

APPENDIX: SUMMARY OF RESEARCH ON SELECT ISSUES IN LESBIAN, GAY, AND BISEXUAL PSYCHOLOGY.

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DEFINITION OF SEXUAL ORIENTATION

“Sexual Orientation is an enduring emotional, romantic, sexual, or affectional attraction to another person. It is distinguished from other components of sexuality including biological sex, gender identity (the psychological sense of being male or female) and the social gender role (adherence to cultural norms for feminine and masculine behavior)”. (APA, 2005).

“Sexual orientation exists along a continuum that ranges from exclusive homosexuality to exclusive heterosexuality and includes various forms of bisexuality. Bisexual persons can experience sexual, emotional, and affectional attraction to both their own sex and the opposite sex” (APA, 2005). However, the degree, type, and amount of attraction can vary. “Sexual orientation is different from sexual behavior because it refers to feelings and self-concept. Persons may or may not express their sexual orientation in their behaviors”. (APA, 2005). Thus, though someone may feel either opposite-sex or same-sex attraction, they might not act on those feelings.

Estimates of the number of people who experience same-sex and opposite-sex attractions have been studied in the United States (Laumann et. al, 1994; Kinsey, 1948, 1953). However, each study has significant limitations and exact numbers are difficult to assess due to the fact each study focuses on different areas, such fantasies, feelings, behaviors, and/or identities. Further, these topics are difficult to study due to social stigma, many individuals do not wish to discuss such issues. Initial results show that the vast majority of individuals identify as heterosexual; the incidence of exclusive homosexuality in men is about 3% (Laumann et. al., 1999) to 4% (Kinsey, 1948), with the incidence in women approximately half that of men 1-2% in women (Laumann, 1994; Kinsey, 1953). Some individuals indicate having same-sex fantasies, feelings, attractions or behaviors. There is no evidence that changes in social attitudes and law have changed the incidence of homosexual sexual orientation.

(Adapted from “Answers to Your Questions about Homosexuality and Sexual Orientation” American Psychological Association).

CAUSES OF SEXUAL ORIENTATION

“Sexual orientation is most likely the result of a complex interaction of environmental, cognitive, and biological factors” (including genes, brain differences, and hormones). In most people, sexual orientation is shaped at an early age and children become aware of these feelings during in adolescence. It is important to recognize that there are probably many reasons for a person’s sexual orientation and the reasons may be different for different people” (APA, 2005).

There is considerable recent evidence to suggest that biology, including genetic or inborn hormonal factors, play a significant role in a person’s sexual orientation. Recent genetic studies in men find higher proportions of gay men in families with other gay male relatives.

There have been studies that illustrate brain differences between heterosexual men and homosexual men. There has been limited study of lesbians and genetic variables, however other studies indicate early exposure to sex hormones may shape sexual orientation in women.

(Mustanski, B. S., Chivers, M., L., & Bailey, J. M., 2002; Rahman, Q., & Wilson, G. D., 2003).

Same-sex sexual orientation is not caused by knowing someone gay or lesbian. Sexual orientation does not evolve out of knowing someone else's sexual orientation or having an orientation modeled. This thesis is untenable, and since there are far more heterosexual individuals, it would follow that everyone should be heterosexual. Further, the vast majority of lesbian, bisexual, and gay individuals are raised by heterosexual parents and thus, too, given such logic should be heterosexual.

(Adapted from "Answers to Your Questions about Homosexuality and Sexual Orientation" American Psychological Association).

IS SEXUAL ORIENTATION A CHOICE?

Human beings cannot choose their sexual orientation. Sexual orientation emerges for most people in early adolescence or late childhood without any prior sexual experience. The experience of sexual attraction and falling in love is one that individuals experience as outside their conscious control. Although we can choose whether to act on our feelings, psychologists do not consider sexual orientation to be a conscious choice.

(Adapted from "Answers to Your Questions about Homosexuality and Sexual Orientation" American Psychological Association).

CAN SEXUAL ORIENTATION BE CHANGED?

Psychologists do not consider that sexual orientation can be changed, either heterosexual, bisexual, or homosexual. The developmental process where someone comes to understand the meaning and importance of sexual orientation and love is a different process, which can take many years. Investigations of claims in some studies to change sexual orientation have found major problems (Carlson, 2003; Drescher, 2001; Forstein, 2001; Haldeman, 1994). Most studies that report change are plagued by bias, individuals who have a pre-existing assumption about outcomes when engaging in research, lack of objective measures and are of skewed samples. "Most studies do not include long-term measures of outcome that are necessary to test the validity of such a mental health intervention" (APA, 2005). Most recent studies suggest that only very few individuals may experience an alteration in attraction and that these individuals were members of religious groups advocating programs of sexual orientation change, limiting their reliability (Schroeder & Shidlo, 2001). Therapies that claim to change orientation have weak theoretical basis and are often plagued by stereotypes and inaccuracies about the causes of same-sex orientation (Drescher, 2001; Haldeman, 1994). Therapies that focus on the pathology of homosexuality are inconsistent with existing data that illustrate that homosexuality is not a mental illness or pathology (Gonsiorek, 1991). Further, many therapies seeking to alter orientation engage in unethical practices (Schroeder & Shidlo, 2001).

Homosexuality is not a mental illness or emotional problem. “Psychologists, psychiatrists and other mental health professionals agree that homosexuality is not an illness (Conger, 1975), mental disorder, or an emotional problem. Over 35 years of objective, well-designed scientific research has shown that homosexuality, in and of itself, is not associated with mental disorders or emotional or social problems” (Gonsiorek, 1991). “Lesbians, Gay men, and bisexual individuals are capable of leading healthy and productive lives” (APA, 2005).

(Adapted from “Answers to Your Questions about Homosexuality and Sexual Orientation” American Psychological Association).

SEXUAL ORIENTATION AND PERPETRATORS OF SEXUAL ABUSE

“There is no evidence that homosexual men are more likely to abuse children than heterosexual men” are. (APA, 2005). Individuals having an erotic interest in children are distinct from those with an erotic interest in adults. The vast majority of these individuals are male (over 90%), and the vast number of victims are female. Adults with homosexual and heterosexual orientation and an interest in adults are distinct from those with an erotic interest in children; this distinction is true of those of all sexual orientations. The evidence suggests, however, that homosexual pedophilia is most closely linked with heterosexual pedophilia; pedophiles differentiate less between males and females than do adults with erotic interest in adults when they receive a psychophysiological test of erotic preference (Freund & Langevin, 1976; Freund et al., 1991)” (Cantor, 2002).

“Although having a genuine erotic interest in children is the strongest predictor of sex offender recidivism (Hanson & Bussiere, 1998), some offenders engage in their behaviors for other reasons (Barbaree & Seto, 1997). Little is known about these other offenders. It is possible that at least some are pedophilic, but lie beyond the ability of psychophysiological tests to identify them. Other factors have been suggested as causing their sexual assaults on children, including alcoholism and anti-social personality (e.g., Marshall, 1997). It is well established, however, that sex offenses committed by non-pedophiles are largely associated with incest, while the extra-familial offenders are more likely to be genuinely pedophilic (e.g., Blanchard et al., 2001). Furthermore, very few incest victims are male. Estimates are typically 6–8% (e.g., Carlstedt, Forsman, & Soderstrom, 2001; Langevin, Wortzman, Dickey, Wright, & Handy, 1988), substantially lower than the overall proportion of males among all victims (i.e., 20–30%). Sex offenses may comprise two phenomena: genuine pedophilia producing offenses against either male or female, extra-familial children, and an incest pattern producing offenses against primarily female children. This latter population, girls assaulted by family and close friends constitutes the largest number of victims” (Cantor, 2002).

(Adapted from James Cantor (2002) Male Homosexuality, Science, and Pedophilia. Newsletter of the Society for the Psychological Study of Lesbian, Gay, & Bisexual Issues, 18 (3).)

SAME-SEX COUPLES

“The human impulse for sexual intimacy, as well as the importance of this impulse to the self and to the development of close relationships with others, have been observed and chronicled for centuries. The mental health professions have also long recognized the importance of the desire for sexual intimacy in the development of the self, in the establishment of close relationships,

and in the maintenance of family units. And the most recent study of the sexual behavior of the American population has found that sexual satisfaction in intimate relationships is linked to satisfaction with those relationships and with general satisfaction with life (Lauman, 1999)” (APA, 2002).

Prohibiting sexual intimacy between same-sex individuals who experience an erotic attraction of each other would be denying them one of the most special experiences of being a human being, that of a loving, committed relationship with another (APA, 2002).

“Research indicates that many gay men and lesbians want and have committed relationships. For example, survey data indicate that between 40% and 60% of gay men and between 45% and 80% of lesbians are currently involved in a romantic relationship (e.g., Bradford, Ryan, & Rothblum, 1994; Falkner & Garber, 2002; Morris, Balsam, & Rothblum, 2002). Further, data from the 2000 United States Census (United States Census Bureau, 2000) indicate that of the 5.5 million couples who were living together but not married, about 1 in 9 (594,391) had partners of the same sex. Although the Census data are almost certainly an underestimate of the actual number of cohabiting same-sex couples, they indicated that a male householder and a male partner headed 301,026 households and that a female householder and a female partner headed 293,365 households”. (APA, 2004b)

“Despite persuasive evidence that gay men and lesbians have committed relationships, three concerns about same-sex couples are often raised. A first concern is that the relationships of gay men and lesbians are dysfunctional and unhappy. To the contrary, studies that have compared partners from same-sex couples to partners from heterosexual couples on standardized measures of relationship quality (such as satisfaction and commitment) have found partners from same-sex and heterosexual couples to be equivalent to each other (see reviews by Peplau & Beals, 2004; Peplau & Spalding, 2000)” (APA, 2004b).

“A second concern is that the relationships of gay men and lesbians are unstable. However, research indicates that, despite the somewhat hostile social climate within which same-sex relationships develop, many lesbians and gay men have formed durable relationships. For example, survey data indicate that between 18% and 28% of gay couples and between 8% and 21 % of lesbian couples have lived together 10 or more years (e.g., Blumstein & Schwartz, 1983; Bryant & Demian, 1994; Falkner & Garber, 2002; Kurdek, 2003). Researchers (e.g., Kurdek, in press) have also speculated that the stability of same-sex couples would be enhanced if partners from same-sex couples enjoyed the same levels of social support and public recognition of their relationships as partners from heterosexual couples do” (APA, 2004b).

“A third concern is that the processes that affect the well-being and permanence of the relationships of lesbian and gay persons are different from those that affect the relationships of heterosexual persons. In fact, research has found that the factors that predict relationship satisfaction, relationship commitment, and relationship stability are remarkably similar for both same-sex cohabiting couples and heterosexual married couples (Kurdek, 2001, Kurdek, in press)” (APA, 2004b).

(Excerpt from American Psychological Association (2004) Resolution on Sexual Orientation and Marriage)

LESBIAN AND GAY PARENTS

“Many lesbians and gay men are parents. In the 2000 U. S. Census, 33% of female same-sex couple households and 22% of male same-sex couple households reported at least one child under the age of 18 living in the home. Beliefs that lesbian and gay adults are not fit parents have no empirical foundation (Patterson, 2000, 2004a; Perrin, 2002). Lesbian and heterosexual women have not been found to differ markedly in their approaches to child rearing (Patterson, 2000; Tasker, 1999). Members of gay and lesbian couples with children have been found to divide the work involved in childcare evenly, and to be satisfied with their relationships with their partners (Patterson,2000,2004a). The results of some studies suggest that lesbian mothers' and gay fathers' parenting skills may be superior to those of matched heterosexual parents. There is no scientific basis for concluding that lesbian mothers or gay fathers are unfit parents on the basis of their sexual orientation (Armesto, 2002; Patterson, 2000; Tasker & Golombok, 1997). On the contrary, results of research suggest that lesbian and gay parents are as likely as heterosexual parents to provide supportive and healthy environments for their children” (APA, 2004c).

(Excerpt from American Psychological Association (2004) Resolution on Sexual Orientation, Parents, and Children)

CHILDREN IN SAME-SEX FAMILIES

“As the social visibility and legal status of lesbian and gay parents has increased, three major concerns about the influence of lesbian and gay parents on children have been often voiced (Falk, 1994; Patterson, Fulcher & Wainright, 2002). One is that the children of lesbian and gay parents will experience more difficulties in the area of sexual identity than children of heterosexual parents. For instance, one such concern is that children brought up by lesbian mothers or gay fathers will show disturbances in gender identity and/or in gender role behavior. A second category of concerns involves aspects of children's personal development other than sexual identity. For example, some observers have expressed fears that children in the custody of gay or lesbian parents would be more vulnerable to mental breakdown, would exhibit more adjustment difficulties and behavior problems, or would be less psychologically healthy than other children. A third category of concerns is that children of lesbian and gay parents will experience difficulty in social relationships. For example, some observers have expressed concern that children living with lesbian mothers or gay fathers will be stigmatized, teased, or otherwise victimized by peers. Another common fear is that children living with gay or lesbian parents will be more likely to be sexually abused by the parent or by the parent's friends or acquaintances” (APA, 2004c). “Results of social science research have failed to confirm any of these concerns about children of lesbian and gay parents (Patterson,2000, 2004a; Perrin, 2002; Tasker, 1999). Research suggests that sexual identities (including gender identity, gender-role behavior, and sexual orientation) develop in much the same ways among children of lesbian mothers as they do among children of heterosexual parents (Patterson, 2004a)” (APA, 2005). Studies of children raised by same-sex couples indicate that the vast majority identify as heterosexual in similar proportions as those raised by different-sex couples, however, the data sets are extremely small (Bailey, et. al. 1995; Golombeck & Tasker, 1996; Patterson, 2004a). “Studies of other aspects of personal development (including personality, self-concept, and conduct) similarly reveal few differences between children of lesbian mothers and children of heterosexual parents (Perrin, 2002; Stacey & Biblarz, 2001; Tasker, 1999). Evidence also

suggests that children of lesbian and gay parents have normal social relationships with peers and adults (Patterson, 2000, 2004a; Perrin, 2002; Stacey & Biblarz, 2001; Tasker, 1999; Tasker & Golombok, 1997). The picture that emerges from research is one of general engagement in social life with peers, parents, family members, and friends. Fears about children of lesbian or gay parents being sexually abused by adults, ostracized by peers, or isolated in single-sex lesbian or gay communities have received no scientific support. Overall, results of research suggest that the development, adjustment, and well-being of children with lesbian and gay parents do not differ markedly from that of children with heterosexual parents” (APA, 2004c).

(Excerpt from American Psychological Association (2004) Resolution on Sexual Orientation, Parents, and Children.)

ADVANTAGE OF RECOGNIZING SAME-SEX RELATIONSHIPS

Marriage has important psychological and social benefits to its participants. There is evidence that marriage has positive effects on self-esteem and mastery (Gove, 1990). Married women and men experience greater physical health and well-being than their counterparts. This comparison holds when individuals are compared to cohabitating couples (Kessler & Essex, 1992). Recognition by community and peers increases the success and stability of such relationships (Adams & Jones, 1997); this is especially important if the couple has children. There have been studies that the marital status of a couple affects the grieving process, where unmarried partners experienced a more complicated grief process (Weiss & Richards, 1997). Denying marriage to couples contributes to the stigma individuals feel; stigma has a negative impact on mental health (Meyer, 2003) by increasing stress and symptoms of distress

(Adapted and excerpted from APA, (2004). Brief of Amicus Curea to the Appellate Court of the State of New Jersey in the matter of Lewis v. Harris.)

Religious ceremonies and inclusion in the life of a religious community would provide many of the same benefits and social recognition given to heterosexual couples, particularly strengthening social support, support in raising children, and support in the grieving process that occurs during relationship loss (religious laws regarding who can mourn and participation in burial). For instance, individuals denied participation in the rituals of mourning have more difficulty in recovering from the loss (Weiss & Richards, 1997).

PSYCHOLOGICAL RATIONALE FOR HAVING LESBIAN, GAY, AND BISEXUAL CLERGY

Prejudice against lesbians and gay men, and those perceived to be lesbian, gay, or bisexual is well-documented (Herek, 1998). Lesbians, gay men, and bisexuals often have higher rates of stress due to the stigmatization of their sexual orientation, termed minority stress and observed in other minority groups (Meyer, 2003). This stress can manifest itself in higher levels of depression and anxiety Research shows that when people know someone who is homosexual, they are less likely to be prejudiced against such a person (Herek, & Glunt, 1993). Having an individual with high status self-disclose, is effective in altering assumptions about homosexuals, reducing the stigma of homosexuality and reducing prejudice.

Adolescents who are questioning their sexual orientation, as well as those who are coming to terms with same-sex feelings often face oppression, bullying, and abuse due to their sexual orientation both in school and in larger society (D'Augelli, 1998). Some develop more serious problems such as depression and substance abuse (D'Augelli, 1998; Ritter & Terndrup, 2002). Even in situations where such negative stressors do not exist, having positive role models would aid such teenagers in their struggle as most adolescents who are homosexual do not have such role models.

Parents and family members of lesbian, gay, and bisexual individuals are also harmed by negative stereotypes and the stigma that their family members face. Having individuals within the religious community to support them would reduce the isolation and suffering faced by family members.

