

Introduction to the Special Section: Mental Health of Lesbians and Gay Men

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There has been little focus on the mental health of lesbians and gay men in the 2 decades since homosexuality was removed as a diagnostic category from the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.; American Psychiatric Association, 1980). This special section contains articles on research methodology on lesbian and gay mental health; the practice and ethics of sexual orientation conversion therapy; the mental health results of the National Lesbian Health Care Survey; ethnicity and sexual orientation; sexual orientation as a factor in research on eating disorders and body dissatisfaction; and verbal and physical abuse as stressors in the lives of lesbian and gay youths.

Why devote a special section to the mental health of lesbians and gay men? Before 1973, when the second edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-II)*; American Psychiatric Association, 1973) listed homosexuality as a diagnostic category, the clinical research focused on homosexuality as pathology, assessment of homosexuality, causes of homosexuality, and "reorientation" of lesbians and gay men to become heterosexual. Not surprisingly, when the *DSM* removed homosexuality as a mental disorder, articles about homosexuality ceased appearing in journals of clinical psychology.

Two decades have passed since the American Psychological Association urged psychologists to "take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations" (Conger, 1975, p. 633). During this time period, psychologists have begun to develop theory and practice for both removing the stigma and advancing the knowledge about lesbian and gay issues (see Morin & Rothblum, 1992, for a review). Much of the focus of research and theory has been on lesbian and gay identity development, the coming-out process, discrimination and homophobia, and legal issues. There has been comparatively little focus on mental health and treatment issues concerning lesbians and gay men, and this is the focus of the special section.

The section begins with an overview article in which I argue that the recent past of pathologizing homosexuality still strongly influences the mental health field. Lesbians and gay men may be protected from some mental health problems that affect heterosexuals while being at increased risk for others. I offer some suggestions for research methodologies, including the definition of sexual orientation, recruitment of research participants, and appropriate control groups.

Treatment of lesbians and gay men used to imply sexual orientation conversion therapy, although this treatment was ineffective. Douglas Haldeman discusses the continuing efforts of psychological and religious conversion programs to reorient les-

biens and gay men today, the ethical considerations of this treatment, and implications for standards of psychological practice.

The National Lesbian Health Care Survey (Bradford & Ryan, 1987) is the largest study on lesbians in the United States to date, with a sample size of 1,925. Judith Bradford, Caitlin Ryan, and I present the results of the mental health and counseling portion of this study, including major concerns such as depression and anxiety, suicide, physical and sexual abuse, substance abuse, and use of counseling. Results are compared with existing mental health data on heterosexual women.

Beverly Greene reviews the literature on the mental health and treatment of lesbians and gay men and that of members of ethnic minorities. As she indicates, there has been little research that has integrated sexual orientation and ethnic minority group membership. Her article discusses implications of multiple oppressed-group membership and the implications for the mental health of clients as well as potential issues for clinicians.

Research on gender has usually ignored the interaction of gender with sexual orientation. Michael Siever reports the results of his research on eating disorders and body dissatisfaction with lesbians, gay men, and heterosexuals. As predicted, gay men and heterosexual women are most dissatisfied with their bodies and at risk for eating disorders because of the desire to look attractive to men.

Lesbian, gay male, and bisexual youth are subject to unique risk factors in their lives that are directly related to sexual orientation. They receive verbal and physical abuse from adults and other youth. As a result, they experience academic problems, run away from home, engage in prostitution, become homeless, use illicit drugs, and come into conflict with the law. These youth also account for 30% of all adolescent suicides. Ritch Savin-Williams reviews this literature and discusses the implications for clinicians.

In summary, the purpose of the special section is to present research and theory on lesbian and gay issues that have not often been the focus of clinical journals. The purpose of each topic area that has been included is to provide improved mental health care for lesbians and gay men across age and ethnicity,

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as well as to improve our understanding of clinical work with heterosexuals.

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