



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Answers to Your Questions About Sexual Orientation and Homosexuality

What is sexual orientation?

Sexual orientation is one of the four components of sexuality and is distinguished by an enduring emotional, romantic, sexual or affectional attraction to individuals of a particular gender. The three other components of sexuality are biological sex, gender identity (the psychological sense of being male or female) and social sex role (adherence to cultural norms for feminine and masculine behavior). Three sexual orientations are commonly recognized: *homosexual*, attraction to individuals of one's own gender; *heterosexual*, attraction to individuals of the other gender; or *bisexual*, attractions to members of either gender. Persons with a homosexual orientation are sometimes referred to as *gay* (both men and women) or as *lesbian* (women only).

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.

What causes a person to have a particular sexual orientation?

How a particular sexual orientation develops in any individual is not well understood by scientists. Various theories have proposed differing sources for sexual orientation, including genetic or inborn hormonal factors and life experiences during early childhood. However, many scientists share the view that sexual orientation is shaped for most people at an early age through complex interactions of biological, psychological and social factors.

Is sexual orientation a choice?

No. Sexual orientation emerges for most people in early adolescence without any prior sexual experience. And some people report trying very hard over many years to change their sexual orientation from homosexual to heterosexual with no success. For these reasons, psychologists do not consider sexual orientation for most people to be a conscious choice that can be voluntarily changed.

Is homosexuality a mental illness or emotional problem?

No. Psychologists, psychiatrists and other mental health professionals agree that homosexuality is not an illness, mental disorder or emotional problem. Much objective scientific research over the past 35 years shows us that homosexual orientation, in and of itself, is not associated with emotional or social problems.

Homosexuality was thought to be a mental illness in the past because mental health professionals and society had biased information about homosexuality since most studies only involved lesbians and gay men in therapy. When researchers examined data about gay people who were not in therapy, the idea that homosexuality was a mental illness was found to be untrue.

In 1973 the American Psychiatric Association confirmed the importance of the new research by removing the term "homosexuality" from the official manual that lists all mental and emotional disorders. In 1975 the American Psychological Association passed a resolution supporting

Homosexual orientation is not limited to a particular type of person. Gay men and lesbians are of all ages, cultural backgrounds, races, religions and nationalities. They work in all occupations and live in all parts of the country.

this action. Both associations urge all mental health professionals to help dispel the stigma of mental illness that some people still associate with homosexual orientation. Since the original declassification of homosexuality as a mental disorder, this decision has subsequently been reaffirmed by additional research findings and both associations.

Can lesbians and gay men be good parents?

Yes. Studies comparing groups of children raised by homosexual and by heterosexual parents find no developmental differences between the two groups of children in their intelligence, psychological adjustment, social adjustment, popularity with friends, development of social sex role identity or development of sexual orientation.

Another stereotype about homosexuality is the mistaken belief that gay men have more of a tendency than heterosexual men to sexually molest children. There is no evidence indicating that homosexuals are more likely than heterosexuals to molest children.

Why do some gay men and lesbians tell people about their sexual orientation?

Because sharing that aspect of themselves with others is important to their mental health. In fact, the process of identity development for lesbians and gay men, usually called "coming out," has been found to be strongly related to psychological adjustment — the more positive the gay male or lesbian identity, the better one's mental health and the higher one's self-esteem.

Why is the "coming out" process difficult for some gays and lesbians?

Because of false stereotypes and unwarranted prejudice towards them, the process of "coming out" for lesbians and gay

men can be a very challenging process which may cause emotional pain. Lesbian and gay people often feel "different" and "alone" when they first become aware of same-sex attractions. They may also fear being rejected by family, friends, co-workers and religious institutions if they do "come out."

In addition, homosexuals are frequently the targets of discrimination and violence. This threat of violence and discrimination is an obstacle to lesbian and gay people's development. In a 1989 national survey, 5% of the gay men and 10% of the lesbians reported physical abuse or assault related to being lesbian or gay in the last year; 47% reported some form of discrimination over their lifetime. Other research has shown similarly high rates of discrimination or violence.

What can be done to help lesbians and gay men overcome prejudice and discrimination against them?

The people who have the most positive attitudes toward gay men and lesbians are those who say they know one or more gay person well. For this reason, psychologists believe negative attitudes toward gays as a group are prejudices that are not grounded in actual experience with lesbians or gay men but on stereotypes and prejudice.

Furthermore, protection against violence and discrimination are very important, just as they are for other minority groups. Some states include violence against an individual on the basis of her or his sexual orientation as a "hate crime" and eight U.S. states have laws against discrimination on the basis of sexual orientation.

Can therapy change sexual orientation?

No. Even though homosexual orientation is not a mental illness and there is no scientific reason to attempt conversion of lesbians or gays to heterosexual orientation, some individuals may seek to change their own sexual orientation or that of another individual (for example, parents seeking

The APA encourages all mental health professionals to work to help persons of all sexual orientations to accept and integrate their inner feelings and to overcome their prejudices and false beliefs about one another.

therapy for their child). Some therapists who undertake this kind of therapy report that they have changed their clients' sexual orientation (from homosexual to heterosexual) in treatment. Close scrutiny of their reports indicates several factors that cast doubt: many of the claims come from organizations with an ideological perspective on sexual orientation, rather than from mental health researchers; the treatments and their outcomes are poorly documented; and the length of time that clients are followed up after the treatment is too short.

In 1990 the American Psychological Association stated that scientific evidence does not show that conversion therapy works and that it can do more harm than good. Changing one's sexual orientation is not simply a matter of changing one's sexual behavior. It would require altering one's emotional, romantic and sexual feelings and restructuring one's self-concept and social identity. Although some mental health providers do attempt sexual orientation conversion, others question the ethics of trying to alter through therapy a trait that is not a disorder and that is extremely important to an individual's identity.

Not all gays and lesbians who seek therapy want to change their sexual orientation. Gays and lesbians may seek counseling for any of the same reasons as anyone else. In addition, they may seek psychological help to "come out" or to deal with prejudice, discrimination and violence.

Why is it important for society to be better educated about homosexuality?

Educating all people about sexual orientation and homosexuality is likely to diminish anti-gay prejudice. Accurate information about homosexuality is especially important to young people struggling with their own sexual identity. Fears that access to such information will affect one's sexual orientation are not valid.

Where can I find more information about homosexuality?

The publications and organizations listed below can all provide you with further information.

References:

Garnets, L.D., et al, "Issues in Psychotherapy With Lesbians and Gay Men," *American Psychologist*, Vol. 46, No. 9, pp 964-972.

Goodchilds, J.D., *Psychological Perspectives on Human Diversity in America*, American Psychological Association, Washington, DC, 1993.

Garnets, L.D., and Kimmel, D.C., *Psychological Perspectives on Lesbian & Gay Male Experiences*, Columbia University Press, NY, 1993.

Gonsiorek, J.C., and Weinrich, J.D., *Homosexuality: Research Implications For Public Policy*, Sage Publications, CA, 1991.

Herek, G.M., and Berrill, K.T., *Journal of Interpersonal Violence*, Vol. 5, No. 3.

Organizations:

National Gay and Lesbian Task Force
2320 17th Street, NW
Washington, DC 20009
(202) 332-6483

National Institute of Mental Health
5600 Fishers Lane, Room 7C02
Rockville, MD 20857
(301) 443-4513

Parents, Families and Friends of Lesbians and Gays
1101 14th Street, NW, Suite 1030
Washington, DC 20005
(202) 638-4200

Sex Information and Education Counsel of the United States
130 W. 42nd Street, Suite 350
New York, NY 10036
(212) 819-9770

Special thanks to the following APA members and staff whose assistance made this brochure possible:

Gregory M. Herek, Ph.D., University of California at Davis

Oliva M. Espin, Ph.D., San Diego State University; president of APA Division 44

APA Committee on Lesbian and Gay Concerns

Clinton W. Anderson, M.A., APA Office on Lesbian and Gay Concerns

**For further information:
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
(202) 336-5700
(202) 336-6123 TDD**

**Brochure written by Stephen J. Blommer
Produced by the APA Office of Public Affairs**
