Homosexuality

Enduring emotional, romantic, or sexual attraction to individuals of one’s own gender.

For most of history, open discussions about homosexuality—sexual attraction to people of one’s own gender—have been taboo. Men and women with a homosexual orientation are referred to as gay, while the term lesbian refers to women only. Homosexuality was classified as a mental disorder until 1973, when the American Psychiatric Association removed “homosexuality” from the Diagnostic and Statistical Manual of Mental Disorders. Two decades later, bias and discrimination against gays and lesbians still exists, but sexual orientation is discussed more openly.

There are no reliable statistics on the number of people who are homosexual. The American researcher Alfred C. Kinsey conducted extensive surveys on sexual behavior in the 1950s, and estimated that about 4% of men and 3% of women were exclusively homosexual; however, his research found that 37% of men and 28% of women had had some sexual experience with a person of their own gender. Most researchers in the 1990s estimate the percentage of the population with homosexual orientation at about 5%, while recognizing that the estimate is based on projections, not hard statistics.

The four components of human sexuality are biological sex, gender identity (the psychological sense of being male or female), sexual orientation, and social sex role (adherence to cultural norms for feminine and masculine behavior). Sexual orientation refers to enduring emotional, romantic, sexual, or affectionate feelings of attraction to individuals of a particular gender. Sexual orientation may or may not be reflected by the individual in his or her behavior, because feelings of attraction may be repressed or ignored for any number of reasons.

Three sexual orientations are commonly recognized: homosexual, attraction to individuals of one’s own gender; heterosexual, attraction to individuals of the opposite gender; bisexual, attractions to members of either gender.

Through history, various theories have been proposed regarding the source and development of sexual orientation. Many scientists believe that sexual orientation is shaped for most people at an early age through complex interactions of biological, psychological, and social factors. In most cases, sexual orientation emerges for most people in early adolescence without any prior sexual experience. Many reports have been recorded by people recounting efforts to change their sexual orientation from homosexual to heterosexual with no success. For these reasons, psychologists believe that sexual orientation is not a conscious choice that can be voluntarily changed. In addition, scientific research over 30 years confirms that homosexual orientation is not associated with emotional or social problems. Based on research conducted in the 1960s, psychologists, psychiatrists, and other mental health professionals concluded that homosexuality is not an illness, mental disorder, or emotional problem.

The process of identity development for lesbians and gay men, usually called “coming out,” has been found to be strongly related to psychological adjustment. Being able to discuss one’s sexual orientation is a sign of positive mental health and strong self-esteem for a gay man or lesbian. But even for those gays and lesbians who have adjusted psychologically to their sexual orientation, false stereotypes and prejudice make the process of “coming out” challenging. Lesbian and gay people must risk rejection by family, friends, co-workers, and religious institutions when they share their sexual orientation.

In addition, violence and discrimination are real threats. In a 1989 national survey, almost half of the gay and lesbian people surveyed reported being the target of some form of discrimination or violence during their lifetime. Legal protection from discrimination and violence for gay and lesbian people is important. Some states categorize violence against an individual on the basis of her or his sexual orientation as a “hate crime” with more stringent punishment. Eight U.S. states have laws against discrimination on the basis of sexual orientation.

There is no scientific evidence to support the idea that sexual orientation can be changed through therapy. Some well-meaning parents have sought therapy to help their child change his or her sexual orientation, especially when the admission of homosexuality seems to be causing the child great emotional pain. In fact, there have been reports of cases where such therapy was successful; however, several factors in these reports cause psychologists to question the results. First, none of these cases have been reported on by objective mental health researchers; rather, many of the reports about sexual orientation being changed through therapy have been generated by organizations who are ideologically opposed to homosexual orientation. In addition, the reports have not allowed for a realistic follow-up period. In 1990, the American Psychological Association stated that scientific evidence does not support conversion therapy; in fact, the evidence reveals that it can actually be psychologically damaging to attempt conversion. Sexual orientation is a complex component of one’s personality not limited to sexual behavior. Altering sexual orientation is to attempt to alter a key aspect of the individual’s identity.

Like people of other sexual orientations, a percentage of gays and lesbians seek counseling. They may see...
a therapist for any of the reasons many people seek help—coping with grief, anxiety, or other mental health or relationship difficulties. In addition, they may seek psychological help in adjusting to their sexual orientation and in dealing with prejudice, discrimination, and rejection. Families who are adjusting to the news that one of their members is homosexual may also seek counseling to help with the complex feelings and prejudices that such news may elicit.

Since sexual orientation emerges in adolescence—already a stage of challenging emotional, social, and physical development—families of adolescent gays and lesbians should learn as much as they can about sexual orientation. Educational materials and support and discussion groups exist for both adolescents and their family members.

See also Bisexuality

Further Reading


Further Information


Federation of Parents and Friend of Lesbians and Gays. P.O. Box 27605, Washington, DC 20038, (202) 638-4200.


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

Parents and Friends of Lesbians and Gays. 1012 14th Street, NW, Suite 700, Washington, DC 20005, (202) 638-4200.

Sex Information and Education Counsel of the United States. 130 W. 42nd Street, Suite 2500, New York, NY 10036.

Evelyn Hooker

1907-1996
American psychologist who helped change stereotypes about homosexuals.

Evelyn Hooker’s groundbreaking work on homosexuality paved the way for greater acceptance of a group of people who had for years been labeled “abnormal.” Modern society still finds many ways to discriminate against gay men and lesbians, but before Hooker’s study many viewed homosexuality as a bona fide mental disorder. Hooker’s research proved that, aside from their sexual preference, there was no demonstrable psychological difference between heterosexuals and homosexuals.

Evelyn (Gentry) Hooker was born on her grandmother’s farm in North Platte, Nebraska, on September 2, 1907. Next door to the farm was the home of the Western showman “Buffalo Bill” Cody. The sixth of nine children, young Evelyn was inspired by her mother to pursue learning. Education for a number of years was a series of one-room schoolhouses as the family moved from farm to farm trying to eke out a living. When she was of high school age, the family moved to Sterling, Colorado, where she attended a large and surprisingly progressive high school.

Hooker originally planned to go to a teacher’s college, but her instructors, recognizing her potential, convinced her to go instead to the University of Colorado, where she enrolled in 1924. She took a course with the psychologist Karl Muenzinger and decided to major in psychology. Quickly distinguishing herself, she was offered an instructorship in her senior year. This gave her an opportunity not only to teach but to receive a master’s degree. She wanted to stay on at Colorado for her Ph.D., but Muenzinger convinced her that going to another college would broaden her education. She chose Johns Hopkins in Baltimore and received her Ph.D. in 1932.

Influenced by European experiences

Hooker took a position teaching in a women’s college outside of Baltimore. Stricken with tuberculosis in 1934, she was obliged to spend the next two years in a sanitarium in California. She began teaching part-time and in 1937 was awarded a fellowship to study at the Institute for Psychotherapy in Berlin. Her training went on