

Non Inclusion of Homosexuality in the 1980 Diagnostic Statistical Manual of Mental Disorder Iii - Perception of Indiana State Resident Psychologists in the United States of America

Aladegbola Adebunayo Gabriel

916, Hardin Blvd., Cloverleafs APT ' C ' IN 46241, Indianapolis, Indiana State, USA.

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Abstract

This study is concerned with finding out the perception of the Indiana State Resident Psychologists towards the non inclusion of homosexuality in the 1980 Diagnostic Statistical Manual of Mental Disorder (DSM III). Indiana is a State located in the Northern region of the United States of America with minimum of 300 registered members of the American Psychological Association (APA). 120 psychologists were selected as the sample size for this study using Simple Random Sampling Technique. A self designed instrument titled 'Homosexuality and DSM III' was used in gathering data for the study. The face and content validities of the instrument were ascertained by giving it to a test expert for re visiting in Purdue University, Indianapolis. Few of the items were reconstructed. The Reliability of the instrument was ensured at $r = 0.86$ co efficiency using test and retest technique. Two research questions were raised and answered in the study. The two hypotheses raised and tested in the study were accepted in their null form. Descriptive and inferential statistics were adopted in analyzing the data collected. Findings from the study revealed that the Psychologists had a positive perception towards the omission of homosexuality on the list of sexual disorder as presented in DSM III. The study revealed the clinical and physiological equivalence of homosexuality and heterosexuality. Also, the test of Hypotheses revealed that demographic factors like gender and years of working experience did not cause any significant difference among the respondents in their perceptions towards the non inclusion of homosexuality in the DSM III. Recommendations were made based on the findings.

Key words: Diagnostic Statistical Manual III, homosexuality.

INTRODUCTION

Early Psychosexual theorists of the 20th century unanimously centred their opinions on the fact that individuals come into newer awareness based on the increase in chronological ages. It could be this in turn that constitutes the experiences of every individual towards self and life as a whole and this may form one's perception towards a situation or an activity. The contemporary

developmental theorists, Sigmund Freud and Erik Erikson considered the sexual challenges of the universal young adults as worthy of being given a full attention among other challenges in the post natal developmental stages. For this germane purpose, the need to explore the provision of the diagnostic statistical manual of mental disorder on sexual activities becomes a very important issue unto the 21st century Psychologists. Diagnostic Statistical Manual of Mental Disorders (DSM) is a classification system designed by the American Psychiatric Association. It was based on the 1883 Emil Kraepelin's first modern

*Corresponding Author: ade.aladegbola@yahoo.com

classification system for abnormal behaviour which was also a foundation for the International Classification of Diseases (ICD). DSM was first published in 1952 and it underwent major revisions in the years following. The diagnostic statistical manual in focus is the 1980 DSM III. It had almost the same feature with then DSM II but a clear omission of Homosexuality from the list of postnatal sexual disorder. Bryan (2013) lamented that the inclusion of homosexuality in the original DSM of 1952 edited 1968 was a 'type 1' error on the part of the first generation DSM planners.

Bryan observed that most of the planners of the first generation of DSM were 'non clinicians' and hence the unavoidable error of including Homosexuality. In spite of the fact that empirical researches inevitably agreed that homosexuality has no negative biological, physiological or psychological implications, many people in Western Society, particularly in Africa continue to hold anti homosexual attitudes as well as spread terrible myths about lifestyles of homosexual individuals (Dingle 2009). Some learned and highly educated individuals are still in the habit of publicly condemning, persecuting, downgrading, disgracing and castigating any individual that is identified with any act related to homosexuality.

After all, it is impossible to identify a characteristic that consistently separates the homosexual individuals from the rest of the population other than the sexual orientation. Upon the terrible experiences of the homosexual communities, the gay and the Lesbians in the first World consistently make it known unto the general population of individuals with so called 'straight sexual orientation', the heterosexuals that the variations in sex orientations should not be held as a strong factor against them. The minority group agitated for the need for gay couples to have the same rights as heterosexual ones.

The yet to be resolved controversy about homosexuality among the world Psychologists is whether homosexual people choose their lifestyles or whether it is a natural part of their physiological make up. It was submitted in some two influential genetic linkage studies in 1991 that homosexuality could be passed on by the mother's genes. Unfortunately, more recent researches failed this conclusion (Rice, 2000). It was discovered that more than 50% homosexual identical twins sampled were both involved in homosexuality. The number dropped to 20% when the twins were fraternal and 10% in non twins.

The percentage regressed when siblings were adopted and biologically not related. It was concluded in a research that 'environment' plays a vital role in homosexuality; otherwise, 100% is expected in the same set of twins in the habit of homosexuality (Barley 1999).

THE PROBLEM

In the early 20th century, research reports were inconsistent on the position of homosexuality in the World

Sexual Orientation Classification. The demographic factor upon which sexual activities were focused was more of Culture provisions than factualism and hence brought about the parochial and barbaric ideas in the submissions of the earlier researchers. It appeared that the researchers were too religiously biased and conspicuously primitive to arrive at any uniform logical reasoning about homosexuality.

Much as the recent researches are seemingly conclusive about the fact that heterosexual relationship is not in any way superior to homosexual relationship, the society still finds it difficult to accommodate the significant proportion of its population that is typically different from the rest in this 'but one way'. The reaction of leaders in over 70% developing countries of the world is highly dehumanising. It is indeed very discouraging and it is in fact nothing to write home about (Sugar 2008). Some of the great African scholars in the field of Law and Humanities are not even exempted from this parochial and primitive attitude. They are conspicuously confused of their stands whenever the issue about homosexuality is raised in spite of their level of academic attainment. The constitutional provision of the principle of Fundamental Human Rights is always denied of the minorities that are caught in homosexuality. The penalties ascribed unto such group vary from one country to another. The basic summary of homosexuality in the entire West African community is 'hell'. No special consideration for whoever is suspected in the act of homosexuality let alone being caught in it.

For the reasons mentioned above, the researcher begins to wonder whether the abnormal insinuations of the general public towards the homosexual community could even be blamed on the public themselves or the few experts in the field of empirical researches that failed to give the members of the general public a required orientation that could be strong enough to liberate them from the 'ignorance'. To arrive at a convincing conclusion about this, the researcher considered it appropriate to investigate the perception of Psychologists towards the Omission of Homosexuality from the list of sexual disorders in Diagnostic Statistical Manual III. This may serve as an eye opener to why the homosexual communities suffer violence, threat and intimidations across the continents.

RESEARCH QUESTION

A.) What is the clinical/physiological difference between homosexuality and heterosexuality?

B.) Is heterosexuality a sexual disorder?

The null hypotheses tested at 0.05, level of significance in this study are:

Ho1: Gender will not significantly influence the perception

Table 1. Showing the frequency and percentage of the clinical/physiological difference between homosexuality and heterosexuality.

Responses	Frequency	Percentage
Different syndrome Yes	09	11
No difference (no)	101	89
Total	120	100

Table 2 Showing the frequency and percentage of the respondents on whether or not heterosexuality is a sexual disorder.

Responses	Frequency	Percentage
Different syndrome yes	00	0
No difference (no)	120	100
Total	120	100

of the Indiana State Resident Psychologists towards the non inclusion of homosexuality in DSM III

Ho2: Years of working experience will not significantly influence the perception of the Indiana State resident Psychologists towards the non inclusion of homosexuality

METHODOLOGY

This study is a survey research design. 120 respondents were selected as the sample for the study using simple random sampling technique. The population of the study consisted of the members of the American Psychological Association, Indiana State zone of the United States (APAI). The instrument used for this study was a self designed questionnaires titled 'Homosexuality and DSM III'. The instrument was validated making use of an appropriate technique. The reliability was ascertained using test- retest with the coefficient $r = 0.86$ which was considered high enough. The self designed questionnaire contained 20 items that explored the perception of the Psychologists in the omission or non inclusion of Homosexuality from the list of sexual disorder in the 1980 DSM III, the edited version of the 1968 DSM II. The data collected with this instrument were analysed using both descriptive and inferential statistical tools. Any mean score of 1.45 and above was considered as a positive perception while otherwise indicated negative perception. Frequency count and percentages were used to answer the research questions while mean was used in testing the two hypotheses.

RESULTS

Research Question

What is the clinical/physiological difference between homosexuality and heterosexuality?

The table 1 revealed that both heterosexuality and homosexuality are not different in their clinical/ physiological syndromes. 89% of the respondents agreed to this against the 11% of the respondents that declined.

The table 2 above revealed that the whole respondents shared the same opinion that heterosexuality is not a sexual disorder. Test of Hypotheses:

The null hypotheses tested at 0.05 level of significance in this study are:

Hypothesis 1

Gender will not significantly influence the perception of the Indiana State Resident Psychologists towards the non inclusion of homosexuality in DSM III. From table 3 above, it is observed that both male and female respondents have a direct positive reaction towards the items number 1 to 4. In the item 5 where it was investigated whether homosexuality is destructive or not, the mean result of 0.21 and 0.90 in the male and female respondents respectively indicated that homosexuality is not destructive and hence the respondents' perception towards the omission of homosexuality from the DSM III is positive.

Hypothesis 2

Years of working experience will not significantly influence the perception of the Indiana State resident Psychologists towards the non inclusion of homosexuality. From table 4 above, it is revealed that all the respondents had almost the same responses to items 6 to 9. Surprisingly, the responses differ in item 10. The respondents disagreed on the morality of homosexuality in most of the communities in the universe. The respondents with the working experiences below 5years exhibited Negative response towards the societal acceptability of homosexuality. Nevertheless, the perception of the Indiana resident Psychologists towards the non inclusion of homosexuality in DSM III is clearly established.

DISCUSSION

From the data analysed above, it was found that the perception of the Indiana State resident Psychologists towards the non inclusion of homosexuality in DSM III is positive. This could be in line with the researcher's view that homosexuality is also a single unambiguous sex orientation like its heterosexual counterpart and hence does not deserve the inestimable discrimination that is attached to it. The psychologists' positive concept could also be due to the fact that the researchers had previously been involved in similar studies that had to do with Physiological/Psychological Processes and Constitutional Provisions of Fundamental Human Rights as it applies to all citizenries of the universe.

This finding agrees with Bryan (2003) in his work titled 'the tears of Africans' where he lamented the crucifixion

Table 3 Mean Distribution Of Respondents' Responses Based On Gender.

Items	Male		Female	
		Remark	Mean	Remark
Homosexuality is a sexual orientation that is as normal as heterosexuality	1.57	positive	1.46	Positive
Homosexuality meets all the needed physiological demands	1.47	positive	1.49	Positive
Homosexuality is psychologically unharmed	1.48	positive	1.49	Positive
Homosexuality is also a Human Right principle	2.01	positive	1.47	Positive
Homosexuality is destructive to the society	0.21	negative	0.90	Negative

Table 4: Mean Distribution of respondents Based on Years of Working Experience.

Items		Above 05 years		Below 05 years	
		Mean	Remark	Mean	Remark
6	Homosexuality is a normal sexual orientation	2.11	positive	2.09	positive
7	Homosexual community is a healthy community.	1.99	positive	2.11	positive
8	Homosexual is genetically inclined School Consistently.	1.84	positive	2.09	positive
9	Homosexuality is a pure sexual orientation.	2.01	positive	1.99	positive
10	Homosexuality is against the moral standard of most of the global communities.	2.05	positive	0.72	negative

of fundamental human rights over the preference for sex partner in the beautiful African countries. The responses of the respondents to the research question 1 that requested the clinical/physiological difference between homosexuality and heterosexuality agrees with Sugar (2008) in his submission that the homosexual individuals should not be persecuted in the society over what the researcher described as 'mere simple orientation preference with a minor hormonal difference'. On table 2, the unison decline reaction of the respondents to the research question on whether heterosexuality is a sexual disorder had established the reliable ethical standard of homosexuality as an unquestionable sexual orientation, just like its heterosexual counterpart. A very simple research logic is involved in this situation in that if homosexuality is as the same as heterosexuality clinically and physiologically as reported in research question 1 and it was submitted in research question number 2 that heterosexuality is not a sexual disorder, it implies therefore that homosexuality is as clean as heterosexuality and hence must be accorded the same values and attitudes across the universe.

The report on the test of the null hypothesis that says Gender will not significantly influence the perception of the Indiana State Resident Psychologists towards the non inclusion of homosexuality in DSM III is positive. Whether the respondents were male or female makes no significant difference in their perception towards the omission of homosexuality in DSMIII. This disagrees with Dingle (2009) in the submission that females are too myopic to be factual in activities involving sexual hypothesis (Ho2) that says 'years of working experience

will not significantly influence the perception of the Indiana State resident Psychologists towards the non inclusion of homosexuality' is in line with the researcher's view that homosexuality is a lifestyle that is based on two basic factors called genetics and environmental factors. Years of work experiences may not be strong enough to invalidate the activities of these exceptional factors.

CONCLUSION AND RECOMMENDATION

One of the basic findings of this research study is that homosexuality, like heterosexuality meets up with the clinical and physiological qualities that are required of it to be accepted as a sexual orientation. It implies therefore that if heterosexuality is not a sexual disorder, homosexuality cannot be and hence the non inclusion of the later in DSMIII of 1980 is justified. The fact that the perception of the respondents were not significantly influenced by some demographic variables like age and years of work experience is a clear indication that the homosexual communities do not deserve the inhuman treatments that are meted out on them in most of the developing countries across the universe.

Based on the research findings therefore, the following recommendations are suggested:

- 1.) Orientation should be given unto the adolescents and fresh pubescents on the principles of fundamental human rights in the choice of sexual orientation.
- 2.) Also, the stakeholders and decision taking authorities as well as the Law Enforcement Agencies should be

involved in LGBTQ Workshops, Seminars, symposium and conferences.

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