolerance to negative, spurred by younger people mostly females and social media, controversial diverging theories and multiple concepts and definitions [2,4,5,7,10,13-16]. Despite modernized attitudes of western nations towards homosexual behavior/LGBTQ, which indeed has been effectively transforming traditional views of eastern world including China [17]; awfully biased views are still quite apparent against gay people that include harassment, transgender rights, and employment inequalities especially in military, based on sexual bigotry in the developed world [13,14]. Though Jones and Koshes (1995) presented supporting evidence in

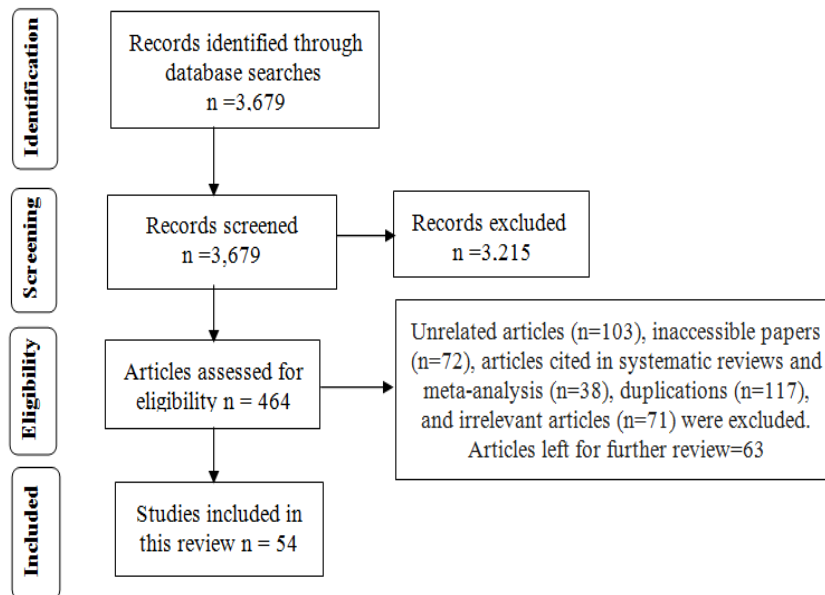


Fig. 1. PRISMA chart summarizing the flow of search results

the past that homosexuals should have equal recruitment opportunities in military [18] and this trend has been further consolidated overtime. Concerning different major religious groups, evangelicals' attitudes towards gay people and same-sex marriages are still conservative compared to other religions but similar, distinctive, favorable and adapting patterns continue to evolve [19]. According to Islamic Sharia, homosexuality perpetrated by community of Lut as mentioned in the holy Quran and punishable [20], and the Holy books of Jews and Christians perceived it differently, and simply condemned the act of homosexuality [21]. Steven (2019) described critically the conservative Islamic perspectives and ethical challenges concerning gay people [22]. In a similar vein, Awada (2019) reported that the question of criminalizing or decriminalizing gay behavior in Arab countries remains debatable attributed to contradictory views of modernity versus cultural restrictions [23]. Forceful non-agreed gay relationship or assaults resulting in torture and physical injury, and if victim resorts to the Sharia Court that ultimately decides about the case and this applies to most Arab nations. Overall, despite most countries have been accepting the rights and liberties of LGBTQ, yet biased views and inequalities are persistent in some parts of the world.

At etiological level, Jordan (2020) reported biological factors including polygenic power in terms of modest heritability -ca. 0.3 and an extra twig of X chromosome among gays [24]. In a meta-analysis, Blanchard found that older brothers in a large family tend to increase the odds of homosexuality in later-born males and referred it as the fraternal birth order effect [25] and many other studies also supported this etiological formulation of homosexuality [26,27]. Bogaert et al (2018) reported a major advance in understanding the biological origins and mechanism of sexual orientation in men by estimating an association between a maternal immune response to a protein-NLGN4Y and subsequent sexual orientation in male offspring important in male fetal brain development. Thus, authors explained one of the most reliable correlates of male homosexuality in terms of the role of older brothers [27]. Drescher (2020) described critically diagnostic transformations and trajectories of homosexuality from 1973 to 2020 based on etiological theories and hypotheses, and defined homosexuality as pathological, immaturity, and gender binaries, culture-essential qualities of men and women,

oral variations and same-sex behavior [28]. Furthermore, homosexuality was also considered as a disease and attributed to pre-and post-natal factors such as intrauterine hormonal exposure, excessive mothering, inadequate or hostile fathering, and sexual abuse and a social evil, a sign of defect or morality, and bad or a normal sexual variation [28]. In addition, binary gender terms concerning homosexuality were coined; homosexual/heterosexual, transgender/cisgender and intersex hypothesis of homosexuality, i.e., gays having qualities of other sex (females) and lesbians have masculine features and various other related terms are published in the literature [29] (Table 1). In a nutshell, despite extensive research concerning LGBTQ, exact etiopathogenesis of homosexuality remains quite unclear.

Treatment strategies for homosexual or gay people/LGBTQ are diverse, compatible with prevailing old and new theories, concepts and etiologies; psychotherapies especially cognitive behavior therapy [30] and mindfulness behavior therapy and its various variations and techniques [30,31], homosexual aversive therapy [32] and various medications are used in the management of persons with gay behavior and its variants, especially those having psychiatric and physical problems including suicide, substance abuse and HIV [12,33,34].

4. CLINICAL VIGNETTE

A 41-year-old person grew up in a conservative family and had medium socioeconomic status. He took care of his family as a substitute to his father by virtue of the strength of his character as his father died when he was young and his mother raised him during early developmental stage of his life, juvenile period. Early on, he showed mood swings and expressed feeling loss of his dad at very early age. He was the eldest son and had two female siblings. He was raised in an environment that provides him care including food and drink but without any guidance or tenderness that every child is supposed to receive from both parents. However, there were no major psychiatric problems among family members.

Initially, this person at age 15 was forcefully subjected to sexual harassment and abuse by a group of youngsters when he had been roaming in his neighborhood where he lived. The sexual pestering continued for two consecutive years at a rate of once every week to once every two

weeks. Often he was insulted and threatened by youths who used to take him to an area far from the center of Riyadh. Initially, he was forced to behave as the wish of active youths, and then his torturous, sinful experience turned into enjoyment over a period of one year time. He continued to enjoy sexually, emotionally and romantically and developed a strong desire to experience sexual passive encounters repeatedly. This practice continued months together and after the passage of time this young man tried to move to another place with his family in order to get rid of any ensuing problem, especially trouble clashing with Sharia rule. He

Table 1. Key definition concerning gays [28,29]

Key terms	Definition	Remarks
LGBTQ	Full expression includes lesbian, gay, bisexual and transgender people, used. It is an umbrella term often used to refer to sexual and gender minorities who are not heterosexual or cisgender.	The Q can stand for “questioning” - as in still exploring one’s sexuality - or “queer,” or sometimes both.
Lesbian	A woman who is romantically, sexually and emotionally attracted to women and some women prefer to be called gay or queer.	Often they use artificial penis to reach multiple orgasms
Gay	A man who is romantically, sexually and/or emotionally attracted to men.	Gay people do sexual intercourse too with or without marriage.
Bisexual	A person who is romantically, sexually and emotionally attracted to people of any two genders.	They enjoy intercourse with male or female partner
Transgender	People whose experienced gender does not correspond with the gender stereotypically associated with their assigned sex.	A person assigned male identifying as a girl is a transgender woman.
Cisgender	People whose experienced gender corresponds with the gender stereotypically associated with their assigned sex.	A person assigned male identifying as a boy is a cisgender man.
Non-binary/Genderqueer.	Umbrella terms used to describe those whose gender does not fit neatly into the man and woman gender binary. Synonym is gender nonconforming.	Queer is demeaning or homophobic slur for being gay and should be used after taking permission from a gay.
Pansexual	A person who is romantically, sexually and/or emotionally attracted to people of all genders.	Regardless of sexual orientation.
Asexual	A person who lacks sexual attraction, or only experiences sexual attraction under specific conditions.	It does not rule out romantic attraction.
Sex & Intersex	Sex different from gender and based on physical and biological features (chromosomes, hormones & anatomy) is assigned as male or female. Intersex born with sex chromosomes, external genitalia or an internal reproductive system that is not considered standard for males or females	And third option for those who are intersex. Gender is no more binary and considered as spectrum.
Sexual orientation	One’s innate sexual attraction to other men, women or others who identify as non-binary.	Not to be confused with gender, sex or gender identity.
Gender identity	A person’s emotional and psychological sense of their gender, which may not align with the sex they were assigned at birth.	Those who do not fit into male and female binary, above alternative terms are used for them.

flew from the “fucking” group as they were intending to cause him further harm including physical trauma. He continued to suffer internally, and so the young man decided to marry to get rid of the problem concerning sex. His mother who was aware of his sexual harassment motivated and advised him to marry a suitable girl. He married but earlier on he had separated temporarily from his wife several times. Later, he began to feel that there is a real protracting problem with him that needs to be solved by consulting a mental health professional. There was neither history of juvenile prostitution involving money nor physical disease nor psychosis.

4.1 Mental Status Evaluation

This individual was evaluated by a group of specialists in the psychiatric clinic. Besides gay behavior, a comprehensive psychological interview and mental status examination were within the normal limits except some symptoms of anxiety and depression. The Hamilton Anxiety and depression (HAM-A&D) Rating Scales were also used to assess the severity of anxiety and depression. The patient showed moderate degree of anxiety and depression, and his reality testing was normal means he showed no features of psychosis.

Regarding his general appearance and behavior, he was dressed in clean and appropriate clothes for his age. During the session, he was fully attentive with good concentration and was oriented to time, place and people. He was careful and discreet during the conversation. He showed low mood and was little tense, but he was relevant and coherent and had insight into his problem. However, he showed disinterest concerning treatment.

Furthermore, the single case model was used to reveal the predisposing factors to the problems concerning gay behavior that helped its persistence. Conversely, the exploration of the protective factors was also conducted that helped guide the case for psychological treatment. In addition, we evaluated his cognitive functions in order to find out the cognitive distortions experienced by the patient. During the conversation with the patient, many ideas and cognitive distortions emerged, such as negative automatic thoughts about self “I feel weak personality, I feel weak masculinity, I feel shame and disgrace”. In addition, he showed selective thinking and thinking of prejudging and jumping

to results, such as “I will not be able to marry and will live a normal man, I do not think I will feel the desire and Nature's pleasure with the opposite sex at marriage”. Furthermore, he also expressed some negative intellectual attitudes towards certain groups, especially gay marriages, lesbians and gay persons.

4.2 The Course of Treatment and Assessment of Progress

We focused on using the techniques of cognitive-behavior therapy (CBT) for the treatment of this case. CBT is described to have two main models: the first model uses various strategies in terms of increasing the awareness of the problem, its direction, reducing sexual fantasies of the same sex, increasing sexual desire of the opposite sex, and the second model includes several strategies to improve self-image and correct cognitive distortions (negative automatic thought about present situation), relieve associated anxiety and depressive symptoms. The authors under the guidance of senior mental health professional administered 12 cognitive behavior therapy sessions, each weekly session lasting 60 minutes or so and their details are as follows:

4.3 From the First Session to the Third Session

The focus of these sessions was on psychological and social issues and evaluation of different aspects of gay problems and setting of treatment goals. Then, we delivered psychological education (psychoeducation) to the patient about the gay behavior followed by an explanation of appropriate treatment options. What was appropriate therapy for this case was decided by the therapist and the client, a great alliance associated with good outcome. For this patient, CBT was identified as the best choice for relieving him from gay style of living, a very distressful condition to him at the later part of the experience. Factors that contributed to worsen the problem were identified, and similarly the negative emotions such as guilt, shame, anxiety and self-demeaning emotions and thoughts were recorded. Based on these concepts, the patient was trained in two main skills during the sessions: the skill of correcting concepts focusing on 4 main points: 1) correcting the negative image toward the self; 2) positive conversation; 3) correcting information and knowledge about homosexuality; and 4) correcting concepts

related to psychological and social matters accompanying the problem. Regarding the second alienation skill which was intended to notice the patient's negative feelings toward the wrong behaviors resulting in stimulation of sexual behavior he was performing and secondly, the conditional connection between abnormal stimuli or automatic disturbing thoughts and a sense of pleasure was broken down.

At the beginning of the sessions, the patient was hoping for improvement and change, so the additional motivation techniques were used for adhering to homework for each session. The patient showed initial response to accept psychotherapy and giving the therapist an opportunity to help him and start making the correct changes in his behavior, emotions and thoughts.

4.4 From the Fourth Session to the Sixth Session

The patient expressed his great satisfaction and his ability to apply previous session exercises, which contributed to reducing the same sex imaginaries and behavioral practices by 30%, according to what was recorded in the follow-up home exercise paper.

The sessions focused on discussing irrational thoughts; I will not be able to marry and live as a natural man; I do not think that I will feel the desire and pleasure of nature with the opposite sex when getting married, and some negative sexual orientations. In addition to what else the sessions focused on stopping behaviors that contribute to increasing the problem such as entering online sex chat sites or stimulating imagination for having sexual intercourse with same sex. The patient was trained in behavioral therapy to prevent automatic thoughts and reactive responses, to divert attention from sexual fantasies towards the same sex, change its course and compensate it directly with the sexual imagination of the opposite sex.

The sessions also focused on ventilating dammed up emotions, freeing him from negative emotions and irrational distorted thoughts. Further, focus was concentrated on body language and internal dialogues, and how to accept the challenges facing the patient and how to overcome them, as well as training in respiratory relaxation skills, breathing exercises.

4.5 From the Seventh to the Ninth Sessions

The patient expressed a sense of calmness and psychological stability by 60%, with a noticeable improvement in sleep, concentration, attention, weak sexual desire toward similar sex, and a number of times practiced masturbation. He also expressed wish to increasing the motivation to continue the rest of therapy sessions and to improve further. The aim of these sessions was to improve the quality of the patient's daily life routine and monitor the feelings and behaviors associated with them. Furthermore, working to improve the nature of social relations and job performance, and to discuss the positions of the patient that relate to sexual orientation, the perception of others and how to deal with it. While continuing to apply and discuss all previous exercises, as the record of ideas continued to be implemented for seven to nine sessions, we were able to transform irrational ideas into more realistic and more balanced ideas, by using restructuring technique.

4.6 From the Tenth Session to the Twelfth Session

These sessions focused on completing and reviewing all previous behavioral exercises, discussing the challenges of marital engagement, and thinking about childbearing, with the importance of consulting the internal medicine doctor to solve his prostate problem. In addition to discussing the strengths and weaknesses of the character and how to invest it to address such behaviors in the future, especially further consolidating strengths and reducing weaknesses.

Subsequent follow-up treatment sessions (of 45minutes) continued for two years, every three months, to assess all personal and psychological aspects, behaviors and feelings related to the problem and to ensure continuity and consistency of improvement.

5. DISCUSSION

This study overviewed concisely the problems of gay behaviors and related terms with their definitions progressively modified overtime in line with prevailing political views, gays rights movement, prejudiced ideas, unfavorable or favorable attitudes and discriminations and sociocultural and religious notions [28,29,35-37].

Consequently, the rights of LGBTQ were accepted globally especially in European-western world and Eastern world also began to accept LGBTQ people [35-37]. Although discrimination and prejudices against LGBTQ community have been slowly decreasing worldwide, conservative societies concerning major religious denominations still hold biased views against LGBTQ persons [17-23]. Regarding etiological theories underlying LGBTQ are diverse encompassing biological, psychological, social, and cultural risk factors and yet exact etiopathogenesis is unknown [24-28]. Researchers emphasized on biologic/genetic-environment interactions for the causation of LGBTQ [1,27,28]. In another context, like normal people, LGBTQ persons may suffer from a variety of psychiatric disorders including anxiety, depression, substance abuse, poor self-esteem, suicide ideation and addictions and physical diseases such as HIV and cancer, and, hence, without any discrimination they need relevant psychiatric and medical care including psychological to pharmacological interventions and or their combinations for better outcomes [12,33,34,38]. Overall, extensive literature concerning several perspectives of gay people is available, this overview provided concise snapshots concerning definitions, etiologies, favorable and prejudiced attitudes, and treatment interventions and further studies are needed to find out strategies and policies for reducing biased views against LGBTQ people who need equal rights and opportunities in every aspect of their life.

This study also described a single case of gay behavior. This individual case illustrates the problems that the patient suffered from, affected by the absence of the teenage father's role and the strength of the mother's personality and her control not only over the father but also the other family members. As an expression of hegemonic masculinity, most valued type of masculinity, including self-presentation of masculinity as shown by his mother concerning this case, this fertilizes the soil on which homosexual tendencies tend to grow among those men who have sex with men [39]. In other words, early death of father, nonconsensual sexual abuse, physical abuse and neglect and dominant role of mother may cause gay behavior among children.

In addition to the repeated sexual harassment abuse during adolescence, it had an effect in changing the self-image and feeling of shame and imperfection, which contributed to the

emergence of the sexual orientation of the same sex, and this comes in confirmation of the interpretation of the needs theory, cultural diffusional changes and the intertwining role of culture and power, distinctive attractive characteristics of people, such as erotics of age or constructed gender and race and class, with homosexual tendencies at some stage and all such concepts strengthen the case for respecting homosexual rights globally including Middle-East countries [35-37]. Further, gay behavior is possibly a self-image disorder that means how the individual sees himself, and the sense of shame fueled by rejection and deficiency, and on the other hand, what the behavioral school explains in the interpretation of homosexuality as a special learning style for those who have experienced a childhood harassment incident as found in this case [40]. However, homosexuality is explained by diverse contradictory theories, supporting and rejecting it out rightly [2]. In one study of a sample of 1001 adult homosexuals drawn from sexually transmitted disease clinics, about 37% of the sample had experienced sexual assault from males before they reached the age of nineteen [41]. Therefore, childhood sexual trauma, interalia, might be one causative factor for developing gay behavior and many other devastating consequences as also revealed by the present case [42].

As the child develops, the memories of sexual trauma emerge that he was sexually abused with feelings contradictory between the sense of pleasure and happiness and the shame, guilt and dejection and other symptoms like physical symptoms, depression and PTSD including gay behaviors [43-45]. Ultimately, to have compulsively sexual activity and romance with similar sex is the only way to obtain attention and love for those who represent the image of the father in his view and evidenced in the literature [46]. However, as the effects of these problems began to appear in the form of psychological symptoms such as low moods, isolation, distraction and a lack of stability with social problems that affected his relationships with others throughout the period of study and work that partially substantiate the results of other studies [47]. This man married outside the suitable age range of thirty years, marriage is preferred early in Saudi culture, and began to experience marital problems that led to marital separation several times, with the natural desire of the partner, persistent sexual orientation of the same sex like sexual addiction, physical problems and prostate problems, and a change

in overall job performance. Such problems of gay persons are not unique to this case, and are reported by many researchers [43-46].

Other than aforesaid problems, the patient stated that he had suffered for several years from fear and lack of focus, depressive and anxiety symptoms, mood swings, a sense of personality weakness and poor manhood, reduced appetite and sleep problems, difficulty in personal social life, frequent passage of previous memories of sexual harassment, recurrent imageries and sexual desire of the same sex. Such problems are commonplace regarding LGBTQ [45,47]. In addition, this person became accustomed to these behaviors over long period, which were difficult to get rid of at the time. These chronic gay behaviors mirror qualities of addiction and habituation to these practices. In other words, every behavior aimed at obtaining pleasure or escaping from psychological pain will turn into compulsive addictive behavior such as sexual romance or even real additional addiction to substance use disorders [48-50]. In this case, such gay behaviors were further consolidated by this patient's behavioral practices including entering pornographic sites and chatting online daily for several hours accompanied by sexual fantasies of the same sex, frequent masturbation, imaginative sexual enjoyment with similar sex, and such scenarios match the reports of other studies [45-47,51]. Currently, most of the factors that lead to sexual deviation including LGBTQ behaviors concerned satellite channels, porn sites on the Internet and bad companions or peers [52,53].

With the progression of this problem for a period of time, various behavioral symptoms increased evidently in this case; the symptoms of anxiety and stress, depressive symptoms, feeling of shame and remorse, and an unwillingness to meet with others and look into their eyes for increasing fear of revealing the past (isolation attitude), especially if people witnessed similar to the groups that sexually attacked and assaulted him previously and more or less similar behavioral symptoms including rejection, discrimination, drug addictions, depression and anxiety also reported in other studies [54].

After providing the patient 12 sessions of CBT, the following results appeared: The effect of parental relationships and child sexual education on the likelihood of the emergence of the problem of sexual orientation of the same sex and this is what Elizabeth Moberly (1983)

emphasized about the relationship between childhood experiences and homosexuality by saying that "homosexuality does not allow the child's ability to communicate with the same parent of the sexes and transmits this impotence to the same sex" [55]. The parental strategies to prevent gay behaviors among children are available in the relevant literature [56,57] and these sources will help parents to help their children to adopt heterosexual style of living.

It can be said that the problem is not for the same-sex person who does not love the same sex, but because his childhood needs are related to receiving love from parents of the same sex, so he tries to satisfy those most important needs by way of relationships with other adults of the same sex, and in this case determined by the absence of his father who died when he was very young [58].

The disappearance of sexual fantasies in a large way, and ability to deal with the immediate sexual fantasies of the same sex in a positive way without affecting mood or feeling of shame and anxiety were good indicators of improvement. Further this patient completely ceased to practice behaviors that contribute to increasing the problem of sexual orientation and decreasing homosexual attraction, with a sense of happiness to bring sexual fantasy with the opposite sex associated with a sense of sexual pleasure, and showed his willingness to marry again, good outcome in this patients [34,59]. In addition to improved job performance, the nature of eating and sleep, a sense of mood stability and a lower anxiety rate than previously were found in this case. Overall, the patient responded well to the psychological therapeutic interventions provided, especially to CBT partly consistent with other studies [34,59] and after three months of treatment with CBT showed reduction in sexual attraction for men, increased attraction to females, reduced frequency of masturbation, lowered marital distress and improved psychological well-being. In addition, addressing the cultural issues of persons with gay behaviors further help them substantially to reverse homosexual style to heterosexual behavior.

6. CONCLUSION

Although homosexuality as a mental disorder removed from the DSM-III, has not been re-recognized yet or will never be, it is still an increasing problem that many suffer from and its

consequential mental and physical health problems like psychiatric disorders and substance abuse and medical diseases like HIV. Although a spectrum of gay behaviors associated with emotional pain, guilt, shame, rejection and depression with a strong motivation to change to the heterosexual life style is easily identifiable, and gay persons should be considered for helping them to return to their psychological stability and balance in order to preserve their psychological and physical integrity. A comprehensive understanding of patient's problems along with good therapeutic alliance between the therapist and the client are important factors to reach an effective psychological intervention. In addition, the best customized therapeutic model that takes into account the societal, cultural and religious privacy of the client works very effectively in cases of gay men who tend to lead heterosexual good quality of life.

CONSENT AND ETHICAL APPROVAL

The authors explained all details of the case report to the patient who finally gave written consent for publishing data if his identity is anonymized. Internal ethical committee of NCMHP gave permission to report this case.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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