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Homosexuality and Mental Illness

[Commentary]

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Outline

- [METHODOLOGICAL ADVANCES AND LIMITATIONS](#)
 - [POTENTIAL EXPLANATIONS](#)
 - [References](#)
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NO TOPIC has caused the field of psychiatry more controversy than homosexuality, and 2 articles in this issue of the ARCHIVES are likely to reopen past controversies and begin new ones. [1-2](#) These studies contain arguably the best published data on the association between homosexuality and psychopathology, and both converge on the same unhappy conclusion: homosexual people are at a substantially higher risk for some forms of emotional problems, including suicidality, major depression, and anxiety disorder. Preliminary results from a large, equally well-conducted Dutch study [3](#) generally corroborate these findings.

METHODOLOGICAL ADVANCES AND LIMITATIONS [↑](#)

The strength of the new studies is their degree of control. All too often, prior studies marshaled to examine the mental illness or health of homosexual people used samples seemingly selected to prove the point the researchers hoped to make. [4](#) Gay men undergoing therapy seemed dysfunctional, while volunteers from homophile organizations seemed well. The current studies are not susceptible to this criticism.

The study by Fergusson et al [1](#) focused on 1007 children from New Zealand who were observed until the age of 21 years. This sample represents 80% of a birth cohort; hence, results are exceedingly unlikely to be owing to unrepresentative sampling or differential dropout. Subjects whom they classified as gay, lesbian, or bisexual were at an increased lifetime risk for suicidal ideation and behavior, major depression, generalized anxiety disorder, conduct disorder, and nicotine dependence (odds ratios, 2.8-6.2 [compared with the heterosexual subsample]).

The study by Herrell et al [2](#) used a powerful technique: the co-twin control method. Specifically, these

investigators studied male twins in which one was homosexual and the other heterosexual (by the authors' definitions of these respective categories). It is difficult to imagine how findings of mental health differences between homosexual and heterosexual co-twins might be spurious. Herrell et al found that gay twins had higher lifetime rates on 4 measures of suicidality compared with their heterosexual co-twins (odds ratios, 2.4-6.5). (The heterosexual co-twins of homosexual twins scored higher on the suicidal indicators compared with twins from pairs concordant for heterosexuality, although the difference was significant for only one suicidal symptom.) Results of logistic regression suggested that much, but not all, of the increased risk for suicide among homosexual subjects was owing to increased depression.

Although the new studies represent notable methodological advances compared with most prior research, they also have their limitations. The most important limitation, shared by both studies (as well as their Dutch counterpart [3](#)), concerns the definition of homosexuality. Both studies included in the definition of a homosexual person any subject who had had a same-sex sexual experience as an adult. In contrast, homosexual orientation is usually assessed by patterns of sexual attraction and fantasy. It is conceivable that some of the subjects who had engaged in homosexual behavior were not even attracted to people of their own sex. For example, 8 of 28 subjects classified as homosexual by Fergusson et al [1](#) labeled themselves heterosexual. The problem is that heterogeneity among the homosexual subjects complicates interpretations of the results. For example, perhaps experimentation with homosexuality among heterosexually oriented people is associated with impulsivity, and this trait, rather than homosexual orientation, is associated with psychopathology. The decision to label these subjects homosexual by the authors was probably guided by both constraints on available data (which were not collected primarily to study this question) and concerns about statistical power. Regarding the latter, homosexuality was rare even by the lenient behavioral definition (2% in the study by Herrell et al [2](#); 3% in the other studies [1,3](#)). The low prevalence of homosexuality undoubtedly also was the reason why Fergusson et al elected to combine gay men and lesbians into one group in their analyses. Most sexual orientation researchers believe that the causes of male and female sexual orientation differ, and if so, the correlates may differ as well. Thus, it would be optimal to perform separate analyses on gay men and lesbians. For all of these reasons, future studies should be even larger than the new ones and should include direct measures of sexual orientation.

POTENTIAL EXPLANATIONS [1](#)

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* [5](#) will feel vindicated. Second, some social conservatives will attribute the findings to the inevitable consequences of the choice of a homosexual lifestyle. Third, and in stark contrast to the other 2 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. In fact, a number of potential interpretations of the findings need to be considered, and progress toward scientific understanding will be achieved only by eliminating competing explanations.

Consider first the idea that increased depression and suicidality among homosexual people are caused by societal oppression. This is an eminently reasonable hypothesis. Surely it must be difficult for young people to come to grips with their homosexuality in a world where homosexual people are often scorned, mocked, mourned, and feared, and there is considerable anecdotal evidence that the "coming out" process is emotionally difficult. [6](#) The hypothesis would be strengthened by findings that issues related to self-acceptance, or acceptance by others, often trigger homosexual people's depressive and suicidal episodes. Furthermore, homosexual people should not, by this model, be more suicidal than heterosexual people in reaction to stressors of equal magnitude. It would indeed be surprising if antihomosexual attitudes were not part of the explanation of increased suicidality among homosexual people, but this remains to be demonstrated.

A second possibility is that homosexuality represents a deviation from normal development and is associated with other such deviations that may lead to mental illness. One need not believe that homosexuality is a psychopathologic trait (ie, a behavioral or emotional trait that necessarily creates problems for the individual or for society) to believe that evolution has worked to ensure heterosexuality in most cases and that homosexuality may represent a developmental error. This hypothesis would be supported by findings that homosexual people (and people disposed to suicidality and depression) have higher rates of indicators of developmental instability, such as fluctuating asymmetry, left-handedness, and minor physical anomalies. [7](#) Although research has linked left-handedness to both male [8](#) and female [9](#) sexual orientation, considerably more research would be necessary to validate the general hypothesis.

Another developmental hypothesis concerns gender. On average, homosexual people are sex-atypical with respect to some traits, both during childhood [10](#) and adulthood. [11](#) The most influential etiologic hypothesis of homosexuality implicates sex-atypical levels of prenatal androgens. [12-13](#) Perhaps these influences also make gay men more susceptible to types of psychopathology more commonly found in women and affect lesbians analogously. This hypothesis is consistent with the association between male homosexuality and both depression and suicidality found by Herrell et al, [2](#) as well as prior reports [14](#) that gay men, like women, score higher on psychological tests of neuroticism than heterosexual men. It would also imply that gay men should have lower rates than heterosexual men of diagnoses such as antisocial personality disorder, which more commonly affects men than women. Lesbians should have opposite vulnerabilities to gay men's. Unfortunately, Fergusson et al, [1](#) who had both male and female subjects, did not report results separately.

Another possible explanation is that increased psychopathology among homosexual people is a consequence of lifestyle differences associated with sexual orientation. For example, gay men are probably not innately more vulnerable to the human immunodeficiency virus, but some have been more likely to become infected because of 2 behavioral risk factors associated with male homosexuality: receptive anal sex and promiscuity. It is unclear how an analogous model would account for homosexual people's increased rates of suicidality and depression, although at least one other disorder may be explicable in this way. Gay men appear to be vastly overrepresented among male patients with eating disorders. [15](#) One explanation is that the gay male culture emphasizes physical attractiveness and thinness, just as the heterosexual culture emphasizes female physical attractiveness and thinness. [16](#)

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 [1](#) and Herrell et al. [2](#) Second, it would be a shame—most of all for gay men and lesbians whose mental health is at stake—if sociopolitical concerns prevented researchers from conscientious consideration of any reasonable hypothesis.

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