Social Stigma and Pathologization of American LGBTQ Community

In American culture, people who identify as nonheterosexual or transgendered/non-gender conforming have historically been pathologized by psychologists and discriminated against as a result of social stigma. To pathologize is to treat or view as psychologically abnormal.¹ In this essay I will contextualize the 20th century medicalization of the LGBTQ community. I will look at how pathologizing homosexuality increases stress in LGBTQ community members and the negative impacts of that on their mental health. Lastly, I will assess resilience factors in LGBTQ people as a response to social stress.

The pathologization of gay men and lesbians cannot be divorced from the development of free-labor capitalism. Capitalism restructured American family-life. The economically self-sufficient family unit of the colonial era became the working class man and wife. As means to survival became increasingly commodified, the roles of family shifted. Men were expected to sell their labor for wages, and women rarely worked for wages past marriage. During the 19th century, capitalism became the dominant economic system in America and by the 20th century it expanded across the globe. By the mid-nineteenth century, capitalism had “destroyed the economic self-sufficiency of many families, but not the mutual dependence of its members.” In Capitalism and Gay Identity by writer and historian John D’Emilio, he

states that the spread of capitalism significantly transformed the meaning of heterosexual relations. The significance of the family shifted from providing goods to providing happiness and emotional wellbeing. It became an institution that provided private life through which men and women could cultivate healthy, satisfying relationships and raise children away from the social work environment. The new expectations placed on families to provide happiness and emotional wellbeing, plus the disintegration of the household work that families used to achieve together, created social instability.\(^2\) The “nuclear family” - a term that originally applied exclusively to a heterosexual mother, father, and children unit - was constructed to perpetuate the survival of American culture in the midst of industrialization.\(^3\) The social isolation of the nuclear family allowed them to move with the economy and provide emotional comfort in an increasingly competitive world. Lesbians, gay men, and heterosexual feminists were scapegoated by society because they did not conform to the constructs of the nuclear family. Thus, capitalism victimizes and targets LGBTQ people as a result of the instability it created.\(^4\)

As labor became increasingly socialized, the need for procreation diminished because having children was no longer an economic necessity to sustain the survival of a family. As a result, the Puritan belief that sex was harnessed to


marriage became less valuable. This fostered an environment where sexuality could be explored outside of the marriage bond and allowed men and women to organize a social life surrounding their attraction to their own sex. Gay men and lesbians in the social sphere could meet people like themselves with an erotic interest in the same-sex. Thus, out of capitalism arose an urban subculture for gay men and lesbians.⁵

During World War II, many young men and women whose sexual identities were just forming would be taken out of the heterosexual family environment and placed into gender-segregated ones. Women were given nontraditional jobs in the public sphere while men joined the armed forces. This segregation allowed gay subculture to grow and stabilize as people acted upon their desires to engage with same-sexed partners. In time, LGB people began to organize liberation movements in response to the oppression they faced. After WWII, “oppression by the state intensified, becoming more systemic and inclusive” (D'Emilio). Of course, gay men and lesbians were two of the groups Nazis targeted during the Holocaust, and during the McCarthy Era homosexuals were scapegoated as “sexual perverts” and a threat to national security during the Lavender Scare.⁶ In 1953, Eisenhower enacted Executive Order 10450, which banned LGB people from working for the federal government and government contractors. The military tried to purge all

⁵ “Only when individuals began to make their living through wage labor, instead of as parts of an interdependent family unit, was it possible for homosexual desire to coalesce into a personal identity – an identity based on the ability to remain outside the heterosexual family and construct a personal life based on attraction to one’s own sex.” D’Emilio, John. “Capitalism and Gay Identity.”

lesbians and gay men, the FBI surveilled LGBTQ meetings and organizations, post office workers began monitoring exchanges between gay men and passed on evidence to their employers, police infiltrated private homes, lesbian and gay bars, and confronted people suspected of homosexual activity in public spaces. These attacks on gay and lesbians systemically removed them from being represented in government, which allowed heterosexism and homophobia to permeate American culture.

Homosexuality was added to the first addition of the Diagnostic and Statistical Manual (DSM) in 1953 as a "sociopathic personality disturbance." In 1968, in response to the LGB liberation movements occurring alongside the Civil Rights Movement and women’s liberation campaigns, it was demoted to “sexual deviance” with the release of DSM-II. It wasn’t until 1973 that homosexuality was officially removed from the DSM. However, the stigma from pathologizing gay men and women is still pervasive today. This stigma affects the mental development of youth who identify as sexual minorities. Sexual minority youth face extra challenges that those in the majority do not. These challenges include inward stresses, such as “the psychological process of confronting personal information that relates to a membership in a stigmatized social category”, experiencing the development of a sexual identity that is different from most people around them, and integrating that identity into a healthy, loving overall view of themselves. The challenges can also be external, such as physical or sexual violence or discrimination in response to their

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sexual identity. Moreover, LGBTQ members experience developing within the context of a culture that stigmatizes and views their erotic behavior negatively.

The social stigmatization of the LGBTQ community makes it difficult for people who identify as a sexual minority to process their sexuality. Furthermore, LGBTQ people process their sexual identity in a way that is distinctive and unique from heterosexuals, who do not fear discrimination, rejection, victimization, homophobia, and nonaffirmation based on their sexual preference. Experiences with these targeted instances of victimization are understood to cause stress and impact mental health. Thus, a specialized psychological approach must be implemented by mental health providers who work with LGBTQ people.

Many forms of psychology are deficit-based, meaning they focus on the negative effects of emotions on cognition, dysfunction, and mental illness. In the past, psychologists applied this framework to gay men and lesbians and tried to “cure” them of their homosexuality. This is referred to as “conversion therapy” or “reparative therapy,” which experimented with psychological and physical torture to induce heterosexual desires. The results of these experiments were systemically futile, and with LGB liberation movements gaining political support after the Stonewall Riots of the late 1960s, psychologists gradually stopped trying to change the sexual orientation of gay men and lesbians and officially recognized that

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homosexuality is not an illness in 1973. In other words, society needed to improve, not people who identified as LGB.

Opposite to deficit-based approaches to psychology is positive psychology, or “the scientific study of what makes life worth living.” Positive psychology is a relatively new science that focuses on resilience, mental health as opposed to illness, personal goals and well-being, and reaﬃrms the conditions that make it possible for humans to thrive in the face of adversity. It can be an especially useful therapeutic approach to the LGBTQ community, who face speciﬁc adversities because of their sexual orientation or gender identity. As a result of these adversities, LGBTQ people access and develop resilience factors to mitigate experiences with minority stress. Some of these factors include belonging to a community for social and emotional support, participating in LGBTQ activism and social justice, choosing families based on shared experiences, exploring sexuality and relationships, developing empathy, compassion, and pride, gaining personal insight and a sense of self, freedom from gender-speciﬁc roles, and enjoying egalitarian relationships.

In conclusion, the LGBTQ community is a stigmatized group based on false claims, heterosexism, and homophobia. Psychologists today can work with LGBTQ

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people to mitigate the difficulties they so often face because of this stigma by asking the question “what makes LGBTQ families thrive?” Sexual minorities in America experience navigating a world where their erotic preferences make them targets of oppression. By reaffirming LGBTQ relationships as healthy and loving, we can begin to create a society grounded in justice and equality rather than abuse and exploitation.