

## Chapter (5)

# Discussion

### Introduction

**Homosexuality** is romantic or sexual attraction or behavior between members of the same sex or gender. As an orientation, homosexuality refers to "an enduring pattern of or disposition to experience sexual, affectionate, or romantic attractions" primarily or exclusively to people of the same sex; "it also refers to an individual's sense of personal and social identity based on those attractions, behaviors expressing them, and membership in a community who share them." (APA, 2010)

According to major studies, 2% to 10% of people have had some form of same-sex sexual contact within their lifetime (Kendler et al., 2000; Kirk et al., 2000)

In a 2006 study, 20% of respondents anonymously reported some homosexual feelings, although only 2-3% identified themselves as homosexual (McConaghy et al., 2006)

Today, DSM-IV classifies "persistent and marked distress about one's sexual orientation" under "sexual disorder not otherwise specified" the World Health Organization (WHO, 1992) removed 'homosexuality' from the Tenth Edition of the International Classification of Diseases (ICD-10), replacing it with a diagnosis similar to Ego-Dystonic Homosexuality (Nakajima, 2003).

Several recent large-scale studies have indicated that homosexuals are at elevated risk for many psychiatric symptoms and disorders, including mood disorders (e.g., major depression, bipolar disorder), anxiety disorders (e.g., generalized anxiety disorder, phobic disorders, obsessive compulsive disorder), eating disorders, conduct disorder, substance misuse, suicidal ideation, and suicide attempts more than heterosexual (*Fergusson et al., 1999; Sandfort et al., 2001; Meyer, 2003; Mills et al., 2004; Sandfort et al., 2006; King et al., 2008; Frisell et al., 2010; Bolton and Sareen, 2011*).

**The main goals of the study are:-**

- Find- out the relation of homosexuality in occurrence of psychiatric problems among homosexual males.
- Assess the possible co morbid psychiatric problems in homosexual males.
- Find-out the adverse childhood experiences among homosexual males.

The study was performed in neuropsychiatric clinics in Benha university hospital in addition to some private clinics and centers.

The studied sample included study group (homosexual males above and equal 18 years old) and control group (heterosexual males matched for age and socioeconomic states).

The total number of the studied sample was 76 males (study group 38, control group 38).

**The samples are to be subjected to**

- 1) A semi-structured interview emphasizing the following :-  
Age, Sex, Occupation, Tension, Hostility, Anxiety, Depression, Self-blame, Suicidal ideation, Somatoform disorder symptoms, Panic disorder symptoms, Eating disorder symptoms, History of physical abuse, father-son relationships, mother-son relationships, conflict with male peers and History of sexual abuse.
- 2) Psychometric test for assessment of psychiatric disorders (Structured Clinical Interview for DSM-IV, SCID-I Questionnaires).
- 3) Psychometric test for assessment of personality disorders (Structured Clinical Interview for DSM-IV, SCID-II Questionnaires).

## Discussion of the knowledge's results

### Distribution of the studied sample according to their socio-demographic characters

Table (4.1) and figure (4.1) demonstrate the distribution of the studied sample according to their socio- demographic characters regarding age < 20 years 3.9% , 20 – 30 years 63.2% , 30 – 40 years 32.9% , regarding residence urban areas 69.7% , rural areas 30.3% , regarding education illiterate 2.6% , secondary school 21.1% , university 76.3% , regarding education student 15.8% , manual work 38.2% , professional work 46.1% , regarding marital status single 61.8% , married 38.2% , regarding social class high 23.7% , middle 46.1% , low 30.3% .

Table (4.2) and figure (4.2) demonstrate the adverse childhood experiences among the studied sample regarding physical abuse absent 61.8%, present 38.2%, regarding homosexual experience absent 50%, present 50%, regarding father-son relationship rejected 31.6%, absent 18.4%, average 50%, regarding mother-son relationship rejected 10.5%, overprotection 39.5%, average 50%, regarding conflict with males absent 57.9%, present 4.1%.

Table (4.3) and figure (4.3) demonstrate the history of homosexuality among the studied sample regarding the family history absent 88.2%, present 11.8%, regarding the sexual history of homosexuality absent 50%, homosexual fantasy 19.7%, homosexual relationships (multiple partners) 30.3%.

In the comparison between the studied groups according to their socio-demographic characters regarding the age there is no statistical significant difference between the studied groups regarding the age.

Age has also been linked to negative views towards gays and lesbians and related issues, with those who are older generally being more homophobic (*Herek, 1984b; Hudson & Ricketts, 1980; Lim & Johnson, 2001; Oliver & Hyde, 1993; Whitley, 1987; Wills & Crawford, 2000*).

The negative relationship between age and negative attitudes towards homosexuals is frequently found but not always.

In the comparison between the studied groups according to their socio-demographic characters regarding residence there is no statistical significant difference between the studied groups regarding residence.

In the comparison between the studied groups according to their educational level there is no statistical significant difference between the studied groups regarding the educational level.

In general, education has been shown to be inversely related to homophobia (*Beran, Claybaker, Dillion, & Haverkamp, 1992; Herek, 1984a; Herek & Capitanio, 1995; Price & Hsu, 1992; Wills & Crawford, 2000*) but not always (*Ben-Ari, 1998; Estrada & Weiss, 1999*). Those who have more education tend to have more positive views towards gays, lesbians, and gay-related issues.

In the comparison between the studied groups according to their occupation there is no statistical significant difference between the studied groups regarding the occupation.

In the comparison between the studied groups according to their marital status there is no statistical significant difference between the studied groups regarding the marital status.

In the comparison between the studied groups according to their social class there is no statistical significant difference between the studied groups regarding the social class.

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## **Studying the underlying factors of homosexuality (the adverse childhood experiences among homosexual males)**

### **Comparing the studied sample according to childhood physical abuse**

In the comparison between the studied samples according to childhood physical abuse there is statistical significance difference between the studied groups regarding the childhood physical abuse and the study group was about 3 times more likely to have childhood physical abuse than control group as demonstrated in Table (4.11) and figure (4.4)

### **Comparing the studied sample according to homosexual experience during the childhood**

In comparison between the studied samples according to homosexual experience during the childhood there is statistical significance difference between the studied groups regarding the homosexual experience the study group was about 10 times more likely to have childhood homosexual experience than control group as demonstrated in Table (4.12) and figure (4.5)

The combination of insensitive father and sensitive son he suggests that hostile older brothers, extremely affectionate or ‘feminizing’ mothers, child abuse, school bullying and the allure of a gay counter-culture can all also play a pivotal role.

In confirmation of Nicolosi’s observations it is particularly interesting that a 10-year literature survey carried out by Bradley and Zucker indicates that sons often perceive relationships with their fathers as distant, negative and conflicted. (*Bradley and Zucker, 1997*)

Sadly there is also a considerable body of evidence linking sexual abuse in childhood to later onset of homosexuality.

One survey by Bramblett and Darling found that among adult male survivors of such abuse 14% perceived themselves as gay and 32% as bisexual compared to 88% heterosexual and 12% in a non-abused control group. (*Bramblett and Darling,1997*)

Studies have also shown that homosexuals report a disproportionately high percentage of incestuous sexual relationships during childhood in one study 35% of homosexual men reported sexual abuse compared to only 5% in a heterosexual control group.

Taken together this provides good evidence for the importance of childhood experience in the development of homosexuality as proposed by both Bem and Nicolosi and a number of others.

### **Comparing the studied sample according to father-son relationship**

In the comparison between the studied samples according to father-son relationship there is statistical significance difference between the studied groups regarding the father-son relationship rejected 63.3% among the study group as demonstrated in Table (4.13) and figure (4.6)

### **FATHERS OF HOMOSEXUALS**

A review of the father-son literature suggests that fathers of homosexuals frequently failed to provide a relationship sufficiently salient to propel the boy out of the mother constellation. Father-salience requires strength and benevolence. Some fathers were strong but not benevolent, and others were benevolent but weak. Overall, we see fathers



who lack salience, whether they are harsh and critical, or passive and withdrawn. The father's attitude toward the son is rarely consistently hostile; more often, it is deeply ambivalent and contradictory. The father may in fact sincerely express his desire for the son's best interests.

In attempting to outline common traits of fathers, we cannot simply categorize them as "bad" or "inadequate." It must be said that many fathers of homosexuals are no more guilty than anyone who has found himself in an unresolvable conflict with a loved one. For reasons he himself does not understand, he often feels himself to be rejected by his own son, a victim of his son's defensive detachment.

Recent studies of homosexual development have begun to place particular weight on the significance of the father-son relationship (*Bene 1965, Biller 1974, Green-son 1968, Moberly 1983, Payne 1981, 1984, 1985, van den Aardweg 1986, Yablonsky 1982*).

This is in contrast to early psychoanalytic studies of homosexuality, which placed major emphasis on the influence of a possessive, intense, and overdominating mother (*Freud 1910, 1921*).

### **Comparing the studied sample according to mother-son relationship**

Table (4.14) and figure (4.7) demonstrate the mother-son relationship (rejected –overprotection – average) and there is statistical significance difference between the studied groups regarding the mother-son relationship overprotective among the study group 78.9%.

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## **RELATIONSHIP WITH MOTHER**

Homosexuals have long been thought to have mothers who are overly close, protective, or domineering. The mother's influence does seem to be a factor that can undermine the father-son relationship and sabotage the boy's autonomy, including his gender autonomy. An abnormally close mother-son relationship has been found in the early childhoods of homosexuals by many writers (*Bender and Paster 1941, Fenichel 1945, Freud 1922, Jonas 1944, Jung 1917, Socarides 1968, West 1959*). Due to the binding nature of this mother-son bond, the relationship is likely to be not only close, but highly ambivalent (*Kronemeyer 1980, Scott 1957*).

### **Studies Placing Emphasis on the Triangular System**

So subtle yet profound is both parents' influence on the infant that (*Winnicott, 1965*) says, "There is no such thing as an infant." Rather there is "mother, father, and infant, all three living together".

The "triangular system" describes the theory that mother, father, and son together bring about homosexual development. It refers to an intensely affectionate, domineering, possessive mother combined with a distant, ineffectual, rejecting father. There are many subtle variations of this basic triangular pattern. It was the prominent body of research by Bieber and colleagues (1962) that statistically established the triangular system in the development of homosexuality. Evidence for the triangular system was later supported by many other writers (*Braatan and Darling 1965, Brown 1963, Evans 1969, Shearer 1966, Snortum et al. 1969, Wallace 1969, Whitener and Nikelly 1964*).

(Marmor, 1980) summarizes this research as follows:

The common denominator in a host of clinical studies appears to be a poor relationship with a father figure which results in a failure to form a satisfactory masculine identification, and a close but ambivalent relationship with a mother figure.

Although he believes that there are additional factors at work in the development of homosexuality, Marmor adds:

That such parental constellations are frequently found in the background of homosexual men has long been known.

**Variations of the triangular system are found in this sampling of studies:**

Mothers over-affectionate, fathers absent or emotionally distant (*Freud 1910, 1922*)

Mothers controlling and close-binding, fathers detached and rejecting (*Siegelman, 1974*)

Mothers dominant, fathers passive or absent (*Bene 1965, Chang and Black 1960, Gundlach 1969, Stephan 1973, Wolpe 1969*)

Mothers overprotective or possessive and relations with father poor or indifferent in approximately half of sample (*Westwood, 1960*)

Mother overprotective, overindulgent, and dominant with an absent or negative father (*Bender and Paster 1941, Hamilton 1939, Miller 1958, Whitener and Nikelly 1962*) (Bender and Paster found fathers to be absent or abusive in 90 percent of cases)

Mothers overprotective or possessive and poor relationship with father  
(*Schofield, 1965*)

Mother over intense with unsatisfying father (*West, 1959*)

Mother demonstrative and affectionate with father unsympathetic, autocratic, or frequently absent (*Terman and Miles 1936*)

Mother close-binding and intimate and father hostile, detached  
(*Thompson et al., 1973*).

Abnormally intense relationship with mother and unsatisfactory relationship with father (*Robertson 1972*)

It should in fact be noted that a mother who strongly influences and even manipulates her child may not be a dominant personality type. Many mothers of homosexuals were fragile and anxious, which is to say, their personalities were weak, but in fact as a result of their weakness, they imposed a strong manipulative influence on their sons.

### **POOR FAMILY RELATIONS**

There appears to be a connection between an overall poor quality of family life and the emergence of homosexuality.

"Negative features" in the backgrounds of homosexuals were found in Bieber's 1962 study and replicated in Evans' 1969 nonpatient sample. The subtle communications within the family structure that encourage deviant sexual behavior have been described by Litin and colleagues (1956), with specific application to homosexuality by Kolb and Johnson (1955).

The marital relationship of parents of homosexuals is frequently disruptive or atypical (*Jonas, 1944, van den Aardweg, 1986*), often with a struggle for dominance between the parents (*Hadden, 1966*). Homosexuality has been linked with broken homes, unhappy childhoods, and poor relationships with both parents (*Ibrahim, 1976*).

### **EFFECTS OF FAMILY RELATIONSHIPS ON GENDER IDENTITY**

The traditional family structure supports an ongoing and committed father-son relationship, and therefore fosters heterosexual development. We know that "the greatest paternal involvement occurs when . . . adults form enduring monogamous bonds" (*Lamb, 1981*)

Since the male requires the cooperation of both parents to assist him in his gender-identification shift, family structure is particularly critical. Both parents should work together to reward the boy's imitation of his father.

Boys who are gender-disturbed have often had less contact with father figures in early childhood due to absence or divorce (*Rekers, 1987*).

Those men who report the most cross-gender behavior in childhood are also likely to report the worst relationships with their fathers (*Freund and Blanchard, 1983, Nash and Hayes, 1965*).

Similarly, boys from father-absent homes are sometimes found to be more feminine (*McCord et al., 1962*).

Boys tend to manifest more conventional masculine behavior when the father is the dominant parent within the home (*Hetherington, 1966*).

### **Comparing the studied sample according to the conflict with male peers**

Table (4.15) and figure (4.8) demonstrate a comparison between the studied groups regarding the conflict with male peers and there is statistical significance difference between the studied groups regarding the conflict with male peers

### **PROBLEMS WITH BOYHOOD FRIENDS**

Most homosexual men report unease in the company of other males that traces back to problems in early childhood. Research shows a significant correlation between difficulty with male peer relationships during boyhood, and later homosexual orientation.

In fact, according to van den Aardweg's (1986) review of the literature, poor peer relations can be identified more often in the background of homosexuals than can poor relationship with father. This is not to dismiss the significance of relationship with father. Often the experience of rejection by father would have occurred at an age too early to be recalled, while problems with boyhood friendships are usually vividly remembered.

Friedman (1988) found male-male bonding relationships to be "frequently painfully distorted during the juvenile phase of childhood in homosexual males" and hypothesized that this phenomenon was "of central etiological significance" in the development of homosexuality.

Homosexual clients characteristically describe themselves as feeling frustrated and rejected in boyhood because they felt weak, unmasculine, and unacceptable, and thus were on the outside of their male peers' activities. The male peer group begins to be strongly influential as early as the second half of the second year. The importance of other boys during development is highlighted by (*Fagot's, 1985a, b*) studies, which found even nursery school boys to be highly influenced by their male peers—more so than by their teachers.

There is evidence of increasing homophobic bullying in schools (*Hunt and Jensen, 2006*). This has implications for emotional well-being and ability to achieve at school (*Warwick et al., 2004*). Harassment at school has been shown to contribute to:

- ❖ Lack of sleep
- ❖ Loss of appetite
- ❖ Isolation
- ❖ Nervousness
- ❖ Being upset or angry
- ❖ Elevated rates of actual and attempted suicide and self harm
- ❖ Truancy
- ❖ Poor achievement
- ❖ Low attendance and high absenteeism
- ❖ Low self-esteem
- ❖ Substance abuse (*Mitchell et al., 2008*)

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### **Comparing the studied groups regarding SCID I (Structured Clinical Interview for DSM-IV, SCID-I Questionnaires) for psychiatric disorders**

#### **Comparing the studied groups according to suicidal ideas**

Table (4.19) and figure (4.10) demonstrates a comparison between the studied groups regarding the suicidal ideas and there is statistical significance difference between the studied groups regarding the suicidal ideas 23.3% among the study group 0.00% among the control group.

A 2008 “meta-analysis” reviewed over 13,000 papers on this subject and compiled the data from the 28 most rigorous studies. Their conclusion was: homosexuals are at higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self harm than heterosexual people. (*Michael King et al., 2008*).

They are seven times more likely to have attempted suicide and three times more likely to have suicide ideation than their heterosexual counterparts (*Remafedi et al., 1998*).

Lesbians report more verbal and physical abuse than heterosexual women (*King and McKeown, 2003*). Homosexual are more likely to self-harm as a consequence of discrimination (*Meyer, 2003*).

#### **Comparing the studied groups regarding insomnia**

Table (4.20) and figure (4.11) demonstrates a comparison between the studied groups regarding the insomnia and there is statistical significance difference between the studied groups regarding the insomnia the study group was about 7 times more likely to have insomnia than control group

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Homosexuals are at greater risk of homelessness than their heterosexual counterparts Reasons include:

- ❖ Family breakdown
- ❖ Disruptive parental behavior
- ❖ Physical and sexual abuse
- ❖ Leaving care
- ❖ Religious and cultural expectations (*Creegan et al., 2007*).

### **Comparing the studied groups regarding the depression**

Table (4.21) and figure (4.12) demonstrates a comparison between the studied groups regarding the depression and there is statistical significance difference between the studied groups regarding the depression the study group was about 4 times more likely to have depression than control group.

Homosexuals are more likely to experience mental health disorders, being four times more likely to experience depression and three times more likely to experience generalized anxiety disorder (*McNamee, 2006*).

Gay men are more likely to report to having lost their job due to discrimination (*DoH, 2007*)

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The literature on depressive symptoms in young people robustly shows that gay/lesbian and same-sex-attracted young people exhibit significantly more depressive symptoms than heterosexual and other-sex-attracted young people. This was consistently found across studies that sampled participants from the USA, Canada, New Zealand, the Netherlands, Hong Kong and Australia. For instance, in one international study (*D'Augelli 2002*)

Moreover, all the studies reviewed that measured lifetime prevalence of major depression showed significantly higher rates for lesbian and other homosexually active women when compared with heterosexual women. There is also evidence to suggest that rates of depression among lesbian and other homosexually active women vary according to age. In particular, younger and older lesbians appear to be at a higher risk of depression than mid-age lesbians. (*Fergusson et al., 2005*)

Gay and other homosexually active men are in an HIV high-risk category, and thus it is important to examine how much depression in gay and other homosexually active men can be accounted for by HIV infection.

Although HIV infection may lead to higher rates of depression and depressive symptoms in both heterosexual and non-heterosexual men, five international studies, conducted in the USA, the Netherlands and Australia, suggest that higher rates of depressive disorders in gay and other homosexually active men cannot be accounted for, entirely or largely, by HIV status. For instance, in one Australian study found that in a sample of 460 gay and homosexually active men (35 percent of whom were HIV-positive), 28 percent met the criteria for current major depression (*Adelaide, Rogers et al., 2003*)

### **Risk and protective factors for depression in homosexuals**

A key problem identified in the literature was a lack of research methodologies that allowed for the identification of causal factors for depression in homosexual people.

Several studies included multivariate analysis and correlation analysis, both of which can establish an association or relationship between variables, but neither can establish causality.

Being in a relationship appears to be a significant protective factor, both for homosexual women and men.

For instance, in one Canadian study found that mean depressive symptom scores were significantly lower for lesbians in a relationship when compared with those not in a relationship, (*Ayala and Coleman, 2000*)

Two studies suggested that non-heterosexual young people (particularly young women) and HIV-positive gay/bisexual men are more vulnerable to depression when living in rural or suburban contexts rather than metropolitan ones. (*Pitts et al., 2006*)

Social support from peers, friends and family emerges as a fairly robust protective factor against depressive symptoms in most non-heterosexual samples. Poor peer and family relationships predict increased levels of depressive symptoms in young people in general, and since non-heterosexual young people have poorer relationships with their peers and families they typically have significantly more depressive symptoms than heterosexual, (*Oetjen and Rothblum ,2000*)

Feeling like one belongs to a community is a protective factor against depression in both heterosexual and non-heterosexual people; however, in some studies non-heterosexual people reported lower sense of belonging to the general community than heterosexuals and this leads to significantly more depressive symptoms. (*McLaren et al. ,2007*)

Feeling a sense of belonging to the GLB community or participating in GLB community organizations also appears to be an important protective factor against symptoms of depression in GLB people, particularly gay men. (*Pitts et al., 2006*)

Moreover, a history of verbal, sexual and/or physical victimization and abuse appears to be associated with higher levels of depressive symptoms in non-heterosexual people. In a sample of gay men and lesbian women in the USA, (*Lewis et al.,2001*) found that higher depressive symptom scores were significantly associated with threats and experiences of

violence and harassment due to sexual orientation .There is evidence to suggest that same-sex-attracted younger gay men are subjected more frequently to physical violence than their female counterparts; further, fear and experiences of anti-gay violence in adulthood are particularly strong predictors of depressive symptoms in gay and other homosexually active men.( *Lewis et al. ,2001*)

### **Comparing the studied groups regarding the alcohol abuse**

Table (4.26) and figure (4.13) demonstrates a comparison between the studied groups regarding the alcohol abuse and there is statistical significance difference between the studied groups regarding the alcohol abuse the study group was about 22 times more likely to have the alcohol abuse than control group.

Lesbian women are more likely to have used alcohol recently, have had binge drinking sessions and consume more alcohol (*Ziyadeh et al., 2007*); Adult lesbian women are more likely to report alcohol problems (*Gruskin et al., 2001*)

One study found that when compared to young heterosexual people, Young homosexual people are:

- ❖ Three time more likely to use MDMA/ecstasy
  - ❖ Eight times more likely to use ketamine
  - ❖ 26 times more likely to use crystal methamphetamine
- (*Lampinen et al., 2006*).

Homosexual are significantly more likely to smoke: 25% of lesbians smoke compared to 15% of heterosexual women 33% of gay men smoke compared to 21% of heterosexual men (*Tang et al., 2004*).

Substance use and dependence is more prevalent among homosexuals (*McKirnan and Peterson 1989a; Fergusson et al., 1999; Cochran and Mays, 2000; Chakraborty et al., 2011*), and is also a risk factor for psychiatric disorder (*Semple et al., 2005*). It is unclear if drug use is more often part of homosexuals' chosen lifestyles, and/or if increased drug use is a coping mechanism for the stressors and psychiatric difficulties homosexuals are more likely to encounter. There is evidence that the latter is true (*McKirnan and Peterson 1989b*), but if the former is also true (*e.g. Mansergh et al. 2001*), one way to reduce mental health risk in homosexuals may be to target recreational drug use in the gay and lesbian communities.

#### **Comparing the studied groups regarding GAD (generalized anxiety disorder).**

Table (4.27) and figure (4.14) demonstrates a comparison between the studied groups regarding generalized anxiety disorder and there is statistical significance difference between the studied groups regarding generalized anxiety disorder the study group was about 3 times more likely to have generalized anxiety disorder than control group.

#### **Comparing the studied groups regarding OCD (obsessive compulsive disorder)**

Table (4.28) and figure (4.15) demonstrates a comparison between the studied groups regarding obsessive compulsive disorder and there is

statistical significance difference between the studied groups regarding OCD the study group was about 4 times more likely to have OCD than control group.

### **Comparing the studied groups regarding PTSD (post traumatic stress disorder)**

Table (4.29) demonstrates a comparison between the studied groups regarding post traumatic stress disorder and there is no statistical significance difference between the studied groups regarding PTSD The study group was about 2 times more likely to have PTSD than control group.

### **Comparing the studied groups regarding panic disorder**

Table (4.30) and figure (4.16) demonstrates a comparison between the studied groups regarding panic disorder and there is statistical significance difference between the studied groups regarding panic disorder.

### **Comparing the studied groups regarding specific phobias**

Table (4.31) and figure (4.17) demonstrates a comparison between the studied groups regarding specific phobias and there is statistical significance difference between the studied groups regarding specific phobias the study group was about 5 times more likely to have specific phobias than control group.

Homosexuals are more likely to experience mental health disorders, being four times more likely to experience depression and three

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times more likely to experience generalized anxiety disorder (*McNamee, 2006*).

Lesbians report more verbal and physical abuse than heterosexual women (*King and McKeown, 2003*). Homosexual are more likely to self-harm as a consequence of discrimination (*Meyer, 2003*).

The first explanation that comes to mind is that homosexuality is stigmatized in many societies, and that it must be stressful and depressing to be frequently subject to prejudice and discrimination. Indeed, this is the basis of the “minority stress” hypothesis, the dominant explanation for explaining elevated psychiatric vulnerability in homosexuals. Describes a number of stress processes that may increase psychiatric risk in homosexuals. These include the experience of prejudice events, expectations of rejection, hiding and concealing, internalized homophobia, and ameliorative coping processes. Some experiences of prejudice may be institutionalized discrimination, such as legal bans on gay marriage or religious intolerance of homosexuality, but many are likely to be everyday experiences of negativity, rejection, and labeling processes. (*Meyer, 1995; Mays and Cochran, 2001; Meyer, 2003 ; Lehavot and Simoni, 2011*).

It appears that gay and lesbian relationships tend to be less stable than heterosexual relationships; in a 5-year study, both gay and lesbian cohabiting couples were more likely to breakup than were heterosexual married couples (*Kurdek, 1998*). If homosexual relationships are less stable, it could pose a risk to mental health to homosexuals given that relationship dissolution is a major life stressor that can provoke psychiatric problems (*Chung et al., 2002*).



An important lifestyle consideration distinctive to homosexual couples is that, without the aid of a third party, they cannot have children. In addition homosexual couples wishing to have or adopt a child may face legal obstacles in many countries. The little evidence there is suggests that lesbian women's desire to have children is at least as strong as their heterosexual counterparts (*Bos et al., 2003*). The difficulty of fulfilling this desire could be a Psychiatric risk factor, especially in light of findings infertile women have elevated risk of Psychiatric disorder (*Noorbala et al., 2009*).

Sexually transmitted diseases, including AIDS, are more common in male homosexuals than in male heterosexuals, due to higher incidence of risky sexual behaviors (*Cates and Panel Am Social Hlth Assoc 1999; Stolte and Coutinho 2002*). Acquiring sexually transmitted diseases is associated with distress (*Cochran and Mays, 2007*)

### **Comparing the studied groups regarding SCID II (Structured Clinical Interview for DSM-IV, SCID-II Questionnaires) for personality disorders**

#### **Comparing the studied groups regarding avoidant personality disorder**

Table (4.33) and figure (4.18) demonstrates a comparison between the studied groups regarding avoidant personality disorder and there is statistical significance difference between the studied groups regarding avoidant personality disorder and the study group was about 6.5 times more likely to have avoidant personality disorder than control group.

**Comparing the studied groups regarding borderline personality disorder**

Table (4.43) and figure (4.19) demonstrates a comparison between the studied groups regarding borderline personality disorder and there is statistical significance difference between the studied groups regarding borderline personality disorder.

**Comparing the studied groups regarding depressive personality disorder**

Table (4.35) demonstrates a comparison between the studied groups regarding depressive personality disorder and there is no statistical significance difference between the studied groups regarding depressive personality disorder.

The study group was about 2times more likely to have depressive personality disorder than control group

Gender identity, as defined by Stoller (1965), is that part of identity concerned with masculinity and femininity. Male gender-identity is a man's awareness—both conscious and unconscious—that he is masculine or manly. We see the homosexual as having a deficit in male gender-identity.

This is not to be confused with core gender-identity, the basic awareness that one is a male. Confusion in core gender-identity may result in transsexualism. For most homosexuals, core gender-identity is intact, but there remains a private and subjective sense of simply not feeling fully male-identified.

Male gender-identity deficit does not mean simply that this man fails to fit into his culture's image of masculinity. The heterosexual may have an artistic nature and enjoy theater, art, and cooking; on the other hand the homosexual may be a rodeo rider or professional football player. Rather, it refers to an inadequacy in the inner sense of maleness or femaleness. Gender-identity deficit is the internal, private sense of incompleteness or inadequacy about one's maleness, and this is not always evident in explicit effeminate traits.

Writers have linked male homosexuality with either effeminacy or a sense of the self as inadequately masculine (*K. Adler 1967, Anomaly 1948, Beecher and Beecher 1972, Bergler 1971, Bieber 1962, Evans 1969, Friedberg 1975, Hatterer 1970, Jung 1922, 1934, 1954, Marmor 1965, Money and Ehrhardt 1972, Saghir and Robins 1973, Whitam 1977*).