

HOMOSEXUALITY

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Homosexuality encompasses a variety of phenomena related to a same-sex sexual orientation. Although definitions of the term often focus mainly on sexual acts and attractions between persons of the same biological sex, homosexuality also refers to patterns of same-sex romantic and emotional bonding, identities and communities based on same-sex desires and relationships, and the shared culture created by those communities.

Homosexuality is usually understood as the counterpart to *heterosexuality*, with *bisexuality* applied to individuals who manifest both heterosexual and homosexual behavior or attraction. Such labels, however, represent an oversimplification. Not all people display consistency among their sexual feelings, behaviors, and identity; some experience considerable fluidity in their sexuality throughout their lives. Nevertheless, most adults in the United States report that they never made a conscious choice about their sexual orientation and that they have always felt the same type of sexual attractions and desires. They experience their sexuality as a deeply-rooted and unchangeable part of themselves. Some research data suggest that this pattern is more common among men, with women somewhat more likely to perceive their sexuality as fluid and involving some degree of choice.

Components of Homosexuality

Sexual Attraction and Desire

At some time in their lives, many people experience feelings of sexual attraction toward persons of their own sex or toward the idea of engaging in homosexual acts. One survey conducted in the United States in 1992, for example, found that nearly 8% of adults reported

currently experiencing such attraction. Because of the stigma historically associated with homosexuality, some respondents who had experienced such desires probably did not report it to researchers. Thus, this figure – like other percentages derived from self-reports about homosexuality – most likely underestimates the actual prevalence of adult homosexual attraction.

Ongoing attractions are often consistent with sexual behaviors, but this is not always the case. Many people with primary attractions to others of their own sex have heterosexual experiences, and many people with heterosexual preferences engage in homosexual activity at some time in their lives. When homosexual behavior is stigmatized, as in the United States, people are probably less likely to act on homosexual attractions than heterosexual attractions. Some do not engage in sexual behavior at all, regardless of their attractions. In the 1992 survey mentioned above, for example, it was not uncommon for women and men to report same-sex desire without having had same-sex relations.

Sexual Behavior

Sexual acts between people of the same biological sex occur commonly in human societies and, indeed, in most other animal species for which data are available. In some cultures, homosexual behavior is accepted or even expected at particular stages of the life cycle or under certain circumstances. In the United States and most other industrialized Western societies, however, adults are expected to engage in heterosexual behavior. Nevertheless, homosexual conduct occurs not infrequently. Large-scale surveys conducted in North America and Europe throughout the

1980s and 1990s indicated that roughly 1-10% of men and 1-6% of women (depending on the survey and the country) reported having had sexual relations with another person of their own sex since puberty. Such behaviors were especially common during adolescence and early adulthood.

Identities

Another aspect of homosexuality is the development of an identity or sense of self that is defined in terms of one's homosexual attractions, behavior, and relationships. In the United States, people who have developed such an identity typically refer to themselves as *gay*, with many women preferring the term *lesbian*. People display considerable variation in self-labeling, however, with some preferring *homosexual*, *queer*, or another term for themselves.

People arrive at a homosexual identity through various developmental routes. Many first become aware of their homosexual attractions in early adolescence, have a sexual experience with someone of the same gender, and subsequently enter an ongoing romantic relationship and develop a gay or lesbian identity. Others, however, form such an identity without ever engaging in homosexual behaviors or having a same-sex romantic relationship. Not all people with homosexual attractions develop a gay or lesbian identity, and not all individuals who identify themselves as gay engage in homosexual acts. Some regularly have sex with others of their own sex but never label themselves as gay or bisexual, and others develop a lesbian or gay identity primarily on the basis of political or esthetic values rather than erotic attractions.

The process of defining one's homosexual identity – acknowledging to oneself one's sexual and romantic attractions, accepting them, disclosing this information to others and, in many cases, becoming part of the gay community – is often termed *coming out of the closet* (*coming out* for short). It can be especially difficult for those who have internalized society's negative attitudes toward homosexuality and who believe false stereotypes

about people who are gay. Many gay men and lesbians seek the help of a therapist or counselor in the course of coming out, and many psychotherapists now devote special attention to helping their gay clients overcome this *internalized homophobia*. Self-help groups now exist in most cities and on many college campuses through which gay men and lesbians share their coming out experiences and develop positive feelings toward their sexuality. Because of society's assumptions that everyone is heterosexual, most gay people find that they must repeatedly come out whenever they meet new people. Thus, coming out is usually a life-long process.

Very little research is available to indicate how many people define their identity as gay or lesbian. The few large-scale surveys conducted in the United States that have asked this question have found that roughly 2-6% of adult respondents describe themselves as gay, lesbian, homosexual, or bisexual. Men are more likely than women to report that they self-identify as homosexual, a finding that is consistent with research showing that heterosexuals are considerably more likely to know a gay man than a lesbian. As with other estimates based on self-reports, these figures probably understate the actual proportion of gay people in the US population.

Relationships and Families

For the most part, gay and lesbian relationships are not legally recognized in the United States, although they do enjoy recognition in some other countries. A growing number of US employers, organizations, and local governments, however, have begun to offer same-sex "domestic partners" some of the same benefits that they give heterosexual married couples.

Despite the fact that societal stigma has often restricted opportunities for people of the same sex to form a committed relationship, a large proportion of gay and lesbian people are in such relationships. No reliable data are available from population surveys, but studies with nonprobability samples have reported that approximately 40-60% of the gay men and 60-

80% of the lesbians surveyed were currently in a relationship. Many gay men and lesbians who are currently single nevertheless report that having a steady love relationship is important to them.

The psychological dynamics of heterosexual and homosexual relationships are highly similar. No consistent differences in psychological adjustment or satisfaction have been observed between homosexual and heterosexual relationships. As with heterosexual relationships, same-sex partnerships vary widely in their duration, with relationships lasting 20 years and longer not uncommon.

Despite the similarities, some differences have been observed between heterosexual and homosexual relationships. Partners in same-sex relationships may be less likely than those in heterosexual couples to assume gender-typed roles. Another difference is that same-sex couples may be more likely than heterosexual couples to directly discuss and negotiate the issue of sexual monogamy. Lesbian couples appear more likely to be sexually exclusive than heterosexual couples, who in turn are more likely than gay male couples to be sexually monogamous. The fact that within heterosexual couples, men are more likely than women to have outside sexual relationships, suggests that gender may have a stronger relationship to sexual exclusivity than does sexual orientation.

In the 1990s, an unprecedented number of lesbians and gay men chose to become parents, often in the context of a committed same-sex relationship. Whereas many homosexual men and women had been parents before this time, their children usually were conceived in a heterosexual marriage. Lesbian and gay male parents have often met with hostility from conservative segments of society, and have even been denied custody of their own children in many cases. Despite the claims of those who oppose gay parents, empirical studies do not show that having a gay male or lesbian parent is deleterious to children. Consequently, a growing number of courts regard sexual orientation as irrelevant to a parent's ability to provide a good home and upbringing for his or her children.

Communities

In the United States and many other societies, homosexuality also can connote membership in a minority group community. Throughout the United States and many other countries, most large and even medium-size cities have a visible gay community with institutions such as newspapers, churches, clubs, social and political organizations, and businesses. Belonging to a gay community is similar in many ways to the experience of belonging to ethnic or religious minority groups. Gay men and lesbians typically have a sense of the community's boundaries and share common symbols, myths, rituals, and holidays; they mutually influence each other and are influenced by the community as a whole; community membership serves individual needs; and community members share an emotional connection, often on the basis of sharing a sense of the community's history, spiritual bonds, and humor. Community involvement can be an important source of social support and may contribute to a gay man or lesbian's psychological well-being.

Homosexuality and Mental Health

For much of the twentieth century, American psychiatry and psychology regarded homosexuality as a form of mental illness. It was included in the first *Diagnostic and Statistical Manual* (DSM) of the American Psychiatric Association, published in 1952. Labeling homosexuality as a form of psychopathology reflected psychiatrists' value assumptions derived from longstanding religious and legal traditions, as well as their clinical impressions of homosexuals who were seeking psychiatric treatment or were incarcerated. The diagnosis was not based on empirical data from homosexual people who were functioning well in society, however.

Once the scientific method was used to assess the appropriateness of the illness model, the weakness of that model soon became apparent. The first published study comparing the psychological functioning of a non-clinical sample of homosexuals with comparable heterosexuals was conducted by Evelyn Hooker

and published in the *Journal of Projective Techniques* (1956). She administered projective tests to men who were members of a homosexual organization in southern California, and to a sample of heterosexual men matched for age, education, and IQ. A panel of experts, unaware of each participant's sexual orientation, judged most men in both groups to be free from psychopathology. Using Rorschach protocols, they could not differentiate the homosexual men from the heterosexuals at a level better than chance. Hooker concluded from her study that homosexuality did not constitute a clinical entity and that it was not inherently associated with pathology.

Hooker's findings were subsequently replicated in numerous empirical studies of men and women. By 1973, the weight of empirical data, coupled with changing social norms and the development of a politically active gay community in the United States, led the Board of Directors of the American Psychiatric Association to remove homosexuality from the DSM. That decision was subsequently ratified by the Association's members. In 1986, the last remnant of homosexuality's status as a clinical diagnosis was eliminated when "ego-dystonic homosexuality" – a diagnosis applied to patients who reported persistent distress from a sustained pattern of unwanted homosexual arousal – was dropped from the revised DSM.

Nevertheless, some psychotherapists and religious counselors continue to try to change gay people into heterosexuals. The effectiveness of their techniques, however, has not been proved and the ethics of their therapies have been sharply questioned by many mental health professionals and human rights advocates. The dominant approach among mainstream psychotherapists is to attempt to help lesbian and gay clients to adjust successfully to their sexual orientation, to develop meaningful intimate relationships, and to cope with societal stigma.

The movement to declassify homosexuality as a diagnosis has been strongly supported by the American Psychological Association (APA). Since 1974, the APA has passed numerous

resolutions supporting equal rights for lesbians and gay men in employment (including teaching and military service), child custody, and access to services. Similar stances have also been adopted by many other professional and academic groups.

Origins

Because of the stigma historically attached to homosexuality and the long-prevailing assumption that it was an illness, posing the question of why a person becomes homosexual often carried a value assumption, namely, that discovering the "cause" of homosexuality would facilitate its "cure." Today, however, scientific inquiry focuses on the broader question of the beginnings of sexual orientation, whether homosexual, heterosexual, or bisexual. The goal is no longer to change sexual orientation, but rather to understand it. Because the term encompasses many distinct phenomena, however, attempting to identify the origins of homosexuality – and, more broadly, sexual orientation – is a difficult task.

Debate about the roots of sexual orientation has pitted those who consider it to be a universal human characteristic (some have also extended the concept to other species) against those who regard all aspects of human sexuality as socially constructed within a particular cultural context. Proponents of the former viewpoint have hypothesized biological (e.g., genetic and hormonal factors, the intrauterine environment of the developing fetus) or environmental (infant-caretaker interactions, learning, social interactions over the life span) determinants of sexual orientation. Social constructionists, in contrast, have argued that although people engage in homosexual and heterosexual acts in all societies, such behavior does not necessarily endow an individual with an identity or social role that corresponds to modern Western notions of "heterosexuality" and "homosexuality." They often give primacy to historical and cultural analysis of categories such as "homosexual" or "heterosexual," and the ways that individuals understand their own experiences in terms of those categories.

A kind of middle ground between these two

perspectives suggests that commonalities exist across cultures in patterns of sexual behavior and attraction, which have a biological basis to at least some extent. However, the meanings associated with these patterns vary widely among cultures, and the differences must be understood in order to recognize which aspects of human sexuality are universal and which are culturally specific. In other words, “heterosexuals” and “homosexuals” may not exist in all human societies in the way that residents of the United States understand these concepts; but some (as yet unspecified) aspects of “heterosexuality” and “homosexuality” probably are universal.

No compelling evidence has yet been offered to demonstrate clearly the origins of adult sexuality. It seems likely that a wide variety of biological, psychological, social, and cultural variables that contribute to sexual orientation will eventually be identified, with different individuals arriving at their adult orientation in different ways.

Sexual Prejudice

Prejudice against lesbians and gay men because of their sexual orientation is often referred to as *homophobia*. This term can be misleading, however, because it suggests that hostility toward gay men and lesbians represents a clinical pathology rather than a social phenomenon similar to racism and antisemitism. Other terms, such as *heterosexism*, have also been used to describe these attitudes.

Strong cultural sanctions against homosexuality – including religious, legal, and medical – existed throughout much of the twentieth century, and were manifested in hostile attitudes toward homosexuality among most heterosexuals. However, the latter part of the century was marked by a dramatic shift in these attitudes, spurred by the development of movements for the civil rights of minority groups in the United States and other countries. By the end of the millennium, it appeared that sexual prejudice was dramatically diminishing. In the United States, growing numbers opposed discrimination in employment on the basis of sexual orientation. Although a majority of the

public continued to regard homosexual behavior as immoral, that majority was shrinking. Sodomy laws had been abolished and legal protections from discrimination on the basis of sexual orientation had been adopted by Canada, the European Union, the Republic of South Africa, and other countries, as well as by many states and municipalities in the United States.

Despite this shift in attitudes, many gay men and lesbians – as well as heterosexual and bisexual people who are perceived to be homosexual – continue to be the targets of ostracism, discrimination, and even physical attack. A significant number experience *hate crimes* – beatings, sexual assaults, and even murder because of their sexual orientation. Fearing such attacks, many gay men and lesbians restrict their public activities to reduce their risk. In concert with members of racial and religious minorities, who also experienced an apparent upsurge in hate crime victimization in the 1980s and 1990s, members of the gay community lobbied state and congressional representatives to enact legislation to counteract the violence. In response, the federal government adopted laws supporting collection of data on hate crimes and many states imposed enhanced penalties for hate crime perpetrators.

Empirical research has identified several consistent correlates of heterosexuals’ prejudice against lesbians and gay men. In contrast to those with favorable attitudes, individuals with more negative feelings are likely to be older, less educated, male, rural and residents of the Midwestern or southern United States. They are more likely to attend religious services frequently, and to hold traditional beliefs about the social roles of men and women and restrictive views about sexual behavior. They also are less likely to have had a close relationship with an openly gay person. Indeed, heterosexuals with close friends who have disclosed that they are lesbian or gay are among those most likely to have positive and supportive attitudes toward gay people generally.

Conclusion

Psychology regards homosexuality as an alternative form of sexuality that is not

associated with pathology. Psychology also recognizes the considerable diversity that exists among gay men and lesbians, and seeks to address the problems they face as a result of the stigma historically associated with homosexuality.

Bibliography

Bayer, R. (1987). *Homosexuality and American psychiatry: The politics of diagnosis* (2nd Ed.). Princeton, NJ: Princeton University Press.

Bell, A.P., & Weinberg, M.S. (1978). *Homosexualities: A study of diversity among men and women*. New York: Simon & Schuster.

Bérubé, A. (1990). *Coming out under fire: The history of gay men and women in World War II*. New York: Free Press.

Bohan, J. S. (1996). *Psychology and sexual orientation: Coming to terms*. New York: Routledge.

Boston Lesbian Psychologies Collective. (Eds.) (1989). *Lesbian psychologies: Explorations and challenges*. Urbana, IL: University of Illinois Press.

Boswell, J. (1980). *Christianity, social tolerance, and homosexuality*. Chicago: University of Chicago Press.

Cabaj, R.P. & Stein, T.S. (Eds.).(1996). *Textbook of homosexuality and mental health*. Washington, DC: American Psychiatric Press.

D'Augelli, A.R. & Patterson, C.J. (Eds.).(1995). *Lesbian, gay, and bisexual identities across the life span: Psychological perspectives on personal, relational, and community processes*. Cambridge, MA: Oxford University Press.

D'Emilio, J. (1983). *Sexual politics, sexual communities: The making of a homosexual minority in the United States, 1940-1970*. Chicago: University of Chicago Press.

Duberman, M.B., Vicinus, M., & Chauncey, G., Jr. (1989). *Hidden from history: Reclaiming the gay and lesbian past*. New York: New American Library.

Garnets, L. & Kimmel, D. (Eds.).(1993). *Psychological perspectives on lesbian and gay male experiences*. New York: Columbia University Press.

Gonsiorek, J.C., & Weinrich, J.D. (Eds.) *Homosexuality: Research findings for public policy*. Newbury Park, CA: Sage.

Herek, G.M., & Berrill, K. (Eds.) (1992). *Hate crimes: Confronting violence against lesbians and gay men*. Newbury Park, CA: Sage.

Herek, G.M., Kimmel, D.C., Amaro, H., & Melton, G.B. (1991). Avoiding heterosexist bias in psychological research. *American Psychologist*, 44 (9), 957-963.

Laumann, E. O., Gagnon, J. H., Michael, R. T., & Michaels, S. (1994). *The social organization of sexuality: Sexual practices in the United States*. Chicago: University of Chicago Press.