Homosexuality and Mental Health Problems

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Summary: *Recent studies show homosexuals have a substantially greater risk of suffering from a psychiatric problems than do heterosexuals. We see higher rates of suicide, depression, bulimia, antisocial personality disorder, and substance abuse. This paper highlights some new and significant considerations that reflect on the question of those mental illnesses and on their possible sources.*

The American Psychiatric Association removed homosexuality from its diagnostic list of mental disorders in 1973, despite substantial protest (see Socarides, 1995). The A.P.A. was strongly motivated by the desire to reduce the effects of social oppression. However, one effect of the A.P.A.'s action was to add psychiatric authority to gay activists' insistence that homosexuals as a group are as healthy as heterosexuals. This has discouraged publication of research that suggests there may, in fact, be psychiatric problems associated with homosexuality.

In a review of the literature, Gonsiorek (1982) argued there was no data showing mental differences between gays and straights—or if there was any, it could be attributed to social stigma. Similarly, Ross (1988) in a cross-cultural study, found most gays were in the normal psychological range. However some papers did give hints of psychiatric differences between homosexuals and heterosexuals. One study (Riess, 1980) used the MMPI, that venerable and well-validated psychological scale, and found that homosexuals showed definite "personal and emotional oversensitivity."

In 1991 the absolute equality of homosexuality and heterosexuality was strongly defended in a paper called "The Empirical Basis for the Demise of the Mental Illness Model" (Gonsiorek, 1991). But not until 1992 was homosexuality dropped from the psychiatric manual used by other nations—the International Classification of Diseases (King and Bartlett, 1999)—so it appears the rest of the world doubted the APA 1973 decision for nearly two decades.

Is homosexuality as healthy as heterosexuality? To answer that question, what is needed are representative samples of homosexual people which study their mental health, unlike the volunteer samples which have, in the past, selected out any disturbed or gender-atypical subjects (such as in the well-known study by Evelyn Hooker). And fortunately, such representative surveys have lately become available.

New Studies Suggest Higher Level of Pathology

One important and carefully conducted study found suicide attempts among homosexuals were six times greater than the average (Remafedi et al. 1998).

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Then, more recently, in the *Archives of General Psychiatry*—an established and well-respected journal—three papers appeared with extensive accompanying commentary (Fergusson et al. 1999, Herrell et al. 1999, Sandfort et al. 2001, and e.g. Bailey 1999). J. Michael Bailey included a commentary on the above research; Bailey, it should be noted, conducted many of the much-publicized "gay twin studies" which were used by gay advocates as support for the "born that way" theory.

Bailey said, "These studies contain arguably the best published data on the association between homosexuality and psychopathology, and both converge on the same unhappy conclusion: homosexual people are at substantially higher risk for some forms of emotional problems, including suicidality, major depression, and anxiety disorder, conduct disorder, and nicotine dependence...The strength of the new studies is their degree of control."

The first study was on male twins who had served in Vietnam (Herrell et al. 1999). It concluded that on average, male homosexuals were 5.1 times more likely to exhibit suicide-related behavior or thoughts than their heterosexual counterparts. Some of this factor of 5.1 was associated with depression and substance abuse, which might or might not be related to the homosexuality. (When these two problems were factored out, the factor of 5 decreased to 2.5; still somewhat significant.) The authors believed there was an independent factor related to suicidality which was probably closely associated with some features of homosexuality itself.

The second study (Fergusson et al. 1999) followed a large New Zealand group from birth to their early twenties. The "birth cohort" method of subject selection is especially reliable and free from most of the biases which bedevil surveys. This study showed a significantly higher occurrence of depression, anxiety disorder, conduct disorder, substance abuse and thoughts about suicide, amongst those who were homosexually active.

The third paper was a Netherlands study (Sandfort et al. 2001) which again showed a higher level of mental-health problems among homosexuals, but remarkably, subjects with HIV infection was not any more likely than those

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without HIV infection to suffer from mental health problems. People who are HIV-positive should at least be expected to be anxious or depressed! The paper thus concluded that HIV infection is not a cause of mental health problems—but that *stigmatization from society* was likely the cause—even in the Netherlands, where alternative lifestyles are more widely accepted than in most other countries. That interpretation of the data is quite unconvincing.

The commentaries on those studies brought up three interesting issues.

1. First, there is now clear evidence that mental health problems are indeed associated with homosexuality. This supports those who opposed the APA actions in 1973. However, the present papers do not answer the question; is homosexuality *itself* pathological?

2. The papers do show that since *only a minority* of a non-clinical sample of homosexuals has any diagnosable mental problems (at least by present diagnostic criteria), then most homosexuals are not mentally ill.

In New Zealand, for example, lesbians are about twice as likely to have sought help for mental problems as heterosexual women, but only about 35% of them over their lifespan did so, and never more than 50% (Anon 1995, Saphira and Glover, 2000, Welch et al. 2000) This corresponds with similar findings from the U.S.

Relationship Breakups Motivate Most Suicide Attempts

Next, we ask—do the papers show that it is gay lifestyle factors, or society's stigmatization, that are the motivators that lead a person to attempt suicide? Neither conclusion is inevitable. Still, Saghir and Robins (1978) examined reasons for suicide attempts among homosexuals and found that if the reasons for the attempt were connected with homosexuality, about 2/3 were due to breakups of relationships—not outside pressures from society.

Similarly, Bell and Weinberg (1981) also found the major reason for suicide attempts was the breakup of relationships. In second place, they said, was the inability to accept oneself. Since homosexuals have greater numbers of partners and breakups, compared with heterosexuals, and since longterm gay male relationships are rarely monagamous, it is hardly surprising if suicide attempts are proportionally greater. The median number of partners for homosexuals is four times higher than for heterosexuals (Whitehead and Whitehead 1999, calculated from Laumann et al 1994).

A good general rule of thumb is that suicide attempts are about three times higher for homosexuals. Could there be a connection between those two percentages?
Another factor in suicide attempts would be the compulsive or addictive elements in homosexuality (Pincu, 1989) which could lead to feelings of depression when the lifestyle is out of control (Seligman 1975). There are some, (estimates vary, but perhaps as many as 50% of young men today), who do not take consistent precautions against HIV (Valleroy et al., 2001) and who have considerable problems with sexual addiction and substance abuse addiction, and this of course would feed into suicide attempts.

The Effect of Social Stigma

Third, does pressure from society lead to mental health problems? Less, I believe, than one might imagine. The authors of the study done in The Netherlands were surprised to find so much mental illness in homosexual people in a country where tolerance of homosexuality is greater than in almost all other countries.

Another good comparison country is New Zealand, which is much more tolerant of homosexuality than is the United States. Legislation giving the movement special legal rights is powerful, consistently enforced throughout the country, and virtually never challenged. Despite this broad level of social tolerance, suicide attempts were common in a New Zealand study and occurred at about the same rate as in the U.S.

In his cross-cultural comparison of mental health in the Netherlands, Denmark and the U.S., Ross (1988) could find no significant differences between countries – i.e. the greater social hostility in the United States did not result in a higher level of psychiatric problems.

There are three other issues not covered in the *Archives* journal articles which are worthy of consideration. The first two involve DSM category diagnoses.

Promiscuity and Antisocial Personality

The promiscuous person—either heterosexual or homosexual—may in fact be more likely to be antisocial. It is worth noting here the comment of Rotello (1997), who is himself openly gay: "...the outlaw aspect of gay sexual culture, its transgressiveness, is seen by many men as one of its greatest attributes."

Ellis et al. (1995) examined patients at an clinic which focused on genital and urological problems such as STD's; he found 38% of the homosexual men seeking such services had antisocial personality disorder, as well as 28% of heterosexual men. Both levels were enormously higher than the 2% rate of antisocial personality disorder for the general population (which in turn, compares to the 50% rate for prison inmates) (Matthews 1997).

Perhaps the finding of a higher level of conduct disorder in the New Zealand study foreshadowed this finding of antisocial personality . Therapists, of course, are not very likely

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to see a large number of individuals who are antisocial because they are probably less likely to seek help.

Secondly, it was previously noted that 43% of a bulimic sample of men were homosexual or bisexual (Carlat et al. 1997), a rate about 15 times higher than the rate in the population in general—meaning homosexual men are probably disproportionately liable to this mental condition. This may be due to the very strong preoccupation with appearance and physique frequently found among male homosexuals.

Ideology of Sexual Liberation

A strong case can be made that the male homosexual lifestyle itself, in its most extreme form, is mentally disturbed. Remember that Rotello, a gay advocate, notes that "the outlaw aspect of gay sexual culture, its transgressiveness, is seen by many men as one of its greatest attributes." Same-sex eroticism becomes for many, therefore, the central value of existence, and nothing else—not even life and health itself—is allowed to interfere with pursuit of this lifestyle. Homosexual promiscuity fuels the AIDS crisis in the West, but even that tragedy it is not allowed to interfere with sexual freedom.

And, according to Rotello, the idea of taking responsibility to avoid infecting others with the HIV virus is completely foreign to many groups trying to counter AIDS. The idea of protecting *oneself* is promoted, but protecting *others* is not mentioned in most official condom promotions (France in the '80s was an interesting exception). Bluntly, then, core gay behavior is both potentially fatal to others, and often suicidal.

Surely it should be considered "mentally disturbed" to risk losing one's life for sexual liberation. This is surely among the most extreme risks practiced by any significant fraction of society. I have not found a higher risk of death accepted by any similar-sized population.

In conclusion, then, if we ask the question "Is mental illness inherent in the homosexual condition?" the answer would have to be "Further research—uncompromised by politics—should be carried out to honestly evaluate this issue."

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