Science & Sexuality: An Overview of 60+ Years of Research

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A Brief Summary of 60 Years of LGB(T) Research

- Clarifying the Constructs
- Describing the Population
- Stigma, Prejudice, Discrimination, and Violence, and How to Change It
- Effects of Stigma, Prejudice, Discrimination, and Violence
- Buffering or Protective Effects of Identity Development and Social Support
- Prevalence and Nature of Same-Sex Relationships and Family Formation
- Development of Sexual Orientation
Clarifying the Constructs

• Sex
• Gender
• Sexual Orientation
Sex

Sex refers to a person’s biological status and is typically categorized as male, female, or intersex (i.e., atypical combinations of features that usually distinguish male from female). There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs, and external genitalia.

Gender

*Gender* refers to the attitudes, feelings, and behaviors that a given culture associates with a person’s biological sex. Behavior that is compatible with cultural expectations is referred to as gender-normative; behaviors that are viewed as incompatible with these expectations constitute gender non-conformity.

Gender identity refers to “one’s sense of oneself as male, female, or transgender” (American Psychological Association, 2006). When one’s gender identity and biological sex are not congruent, the individual may identify as transsexual or as another transgender category (cf. Gainor, 2000).

Gender expression refers to the “...way in which a person acts to communicate gender within a given culture; for example, in terms of clothing, communication patterns and interests. A person’s gender expression may or may not be consistent with socially prescribed gender roles, and may or may not reflect his or her gender identity” (American Psychological Association, 2008, p. 28).

Alternative Gender

• Transsexual refers to people whose gender is different from their assigned sex. Hormone and surgical treatments are necessary for a change in sex, but the diagnosis of gender identity disorder is controversial.

• Transgender is an umbrella term for persons whose gender identity, gender expression or behavior does not conform to that typically associated with the sex to which they were assigned at birth.

• Gender Non-Conforming is one of a number of additional terms that may vary from person to person and may change over time, but often includes a sense of blending or alternating genders.
Sexual Orientation

Sexual orientation refers to the sex of those to whom one is sexually and romantically attracted. Categories of sexual orientation typically have included attraction to members of one’s own sex (gay men or lesbians), attraction to members of the other sex (heterosexual people), and attraction to members of both sexes (bisexual people).

While these categories continue to be widely used, research has suggested that sexual orientation does not always appear in such definable categories and instead occurs on a continuum (e.g., Kinsey, Pomeroy, Martin, & Gebhard, 1953; Klein, 1993; Klein, Sepekoff, & Wolff, 1985; Shiveley & DeCecco, 1977). In addition, some research indicates that sexual orientation is fluid for some people; this may be especially true for women (e.g., Diamond, 2007; Golden, 1987; Peplau & Garnets, 2000).

Sexual Orientation

- Identity, Attraction, Behavior
- Inherent Link to Intimate Relationships
- Normal Expression of Human Sexuality
Describing the Population
Describing the LGBT Population

- An estimated 0.3% (0.1-0.5) of adults are transgender (some step toward transition); in recent survey, 46% male and 54% female.
- An estimated 3.5% (1.7-5.6%) of adults in the United States identified as lesbian, gay, or bisexual.
- Among adults who identify as LGB, bisexuals comprise a slight majority.
- Women are substantially more likely to identify as bisexual than as lesbian.
- An estimated 19 million Americans (8.2%) report having engaged in same-sex sexual behavior and 25.6 million Americans (11%) acknowledge at least some same-sex attraction.
- Estimated 9 million LGBT Americans, about the population of New Jersey.


Describing the LGBT Population

• Lesbian women and bisexual men and women in the US sample were younger than the general population, but gay men were not; transgender people in the Massachusetts sample were disproportionately young compared to the nontransgender population.
• In the US sample, lesbian and gay self-identified people mirrored the general population in their race/ethnicity, but bisexual self-identified men were less likely to be non-Hispanic White and bisexual self-identified women were less likely to be non-Hispanic Black or Hispanic; Transgender people in the Massachusetts sample were more likely to be Hispanic and less likely to be White or AAPI or AIAN.
• Lesbian and gay people were more highly educated, but bisexual men and women and transgender people were not significantly different from the general population in education.
• 40% of gay men, 75.8% of lesbians, 43.3% of bisexual men, and 76.7% of bisexual women reported being in a committed relationship; 47.5% of transgender people were with married or coupled.

Describing the LGB Population

• Gay men reported they first became aware of their sexual orientation at 15 years old, lesbians at 18, bisexual men at 17.5, and bisexual women at 20.

• 95% of gay men and 84% of lesbians reported having little or no choice about their sexual orientation, while 61% of bisexual men and 56% of bisexual women reported little or no choice.

• Roughly 60% of LGB people in this US sample attended a religious service at least once in the past year with bisexual men being the most likely to attend weekly or more – 24% versus less than 10% for the other three groups.

Stigma, Prejudice, Discrimination, and Violence, and How to Change It
SEXUAL STIGMA

Societal Manifestations

Structural/Institutional

Heterosexism
E.g.:
- Law/Civil Rights
- Religion
- Health/Health Care

Individual Manifestations

Psychological/Personal

Enacted
- Felt
- Internalized
  - Self-stigma
  - Sexual Prejudice
Structural/Institutional Sexual Stigma

Heterosexism

- Promotes heterosexual assumption, renders sexual minorities invisible
- Perpetuates view of heterosexual behavior and relationships as normal, natural, and superior
- By embedding in societal institutions, ensure sexual minorities have less power and status
  - Law/Civil Rights (e.g., couples/families, work)
  - Religion
  - Health/Health Care (mental, physical)
Stigma, Prejudice, Discrimination, and Violence, and How to Change It

Late 1800s: Homosexuality as status variable is articulated; stigmatization inherent in early conceptualizations, remains largely unquestioned until mid-twentieth century

1950s, 1960s: Kinsey and Hooker offer pioneering research

1950s-1970s: Rights movements raise consciousness, tolerance

1972: Weinberg introduces term “homophobia” and idea that hostility to homosexuality, not homosexuality itself, posed threat to mental health

1973, 1975: Both APAs vote to remove homosexuality from DSM; our APA enjoins psychologists to “take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations”

1980s, 1990s: Data accumulating on bias in therapy, research, and education/training regarding sexual orientation; personal phobia model losing explanatory power

2000s: Herek offers new conceptual model of sexual stigma
Psychological/Personal Sexual Stigma

Enacted Stigma
*Individual behaviors that enact stigma*

- 1/5 LGB adults experienced violence or property crime based on s.o. at least once in lifetime
- 1/2 LGB adults experienced verbal harassment
- 1/10 experienced employment or housing discrimination
- Est. 37,800 hate crimes motivated by s.o. 2000-2003
- Men more likely than women to be victims of hate crimes
- Hate crimes based on s.o. inflict greater psychological trauma than other violent crimes

Psychological/Personal Stigma Targeted at Transgender People

- Enacted Stigma for Transgender Adults and Youths
  - No probability sample data
  - Convenience sample and community survey data have found high levels of reported discrimination and harassment
- One population survey in Massachusetts found high unemployment and poverty among transgender people.
Psychological/Personal Sexual Stigma

Felt Stigma

*Individual awareness of stigma and its consequences*

- Stigma consciousness
- Minority stress and anticipatory coping
- Stereotype threat
Psychological/Personal
Sexual Stigma

Felt Stigma

• More than 50% Reported Some Level of Felt Stigma
  – “People think less of LGB people”
  – “People will not hire openly LGB people”
  – “People would not want openly LGB person caring for their children”

• Reported Felt Stigma Associated with Enacted Stigma
Psychological/Personal Sexual Stigma

Internalized Stigma
*acceptance of legitimacy of stigma and incorporation into self-concept*

- **Self-Stigma**
  - characterizes stigmatized, minority group

- **Sexual Prejudice**
  - characterizes non-stigmatized, majority group
  - distinct from attitudes toward heterosexist policies
  - concealable nature of s.o. creates threat, opportunity
  - correlates: gender, conservative political & religious beliefs, dogmatism, choice beliefs, little or no contact
  - acceptable in contemporary society
Research on Prejudice Reduction: The Contact Hypothesis

• Research on how intergroup contact reduces prejudice
• Prejudice will be reduced by contact between majority and minority group members.
Mediators of Prejudice Reduction

- Increased knowledge
- Reduced anxiety
- Increased empathy and perspective-taking
- The effect of the latter two is greater than that of the first.
Contact and Reduction of Sexual Prejudice

Contact is most likely to reduce sexual prejudice

- When heterosexuals know multiple sexual minority individuals
- When those contacts include emotionally close relationships, and
- When the relationships include open discussion of what it means to be a sexual minority.
Effects of Stigma, Prejudice, Discrimination, and Violence
Effects of Stigma, Discrimination, and Violence

• Identity development and “coming out”
• Health and health care (mental, physical)
• Relationships and families
Identity Development

• Where heterosexuality is “normal,” deviant status demands declaration, explanation

• In context of sexual stigmatization, recognizing, accepting, affirming, and disclosing one’s identity as sexual minority becomes important developmental task

• Disclosure of identity (“coming out”) represents strategy for managing stigma with both negative and positive consequences

• Enacted, Felt, and Internalized Stigma play central roles in identity development and disclosure
Challenges to Sexual Minority Identity Development

Invisibility, lack of role models, lack of reference group

Lack of family modeling or support

Religious prohibitions

Isolation, lack of accurate information

Confusion about sexuality in general

Negative peer and societal messages, behaviors

Internalized sexual stigma or self-stigmatization

Uninformed or biased helping professionals

Childhood events and background

Repetition and continuity of coming out process
Health

Mental and Physical Health

• Although most sexual minorities function well, this population may be at heightened risk for psychological distress (including suicide) and substance use

• Correlations between s.o. and mental health largely explained by experiences with discrimination

• Self-stigmatization has important consequences for physical and psychological health and well-being

• Collective identity appears to moderate minority stress, reduce psychological distress

• Multiple identities suggest both costs and benefits

• Health care difficulties well-documented, particularly for transgender people
Relationships and Families

Same-sex couples/families must negotiate the same issues as heterosexual couples/families:

• Adjusting to one another’s habits, tastes, styles
• Maintaining a household
• Managing finances
• Dealing with extended family
• Making decisions about children
• Negotiating the home-work interface
• Coping with life crises
• Maintaining emotional and physical intimacy
Relationships and Families

BUT same-sex couples must negotiate these tasks within societal context of:

- STIGMA
- ISOLATION
- INVISIBILITY

AND

face additional complexities and barriers if they possess another stigmatized status
Structural/Institutional Impact

• Lack of legal and fiscal supports for the relationship
  • Marriage rights
  • Adoption, child custody rights
  • Immigration rights
  • Health and tax benefits

• Lack of support, denial, censure from families and communities

• Social denial of the relationship, regardless of commitment or longevity

• Men: Threat of HIV/AIDS
Individual/Relational Impact

- Lack of experience or role-modeling of same-sex relationships
- Sexual definitions of relationships
- Daily stresses and conflicts of identity development, management
- Background events (e.g., sexual violence) that complicate intimacy
Buffering or Protective Effects of Identity Development

• Identity concealment linked to psychological distress and health problems
• Being out correlates with positive psychological and physical states
Prevalence and Nature of Same-Sex Relationships and Family Formation
Prevalence and Nature of Same-Sex Relationships and Family Formation

- Same-sex couples head more than 600,000 US households;
- There are more than 130,000 married same-sex couples in the United States;
- 111,033 households are headed by same-sex couples with their own children under 18 years, 63% (69,839) unmarried and 37% (41,194) married.

2010 U.S. Census
The psychological and social aspects of committed relationships between same-sex partners closely resemble those of heterosexual partnerships. Like heterosexual couples, same-sex couples:

• Form deep emotional attachments;
• Face similar issues concerning intimacy, love, equity, loyalty, and stability, and they go through similar processes to address those issues;
• Have levels of relationship satisfaction similar to or higher than those of heterosexual couples.
A Framework for Affirmative Interventions with Adults

- Acceptance and support
- Assessment
- Active coping
- Social support
- Identity exploration and development
Lesbian, Gay, Bisexual, and Transgender Concerns Office

- For further information contact
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