

The Depathologization of Homosexuality

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ABSTRACT

Homosexuality is the enduring pattern of emotional, sexual and romantic attraction towards members of the same sex. We owe a deep apology to the LGBTQ community for the atrocities committed to them in the name of mental health. Members of the LGBTQ group have a high incidence of psychiatric morbidity including depression, anxiety, substance abuse, suicidal ideation and self-harm. (Kar et al., 2018). The LGBTQ group shares their apprehension towards mental health care resources. The mental health community of psychiatrists, psychologists and social workers has a crucial role to play in helping their clients and society, in general, accept variations of sexual orientation. The 'Depathologisation of Homosexuality' by the mental health community played a crucial role in legitimizing the LGBTQ group and their struggles worldwide.

Keywords: *Homosexuality, MSM, WSW, LGBTQ, Depathologisation, Mental Health*

Homosexuality is defined as the enduring pattern of emotional, sexual and romantic attraction towards members of the same sex. It can include men, who are gay, or 'Men who have sex with Men' (MSM); and women who are lesbian, or 'Women who have sex with Women' (WSW).

Homosexuality in Ancient India

The phenomenon of MSM and WSW has been present since ancient times and was recorded in various works of literature, mythology, poetry, ghazal and art. The Rig Veda records the tale of Mitra and Varuna who represent the two halves of the moon and are interpreted to be in a homosexual relationship (Mehrotra, 2021).

Vanita & Kidwai (2000) provide multiple records of homosexuality in ancient Hindu texts. Krittivasa Ramayana illustrates the tale of King Bhagiratha who was born to 2 women. The Bhagwad Purana contains the union between Shiva and Mohini, Vishnu's female avatar. Their union gave birth to Ayappa, the dual gendered god. In addition, the Kamasutra, Arthashastra and Manusmriti acknowledge the presence of MSM and WSW. Vatsyayana's Kamasutra includes the term "Gandharva Vivah" which translates to a non-platonic union between 2 men or 2 women.

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The memoirs of Mughal emperor Babur relay his love and attraction for a boy 'Baburi' (Sadh, 2020). The walls of the Kandariya Mahadev temple and Lakshman temple in Khajuraho, Rajarani Temple in Orissa and Shiva Temple in Karnataka have sculptures of MSM and WSW and orgies. The Buddhist monastic caves in Ajanta and Ellora display paintings with scenes of MSM and WSW (Mehrotra, 2021). All this suggests that variations in sexual orientations such as homosexuality were acknowledged, and tolerated, if not celebrated as natural state of beings in Pre-colonial India.

In the 19th Century, when Imperial Britain created its colonies around the globe including India, efforts were made to inculcate the commonwealth countries with victorian values. This resulted in the imposition of binary sexual norms and the drastic repression of sexuality through 'Offences against the Person Act 1861'. The only acceptable form of union was between a man and woman who were married and procreating. Thus, heteronormative and homophobic attitudes became both the rule and norm. The LGBTQ group was pushed to the margins of society. Ironically, the British decriminalized homosexuality in 1967. However, in India, 'Buggery' remained a criminal act till the 21st century (Misra, 2009).

Following 2 decades of struggle by the LGBTQ group, the Indian Supreme Court decriminalized homosexuality in 2019, stating that sexual orientation is a biological phenomenon and discrimination based on sexual preference is a violation of one's fundamental rights. This was a landmark reform in favour of the LGBTQ group (Times of India, 2018). Nonetheless, the citizens of India continue to remain indifferent to these laws. The culture of "*Log kya kahenge*" continues to restrain homosexuality as a socially unacceptable and abnormal phenomenon (Misra, 2009).

Psychology and Homosexuality

Psychology and Homosexuality share a long dark history. In the Christian world, MSM and WSW were considered "sinners" and subjected to extreme intolerance. During the shift from religious to secular authority, these views were translated into law as felonies punishable by death.

The mid-19th century saw the advent of medicine and psychiatry, and stigma towards MSM and WSW received scientific backing. They were labelled 'Abnormal' and 'Pathological'. Intellectuals like Jean-Martin Charcot, Havelock Ellis, Magnus Hirschfeld, Karl Heinrich Ulrichs and Karoli Maria Kertbeny strongly criticized the criminalization of homosexuality and put forth arguments supporting the natural variation of sexuality. Other researchers theorized homosexuality as a form of sexual deviance. Richard von Kraft Ebbing analysed unconventional sexual behaviours through the Darwinian lens of natural selection. According to him, all forms of non-procreative sexual behaviours that do not aim to continue the legacy of the species are to be considered as congenital and degenerative diseases (Baughey-Gill, 2011; Drescher, 2015).

Freud criticized Ebbing and asserted that homosexuality does not meet the criteria of a degenerative disease because MSM and WSW are not impaired in areas of intellectual development, ethical culture, competence and efficiency (Drescher, 2015). He argued that all humans are bisexual in nature and homosexuality was caused by a certain 'Arrest' of psychosexual development. Nevertheless, he maintained that homosexuality was not an illness that required a cure (Freud, 1953). Post-Freudian psychoanalysts like Irving Bieber and Charles W. Socarides rejected Freud's view. They insisted that heterosexuality was the biological norm. Homosexuality was a result of emotionally distant & abusive fathers and

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seductive mothers (Baughey-Gill, 2011; Drescher, 2015). They openly advocated for homosexuality as a curable mental disorder that could be treated through Hypnosis, Electroshock Therapy, Lobotomy, Electroconvulsive Therapy, Aversion Therapy, and Drug & Hormone injections (Robertson, 2004).

Depathologizing Homosexuality

In the Mid 20th Century, Alfred Kinsey and Evelyn Hooker carried out studies that played a pivotal role in the ‘Depathologization of Homosexuality’. The Kinsey Studies (1948) surveyed thousands of individuals regarding their sexual preferences, fantasies and behaviours. The results indicated a relatively high prevalence of homosexuality in the general population. This put forth the question that if mentally unimpaired individuals had homosexual tendencies, then what makes it a disease? Evelyn Hooker administered the Rorschach Inkblot Test and Thematic Apperception Test to both non-psychiatric heterosexual and homosexual men. She invited 3 expert psychologists to analyse the data. The findings (1958) revealed no difference in psychological functioning or disturbances between the 2 groups. Both these studies provided empirical evidence disproving the belief that MSM and WSW were mentally disturbed (Baughey-Gill, 2011; Drescher, 2015; Robertson, 2004).

Even so, the American psychiatric community remained indifferent to these findings. The succeeding publications of the International Statistical Classification of Diseases and Related Health Problems (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM) continued to categorize homosexuality as a mental disorder that required conversion therapy. The 1969 Stonewall riots, which united the LGBTQ group, and subsequent riots in 1970 and 1971 at the American Psychological Association meetings led to its eventual reconceptualization in the DSM.

In DSM-I (1952) and DSM-II (1968), Homosexuality was classified as a ‘Sexual Deviation’ under the category of ‘Personality Disorders’. In DSM-III (1980) it was characterized as ‘Ego-Dystonic Homosexuality’. Note, in DSM-III-R (1987), DSM-IV (1994), and DSM-IV-TR (2000) the characteristic of “persistent and marked distress about one’s sexual orientation” remained in the category of ‘Sexual Disorders Not Otherwise Specified’ (Robles et al., 2006). This meant that an individual who is unhappy with his/her sexual orientation could be diagnosed and treated under this category.

The ‘Depathologisation of Homosexuality’ played a crucial role in legitimizing the LGBTQ group in America and Worldwide. One no longer had medical and scientific justifications to discriminate against MSM and WSW. It paved the way for various milestones for the LGBTQ group such as Decriminalizing of homosexuality, Civil Liberties for the LGTBQ group, Anti-discrimination laws, Marriage Equality, Adoption Rights and Military service (Drescher, 2015; Robertson, 2004)

Indian Psychology Community and Homosexuality

In India, despite legal reforms, the LGBTQ community continues to face the challenge of social acceptance. Sahni et al. (2016) assessed the implicit attitudes towards homosexuals among university students and found a general trend of negative implicit attitudes towards MSM. Factors influencing the negative attitude include gender and interpersonal contact. Males were found to have a more negative attitude towards homosexuals than females. Perhaps due to deep-rooted beliefs towards binary gender roles. The implicit attitude of males towards lesbians versus gays was not tested.

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Members of the LGBTQ group have a high incidence of psychiatric morbidity including depression, anxiety, substance abuse, suicidal ideation and self-harm. Social support in form of family acceptance and the LGBTQ community acts as a crucial protective factor. Isolation, on the other hand, acts as a precipitating factor (Wandrekar and Nigudkar, 2020).

The mental health community of psychiatrists, psychologists and social workers have a crucial role to play in helping their clients and society, in general, accept variations of sexual orientation. Kalra (2021) points out, psychiatrists will have to tackle numerous issues such as self-acceptance by the client, normalizing the spectrum of sexuality, psycho-educating the family members and facilitating access to LGBTQ support groups. They must be able to effectively deal with situations when clients or their families ask for help in converting one's sexual orientation. How does one react in this situation? Should conversion therapy still be practised?

Conversion therapy for sexual orientation is supposed to be prohibited. Yet, instances of these practices continue in India. In a commonly used Psychiatry textbook "A Short Textbook Of Psychiatry, 20th Edition", the author, Ahuja N. (2011) writes, *"For seeking a change in sexual orientation, methods include: (1) psychoanalytic psychotherapy (especially when associated with personality issues), (2) behaviour therapy – aversion therapy (rarely used), covert sensitisation, systematic desensitisation (especially if there is phobia of heterosexual relationship), (3) supportive psychotherapy, (4) androgen therapy (occasionally)...For seeking removal of distress only, methods include: (1) psychotherapy: psychoanalytic and supportive, depending on the personality character. (2) drug therapy: antidepressants and/or benzodiazepines for treatment of associated depression and anxiety"*.

This textbook continues to be widely used and studied in psychiatry. (Kar et al., 2018) Members of the LGBTQ group share their apprehension towards mental health care resources. This is borne out of negative behaviour by healthcare practitioners such as harassment, and fear of negative consequences such as hospitalization and medication. Further, this acts as a barrier towards the prevention and treatment of Sexually Transmitted Diseases such as HIV/AIDS (Bowling et al., 2016).

It is encouraging to see efforts being made to move away from stigma and move in the direction of unprejudiced attitude and support. Many participants of the above study by Bowling et al. (2016) also shared positive experiences of counselling and how it helped them build resilience and self-love. Reddy et al. (2016) examined the attitudes of early career psychiatrists towards homosexuality. The findings revealed neutral and non-judgmental attitudes towards homosexuals. These results remained consistent across gender, area of practice (urban/rural) and profile of practice (Teaching institute/Clinic, Hospital). This may be attributed to formal training and practice in psychological tools of empathy, acceptance and understanding. Nevertheless, India still has a long way to go in welcoming the LGBTQ community.

CONCLUSION

The psychology community can play a crucial role in the acceptance or rejection of minority groups. The history of the APA reveals how attitudes and beliefs held by psychologists can impact the attitudes in the political, religious, educational, forensic, medical, technological and military realms. We owe a deep apology to the LGBTQ community for the atrocities committed to them in the name of mental health. We cannot undo the damage done, we can

only make sure this does not continue in the future. This article was written to help spread evidence-based information about homosexuality in the hope that it may help someone to accept themselves or another.

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Conflict of Interest

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