

Teaching Current Directions in Psychological Science

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Aimed at integrating cutting-edge psychological science into the classroom, Teaching Current Directions in Psychological Science offers advice and how-to guidance about teaching a particular area of research or topic in psychological science that has been the focus of an article in the APS journal Current Directions in Psychological Science. Current Directions is a peer-reviewed bimonthly journal featuring reviews by leading experts covering all of scientific psychology and its applications, and allowing readers to stay apprised of important developments across subfields beyond their areas of expertise. Its articles are written to be accessible to nonexperts, making them ideally suited for use in the classroom.

Teaching Sexual Orientation

by David G. Myers

[Hatzenbuehler, M. L. \(2014\). Structural stigma and the health of lesbian, gay, and bisexual populations. *Current Directions in Psychological Science*, 23, 127–132. doi: 10.1177/0963721414523775](#)

When teaching controversial topics, such as those we engage with in this *Observer* column, we find it helpful to remember our priorities. Our calling as teachers is to, as best we can, 1) discern and give witness to truth, 2) equip our students to be critical truth seekers for themselves, and 3) be sensitive to our students' diverse political, religious, and social views. There is a place for argumentative op-ed essays and books (indeed, one of us authored an argumentative 2005 book subtitled *The Christian Case for Gay Marriage*). But our classrooms and textbooks instead appropriately focus on offering evidence, thinking tools, and credible perspectives that can help our students draw their own conclusions.

Among the psychological science insights pertinent to our public dialogue about sexual orientation and marriage are these, each of which is evidence based:

- 1) We humans have a *need to belong* — to connect with others in close, intimate, enduring relationships. We are social animals.
- 2) Sexual orientation is a *natural disposition* (most clearly so for males, who exhibit less “erotic plasticity”). In view of evidence regarding gay-straight differences in genes, prenatal experience, and brain centers, even the conservative Focus on the Family concurs that “we do not believe an individual typically ‘chooses’ his or her same sex-attractions.”
- 3) Sexual orientation is also an *enduring disposition*, which is seldom reversed by willpower, ex-gay ministries, or reparative therapy.
- 4) *Public attitudes* regarding sexual orientation and gay rights have *changed rapidly* and are marked by moderate gender and substantial generational differences.

Some students, from the conservative ends of various religious traditions, may object to these facts. In response, it can be noted — without disrespect — that people of faith are having their

own internal debates. Some biblical scholars, for example, note that the Protestant Bible's 31,103 verses contain but seven verses that speak of same-sex behaviors, none of which involve a long-term, same-sex partnership.

To these evidence-based conclusions, Mark L. Hatzenbuehler (2014) adds another: "structural stigma": policies, practices, and cultural norms that label, stereotype, separate, denigrate, and discriminate, are toxic to gay, lesbian and bisexual (LGB) people, and place them at increased risk for psychological disorders and premature death.

Before presenting Hatzenbuehler's impressive data, we could ask our students, *how could we know* whether social policies, such as statewide bans on same-sex marriage or the lack of nondiscrimination protections for gay people, affect their health and well-being? What sort of research could give us answers?

In response, students may volunteer examples of cross-sectional, longitudinal, and quasiexperimental studies. Hatzenbuehler provides examples of each:

Cross-sectional evidence:

Stigma variation by state. Compared with LGB people in states with hate crime and employment nondiscrimination protections, LGB people in states without such protections have significantly higher rates of psychiatric disorders. For example, in states with such protections, there is no gay-straight difference in the mood disorder *dysthymia* (chronic, mild depression). But in states without such protections, LGB people have 2.5 times the dysthymia rate of heterosexual people. The discerning student may, however, wonder: Might these states vary in other pertinent ways, such as income and education? Yes, but the difference persists even after controlling for demographic factors.

Stigma variation by neighborhood. In Boston, LGB youth residing in neighborhoods with higher rates of "LGBT assault hate crimes" report more suicidal ideation and suicide attempts than do youth in lower hate crime neighborhoods. (Heterosexual youth's suicidality does not similarly vary across these neighborhoods.)

Longitudinal evidence: When following lives through time, local community antigay attitudes (as discerned in the General Social Survey) predict life expectancy. The 12-year life expectancy difference between LGB respondents living in low- versus high-stigma communities corresponds to the life expectancy gap between those with and without a high school education. Suicide, homicide, and cardiovascular deaths are all "substantially elevated among LGB individuals in high-structural stigma communities."

Quasiexperimental evidence: Students may wish for a natural experiment, in which a state- or community-level stigma is introduced or removed. Would that affect LGB people's health and well-being for better or for worse? It would be unethical and unfeasible to randomly assign individuals to high- versus low-structural stigma environments. But in quasiexperiments, researchers can take advantage of naturally occurring changes in structural stigma. All they need is health data from both before and after the social policy change.

Introducing structural stigma. The United States offers just such a quasiexperiment. In 2004, notes Hatzenbuehler, 16 states passed constitutional amendments banning same-sex marriage. Fortuitously (for us behavioral scientists), national mental health assessments were done before (in 2001) and after (in 2005) the introduction of these structural stigmas. The results are stunning: In states that passed same-sex marriage bans, LGB people (but not heterosexuals) experienced a 37% increase in mood disorders, a 42% increase in alcohol use disorders, and a

248% increase in general anxiety disorders. In the other states that did not pass these amendments, no significant increases in psychiatric disorders occurred among LGB respondents.

Removing structural stigma. In the 12 months after Massachusetts legalized same-sex marriage, its LGB residents experienced a 14% reduction in depression, an 18% reduction in hypertension, and a 15% reduction in health-care use and costs (while the general state population evidenced an increase in health-care costs during this period).

After brainstorming ways to explore the effects of stigma and then learning the results of actual studies, instructors could also ask:

What might explain these seeming effects on LGB health and well-being? (Students may conjecture stress and other biopsychosocial mechanisms.)

What other forms of stigma exist — and how might we explore these? Hatzenbuehler notes that instructors could show “big data” possibilities, such as the frequency of racist or homophobic tweets from different areas of the United States (see users.humboldt.edu/mstephens/hate/hate_map.html#).

Reference

Loughnan, S., Haslam, N., & Bastian, B. (2010). The role of meat consumption in the denial of moral status and mind to meat animals. *Appetite*, 55, 156–159.

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