Chapter 4: Myths and Facts About Sexual Orientation and Gender Identity

On any spring midafternoon the following events may occur. As three elementary school students play tag, one calls another, “faggot”; a talk show listener worries about his twelve-year old daughter who has yet to outgrow her “tomboy stage”; a stand-up comic begins his five-minute routine about gays in the military with a shower joke; ... these vignettes represent various manifestations of homophobia and heterosexism... [and are] damaging to a society characterized by diversity and championed as just.

(Myths are widely held beliefs that are false; when they are consistently applied to a group of people with a shared identity, they may also be called stereotypes. Many myths prevail in most of the world concerning lesbian, gay, bisexual, transgender, and queer people. Most of the myths begin to enter people’s awareness during childhood and adolescence—a time in life when people are the most impressionable and can be easily swayed by the attitudes, feelings, and behaviors of people around them. For many, including LGBTQ people themselves, unlearning myths can take a lifetime. Even when you know on an intellectual level the difference between fact and myth, the feelings associated with the myths can persist on an unconscious level. This can affect an individual’s attitudes toward LGBTQ people, including those who identify as LGBTQ. In this chapter, we present some of the most common myths and provide a brief discussion of what is currently known to be a fact. We have divided the myths/facts into two sections. The first section includes those myths/stereotypes associated with sexual orientation, and the second section discusses myths based on gender and gender identity, although we recognize that there can be considerable overlap. Many of the stereotypes about LGBTQ people are based on perceptions that those individuals violate gender norms, and many of the stereotypes about transgender people are based on the belief that they are really gay people who are trying to be heterosexual by changing their bodies.

Reflection: List as many stereotypes as you can about each of five groups: lesbians, gay men, bisexual men, bisexual women, and transgender people. Where/how did you learn these stereotypes? In general, there are many more stereotypes about gay men and lesbians than about bisexual and transgender people. Why do you think that is?

MYTHS RELATED TO SEXUALITY

Myth 1: People could change their sexual orientation if they wanted to.

Fact: Scientific evidence suggests that sexual orientation is something that people are born with or develop fairly early in life. The evidence is sufficiently clear that the American Psychological Association, American
Psychiatric Association, American Medical Association, and many other professional organizations have taken the position that therapies designed to change people’s sexual orientation (often called reparative or conversion therapy) are unethical (American Psychiatric Association, 1998; Zucker, 2006). For many people, awareness of sexual orientation first emerges in childhood or early adolescence prior to any sexual experience (D’Augelli, 2006b), and some LGBTQ people report feeling different from a very early age, long before they labeled the difference as related to gender or sexuality. Sexual orientation reflects who or what kind of person one is sexually attracted to, and may or may not be the same as one’s sexual identity, the label one attaches to one’s own sense of sexuality.

The American Psychiatric Association (2000) noted, “Recent publicized efforts to repathologize homosexuality by claiming that it can be cured are often guided not by rigorous scientific or psychiatric research, but sometimes by religious and political forces opposed to full civil rights for gay men and lesbians. . . . As a general principle, a therapist should not determine the goal of treatment either coercively or through subtle influence. Psychotherapeutic modalities to convert or ‘repair’ homosexuality are based on developmental theories whose scientific validity is questionable. . . . In the last four decades, ‘reparative’ therapies have not produced any rigorous scientific research to substantiate their claims of cure. . . . The ‘reparative’ therapy literature uses theories that make it difficult to formulate scientific selection criteria for their treatment modality. This literature not only ignores the impact of social stigma in motivating efforts to cure homosexuality; it is a literature that actively stigmatizes homosexuality as well.” (www.psych.org/psych_pract/coptherapyaddendum83100.cfm?pf=y)

Myth 2: Minority sexual orientation is caused by sexual trauma in childhood.
Fact: Not all LGBTQ people were abused or experienced traumas as children, although many were, as were many heterosexual people (Balsam, Rothblum, & Beauchaine, 2005; Holmes & Slap, 1998; Hughes, Johnson, & Wilsnack, 2001; Matthews, Hughes, & Tartaro, 2006; Peters & Cantrell, 1991; Saewyc et al., 2004). Heterosexual people and LGBTQ people may have been abused as children, and the abuse can interfere with a person’s ability to relate to others in a healthy way or to trust others in intimate relationships. But childhood abuse has not been identified as a cause of sexual orientation. It is a sad fact that some children are abused but there is no single cause or effect of abuse. Some children may have been abused because they were perceived to be gender-nonconforming, because they were exposed to a perpetrator in their families or community, because they ran away from homes and were at risk for abuse on the street, or other reasons related to stigma, not to their sexuality (Friedman, Koeskey, Silvestre, Korr, & Sited, 2006). To “blame” sexual orientation on child sexual abuse would be analogous to “blaming” left-handedness on child sexual abuse. There may be an association between child sexual abuse and later sexual orientation or behaviors, but no research to date has identified a causative link. We take the position that sexual identity is part of normal human variation. There is also no credible evidence that LGBTQ people are more likely to come from broken homes or to have experienced dysfunctional parenting.

Myth 3: Gay men hate women, and lesbians hate men.
Fact: Gay men and lesbians, like heterosexual people, have dear friends and acquaintances who vary in sex/gender and sexual orientation. Hatred toward any group of people is generally recognized in the LGBTQ community as prejudice and is actively opposed. Like anyone else, LGBTQ people have personal preferences concerning those individuals they like to be around and choose as friends, and most people prefer being together in groups and communities with others who share their own values and identities. But preferring to have certain types of people as friends, or to have an affectionate attraction to a particular type of person, does not mean that one hates or even dislikes those who are outside that circle. In other words, if you really like apples, it does not mean that you dislike or hate oranges! The majority of heterosexual people also select their friends and potential partners from a pool of people who are similar to them in race/ethnicity, age, sexual identity, religion, education, and other social variables (Laumann, Gagnon, Michael, & Michaels, 1994).<ref>

Myth 4: Gay men want to be women; lesbians want to be men.
Fact: This is an interesting stereotype when coupled with the one above—why would you want to be something you hate? Sexual identities are not based on gender—they are two separate (though related) concepts. Most gay men are quite happy being men; they just want the freedom to be whatever kind of man they are. The same is true for lesbians. The stereotype may stem from the fact that some LGBTQ people are drawn to careers or interests that are usually associated with someone of the other sex. For example, because they are less constrained by societal gender norms, gay men may be more likely than heterosexual men to choose nursing, cosmetology, or flight attendant schools, whereas lesbians may be more likely than heterosexual women to choose construction work, law enforcement, and firefighting. But some heterosexual people chose to break from gender stereotypes as well. The stereotypes that relate to beliefs that gay men and lesbians do not fit well with the characteristics of their sex/gender generally do not apply to bisexuals. There
are few or no stereotypes about the careers, interests, or physical appearance of bisexual men or women.

**Reflection:** Look back at the list of stereotypes you generated about bisexual people. Why do you think there are fewer stereotypes about bisexuals than about gay men and lesbians? Perhaps it is because bisexuality has not been thought to be a “legitimate” identity or because there are fewer gender-related beliefs associated with bisexuality. How many of the stereotypes about lesbians and gay men that you generated were related to gender?

**Myth 5:** Gay men want to look like women, and lesbians want to look like men.

**Fact:** It is not possible to tell if someone is a gay man or a lesbian from observing how they look. Some gay men and some lesbians do dress or have behaviors that are more typical of the other sex (see the definition of gender expression in chapter 2). Some heterosexual women or men also dress or behave more typically as the other sex. However, these patterns of dress or behavior do not come from a desire to be or to look like the other sex. Instead, these choices are based on personal preference and refusal to conform to the stereotypes or social expectations for male or female dress and behavior. For lesbians, choice of dress, hairstyle, and whether to wear makeup often has much more to do with comfort and ability to physically navigate than it does with wanting to appear masculine. But many lesbians do dress and act in a manner consistent with social norms for women, and many gay men do dress and act consistent with social norms for men. It is not possible to tell if a person is lesbian, gay, bisexual, transgender, or queer or, for that matter, heterosexual, by the way they dress or act. This stereotype is partly related to people’s confusion about the differences between sexual identity and gender identity. Some people erroneously believe that all gay men and lesbians are cross-dressers. The fact is that preferences in clothing, hairstyles, makeup and accessories change rapidly in our fashion conscious world, and these trends change societal expectations about what men and women are supposed to look like.

**Myth 6:** LGB people have uncontrolled sexual urges and try to “hit on” anyone they can.

**Fact:** The range of sexual drive and variety of sexual practices is similar among LGB people and heterosexual people (Coleman & Rosser, 1996; Matthews et al., 2006). This myth may come from the fact that LGBQ people are defined by their sexual behavior—the term *homosexual* was coined, it was not characterized as “homo-relational” or “homo-affectional.” In fact, LGBQ people do not stalk straight people for casual sex any more frequently than straight people seek out casual sex, nor do they necessarily have sex more often. Like anyone else, there are many factors that influence an LGBQ person’s identity besides sex, such as the social groups one belongs to, career or job roles, religious beliefs, and so forth. This myth of being oversexed particularly affects bisexual men and women who are often perceived to be hypersexual because of the potential to be attracted to people of either sex (Eliason, 1998). Many heterosexual people express considerable distress at the prospect of being “hit on” by someone of the same sex. How does this experience differ from being “hit on” by a member of the other sex when one is not interested?

If you were to analyze this myth by gender, you will find some differences. Men in contemporary society, whether gay, bisexual, or heterosexual, on average, report a higher sex drive and a more frequent desire for engaging in sexual activities than do women (Laumann et al., 1994). When men have other men for sexual partners, who also seek more frequent sex, it stands to reason that gay and bisexual men, as a group, may have sex more frequently. This myth about the “hypersexuality” of LGBQ people is related to our cultural anxieties about “promiscuity.” How many partners or how much sex is too much? If sexual activity is between adults, consensual, and safe, do the numbers or frequency matter? An older study by Masters and Johnson (1979) compared sexual activity in heterosexual couples, gay male couples, and lesbian couples. One of the main differences they reported was that gay and lesbian couples took more time in lovemaking, with much more touching, caressing, and focusing on mutuality than heterosexual couples. Perhaps heterosexual couples could learn something about sexual relationships from their gay and lesbian counterparts?

**Myth 7:** LGBTQ orientation may be “contagious.”

**Fact:** Most LGBTQ people were raised by heterosexual parents, but that did not make them heterosexual; sexual orientation/identity is likely to have genetic components and perhaps other biological influences (Byne, 2007). Therefore, it cannot be “caught.” People who are comfortable with a heterosexual identity will not be influenced to become LGBTQ, just as an LGBTQ person will not be influenced to become straight if they spend time with heterosexuals.

**Myth 8:** Children should not be exposed to LGBTQ people nor should adults even discuss LGBTQ issues, as children might be unduly influenced.

**Fact:** LGBTQ people do not “recruit.” This myth is often used as the rationale for keeping LGBTQ people away from children and affects the ability of some people to be openly LGBTQ daycare workers, teachers, or parents. Evidence of the fallacy of this myth comes from the study of children of same-sex parents—if too much exposure to LGBTQ people makes people become LGBTQ, those children should be mostly LGBTQ as they grow up. In fact,
the majority of children of same-sex couples grow up to be heterosexual (Tasker, 2005).

One of the authors was flipping channels 1 day in June and found a televangelist telling the audience that gay pride parades and rallies were dangerous because “impressionable” children might see them and then grow up to want to be LGBTQ because the parades look like fun. She remembered that when she herself was an impressionable child, she was often exposed to Shriner’s parades, with grown men driving tiny cars wearing silly hats. She had no desire to be a Shriner when she grew up, despite this overexposure to men having fun.

**Myth 9:** Gay men are child molesters.

**Fact:** One of the most damaging stereotypes involves the conflation of child sexual molestation with a gay sexual orientation. They are, in fact, entirely different phenomena. A study published in the *Journal of Pediatrics* (Jenny, Roesler, & Poyer, 1994) reported that a child was 100 times more likely to be abused by a heterosexual man than by a gay man. So where does this myth come from? It is perpetuated by the terminology used in the psychiatric and legal literature to describe child molesters, sometimes called pedophiles. Men who are attracted to prepubescent girls are labeled as heterosexual pedophiles (and make up 60%–65% of convicted pedophiles) and men who are attracted to prepubescent boys (about 30% of pedophiles) are called homosexual pedophiles. About 20% of pedophiles are attracted to both boys and girls (Cohen & Galynker, 2002). The terms homosexual and heterosexual are misused here and do not refer to the sexual orientation of the adult relationships of the pedophile. Although more pedophiles report attraction to girls, there are more male victims than female victims because of circumstances. Boys have much greater social freedom and less supervision by adults than girls; thus, pedophiles can have more ready access to boys. In addition, the nature of the sexual acts differs (fondling or exhibitionism occurs more often with boys, activities that are quick and can be done anywhere). Sexual abuse of children is condemned by all LGBTQ social and political organizations, and there is as much concern about child sexual abuse by LGBTQ individuals as there is among heterosexuals.

**Controversial issue:** The North American Man Boy Love Association (NAMBLA) was founded in 1978 as a political and educational organization that supports the rights of all people, regardless of age, to participate in consensual sexual activities. They oppose having any age of consent laws and believe that it is best for children to be initiated into sex by experienced adults. Parent and Friends of Lesbians and Gays (PFLAG) released the following statement in 1997:

“As a family organization, PFLAG strongly condemns the sexual exploitation of children by any individual, group, or organization, in any form and under any circumstance. . . . NAMBLA is a pedophile organization whose sole purpose is to facilitate sex between adult men and young boys. PFLAG, therefore, repudiates NAMBLA and its aims.” In 1994, another organization, the Gay and Lesbian Alliance Against Defamation (GLAAD), said: “GLAAD deplores NAMBLA’s goals, which include advocacy for sex between adult men and boys and the removal of legal protections for children. These goals constitute a form of child abuse and are repugnant to GLAAD. . . . As a group of people who historically have not had legal rights and protections, gay men and lesbians have always worked with and built coalitions with others whose rights are at risk. The true gay and lesbian agenda is ultimately about free human rights for all people.”

But what about the first amendment protection of speech? In 2000, the ACLU (2000) released a statement about defending the free speech of unpopular organizations, stating that it is not incompatible to support the right of an organization to exist and state its mission, and to oppose that mission, and noted, “Those who do wrong are responsible for what they do; those who speak about it are not. The defense of freedom of speech is most critical when the message is one most people find repulsive. That was true when the Nazis marched in Skokie. It remains true today.” What do you think?

**Myth 10:** Most LGBTQ people are white; there are practically no LGBTQ people among other ethnic groups.

**Fact:** The proportion of people who have same-sex attractions or behaviors and who are gender-variant is thought to be the same in all racial and ethnic groups, and perhaps in all cultures in the world (Adams, 1986; Herdt, 1994). However, social and familial acceptance of LGBTQ people varies tremendously among cultures. Because there are wide cultural variations in understandings of the concepts of sexuality and gender, fewer people of color or people from non-Western countries may adopt an open sexual identity as LGBTQ because that is a western concept (Dykes, 2000). In some cultures, revealing one’s self as LGBTQ can be very costly personally and socially, even dangerous. Canada, Australia, New Zealand, many European countries, and the United States (all predominantly white populations) have experienced several decades of growing acceptance, which has made it more possible for LGBTQ people of all ethnicities to acknowledge who they are. But even if they are able (or want) to come out publicly, LGBTQ people of color often encounter racism from white LGBTQ communities; therefore, these individuals may be less likely to be involved in predominantly White social and political organizations and also less visible in the LGBTQ communities (Battle & Crum, 2007; Fieland,
Myth 11: LGBTQ people do not have long-term, stable, or monogamous relationships.

Fact: Despite the fact that LGBTQ people do not have the same legal and social support for their relationships that heterosexual people have, many LGBTQ people form long-term, monogamous, and committed relationships, and consider themselves as much a family as any heterosexual married couple (Kurdek, 2004; Kurdek & Schnitt, 1986; Peplau & Fingerhut, 2007). Many heterosexual people have trouble forming and maintaining stable long-term relationships as do some LGBTQ people. The myth that LGBTQ people are incapable of long-term relationships may stem partly from the inability to marry. The lack of social and legal recognition of partner relationships and families in LGBTQ communities may have led to more creative relationship and family formations that do not get validated as authentic. This issue is explored in more depth in chapter 5.

Myth 12: Homophobia, biphobia, and transphobia exist only among heterosexual people.

Fact: Everyone, regardless of sexual identity/orientation, experiences negative attitudes based in fear, shame, guilt, or hatred about LGBTQ people or same-sex feelings in themselves. LGBTQ people have internalized these feelings just as heterosexual people have and, as a result, often have feelings of self-hatred and lack of self-acceptance at some point in the life span (Herek, 2007; Meyer, 1995; Szymanski & Chung, 2003b). For many young people who are beginning to be aware of their LGBTQ identities, this can lead to devastating consequences—depression, suicide, and self-destructive behaviors. They need as much support as possible from everyone around them to overcome the fear and self-hatred. As they “come out” and learn more about themselves and others in the LGBTQ community, their internalized oppression will begin to decrease. For this reason, it is imperative that issues related to sexuality and gender be discussed in schools, health care settings, homes, and as many other places as possible so that youth do not internalize the negative stereotypes and the self-hatred that put them at risk for significant health problems (Elia & Eliason, in press). Homophobia operates differently when it occurs among heterosexual people, because they have the power of the dominant institutions supporting their prejudicial beliefs; thus, they have the ability to discriminate against LGBTQ people. When an LGBTQ person has homophobia, it becomes internalized. This internalization can result in enough self-hate to cause or sustain major depression, anxiety, and suicide, or they avoid, verbally denigrate, or abuse other LGBTQ people. An LGBTQ person can have negative stereotypes about heterosexuals, but because they have no significant societal power to support them, the beliefs lack the strength of homophobia/biphobia that is sustained by heterosexual privilege.

Myth 13: People are not lesbian or gay if they have ever had sex with the other sex.

Fact: Many lesbian, gay, and bisexual people have had sex with someone of the other sex, even when they know they are not heterosexual. Sometimes this occurs in an effort on individuals’ part to hide or overcome what they know to be their lesbian or gay identity, or for a host of other reasons such as love or attraction for a specific person, curiosity, or peer pressure. In fact, a recent article identified 237 reasons why people have sex (Meston & Buss, 2007). Diamond (2003) pointed out that sexual desire and romantic love can be two separate things; heterosexual people may have sex with persons of the same sex at some point in their lives, but this behavior does not necessarily affect their identity. Sexual orientation, identity, and sexual behavior are not always consistent. The question, “How do you know that you are gay, lesbian, or bisexual if you have never had sex with a person of the other sex?” is often asked. No one asks, “How do you know you are heterosexual if you have never had sex with a person of the same sex?” Human beings explore a variety of behaviors that may or may not affect their core social or sexual identities, and gender and sexuality are not discrete, binary concepts, but each is on a continuum. Kinsey, Pomeroy, and Martin (1948) were among the first to operationalize a sexual behavior continuum. They used a 7-point scale ranging from 0 (exclusively heterosexual) to 6 (exclusively homosexual). The points between these extremes included bisexual behavior. Other theorists have expanded on the work of Kinsey et al. to develop continua not only of sexual behavior but of sexual attractions, preferences for romantic partners, preferences for social relationships, and other dimensions of sexuality (e.g., Klein, Sepkeoff, & Wolf, 1985).

Myth 14: LGBTQ people are blatant; they flaunt their sexuality.

Fact: What is labeled as “flaunting” in the LGBTQ person is considered normal among heterosexual couples: holding hands, kissing goodbye or hello, having a picture of a significant other on their desk at work, and so on. Heterosexual relationships are celebrated in many ways; however, even the mere mention of a same-sex partner or relationship can make some people uncomfortable. Some LGBTQ activists may deliberately engage in public behaviors to challenge heterosexual norms, but the typical same-sex couple do not “flaunt” their relationship any more than do a heterosexual couple. In fact, many refrain from any public displays of affection for fear of retaliation.

Reflection: List all of the ways that heterosexual people “flaunt” their sexuality. You may be stumped at first, but as
Gay pride parades and rallies are often mentioned as examples of flaunting behavior, but similar kinds of celebrations in other communities are rarely scrutinized this way. There are many community celebrations of ethnic pride, cultural diversity, or religious pride that serve similar purposes of community building as gay pride celebrations.

**Myth 15:** LGBTQ people are not happy; many are mentally ill.

**Fact:** There is no indication that LGBTQ people are any less happy than heterosexual people. Many LGBTQ people do suffer from oppressive, discriminatory, and stressful social circumstances that cause a great deal of suffering (Gilman et al., 2001). But, at the same time, many individuals also find a rich source of support and joy in social groups within LGBTQ communities. Hollywood portrayals of lesbian, gay, and bisexual people seldom provide accurate depictions and reinforce the stereotypes of LGBTQ people as unhappy, or engaging in bizarre, outlandish behaviors (think of the character of Jack in *Will & Grace*). The American Psychiatric Association (1973, 1998, 2000) and American Psychological Association (1997, in Conger 1975) have determined that LGBTQ identities are not mental illnesses. Stigma, not sexual identity, creates the risk for mental health problems. This issue is discussed further in chapter 7.

An extraordinary ally: Evelyn Hooker (1907–1996) was a pioneer as one of the few women psychologists of her day—no easy feat in the male-dominated world of the sciences. In the early 1950s, on the urging of a former student, a gay man, Dr. Hooker received an NIH grant to study the adjustment of a nonclinical sample of gay men compared with a heterosexual comparison group. This was the first nonclinical study of gay men—the earlier studies were done in prisons and mental institutions and did not include adequate comparison groups. It was remarkable that the government funded this study during the highly oppressive McCarthy era, where people with same-sex desires were being routed out of government service as “communists.” Dr. Hooker's groundbreaking study published in 1957 showed that experts were unable to distinguish gay men from heterosexual men on the basis of the most widely accepted personality measures of the day and that there were no reliable differences in ratings of adjustment. Studies by other researchers quickly confirmed her findings, but it took political activists putting pressure on the American Psychiatric Association to result in the removal of homosexuality as a mental illness from the *Diagnostic and Statistical Manual of Mental Disorders*. This did not occur until 1973.
**Myth 17:** An LGBTQ person cannot be religious.

**Fact:** The answer depends on the kind of religion. Affiliating with a fundamentalist church is a strong predictor of homophobia (Eagly, Diekman, Johannesen-Schmidt, & Koenig, 2004; Whitley & Kite, 1995), but religious and spiritual beliefs are complex and contradictory in the individual. Some studies have found that participation in organized religion is detrimental to the mental health of LGBTQ people (Gage-Davidson, 2000; Rodriguez & Ouellette, 2000), but less research has focused on LGBTQ people who belong to welcoming congregations or churches that specifically serve LGBTQ communities, such as the Metropolitan Community Church. Lease, Horne, and Noffsinger-Frazier (2005) found that belonging to an LGBTQ affirming faith was related to lower levels of internalized homophobia. On the other hand, having a strong, personal spirituality, whether belonging to a formal religion or not, also predicts better health. There is a growing spirituality movement among LGBTQ communities, just as there is in the general population, with people exploring diverse ways to express their spirituality within or outside of formal religious institutions (Helminiak, 2000, 2006).

**Myth 18:** LGBTQ people want special rights.

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1985, the General Synod formally urged local churches to welcome gay and lesbian members and advocate in their behalf against discrimination and persecution. In 2005, the UCC issued a statement in support of same-sex marriage.

**Myth 19:** Bisexuals can choose heterosexual privilege.

**Fact:** This was a ploy used by antigay activists in recent years to imply that LGBTQ people were asking for more than what the general population has. They claim that LGBTQ people are already covered under federal and state laws (as human beings); therefore, they do not need or deserve any further legal protections. All that LGBTQ activists have ever asked for is to be treated with the same respect and dignity, and to obtain the same legal protections, rights, and benefits that other citizens already have. Theoretically, LGBTQ people are protected under some laws, but as it became clear in regards to women’s rights and protections and civil rights related to race/ethnicity and religion, sometimes laws are needed to send a clear message to society that harassment, discrimination, and violence against any group of people are not to be tolerated.

**Myth 20:** Bisexuals are confused about whether they are gay or straight; they are really gay or lesbian, but just cannot commit. In other words, there is no such thing as a true bisexual.

**Fact:** Nearly everyone is confused about their sexuality at some time in life—bisexual people certainly have no corner on the market of confusion. Because there is much less discussion about and less visibility of bisexual people in our culture, it would stand to reason that there may be more confusion about bisexual identity (Balsam & Mohr, 2007), but the majority of bisexual people report a stable sexual identity over time (Diamond, 2005). The increase in confusion reported by a small subset of bisexual people may be related to being early in the coming-out process, the greater stigma attached to bisexuality than gay or lesbian identities, the greater fluidity of bisexual experience, and the greater likelihood of questioning when relationships change. For example, a man’s experience of leaving a relationship with a man and entering one with a woman may represent what Rust (1996) called changes in the “sexual landscape,” and being adaptable and more fluid in one’s identity is an advantage to healthy adjustment. As to the legitimacy of a bisexual identity, the majority of researchers of sexual orientation have identified a continuum of sexual attraction/behavior rather than a binary, either/or sexuality. This leaves room for a wide variety of identities. For example, some women call themselves “lesbian-identified bisexuals,” denoting that they have sexual attractions for men but tend to prefer women as partners and belong to lesbian social and political organizations.

**Myth 21:** Bisexuality is just a phase.

**Fact:** Many well-intentioned persons may tell bisexual people that they are just going through a phase and will eventually find their true identities as gay or lesbian. This stems from the stereotype that bisexuality does not exist and that it is a transitional point on the way to homosexual identity (Mohr & Rochlen, 1999). Some people do indeed label themselves as bisexual early in their identity as bisexual is not changed. One or both partners may be bisexual. Bisexual people can choose whether or not to reveal their sexual identities, as can many gay and lesbian people, but because they face negative attitudes from both heterosexual people and gay and lesbian people, they do not get much “privilege” of any sort, regardless of their relationships. This myth may be expressed differently, depending on who expresses it. For example, a heterosexual man might say, “If you are attracted to both men and women, why not choose to be with someone of the opposite sex and be ‘normal?”’ A lesbian might say, “That person calls himself bisexual, but by being in a public relationship with a woman, does nothing to further the cause of gay rights.” Both viewpoints deny the legitimacy of a bisexual identity.

**Myth 22:** Bisexuals can choose to be gay or straight.

**Fact:** Myths and Facts About Sexual Orientation and Gender Identity
coming-out process and then later identify as gay or lesbian, but just as many people first label themselves as gay or lesbian and then later as bisexual (Rust, 2000). This myth could apply to all LGBTQ people. To tell some persons that they are “going through a phase,” whether they tell you they are LGBT or Q, is to trivialize the very difficult process of sexual and gender identity formation and to deny the reality of their lived experience. There is considerable evidence that many people are bisexual in their sexual behavior, and that some of them adopt a bisexual identity that is stable throughout their lifetimes (Diamond, 2005), just as lesbian, gay, and transgender people adopt stable identities.

**MYTHS RELATED TO GENDER IDENTITIES**

A woman is made, not born.
---Monique Wittig

There may be even more strongly held stereotypes about gender than about sexuality. A binary gender system is deeply imbedded in contemporary Western culture, affecting the way that we perceive people who do not clearly fit into neat categories of male and female. Many languages, including the English language, enforce the idea of two genders by use of two and only two pronouns: she/he and his/hers. Most legal institutions also systematize gender, requiring that people must be categorized as male or female on birth certificates, driver’s licenses, passports, and marriage certificates. Transgressions from gender norms are severely punished. Think about how early in life we begin to categorize people by their gender, and start making lists in our heads about the nature of gender. We develop schemas of girls (what girls like, what they do, how they behave, how they look), boys, women, and men based on our interactions with parents, teachers, peers, and what we see in the media. Adults generally recognize these schemas as stereotypes, but they continue to deeply influence our behavior, often on an unconscious level. Have you ever caught yourself saying or thinking something that is totally based in stereotype, like attributing the erratic behavior of the car ahead of you to a “woman driver” or assuming that your nurse would be female? Gender stereotypes hurt us all but impact LGBTQ people in unique ways. In particular, transgender people are denied existence by strict binary gender stereotypes.

**Fact:** There is considerable diversity in biological bodies, no matter how sex is defined. We think of sex as determined by chromosomes: people with an XY are male and people with an XX are female. But what about the variations of chromosomal patterns? How about people with XO (Turner syndrome), XXY (Klinefelter syndrome), XXX, XYY, XXYY, and many other variations of sex chromosomes? How about hormones? Both men and women have testosterone and estrogen, just in different proportions at different phases of life. If hormones define sex, then sex can be bought at the local pharmacy. Well, then, what about genitals? Does having a penis make one male and having a vagina make one female? Men can have accidents that result in loss of the penis—are they no longer men? About 1% of infants in the United States are born with an intersex condition where genitals or internal organs of reproduction are not clearly male or female and about 4% have some form of intersex condition that may not be apparent at birth (Fausto-Sterling, 1993, 2000). See http://www.isna.org/ for more information about those born with intersex conditions.

"The world is not divided into sheep and goats. Not all things are black and white. It is a fundamental of taxonomy that nature rarely deals with discrete categories. Only the human mind invents categories and tries to force facts into separated pigeon-holes. The living world is a continuum in each and every one of its aspects. The sooner we learn this concerning human sexual behavior the sooner we shall reach a sounder understanding of the realities of sex." (Kinsey et al., 1948, p. 639). This statement applies equally well to sex/gender.

**Myth 23:** Men and women are different mainly because of their biology, not because of their socialization.

**Fact:** That is an almost impossible statement to evaluate. How does one go about separating out the effects of biology and environment, when we are born into a culture with stereotypes and beliefs about the nature of men and women? Babies begin the socialization process even before they are born, when their parents decorate their nurseries, select toys, give them gendered names, and start to attribute gender characteristics to them immediately. Considering that the human genome is more than 99% alike in men and women, the biological differences are probably much less compelling than the effects of gender socialization.

**Myth 24:** Transgender identity is rare.

**Fact:** Current classification systems rarely count transgender people, because questions on survey instruments and medical intakes ask only for male or female. Most transgender people consider themselves to be male or female based on their gender identity and check the box that matches their identity. One study in the early
Myth 25: Transgender people are mentally ill.
Fact: Higher rates of depression and other mental disorders among transgender populations are due to stigma: societal attitudes and treatment of transgender individuals (Ettner, 1996; Mallon, 1999). Newfield, Hart, Dibble, and Kohler (2006) reported significantly reduced mental health-related quality of life among 446 female-to-male transsexual and transgender individuals and suggested that additional research was needed to determine the cause of this distress. Some older studies have found no increase in serious psychopathology among transsexual populations (Cole, O’Boyle, Emory, & Meyer, 1997), but the enormous amount of stigma and discrimination can certainly affect emotional adjustment—studies report very high rates of harassment and discrimination in transgender individuals. In one study, 60% of transgender individuals had experienced harassment or violence in their lifetimes and 27% had been the victim of violence. In the past year, they reported experiencing the following: verbal abuse from strangers on the street (34%), being followed or stalked (9%), being assaulted (7%), having objects like rocks or bottles thrown at them (7%), and rape (3%) (Lombardi, Wilchins, Priesing, & Malouf, 2001). These events are certainly likely to affect one’s mood and psychological well-being.

Myth 26: Transgender people are actually lesbian and gay people who cannot accept their sexuality, so try to change their bodies to be heterosexual.
Fact: This stereotype comes from the idea that sex/gender causes sexuality and denies the possibility that gender and sexual identities can be experienced separately. In reality, transgender individuals report a wide diversity of sexual identities, as shown in Table 4.1 from a study of transgender persons (Clements-Nolle, Marx, Guzman, & Katz, 2001). Everyone has a gender and everyone has a sexual identity, and for most people, they are relatively separate.

Table 4.1. Sexual Identification of People Who Reported a Transgender Identity

<table>
<thead>
<tr>
<th>Sexual Identity</th>
<th>Male-to-Female (n = 392)</th>
<th>Female-to-Male (n = 123)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>69%</td>
<td>35%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>21%</td>
<td>33%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>5%</td>
<td>12%</td>
</tr>
<tr>
<td>Gay</td>
<td>4%</td>
<td>18%</td>
</tr>
</tbody>
</table>


Myth 27: Transgender identity stems from a biological disorder of sex hormones, chromosome anomalies, or brain dysfunction.
Fact: There is no consensus on the origins of a transgender identity (or any sexual identity for that matter). No studies have conclusively demonstrated differences in any biological structures or functions between transgender individuals and typically gendered individuals (Gooren, 2006). Most people who have been studied by researchers have been in university gender clinics and identify as transsexual. They have been indistinguishable from people in the general population on dimensions of their physical bodies, hormone levels, and psychological adjustment. The only consistent difference is their perception of psychological gender. We know very little about people who identify as transgender, but have no wish to biologically alter their bodies.

Reflection. Many transgender individuals begin to experience gender dysphoria or dissatisfaction with their physical bodies early in childhood. For those individuals, puberty is a particularly traumatic event as their bodies grow more and more out of alignment with their psychological gender. We have the medical capability to arrest pubertal development (preventing menstruation in girls and erections and nocturnal emissions in boys), and such treatment is reversible. Under what circumstances do you think this type of treatment could be considered?

CONCLUSIONS

Stereotypes are damaging because they remove any individuality from the person who adopts the stigmatized identity, and they are used to oppress individuals within the category and keep them powerless. Stereotypes imply that one identity completely defines the person, thus erasing their unique histories, varied temperaments and personalities, and the extraordinary diversities within any group that uses a common label. As we saw in the last chapter, stereotypes support stigma at the institutional
level, and interfere with building positive relationships at the individual level. If health care professionals rely on myths and stereotypes rather than asking patients about their lives, they are likely to make erroneous assumptions that can lead to inappropriate care of, and disrespect toward, the individual patient.

REFLECTION QUESTIONS

Awareness

1. What was the first thing you can remember ever hearing about LGBTQ people? How old were you? Who/what provided this information? How do you feel about it now?
2. Can you remember the first time you thought about yourself as a boy or a girl? Did your internal feelings match what you looked like on the outside?
3. When you see a baby in a stroller, what are the cues about its sex/gender?

Sensitivity

1. In what ways have gender stereotypes about how men and women should behave affected your own life?
2. If you were not restrained by societal norms about gender, in what ways would you be different?
3. Who were your s/heroes when you were very young? Did they fit gender stereotypes or challenge them?

Knowledge

1. How can you use the factual information that challenges stereotypes in your own work?