Indian Journal of Health, Sexuality & Culture

Review Article

Mental Health Perspectives of Homosexuality

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Abstract

Same sex feeling and behavior is not only prevalent across the human race, but also among almost all the nonhuman primates. This multidimensional nature of sexuality may not be always congruent in the individual way of living leading to the complexity of these issues. The sexual orientation is a continuous changing process throughout the life of an individual depending on the interpersonal issues and cultural variations. Till mid-20th century, it was considered as an illness and efforts were made by the physician, psychiatrist, and psychologist to treat this and to change the individual's sexual orientation. Homosexuality was perceived as a form of sin and crime in a larger part of the society across the globe. Due to similar prevailing beliefs in India, same sex-oriented population in India are continued to be harassed and punished by the police. In a recent order by the Supreme Court of India in Sept 2018, the section 377 of Indian Penal Code was decriminalized, which has brought a sigh of relief among the LGBT population.

Key words: Homosexuality, Mental Health, India

Date of Received: 12th April 2019
Date of Accepted: 30th May2019

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Introduction

Human sexuality is a complex issue. Other than human beings, same sex feeling and behavior is also reported among almost all nonhuman primates (Drescher, Stein, & Byne, 2009). Sexual orientation refers to the several aspects of sexual attraction between the same sex and opposite sex, which can be divided into three main groups, attraction towards the member of the opposite sex (heterosexual), towards the member of same sex (homosexual) or member of both the sex (bisexual) (Association, 2012). Psychosexual development of an individual is comprised of three stages; in the first stage, individual get aware about his biological sex, at the second stage the behavior and activity of the individual that differentiate

between a male and female in a cultural context and the third stage is the stage of sexual orientation (Kar & Kar, 2014). The distinction in different phases of sexuality like desire, associated behavioral changes, and sexual identity, depict the multidimensional nature of sexuality, which may not be always congruent in the individual's way of living leading to the complexity of these issues. The psychosexual theories of sexual orientation are based on the childhood experiences. The debate on the scientific issues continues on the nature versus nurture theory, as well as psychosexual and biological factors related to sexuality. The sexual orientation is a continuous changing process throughout the life of an individual depending on the interpersonal issues (Drescher, Stein, & Byne, 2009). From anthropological viewpoints, the same sex practice in a particular culture changes over the period of time and varies across the culture (Association, 2012).

Historical perspectives

Same sex orientation was accepted in European countries before the middle age. In 12th century, it was considered as a sin and punished with death sentence (Kar & Kar, 2014). In the early 20th century, same sex orientation was considered as a psychiatric illness. Even in the mid-20th century, efforts were taken to treat this as an illness, and to change the individual's sexual orientation (Moleiro& Pinto, 2015).

In the first edition of diagnostic and statistical manual (DSM-I) of the American Psychiatric Association (APA), homosexuality was considered as a "sociopathic personality disturbance".

Subsequently, in DSM-II, it was referred as a form of "sexual deviation" (Kar & Kar, 2014). Five years down the line in 1973, APA board of trustees voted to remove the homosexuality from DSM II, which was replaced with "sexual orientation disturbances". In DSM-III, sexual orientation disturbance was replaced with "ego-dystonic homosexuality" (Moleiro& Pinto, 2015). The ego-dystonic homosexuality term was finally removed from DSM-III-R in the year 1987 (Mayes & Horwitz, 2005). This culminated in civil right quest for equality in USA (Drescher, 2012). Though homosexuality was removed from the classificatory system of DSM in the year 1987, it took World Health Organization (WHO) almost 5 years to remove the same from International Classification of Diseases (ICD-10) (Organization, 1993). ICD-6 was the first version of ICD, where homosexuality was classified under the "sexual deviation" and was considered to reflect the underlying personality of the individual (Cochran et al., 2014). In ICD-11, the entire F-66 category has been proposed to be removed due to its controversial nature (Reed et al., 2016).

Prevalence of the problem

There is no solid data to quantify the exact problem of the sexual orientation in a particular society/culture. Several factors

like associated stigma, social repression have affected in these areas. Failure to distinguish between desire, behavior and identity in the same sex orientation differ in different age group, culture, and region of a particular country/region. There is dearth of scientific research, which has systematically investigated the prevalence of same sex orientation, emotional problem faced by them in our country. It is considered that the distress faced by the same sex-oriented population is due to the difficulties they faced living in a majority of heterosexually oriented population (Rao & Jacob, 2012).

Mental health issues in homosexuality

Homosexual populations are prone to develop several mental illnesses at a higher rate than the age and sex matched population with heterosexual orientation. It has been observed in a systematic review that lesbian, gay and bisexual persons have a higher risk for developing mental disorders. The risk of suicidal ideation, deliberate self-harms and substance abuse is also higher in this population as compared to heterosexual people (King et al., 2008). The risk of suicide is two-fold in preceding year and four-fold in lifetime for homosexuals over heterosexuals. Anxiety, depression, alcohol abuse and other substance abuse was at least 1.5 times more common. There are various risk factors which predispose this population to mental morbidity. Thinking in terms of cause-effect various factors can be held responsible with stress being one of the common pathway (Lee, Oliffe, Kelly, &Ferlatte, 2017). Four interconnected factors prejudice events, expectations of discrimination, concealing identity and internalized homophobia play an important role. It has been seen that prejudice events can happen with the homosexual population in the form of harassment, bullying, workplace discrimination and physical violence. It has been seen that depression and stress in gay population starts from a young age and can be attributed to the school based prejudice events (Burton, Marshal, Chisolm, Sucato, & Friedman, 2013). There is also rejection from family after disclosing of the sexual orientation (Ryan, Huebner, Diaz, & Sanchez, 2009). Expecting discrimination can also result in viewing the world as a dangerous place thus perceiving homophobia and this can result in reporting of more depressive symptoms. Concealing the identity to avoid discrimination can in turn be exhausting and thus increasing the emotional distress among this population (Cohen, Blasey, Taylor, Weiss, & Newman, 2016). Inner conflict is also felt due to the persistence of anti-homosexual norms. Thus self acceptance also remains a major hurdle as acceptance by others. There is even increased risk in the people diagnosed with HIV infection as isolation is faced even among their own community. All these factors also play a role in suicidality. Lack of family support is a strong risk factor for suicidality. Reluctance towards help seeking due to inadequate services which can be rendered to this population leads to

a vicious cycle (Ash &Mackereth, 2013). The homosexual population are less often involved in a steady relationship due to limited opportunities they get to find an intimate partner, lesser legal and social support for developing and maintaining a same sex relationship in comparison to heterosexual relationship (Blasband& Peplau, 1985). In a population based study, it was observed younger adult with homosexual orientation were at increased risk of major depressive disorder (MDD), generalized anxiety disorder (GAD), conduct disorder, substance abuse and suicidal behavior (Fergusson, Horwood, & Beautrais, 1999). Middle aged men were at a higher lifetime risk of suicidal behavior in comparison to their heterosexual counterparts. Suicidal intent and attempt were seen more among homosexual male than female (Remanfedi, 1998). Homosexually active men experienced more MDD and panic attack in comparison to homosexual female who were diagnosed with more of alcohol and substance abuse (Cochran & Mays, 2000). In a Dutch study, it was observed homosexual men are more prone to develop lifetime risk of specific anxiety disorder, obsessive compulsive disorder, and agoraphobia (Sandfort, de Graaf, ten Have, Ransome, & Schnabel, 2014). Homosexuality is not only associated with mental health problem during adolescent and early adult life, but throughout the life span (Herrell et al., 1999) . A summary of the risk factors for developing mental disorders in the homosexual population is depicted in Figure 1.

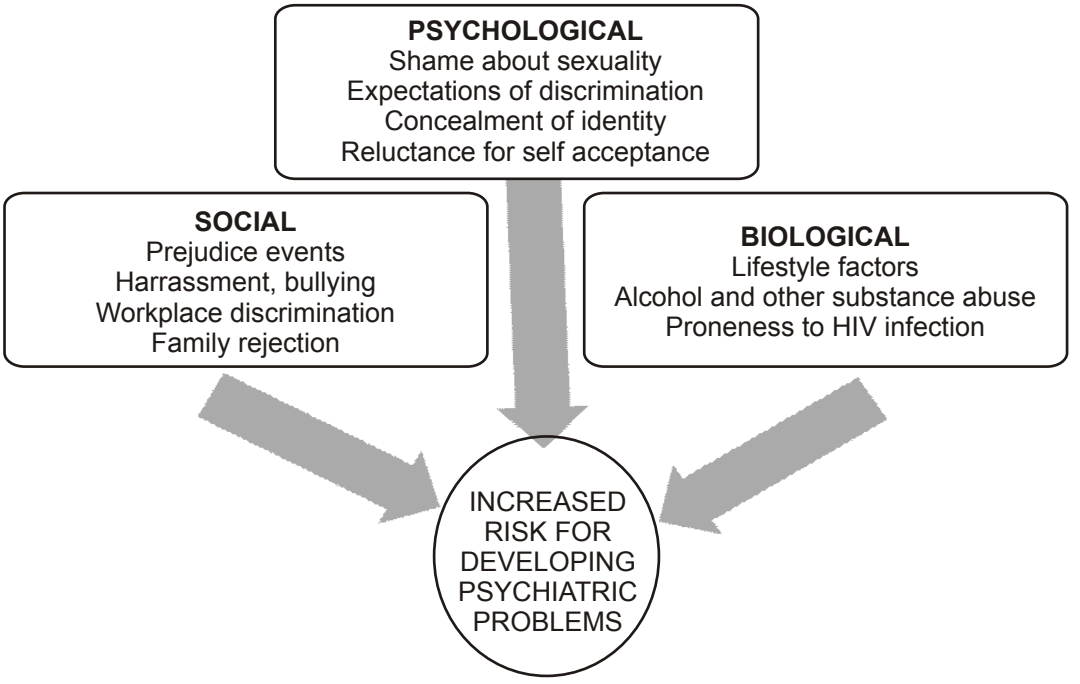

Figure 1: Biopsychosocial formulation showing the risk factors for developing mental disorders in the homosexual population

Therapeutic Implications

Different psychological tests could not distinguish between homosexual and heterosexual orientation. Researches in this area have shown that there is no distinct psychological dysfunction or impairment in judgment and stability in the same sex orientated population (Rao & Jacob, 2012). Anti-homosexual attitude among the mental health professionals of India have been documented vividly (Kalra, Gupta, &Bhugra, 2010; Narrain& Chandran, 2012). Sexual aversion techniques in dealing with homosexual males in the form of aversion therapy have been documented in few case series from India in the past (Pradhan, Ayyar, &Bagadia, 1982a, 1982b; Sakthivel, Rangaswami, & Jayaraman, 1979) .

Treatments in these areas have raised several ethical issues. Faith based groups and counselor have made their attempts to change the orientation of individuals with same sex orientation with a limited outcome that has resulted in more harm to the individual in the form of sexual dysfunction (Mehta & Deshpande, 1983). Gay affirmative psychotherapy has evolved over the year to help the homosexual population to cope with same sex orientation and social stigmatization (Forstein, 2004).

Legal Prospective

Change in the mind set of understanding homosexuality from sin or crime to a normal variant of human sexuality took place in the late 20th century (Sadock, Sadock, & Ruiz, 2000). American psychiatry association accepted homosexuality as a normal variant of sexual orientation as late as 1973 (Moleiro & Pinto, 2015). It took almost 20 years for world health organization to accept this as a normal variant of sexual orientation in ICD-10 (santé, Organization, Staff, & WHO, 1992) . Section 377 of Indian Penal Code (IPC 377) was based on Victorian morality to criminalize the non-procreative sex. The police personnel used to threaten and blackmail the transgender populations and same sex oriented population. On the ground of right to privacy, dignity to live, nondiscrimination and freedom of expression, this Victorian law was challenged in Delhi High court by NAZ foundation, an NGO working in the area of human immunodeficiency virus infection (HIV) and acquired Immunodeficiency Syndrome (AIDS).On the landmark judgment of Delhi High Court on 2nd July 2009, Court gave a verdict IPC section 377 violate the article 14, 15, and 21 of the Indian constitution. Though the age oldIPC 377 violated the fundamental right of the individual keeping in view the international standard, the anti-homosexual attitude of many religious and community leaders in our country did not accept that. Under hue and cry, the Supreme Court of India upheld section 377 and overturned the judgment of Delhi High Court on 11 December 2013. Following the decision of the Honorable Supreme Court, the NAZ foundation and Govt. of India filed a petition seeking the review of the judgment. Indian Psychiatric Society (IPS) in its position statement in 2018, declared same sex orientation is not a mental

illness. The nationwide discourse on the subject by the LGBT task force of IPS in 2018 was given due congnigence by the Honorable Supreme Court while decriminalizing sec 377. The apex court of India on Sept. 06, 2018 scrapped the section 377 of Indian penal code that criminalized homosexuality.

Conclusion

Homosexuality, which was considered as a sin and crime in 12th Century, was accepted as a normal form of sexual orientation by mid-20th Century. Anti-homosexual attitude in a predominantly heterosexual world has changed over the time in a societal and institutional setting. It has been observed that there is a lack of professional education about how to provide care to homosexual population. Creation of an environment where people can confide and talk about their sexual orientation in an open, non-judgemental manner is very necessary. Mental health issues can also be discussed then after building of rapport. Ensuring confidentiality remains a key element. Harnessing family support also prove beneficial. Interpersonal relationships can be explored and support can be provided in domains of need. Substance abuse to mitigate stress also needs to be addressed and managed well (Lee et al., 2017) . Gay affirmative psychotherapy has helped the same sex orientated population to cope up with their sexual orientation and deal with the societal stigma. Mental health professionals should always be in the lookout of possible mental morbidity in homosexual

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