

Homosexuality and Mental Health

By Dale O'Leary

In its October 1999 issue, *Archives of General Psychiatry* published two very useful studies on the relationship between homosexuality and suicide attempts as well as a broad spectrum of mental-health problems.

In an elegantly designed co-twin study, Herrell et al found that men with same-sex partners were 6.5 times as likely as their co-twins to have attempted suicide. The higher rate was not explained, however, by the subjects' mental-health or substance-abuse disorders.

The second article reported on a New Zealand birth cohort Study which followed 1007 individuals since birth. Fergusson et al found that, at age 21, the 28 subjects classified as gay, lesbian or bisexual were significantly more likely to have had mental-health problems than the 979 classed as heterosexual. In a commentary, J. Bailey, who has published a number of studies on homosexuality, wrote:

Several reactions to the new studies are predictable:

First, some mental health professionals who opposed the successful 1973 referendum to remove homosexuality from DSM-III will feel vindicated.

Second, some social conservatives will attribute the findings to the inevitable consequences of the choice of a homosexual lifestyle.

Third, in stark contrast to the other two positions, many people will conclude that widespread prejudice against homosexual people causes them to be unhappy, or worse, mentally ill.

Commitment to any of these positions would be premature, however, and should be discouraged.

After looking at a number of other explanations, Bailey concludes,

It is unlikely that any one of these models will explain all of the differences in the psychopathology between homosexual and heterosexual people. Perhaps social ostracism causes gay men and lesbians to become depressed, but why would it cause gay men to have eating disorders? Two things are certain, however.

First, more research is needed to understand the fascinating and important findings of Fergusson et al and Herrell et al.

Second, it would be a shame, most of all for gay men and lesbians whose mental health is at stake, if socio-political concerns prevented researchers from conscientious consideration of any reasonable hypothesis.

What can we learn from these studies?

First, they confirm previous research on incidence of homosexuality in the general population. In these studies as in many others, the percentage of homosexually active or gay self-identified persons is low – 2.8% of the 1007 subjects in the New Zealand study (20 people who self-identified as gay, lesbian, or bisexual and eight others who reported same-sex experience after age 16). Of the 6,537 men in the Herrell et al study, only 120 reported any same-gender partners (1.8%).

Second, homosexually active persons as a group appear to be less psychologically healthy than the general population. Even if these problems could be proven to originate solely from social oppression which created internalized homophobia, as claimed by gay activists, this question would remain: "What is the proper response?"

If homosexual attraction were an untreatable, unchangeable condition, then treating internalized homophobia would be the only remedy; but given the evidence that homosexual attraction may be preventable, and that homosexuality can in many cases (though certainly not all) be successfully treated in adulthood—then given the risks associated with homosexual attraction, shouldn't the public be fully informed of the options?

References:

"Sexual Orientation and Suicidality," *Archives of General Psychiatry*, Oct. 1999, Vol. 56, No. 10, pages 867 - 888, which included the following articles:

1. "A Co-twin Control Study in Adult Men" by R. Herrell, J. Goldberg, W. True, V. Ramakrishnan, M. Lyons, S. Eisen, M. Tsuang.
2. "Is Sexual Orientation Related to Mental Health Problems and Suicidality in Young People?" by D. Fergusson, L. Horwood, A. Beautrais.
3. "Homosexuality, Psychopathology, and Suicidality," R. Friedman.
4. "Suicide and Sexual Orientation," G. Remafedi.
5. "Homosexuality and Mental Illness," J. Bailey. ■