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Spitzer Study Results to be Announced at Psychiatric Association Meeting

Dr. Robert Spitzer has been conducting a study of individuals who report a substantial change in sexual orientation which has lasted five or more years.

He will report the results in a panel discussion at the American Psychiatric Association Convention in New Orleans on Wednesday, May 9th from 2-5 p.m, in Room 267-268 on level 2 of the convention center.

The five-panelist discussion will also include Mark Yarhouse, Psy.D. and is entitled, "Clinical Issues and Ethical Concerns Regarding Attempts to Change Sexual Orientation."

NARTH members are encouraged to attend.

New Study Confirms Higher Level of Psychiatric Disorders Among Men and Women Engaging in Same-Sex Behavior

Two recent studies published in the *Archives of General Psychiatry* found higher rates of psychiatric disorders among homosexually oriented men and women than among the heterosexual population (Herrell 1999 & Fergusson 1999). Those articles mentioned that a third study, not yet published, had confirmed their findings.

That third study (Sandfort et al.) is now available. The Sandfort research is particularly significant because it surveyed a large sample of the Dutch population (about 7,000 individuals), avoiding convenience samples and the potential for bias that such samples can introduce. Of those individuals surveyed, 2.8% of the men and 1.4% of the women were classified as homosexual.

"The findings," says the authors, "support the assumption that people with same-sex sexual behavior are at greater risk for psychiatric disorders."

The lifetime prevalence of one or more Diagnostic Manual (DSM-III) disorders among gay men was found to be 56.1%, versus 41.4% among men who do not engage in such behavior. The rate for two or more DSM II disorders is 37.8% (versus 14.4%).

For women engaging in same-sex behavior, the rate for one or more DSM III disorders is 67.4% (versus 39.1%) and for two or more disorders 39.5% (versus 21.3%).

Differentiating the homosexual population by gender, there was a higher prevalence of substance-abuse disorders among lesbians, and a higher prevalence of mood and anxiety disorders among gay men. Both groups exceeded the incidence of those problems in the heterosexual population.

Significantly, the study sampled residents of the Netherlands, where social acceptance of same-sex behavior is high. This would call into question the assumption that the disproportionate rate of psychiatric problems is

primarily due to social or internalized homophobia.

According to the report: "Homosexual men had a much larger chance of having had 12-month and lifetime bipolar disorders, and a higher chance of having had lifetime major depression. ... the greatest differences were found in obsessive-compulsive disorder and agoraphobia. The 12-month prevalences of agoraphobia, simple phobia, and obsessive-compulsive disorder were higher in homosexual men than in heterosexual men."

Homosexual women reported a substantially higher rate of substance abuse disorders during their lifetime than did heterosexual women, and "on a lifetime basis, homosexual women had a significantly higher prevalence of general mood disorders."

These three studies confirm what previous studies had found, which is that men and women who engage in same-sex behavior have significantly more psychiatric problems than heterosexuals.

The study categorized anyone who had recently had sex with a person of the same gender (exclusively or not) as homosexual. This distinction is significant, because the category of "homosexual" would, by these researchers' definition, include bisexuals and heterosexual people going through a phase of homosexual behavior.

If the study had been limited to individuals who were exclusively homosexual, the difference between homosexual and heterosexual populations might have been even more distinct.

The researchers note that when the American Psychiatric Association debated in 1973 about whether or not to delete homosexuality from the diagnostic manual, many psychiatrists supported deletion because of the supposed "equality in mental health status of homosexual and also heterosexual people." Yet there is now substantial disconfirming evidence of that equality in mental-health status, the authors say, and "recent studies applying a more rigorous methodology" show that there is "substantial support" for

the idea that gay men and lesbians are, indeed, less psychologically healthy than heterosexuals.

Sandfort *et al.* list other studies which support their findings. In one study, "young people with a homosexual or bisexual orientation were found to be at increased risk of major depression, generalized anxiety disorder, conduct disorder, substance abuse/dependence, and suicidal behaviors."

In another study, "middle-aged men who reported ever having had male sex partners were at higher lifetime risk for various suicidal symptoms...even after controlling for substance abuse and depressive symptoms."

In yet another study, homosexually active men were found to be at greater risk of major depression and panic attack syndromes, while lesbians were more likely to be dependent on drugs or alcohol.

The authors of the Sandfort study suggest a number of possible reasons for the difference in mental-health status. They suggest loneliness, difficulty in finding and keeping longterm partners due to lesser stability of gay relationships, different social norms of the gay world (i.e., the acceptance of promiscuity), and the stress of social stigma—although the latter is, the authors admit, considerably less of a factor in the Netherlands (from which they drew the study population) than in other Western countries.

Sandfort *et al.* echo other recent researchers who suggest that to the extent that a homosexual orientation is biologically influenced in any particular individual, the condition may represent a "biological developmental error." Thus the differences observed in mental health, the Sandfort report suggests, may be due to "biological and genetic factors in the causes and development of homosexuality which predispose homosexual people to developing psychiatric disorders."

Reference

Sandfort, T., R. Graaf, R. Bijl, P. Schnabel (2001) "Same-Sex Sexual Behavior and Psychiatric Disorders: Findings from the Netherlands Mental Health Survey and Incidence Study (NEMESIS)," *Archives of General Psychiatry* 58: 85-91. ■