

# Homosexual Groups and Mental Health Research Were Reviewed

Xinyue Zhang

Markham District High School Markham, Ontario, L3P 2M3, Canada

---

**Abstract:** The study of non-heterosexuality has always remained to be a controversial and open topic for the public and the scientists. Based on the scientific data now, only approximately no more than 5% of the total population is reported to be non-heterosexual, so can be considered as part of the social minority group. Homosexuality was first viewed as a sin in society by the time it was known. Subsequently, homosexuality was categorized as a type of pathology. Following by an abundant of debates among people who argued that homosexuality, regardless of its actual feeling, behavior and expression, was unacceptable, and with those who opposed, it wasn't until 1973, that homosexuality was officially removed from DSM. Even though homosexuality was now more commonly seen among people, social stigmatization and opposing voices had not been fully eliminated. In fact, it was not surprising to hear that prejudices and stereotypes toward these sexual minority groups, specifically, including gay and lesbian, still exist. It has been hypothesized that homosexual people were exposed to a greater risk of being clinically depressed, feeling stressed, and an increase chances of suicide among these people was measured by hypothesis and various experiments conducted. In this essay, I will identify some of the potential stressors, providing with prevailing models and experiments conducted, that could be explained from both cognitive and social perspective, as well as in terms of genetics.

**Keywords:** Homosexuality, Mental wellness, Mental disorders, Psychology.

---

## 1. A Brief History of Homosexuality

Nowadays, non-heterosexuality is still receiving social and political opposition, in addition, regarded illegally in some of the countries, especially in those who are more "preservative". The cause of this resentment can be traced back to the time when the term was newly introduced and could be greatly affected by the public's attitude toward this "unconventional" sexual feeling. Generally speaking, the history of people's opinion about homosexuality had gone through mainly two stages, that is, it was first classified as mental disorder, and was removed later. Showing hostility towards homosexuality groups may seemed to be criticized today, but it was a typical phenomenon back then, in the mid-20<sup>th</sup> century.[1-2]

### 1.1. Etiology

Etiology is framed as an illustration of various explanations to the potential origins of homosexuality. This theory not only brings scientists the answers they have been looking for, but also reflects the societal attitude toward homosexual groups. It is mainly described through three categories, that is, *the immaturity variant, the pathology variant, and the normal variant*. In simple words, immaturity is a transitional stage, or the normal step to homosexuality. The pathology variant holds that homosexuality is considered as a type of disease which can be shown through atypical gender behaviors and sexual orientation. External agents are mainly the cause of deviating a person from the heterosexual path. Finally, the normal variant underlines that homosexuality is a normally and naturally occurred phenomenon, meaning that people can be born with homosexuality. It is notable, the fact that scientists explain immaturity variant and pathology variant are framed with the biases and expectations, in which heterosexuality is normal, so the later normalization of homosexuality as a step to reach normality, is an implication of the permanent social prejudices toward homosexual group. Other than that, no matter which period of history people are

referring to, etiological theory can always cover and interpret the underlying causes.[3]

### 1.2. Sigmund Freud

Sigmund Freud, an influential psychologist, believed that people were born with bisexuality; this means that people's sexual orientation was determined and expressed in later stages. According to Freud, boys who were particularly interested in their penis had a higher tendency of grew to be homosexual. It is true that they would, naturally demonstrate sexual interests toward woman as corresponding to this "bisexuality"; but this would disappear soon after they realize that women do not have penis. (Ziljstra, 2014) Freud also clarified that people should not try to separate homosexual people from rest of the group, since people were entitled with the rights to choose homosexual objects in correspondence to their unconsciousness. In the letter to his American mother, Freud said:

*"Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation; it cannot be classified as an illness; we consider it to be a variation of the sexual function, produced by a certain arrest of sexual development . . ."*

Although Freud's attempts to normalize homosexuality can be found very acceptable today, he received criticisms from Sandor Rado, with his leading theory during that period. Rado denied the existence of bisexuality, and so did he take the Freudian theory as an error; he also claimed that those untenable parenting styles results in homosexuality, as a form of adaptation to the pathological consequences.[4-5]

### 1.3. The Kinsey Scale

The creation of Kinsey Scale marked a milestone in the study of sexual orientation. The scale ranges from 0 to 6, with 0 is exclusively heterosexual, and 6 is exclusively homosexual, while 3 suggests bisexuality. However, the Kinsey Scale remains controversial. The data applied mainly

came from interviews, meaning that there must've been many confounding factors, for example, social desirability. What people reported might not be the real situation. Considering the fact that resentments still exist, we should not neglect and still remain skeptical of the sources.[6]

#### **1.4. Modern study**

After the Second World War, on the newly created DSM, homosexuality was officially listed in the category of personality disturbance. Because of this, many homosexual people came to seek psychiatrists' help, to change their sexual orientation, since they knew homosexuality was a type of illness. However, Hooker (1957) was the first to provide new insights for the studies of sexual orientation and mental wellness. Instead of following the prevailed theory, Hooker proposed a study. She selected a sample from the homosexual group and matched the sample with one from the heterosexual group, as a comparison. Experts who were not informed with each sample's sexual orientation were invited to identify each subject's sexual orientation based on their responses. The result was the experts were not able to identify their sexual orientation. This implied that the adjustments of both two groups were not statistically significant different. Therefore, it can be concluded that homosexuality was not closely related to pathology. Subsequently, many scientists inspired by Hooker's study started to reconsider the difference in homosexual group and heterosexual group's functioning. Although later, Hooker was still criticized for his study with the following reasons: one, the fact that the sampling was chosen from those who were recently undergoing therapy; the avoidance itself was a great proof that homosexual group were exposing to mental illnesses, as well as their sexual orientation was illness. Other than that, statistical significance didn't necessarily indicate clinical significance. The rising findings on these topics, with the inadequacy of proving homosexuality's pathologies, along with the movement for lesbian and gay, in attempt to reconsider public's attitude toward this minority group, in 1973, homosexuality was officially removed from the DSM, voted by the American Psychiatric Association's Board, in response to the growing pressure and to recognize the empirical findings. Since then, the American Psychiatric Association's Board took efforts in dispelling the negative allegations toward the minorities.[7]

## **2. Homosexuality and Mental Wellness**

### **2.1. Empirical datas**

Just in advance of discussing the recent finding of homosexual people's mental health situation, it needs to be clarified that this is not aimed to further stigmatize or problemize this group. For nonheterosexuality group, a higher exposure rate to mental illness does not make themselves a problem. Rather, by knowing this, we can gain further understanding of the minorities. Conducting study and obtaining sampling data from lesbian and gay people is vital for indicating whether they are placing at the high risk for mental disorders. In addition, the sampling strategies had been changed. Unlike the past, samples were mainly chosen from those who were taking treatments, now, a larger portion of the samples are selected, though part of the participants are still from social agencies. (Christopher J.2002) Fergusson et al conducted a study on the mental wellness of 1007 homosexual children found that homosexual children indeed reported a greater risk of having depressive symptoms,

general anxiety or neuroticism, which will be discussed later.[8]

### **2.2. Factors that affect homosexual people's mental well-being**

Homosexual men were proved to have a higher risk of being clinically depressed and undergo anxiety disorders. To consider the causes, we need to make sure a few things. First, to better investigate the factors that result in the prevalence of homosexual people's mental issues, we need to focus on, not simply only the life changing events which can be applied to the general population, but the "targeted reasons", or in simple words, those "gay or lesbian related factors" (Lewis, 2003). Even though homosexuality nowadays has been widely accepted, in some countries, the attitudes are ambiguous, or not completely positive; but for some, it's even worse. Uganda will serve as a good example of showing how homosexuality is still being severely opposed. Second, Lemert (1951) proposed that social harassment and hostile reactions will contribute to one's self-hate (plus the internalized homophobia), suspicion, anger, and even to the extreme that support is required. This is the result of not one's original behavior but societal hostile reaction. Thus, stigmatization is a noteworthy contributor and has a high correlation with homosexual people's mental disorder. Later, Ross (1978) argued that it is not the actual social reaction that brings homosexual groups stresses, instead, it is the anticipated social rules that really distort their minds. Generally, the fact that lesbian, gay and bisexual individuals still face some forms of additional resentments not only imply the inequalities still emerge, but also provide research ideas to answer these questions, such as if homosexual people have a lower physiological functioning state, or if they have a special adjustment method.[9]

### **2.3. HIV**

It is well known that homosexual men are also exposing to a high risk of HIV. Ross (1978) conducted research on the relationship of life events and homosexual individual's mind state. Specifically, it has been pointed out that high correlations were observed between individual's depression and HIV.[10-11] Associations of anxiety and insomnia, the symptoms, with concerns of HIV were detected from the study. Ross stated that among the data, the highest correlation was found among the HIV disease and depression, that went far beyond of the infected population. The anti-HIV positive, a self-protection status that demonstrates the fear of getting infected, did not significantly differ with those who were told of actually having HIV. Therefore, we should take the effect of this disease into consideration, as a big stressor, or a time bomb they are forced to face.[12] Not only does their self-infection greatly affect their mental state, the losses of their partners and social connections may also shape their severe negative mindset. Moreover, the fact that homosexual group has a higher risk of infecting HIV can further stigmatize homosexual men, because it is a threat not only to them but to the whole human being. And then, it gets back to the case about how stigmatization can deteriorate an individual's mental well-being.[13]

### **2.4. Social stigmatization**

In one study of the homosexual group's mental illnesses done by the British scientists (Warner et al), a total number of 741 men participants, including 656 gay and 85 bisexual, and

544 women, making up by 430 lesbians and 124 bisexual, were asked to fill out a survey with questions testing out participants have been suffering from any negative thoughts, depressive moods, sleep problems, memory problems, disturbance of eating, etc. It is capable of drawing three major conclusions from this survey.<sup>[14]</sup> One thing is that 83 % of the total participants have reported at least experiencing once discrimination, both physical and mental assaults, bullying. 66% of the participants regarded these as the consequences of their sexual orientation. Second, the study has found that a great proportion of the participants admitted having suicidal thoughts or have had actual self-harms, at some point in their life. Finally, psychological disorders were diagnosed among 12 % lesbian women and 20% gay men. Warner et al also suggested that homosexual people under the age 40 have an enhanced risk of demonstrating these disorders, although facing incremental openness and tolerances in the world today. Overall, the causes of mental disorders can be attributed as the effects of social stigmatization.<sup>[15]</sup>

It has already been explained, by the minority stress theory, that social stigmatization and discrimination, not surprisingly to hear, but mainly the stressors they shape, can also increase people's stresses or lead to depressive symptoms. Still, a wide variety of social rejections and isolations toward the minorities appear to exist.<sup>[16]</sup> For example, laws imposing to deny non-heterosexual people's civil rights or the disapproving policies of their marriages or even efforts to eliminate the existence of this social minority group stress their mind set.<sup>[17]</sup> Specifically, the uncooperative attitudes toward homosexual people's "coming out" process, especially from their trusted friends and families, even make them doubt themselves more. All of these "enacted stigmas" (Scamblers & Hopkins 1986) result in severe psychological disorders, such as anxiety, depressive symptoms, even posttraumatic distress, that are intensified by even more terrible events, targeting the minority group. But how does stigmatization actually work to trigger negative thoughts and eventually change people's mindset? There are three types of stigmas (American Psychiatric Association): Public stigma, self-stigma, and institutional stigma.<sup>[18]</sup> Public stigma describes public generally having negative attitudes toward a specific group; self-stigma is individual's realization of his own situation, then leading to the horrible attitude toward themselves. Angermeyer et al (2004) investigated the relationship between patient's anticipation and their actual experiences on the stigma of mental illnesses. It was suggested that, in fact, people anticipate stigmatization more than what they experience. Still, feeling stigmatized (Herek et al 2007) results in them avoiding situations that might trigger stigmatization or rejection, because of the way patients see themselves. The difficulty in establishing one's self-identity might create cognitive dissonance, that sometimes forces them to adjust their behaviors, might be considered as another contributor to homosexual people's tremendous stresses. Furthermore, interestingly, instead of seeing this phenomenon as the consequence, in fact, the prevailing mental issues among minorities place them of the cause of their "self-stigmatization" (Bailey, 2019) Institutional stigma, like what is mentioned previously, is government imposing laws or policies that go against the stigmatized group. Stigmatizations affect people by lowering their esteem, taking away their hopes, worsening their societal situation, which includes, as one study reported, having a harder time of getting employed than other non-stigmatized people.<sup>[19]</sup>

## 2.5. Drugs and substances use

It was found by scientists that homosexual people tend to use drug and consume alcohol more frequently than the general population. Mckrinan and Peterson's (1989) data proves this statement. They found that 56% of the homosexual participants reported to be a consistent consumer of marijuana, compared to the 20% general population. In addition, 23% homosexual participants were the consistent users of cocaine, while only dominated 8.5% of the general population. According to Mckrinan and Peterson (1989), there is a close association between drug or alcohol use and homosexual people's physiological state. This phenomenon might be the reflection of their homosexual culture, the result of their special working environment where they do not have to conceal their sexual orientation, but unfortunately, worsen the minorities' positions and conditions, as well as making them a social marginalized group.<sup>[20]</sup> The unfairness they experienced, for example, discrimination or anti-homosexuality, can also be regarded as an important inducer for their increasing frequent alcoholic use and even their substance uses problems. Thus, if it is believed that homosexual people appear to be long-term substances user, it can be assumed that these substances, in turn, drag them to an even worse situation, considering the other psychological disorders that may be brought.<sup>[21]</sup>

## 2.6. Therapy

In order to reduce the suicidal rate and attain an enhanced happiness index, helping the social minorities to cope with the stresses has always been a significant thing to consider. In recent days, fortunately, scientists are constantly seeking ways to cure mental disorders or various related traumas. Back in 1905, Freud claimed that it is important to be able to interpret patient's implicit meanings among their manifestations, particularly what were they fear of, which includes, why would they feel disgusting toward the opposite sex. (Socarides 1969). This was typical psychoanalytic therapy. However, it is worth noticing that throughout Freud's lecture, he expressed a means to convert homosexual people into heterosexual, which contrasts with the definition of therapy today. Therefore, it needs to be clear that what we mean by therapy targeting the homosexual group is how are we taking better care of them, or how to "rescue" them for their psychological and social dilemma. Fundamentally, self-acceptance in the group needs to be established. In fact, multiple approaches can be applied to the therapy. Addison and MS (2013) revealed the art therapy, to create a gay friendly environment. A visible change would be hanging homosexuality-related artworks in the art gallery, to promote a positive atmosphere publicly.<sup>[22]</sup> Addison and MS also mentioned that it is reasonable that people are homophobic, to some extents; as therapists, they emphasized, accepting this fact and trying to figure out where the fear originates, is vital for the therapy. Moreover, a cognitive behavioral based treatment targeting the depressive symptoms of homosexuality was also introduced by Ross et al (2014). It was also claimed that the patients turned out to be better after 14 weeks of therapy, but mainly held by Annie Dimito and Dale Kuehl. The therapy referred to the Mind over Mood (Greenberger & Padesky, 1995). Basically, using cognitive behavioral therapy, patients learned to identify different situations and environments, depression-inducive thoughts, as well as behaviors that reinforce illnesses. Patients were constantly involved in numerous activities, exercises and

weekly discussions, as a group, presenting the challenges they encountered over the last one week and shouting out if they have any concerns. The therapy also focused on addressing the “coming out” experiences and confronting internalized homophobia. Homosexual people were asked to list out the negative opinions they heard about their group and were taught to understand how these words lead to or reinforce the symptom. By the end of the therapy, the patients looked back to what they had done and gave themselves and others a lot of positive feedback. Based on the two case studies above and taking the great number of therapies addressed or related research into consideration, the public should still be optimistic and hold a positive attitude to the future trend on these minority groups’ therapy.[23]

### 3. Conclusion

Overall, it is now clear that homosexual people’s mental disorder is the integration of multiple factors, with both internal and external reasons. Although it is fortune to see that, compare to the past, a larger number of research had been done, still, deeper studies need to be conducted, based on the fact that limitations of the research are considered and resentments toward homosexuality still exists.

### References

- [1] Addison, D. (1996). Message of Acceptance: “Gay-Friendly” Art Therapy for Homosexual Clients. *Art Therapy*, 13(1), 54–56. <https://doi.org/10.1080/07421656.1996.10759193>
- [2] Alexander, C. J. (2002). Homosexuality and Risk for Psychiatric Disorders. *Journal of Gay & Lesbian Social Services*, 14(3), 103–107. [https://doi.org/10.1300/j041v14n03\\_06](https://doi.org/10.1300/j041v14n03_06)
- [3] Angermeyer, M. C., Beck, M., Dietrich, S., & Holzinger, A. (2004). The Stigma of Mental Illness: Patients’ Anticipations and Experiences. *International Journal of Social Psychiatry*, 50(2), 153–162. <https://doi.org/10.1177/0020764004043115>
- [4] Bailey, J. M. (1999). Homosexuality and Mental Illness. *Archives of General Psychiatry*, 56(10), 883. <https://doi.org/10.1001/archpsyc.56.10.883>
- [5] Drescher, J. (2008). A History of Homosexuality and Organized Psychoanalysis. *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 36(3), 443–460. <https://doi.org/10.1521/jaap.2008.36.3.443>
- [6] Frias-Navarro, D., Monterde-i-Bort, H., Pascual-Soler, M., & Badenes-Ribera, L. (2013). Etiology of Homosexuality and Attitudes Toward Same-Sex Parenting: A Randomized Study. *The Journal of Sex Research*, 52(2), 151–161. <https://doi.org/10.1080/00224499.2013.802757>
- [7] Haarmann, L., Lieker, E., Folkerts, A., Eichert, K., Neidlinger, M., Monsef, I., Skoetz, N., Träuble, B., & Kalbe, E. (2023). Higher Risk of Many Physical Health Conditions in Sexual Minority Men: Comprehensive Systematic Review and Meta-Analysis in Gay- and Bisexual-Identified Compared with Heterosexual-Identified Men. *LGBT Health*. <https://doi.org/10.1089/lgbt.2023.0084>
- [8] Herek, G. M., & Garnets, L. D. (2007). Sexual orientation and mental health. *Annual review of clinical psychology*, 3, 353–375. <https://doi.org/10.1146/annurev.clinpsy.3.022806.091510>
- [9] Lewis, R. J., Derlega, V. J., Griffin, J. L., & Krowinski, A. C. (2003). Stressors for Gay Men and Lesbians: Life Stress, Gay-Related Stress, Stigma Consciousness, and Depressive Symptoms. *Journal of Social and Clinical Psychology*, 22(6), 716–729. <https://doi.org/10.1521/jscp.22.6.716.22932>
- [10] Lucksted, A., & Drapalski, A. L. (2015). Self-stigma regarding mental illness: Definition, impact, and relationship to societal stigma. *Psychiatric Rehabilitation Journal*, 38(2), 99–102. <https://doi.org/10.1037/prj0000152>
- [11] McKirnan, D. J., & Peterson, P. L. (1989). Alcohol and drug use among homosexual men and women: Epidemiology and population characteristics. *Addictive Behaviors*, 14(5), 545–553. [https://doi.org/10.1016/0306-4603\(89\)90075-0](https://doi.org/10.1016/0306-4603(89)90075-0)
- [12] Muhammad Hadi Malik, Iqbal, S., Noman, M., Sarfraz, Z., Sarfraz, A., & Mustafa, S. (2023). Mental Health Disparities Among Homosexual Men and Minorities: A Systematic Review. 17(3), 155798832311766-155798832311766. <https://doi.org/10.1177/15579883231176646>
- [13] Mundle, G., Mahler, L., & Bhugra, D. (2015). Homosexuality and Mental Health. *International Review of Psychiatry*, 27(5), 355–356. <https://doi.org/10.3109/09540261.2015.1109790>
- [14] Pillard, R. C. (1988). Sexual Orientation and Mental Disorder. *Psychiatric Annals*, 18(1), 52–56. <https://doi.org/10.3928/0048-5713-19880101-15>
- [15] Pilgrim, D. (2023). British mental healthcare responses to adult homosexuality and gender non-conforming children at the turn of the twenty-first century. *History of Psychiatry*. <https://doi.org/10.1177/0957154x231181461>
- [16] <https://doi.org/10.1037/0002-9432.74.4.529>
- [17] Rosser, B. R., Bockting, W. O., Ross, M. W., Miner, M. H., & Coleman, E. (2008). The relationship between homosexuality, internalized homo-negativity, and mental health in men who have sex with men. *Journal of Homosexuality*, 55(2), 185–203. <https://doi.org/10.1080/00918360802129394>
- [18] Ross, L. E., Doctor, F., Dimito, A., Kuehl, D., & Armstrong, M. S. (2007). Can Talking About Oppression Reduce Depression? *Journal of Gay & Lesbian Social Services*, 19(1), 1–15. [https://doi.org/10.1300/j041v19n01\\_01](https://doi.org/10.1300/j041v19n01_01)
- [19] Ross M. W. (1990). The relationship between life events and mental health in homosexual men. *Journal of clinical psychology*, 46(4), 402–411. [https://doi.org/10.1002/1097-4679\(199007\)46:4<402::aid-jclp2270460405>3.0.co;2-q](https://doi.org/10.1002/1097-4679(199007)46:4<402::aid-jclp2270460405>3.0.co;2-q)
- [20] Sheldon, J. P., Pfeffer, C. A., Jayaratne, T. E., Feldbaum, M., & Petty, E. M. (2007). Beliefs About the Etiology of Homosexuality and About the Ramifications of Discovering Its Possible Genetic Origin. *Journal of Homosexuality*, 52(3-4), 111–150. [https://doi.org/10.1300/j082v52n03\\_06](https://doi.org/10.1300/j082v52n03_06)
- [21] Socarides, C. W. (1969). Psychoanalytic Therapy of a Male Homosexual. *The Psychoanalytic Quarterly*, 38(2), 173–190. <https://doi.org/10.1080/21674086.1969.11926487>
- [22] Warner, J., Mckeown, É., Griffin, M., Johnson, K., Ramsay, A., Cort, C., & King, M. (2004). Rates and predictors of mental illness in gay men, lesbians and bisexual men and women. *British Journal of Psychiatry*, 185(6), 479–485. <https://doi.org/10.1192/bjp.185.6.479>
- [23] Zijlstra, I. (2014). The turbulent evolution of homosexuality: From mental illness to sexual preference. *Social Cosmos*, 5, 29-35.