Annexure 6: The Changing Status of Homosexuality vis-à-vis Mental Health

Source: Hooker, 1957

Evelyn Hooker’s pioneering research debunked the popular myth that homosexuals are inherently less mentally healthy than heterosexuals, leading to significant changes in how psychology views and treats people who are gay.

Findings

In the 1950’s, Dr. Evelyn Hooker studied 30 homosexual males and 30 heterosexual males recruited through community organizations. The two groups were matched for age, IQ, and education. None of the men were in therapy at the time of the study. Dr. Hooker administered three projective tests, which measure people’s patterns of thoughts, attitudes, and emotions – the Rorschach, in which people describe what they see in abstract ink blots, the Thematic Apperception Test [TAT] and the Make-A-Picture-Story [MAPS] Test, in which people tell stories about different pictures.

Unaware of each subject’s sexual orientation, two independent Rorschach experts evaluated the men’s overall adjustment using a 5-point scale. They classified two-thirds of the heterosexuals and two-thirds of the homosexuals in the three highest categories of adjustment. When asked to identify which Rorschach protocols were obtained from homosexuals, the experts could not distinguish respondents’ sexual orientation at a level better than chance.

A third expert used the TAT and MAPS protocols to evaluate the psychological adjustment of the men. As with the Rorschach responses, the adjustment ratings of the homosexual and heterosexuals did not differ significantly. Based on these findings, Dr. Hooker tentatively suggested that homosexuals were as psychologically normal as heterosexuals.

Significance

Hooker’s work was the first to empirically test the assumption that gay men were mentally unhealthy and maladjusted. The fact that no differences were found between gay and straight participants sparked more research in this area and began to dismantle the myth that homosexual men and women are inherently unhealthy.

Practical Application

In conjunction with other empirical results, this work led the American Psychiatric Association to remove homosexuality from the Diagnostic and Statistical Manual (DSM) in 1973 (it had been listed as a sociopathic personality disorder).

In 1975, the American Psychological Association publicly supported this move, stating that “homosexuality per se implies no impairment in judgment, reliability or general social and vocational capabilities… (and mental health professionals should) take the lead in removing the stigma of mental illness long associated with homosexual orientation.”

Although prejudice and stigma still exist in society, this research has helped millions of gay men and women gain acceptance in the mental health community.
**Timeline of Events**

*(Adapted from American Psychological Association)*

**Significant Events**

- 1973 - American Psychiatric Association removes homosexuality from list of mental disorders in its Diagnostic and Statistical Manual (DSM).
- 1975 - American Psychological Association follows suit.
- 2001 - Chinese Psychiatric Association delists homosexuality as a mental disorder.
- 2008 - Indian Council of Medical Research considers allowing LGBT people (same-sex couples) to become parents through artificial reproductive techniques, but this is still under debate. Proposed changes in adoption laws may debar this provision.
- Transgender phenomenon (in medical jargon Gender Identity Disorder [GID]), is still classified as a mental disorder in the DSM IV and ICD. But even this is set to change.
- The new version of the DSM is likely to replace it with the term ‘gender dysphoria’, no longer call it a disorder, but a condition in which some persons may need psycho-social and medical support.
- The change in the ICD is still being debated. Trans-activists the world around don’t just want a simplistic change by delisting GID, but also want that many hidden sub-clauses or sections in the ICD be addressed. In fact, simply delisting GID may remove some of the health benefits that transpersons do receive because they have a ‘disorder’. They don’t want to lose those relevant benefits till an alternate arrangement assures them of that.