



Homosexuality and Risk for Psychiatric Disorders

Christopher J. Alexander

To cite this article: Christopher J. Alexander (2002) Homosexuality and Risk for Psychiatric Disorders, Journal of Gay & Lesbian Social Services, 14:3, 103-107, DOI: [10.1300/J041v14n03_06](https://doi.org/10.1300/J041v14n03_06)

To link to this article: http://dx.doi.org/10.1300/J041v14n03_06



Published online: 23 Sep 2008.



Submit your article to this journal [↗](#)



Article views: 136



View related articles [↗](#)



Citing articles: 3 View citing articles [↗](#)

Homosexuality and Risk for Psychiatric Disorders

Christopher J. Alexander & Associates

ABSTRACT. Social science researchers have traditionally found it difficult to obtain representative samples of gay men and lesbians. Still, this has not prevented some from making broad conclusions about the lives and mental status of homosexuals as a group. In recent months, two separate national studies have examined sexual attitudes and behaviors of adults and adolescents. Collectively, the sample size of males and females surveyed in these studies is in the thousands. Because the subjects in both studies were randomly selected, the findings were based on persons with a wide spectrum of sexual attitudes and behaviors. In many respects, these studies confirm some of the data from smaller studies. That is, homosexual orientation can be a risk factor for psychiatric disturbance for some men and women. In addition, adolescents struggling with issues related to sexual orientation are two times more likely than their peers to consider or attempt suicide. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>>* © 2002 by The Haworth Press, Inc. All rights reserved.]

Christopher J. Alexander, PhD, is a Licensed Psychologist and Child Specialist. Correspondence may be addressed to: 620-B W. San Francisco Street, Santa Fe, NM (E-mail: alexanderphd@hotmail.com).

KEYWORDS. Mental illness, depression, anxiety, substance abuse, suicide

At various times in recent decades, the American Psychiatric Association has struggled with the issue of whether homosexuality should be classified as a mental disorder. While earlier editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) listed the category, Ego-dystonic Homosexuality, the most recent (American Psychiatric Association, 2000) includes no diagnostic category for homosexuality. If issues of sexual orientation are prominent for a particular patient, the current DSM-IV classification would be Sexual Disorder Not Otherwise Specified.

The decision to even list homosexuality as a mental disorder has mainly been theoretical in nature, drawing from traditional psychoanalytical interpretations of sexual orientation. In response to efforts by groups such as the American Psychological Association to de-classify homosexuality as a mental disorder, some have alleged that these decisions are more dominated by politics than by science. While the debate continues, the consensus is that homosexuality, by itself, does not warrant a label of psychiatric disorder.

One of the greatest hurdles to determining whether homosexuality is a risk factor for mental disorder has been obtaining representative samples of gay men and lesbians to study. In the past, the psychological literature on the mental health of homosexuals has been dominated by studies with small samples, typically drawn from inpatient or correctional institutions. While recent attempts have been made to broaden the sample of men and women studied, there has still been a tendency to interview and assess gays and lesbians who are recruited from gay and lesbian social service agencies. This has meant that most of the samples have included men and women residing in urban areas who are willing to acknowledge their identity in ways that may not be representative of the larger gay and lesbian population.

Within the past year, two separate studies have been published that attempt to draw conclusions about the mental health of gay men and lesbians, using unique sampling methods. Instead of focusing exclusively on a population of homosexuals, these researchers included questions about sexual behavior and orientation in broader studies on mental status. This has afforded the opportunity to compare responses and outcomes of males and females likely to self-identify as gay or lesbian against those who don't, all within the same study. Although both studies contain limi-

tations, they demonstrate decent attempts to obtain representative samples of sexual minorities.

The first study is titled *Risk of Psychiatric Disorders Among Individuals Reporting Same-Sex Sexual Partners in the National Comorbidity Survey* (Gilman et al., 2001). Published in the *American Journal of Public Health*, this study included questions regarding sexual activity in a nationally representative household survey of people aged 15 to 54 years during the years 1990 through 1992. Homosexually and exclusively heterosexually active respondents were identified by responses to two questions that asked the number of women and, separately, the number of men with whom the respondent had had sexual intercourse in the preceding five years. Responses to these two questions were used to classify respondents into categories of those who reported any same-sex sexual partners, those who reported exclusively opposite-sex sexual partners, and those who reported not having sexual intercourse at all.

Overall, the authors of this study found a general elevation of risk for mood, anxiety, and substance-use disorders amongst their population of individuals with same-sex partners, with slightly higher elevations for women than for men. The authors suggest that stress associated with stigmatization and exposure to discriminatory behavior may lead to higher rates of mental disorders, as has been found in other groups at risk for discrimination. High levels of isolation, reduced social support, and overall stress have all been identified as consequences of discrimination and risk factors for psychiatric disorders.

Noteworthy in this study was the finding of higher rates of substance use disorders in individuals with same-sex partners. This is consistent with numerous studies over the years that have suggested higher rates of substance use in gay and lesbian samples, compared to the broader population (Cochran et al., 2000).

The other study, published by Stephen Russell and Kara Joyner in the *American Journal of Public Health*, is titled *Adolescent Sexual Orientation and Suicide Risk: Evidence from a National Study*. Similar to the Gilman et al. study, this research draws its conclusions from data based on a national study, specifically, the National Longitudinal Study of Adolescent Health. This study—which the authors note is the most comprehensive study of adolescents in the United States to date—included more than 12,000 adolescents, yielding a sample of students in grades 7 through 12. The sampling frame included all high schools in the United States, and this study was based on 6,254 adolescent girls and 5,686 ado-

lescent boys who provided complete information on adolescent sexual orientation and suicidality.

Russell and Joyner report that 7% of the youths studied reported having had a same-sex romantic attraction or relationship, with same-sex attraction ranking slightly higher for males than females. In this study, youths reporting same-sex sexual orientation were significantly more likely to report suicidality than their heterosexual peers, with results indicating this group is two times more likely to attempt suicide. Compared with their same-sex peers, boys and girls with same-sex sexual orientation reported significantly more alcohol abuse and depression.

Particularly with the Gilman et al. study, it is easy for us to identify numerous ways in which these findings may not apply to gays and lesbians in a representative manner. Even the authors themselves go to great lengths toward addressing the limitations of their findings. Yet, while we look at the results of these studies with caution, it is important to stay mindful of the ways they reinforce what research has pointed to all along. That is, being gay or lesbian does present certain risk factors, particularly in the areas of suicidal ideation in adolescence and substance dependence in adulthood.

I recall doing a research paper on alcohol and drug use by gays and lesbians when I was working on my master's degree in 1984. Even then, the research was consistent in identifying elevated rates of substance use by homosexuals. In countless numbers of studies, the prevalence rate of suicide ideation and attempt by gay and lesbian adolescents has clearly been noted. Thus, the findings from the two studies referenced in this article are not necessarily new. Rather, I believe they take these indicators a bit further, looking for other variables that serve as risk factors.

The common theme in both studies is the role of victimization and discrimination. Russell and Joyner found that the prevalence of victimization among the adolescents in their study was high, particularly among boys. These authors also found increased rates of depression and alcohol abuse in their adolescent sample, features that were evident in the adult sample of the Gilman study. Taken as a whole, these studies collectively point to the impact discrimination can have on the mental health and well-being of sexual minorities. While we have to recognize the role of individual differences, it is evident that being gay or lesbian does present inherent risk factors.

The gay and lesbian community has gone to great lengths to dispel myths about homosexuality stemming from or leading to mental disorder.

der. In general, this is the accurate path to take, in that it is doubtful we have higher rates of psychiatric disorders than does the general population. Still, we must stay mindful of the toll sexual minority status can have on the lives of the members of our community. It does little good for us to ignore risk factors affecting our own adjustment to our identity.

REFERENCES

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Cochran, S. D., Keenan, C., Schober, C., & Mays, V. M. (2000). Estimates of alcohol use and clinical treatment needs among homosexually active men and women in the U.S. population. *Journal of Consulting and Clinical Psychology, 68*, 1062-1071.
- Gilman, S. E., Cochran, S. D., Mays, V. M., Hughes, M., Ostrow, D., & Kessler, R. C. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the national comorbidity survey. *American Journal of Public Health, 91* (6), 933-939.
- Russell, S.T., & Joyner, K. (2001). Adolescent sexual orientation and suicide risk: Evidence from a national study. *American Journal of Public Health, 91* (8), 1276-1281.