

## Mental Health Issues among Homosexual Adolescents

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### Abstract

Adolescent homosexuality is a stage of human development in which adolescents experience and explore sexual feelings towards same gender. This paper is an attempt to review researches pertaining to homosexuality issues and exploring theories associated with it. Researchers believe that homosexuality is a result of genetics, social, and individual factors, alone or in combination. Studies also suggest homosexual adolescents as having low self-esteem, feeling of inferiority, guilt, feeling of loneliness, uneasiness, discomfort, frustration, irritability, rage, anger, worry, stress, feeling of rejection, helplessness, hopelessness, worthlessness, feeling of insecurity, lack of feeling of love and affection by others, lack of freedom and suicidal thoughts. Homosexuals carry persistent fear of family and social unacceptance and rejection from peers which may lead to certain mental health issues. The fear of rejection in matters of love creates a feeling of loneliness, helplessness, hopelessness and worthlessness in the individuals which further play a vital role in development of learned helplessness.

**Keywords:** *Homosexuality, Adolescence, Mental Health, Lesbian, Gay, LGB.*

“One cannot choose or decide for how and what he is born as.”

### Unknown

Homosexuality has existed since the existence of mankind which has got its recognition in recent past after a law was passed in their favour. It always gained societal disapproval and was identified as a cultural taboo. Homosexuality in adolescence is a phase of human development in which youth experience love and sexual feelings towards person of same gender. Interest in sexuality towards same gender intensify during the onset of puberty (between the ages of 10 and 16), and sexuality is often a vital aspect of teenagers' lives.

Terms like 'Gay' (denoting homosexual males) and 'lesbian' (denoting homosexual females) have recently seen increased usage in the society. The development of characters of homosexuals is similar to that of the development of secondary sexual characters of male and female (Weiss, 2014). Homosexuality is a natural phenomena. It is a major cause of genetic variation from the normal male to female, which further causes hormonal activity that leads to diversion of thoughts, emotions and feeling of love towards the person of same sex. These characteristics start developing during adolescence in similar way like the development of secondary sexual characteristics in males and females (Huwiler & Remafedi, 1998).

Mental health is the psychological, emotional and social wellbeing of an individual. It is equilibrium between the cognition, conation and affection of an individual. According to the World Health Organization (WHO), "mental health includes subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others" (WHO, 2014). Mental illness is the disturbance in the normal functioning of a person's mind, which causes psychological, biological, or developmental deformity in mental functioning (APA, 2015).

- **Factors responsible for Mental Illness in Homosexual Adolescents :** The major reason that causes Mental Illness in homosexual adolescents is self-unacceptance due to the conflict between self-identity which is created through social teachings, norms, and moral values in the course of time since childhood. Also the problems faced in adjustments during the adolescence age in different social environments like family, friends, schools or colleges create unwanted restrictions. In a research study by Gonsiorek (1988), "the mental health concerns of gay and lesbian adolescents are best understood within the context of cultural limitations, including a problematic conceptualization of adolescence, homophobia, and erotophobia. The special social pressures and psychological problems of gay and lesbian youth are discussed, with particular attention paid to internalized homophobia, developmental issues, and the "coming-out" process (Gonsiorek, 1988).
- **Social factors:** The fear of social unacceptance and rejections also create stressful situation for the individual. Problems like fear of rejection and unacceptance in one's own family is a much bigger reason for mental illness of such individuals. This causes bad interrelations with social groups like family, friends, classmates, teachers etc. In an article, Ritch C. Savin-Williams says "There's a script we have in our culture—a 'suffering suicidal' script—that these kids have picked up on," he said. According to him LGBT individuals should be treated in a good way, motivated and appreciated for their qualities before they get in the pool of suicidal thoughts (Savin-Williams, 2001).
- **Interpersonal Relations:** The fear of rejection in love facilitates feeling of loneliness, helplessness, hopelessness and worthlessness in the individuals which further play a vital role in development of mental illness. Such problems lead to lack of love and insecurity among partners. Fergusson, Horwood & Beautrais (1999) in a research study suggest that gay, lesbian, and bisexual adolescents are at a greater risk of mental health problems and also provide evidence for association of suicidal behavior and multiple psychological disorders.

There are times when the homosexual individuals become laughing stock in their social groups which creates an unhealthy and uneasy social environment. A study by Cochran, Sullivan & Mays (2003) explored that ongoing discrimination fuels anxiety, depression and other stress related mental illness among LGB people.

Lack of sexual pleasure creates a feeling of dissatisfaction which is another major cause of mental illness. Further legal restrictions in important personal decisions

like choice of partner, sex transplants and freedom to adopt a child, makes them vulnerable to mental illness.

The results of several breakthrough studies (APA, 2002) have given new insights on Homosexual and bisexual men and women. The key findings are:

- Mental Disorders are quite prominent among gay men, lesbians and bisexuals as compared with heterosexuals, although not to the level of a serious pathological disorder.
- Homosexuals are at par in terms of mental health as compared to their heterosexuals' counterpart with at times higher self-esteem. Heterosexuals at times are more prone to suicidal thoughts and ideations.

These studies validate the need for better, more personalized psychological treatment for homosexuals and bisexual (LGB) people (APA, 2002).

Meyer (1995) in a study, investigated the effect on psychological distress among gay men implicated that stress generally comes from minority status. Minority stress states that gay people in a heterosexual society are vulnerable to chronic stress that is followed by their social stigmatization. Minority stressors include internalized homophobia, which relates to negative attitudes toward the self, triggered by societal norms; stigma, which comes from anticipations of rejection and discrimination.

#### **Historical Perspective Regarding Homosexuality**

- **Views on Homosexuality in psychiatry:** In medicine and psychiatry, homosexuality was not universally viewed as pathology. In 19<sup>th</sup> century, Richard von Krafft-Ebing defined it as a degenerative sickness in his book "Psychopathia Sexualis", both Sigmund Freud and Havelock Ellis approved more acceptable approach. In the beginning of the 20<sup>th</sup> century, Ellis (1901) argued that homosexuality was inborn and therefore not immoral; we cannot consider it as a disease. He also implicated that many lesbians and gays made outstanding contributions to society in general (Herek, 2012).
- **Sigmund Freud-** Sigmund Freud's basic theory of human sexuality (1905) was different from that of Ellis. He believed all human beings were innately bisexual, and that they become heterosexual as a result of their experiences with parents and others.
- **Carl Jung-** Jung developed a notion of contrasexuality that allows for some fluidity as compared to the more static organisation of desire as implied in the Oedipal resolution. Contrasexuality means that every woman has an unconscious masculine side (animus) and vice versa (anima in men) and that psychological development entails integration of one's contrasexual aspects, representing bridges to the unconscious.

In simple terms it can be stated that while Freud's focus was on the object choice that holds together various dispositions of sexuality. While Jung addressed the

subject of homosexuality as the function of erotic desire which plays an important role in personal development.

- **Later psychoanalysts-** Sandor Rado (1940) rejected Freud's notion of underlying bisexuality, arguing instead that heterosexuality is natural and that homosexuality is a "reparative" attempt to achieve sexual pleasure when normal heterosexual outlet proves too threatening.
- **Biases in psychoanalysis:** Although psychoanalytic theories of homosexuality once had a major effect on psychiatry and in the larger culture, they were not subjected to rigorous empirical testing. Instead, they were based on analysts' clinical observations of patients which were already known by them as homosexual. This process compromises the validity of the psychoanalytic findings in at least two important ways: First, the theoretical orientations of analysts, expectations, and personal attitudes are likely to bias her/his observations. To avoid such bias, scientists take great pains in their studies to ensure that the researchers who actually collect the data do not have expectations about how a particular research participant will respond. Another problem with psychoanalytic studies is that they have only examined gays and lesbians who were already undergoing psychiatric care - in other words, gays and lesbians who were seeking treatment or therapy. We cannot generalize the findings to the entire population of gay men and lesbians.
- **Alfred C. Kinsey-** A more tolerant stance toward homosexuality was adopted by researchers from other disciplines. Zoologist and taxonomist Kinsey (1950), revealed in empirical studies of sexual behavior among American adults. Results revealed that a significant number of their research participants reported being indulged in homosexual behavior to the point of orgasm after age 16. Apart from this, Kinsey and his colleagues reported that in their sample 10% of the men and 2-6% of the women (depending on marital status) had been more or less completely homosexual in their behavior for at least three years between the ages of 16 and 55.

Other social science researchers also argued against the prevailing negative view of homosexuality. In a review of published scientific studies and archival data, Ford and Beach (1951) found that homosexual behavior was widespread among various nonhuman species and in a large number of human societies. They reported that homosexual behavior of some sort was considered normal and socially acceptable for at least some individuals in 64% of the 76 societies in their sample; in the remaining societies, adult homosexual activity was reported to be either totally absent, rare, or carried on only in secrecy (Institute of medicine, 2011).

As with Kinsey, whether this proportion applies to all human societies cannot be known because a nonprobability sampling was used. However, the findings

of Ford and Beach demonstrate that homosexual behavior occurs in many societies and is not always condemned (Herek, 2012).

- **Hooker's study-** Hooker's (1957) study was innovative in several important respects. First, rather than simply accepting the predominant view of homosexuality as pathology, she posed the question of whether homosexuals and heterosexuals differed in their psychological adjustment. Second, rather than studying psychiatric patients, she recruited a sample of homosexual men who were functioning normally in society (Meyer & Northridge, 2007). Third, she employed a procedure that asked experts to rate the adjustment of men without prior knowledge of their sexual orientation (Narrain & Chandran, 2015).
- **Removal from the DSM-** American Psychiatric Association (APA) removed homosexuality from its official Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973. This decision occurred in the context of momentous cultural changes brought on by the social protest movements of the 1950s to the 1970s: beginning with the African-American civil rights movement, then evolving on to the women and gay rights movements. Just as influential in the APA's decision, were the research studies on homosexuality of the 1940's and 1950's.

A new diagnosis, *ego-dystonic homosexuality*, was created for the DSM's third edition in 1980. Ego dystonic homosexuality was indicated by: (1) a persistent lack of heterosexual arousal, which the patient experienced as interfering with initiation or maintenance of wanted heterosexual relationships, and (2) persistent distress from a sustained pattern of unwanted homosexual arousal. This new diagnostic category, however, was criticized by mental health professionals on numerous grounds. It was viewed by many as a political compromise to appease those psychiatrists – mainly psychoanalysts – who still considered homosexuality as pathology.

In 1986, the diagnosis was removed entirely from the DSM. The only vestige of ego dystonic homosexuality in the revised DSM-III occurred under -Sexual Disorders Not Otherwise specified, which included persistent and marked distress about one's sexual orientation (Herek, 2012).

### **Conclusion**

Earlier, cross-sectional research showed that the non-heterosexuals report lower levels of aspects of positive mental health and functioning in comparison to the heterosexual. Presently developing researches show that those belonging to the sexual minority status (i.e., those exhibiting same-sex sexuality) report lower psychological well-being. The goal of this study was to review and assess various challenges faced by such minorities. Further Researchers need to examine the relationship between sexual minority status and mental health across middle

childhood and adolescence, since this particular period proves formative in an individual life. Thus, more empirical researches in this is required to develop modules and intervention for mental health issues among homosexual population.

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