

THE AUSTRALASIAN CONFEDERATION OF PSYCHOANALYTIC PSYCHOTHERAPIES

Committee Secretary
Select Committee on the Exposure Draft of the Marriage Amendment (Same-Sex
Marriage) Bill
Department of the Senate
PO Box 6100
Canberra ACT 2600

Dear Sir/Madam,

The Australasian Confederation of Psychoanalytic Psychotherapies is an umbrella organisation representing more than 450 psychoanalysts and psychoanalytic psychotherapists throughout Australasia. Member associations of the Confederation are:

- *The Australian Association of Group Psychotherapists,*
- *The Australian and New Zealand Society of Jungian Analysts,*
- *The Australian Psychoanalytical Society,*
- *The Psychoanalytic Psychotherapy Association of Australasia.*

Our members are in a unique position to observe the impact of discrimination, in all its forms, and the contribution of such discrimination to a variety of mental health disorders, including anxiety, depression, substance abuse and suicidality. We support the draft bill as a step toward the reduction of discrimination based on sexual orientation in Australia.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Paul McEvoy', is centered on a light-colored rectangular background.

Paul McEvoy
for the Australasian Confederation of Psychoanalytic Psychotherapies.
January 2017

*The author gratefully acknowledges the assistance of David Richards and Juliet Newbigin of the British Psychoanalytic Council in preparing this document.

EXECUTIVE SUMMARY

The Australasian Confederation of Psychoanalytic Psychotherapies applauds initiatives to remove discrimination against sexual minorities in relation to the Marriage Act. We support the contention that the right to marry is a basic human right and an individual personal choice. We further contend that social inclusion is an integral aspect of a healthy society, while exclusion and discrimination contribute to increased mental health problems, unnecessary suffering, and add to the economic burden on the health budget.

It has long been known, both in Australia and elsewhere, that risk of serious anxiety, depression, substance abuse and suicidality is significantly increased for homosexual members of our community. In part this is related to the frequently reported experience of explicit discrimination which attends being part of a minority group. However, both research and clinical observations indicate that the impact of institutional discrimination, wherein gay and lesbian people are excluded from participation in mainstream groups, activities and customs, plays a significant and damaging role. We support the proposed bill as a small step toward redressing the institutional discrimination implicit in the historical exclusion from access to marriage of gay and lesbian people.

**SUBMISSION TO THE SENATE SELECT COMMITTEE ON THE EXPOSURE
DRAFT OF THE MARRIAGE AMENDMENT (SAME-SEX MARRIAGE) BILL.**

Discrimination in all of its forms is damaging. However, for the purpose of this submission, we will restrict our comments to the impact of discrimination on the basis of sexual orientation. There is an extensive body of knowledge and research available in this area, but in the interests of brevity we will limit our comments, and refer to a very small proportion of the available supporting literature. We would welcome the opportunity to provide further comment or supporting evidence, should it be required.

Discrimination on the basis of sexual orientation is embedded in Australian culture, and is both implicit and explicit. Indeed, historically, sexual minorities have been discriminated against in psychoanalytic thinking, a circumstance which has been addressed only relatively recently.¹ Members of our associations encounter the impact of discrimination against sexual minorities in their daily work with patients. While it is our view that it will take generations to completely redress this deeply embedded, and often unconscious discrimination, we support any actions to remove institutional discrimination on the basis of sexual orientation. As a consequence, we support the draft bill.

It has long been recognised that members of sexual minorities suffer an increased risk of anxiety, depression, substance abuse and suicide.^{2 3 4} Stonewall, a UK organisation which promotes equality for people of diverse sexual orientations, reports that “lesbian, gay and bisexual people are more likely to have experienced depression or anxiety, attempted suicide or had suicidal thoughts, and self-harmed than men and women in general”⁵. For example they report that gay and bisexual men report moderate to severe levels of depression and anxiety at double the rate of men in general, with even higher rates of reported depression (49%) among lesbian and bisexual girls. They further report⁶ that in 2012, 3% of gay men had attempted to take their own life, compared to 0.4% per cent of all men during the same period. Research from Australia⁷ and elsewhere in the western world⁸ is consistent with these findings.

1. Newbiggin, J., 2013. Psychoanalysis and homosexuality: keeping the discussion moving. *British Journal of Psychotherapy*, 29 (3): 276-291.

2. Rosenstreich, G. (2013) *LGBTI People Mental Health and Suicide*. Revised 2nd Edition. National LGBTI Health Alliance. Sydney

3. Mereish EH, O'Cleirigh C, Bradford JB. Interrelationships between LGBT-based victimization, suicide, and substance use problems in a diverse sample of sexual and gender minorities. *Psychol Health Med*. 2014;19:1–13.

4. Mays, V. M., & Cochran, S. D. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health*, 91, 1869 –1876.

5. Stonewall Health Briefing: Mental Health (2012)

http://www.stonewall.org.uk/sites/default/files/Mental_Health_Stonewall_Health_Briefing_2012_.pdf

6. Stonewall Gay and Bisexual Men's Health Survey (2013)

http://www.stonewall.org.uk/sites/default/files/Gay_and_Bisexual_Men_s_Health_Survey_2013_.pdf

7 Rosenstreich, G. (2013) *LGBTI People Mental Health and Suicide*. Revised 2nd Edition. National LGBTI Health Alliance. Sydney.

8. Branstrom, R, (2017) Minority stress factors as mediators of sexual orientation disparities in mental health treatment: a longitudinal population-based study. *J.Epidemiol. Community Health*. (Published Online 2 January 2017)

Unsurprisingly, experiences of bullying are disturbingly common in the lives of homosexual members of our communities. Stonewall reported⁹ that 55% of lesbian, gay and bisexual young people experience homophobic bullying in Britain's schools. However, of particular significance in relation to the current enquiry, they report that a significant proportion (35%) of gay young people who are *not* bullied suffer depression, compared to 5% of young people generally. This is consistent with our experience that it is not only explicit experiences of discrimination which are damaging, but culturally embedded, implicit experiences of discrimination. There is a growing body of research and clinical experience which suggests that a significant contribution to the adverse mental health impact of belonging to a minority sexual orientation occurs via exclusion and alienation. In the research literature this has been referred to as "minority stress"¹⁰ a model which postulates that members of sexual and other minorities are at greater risk for health problems, because they face greater exposure to social stress related to prejudice and stigma^{11 12}. Stigma-related experiences can include verbal and physical assault, social and employment discrimination, and the expectation of discrimination regardless of actual discriminatory circumstances^{13 14 15}. In Australia, the existence of institutional discrimination contributes to this alienation and minority stress, and we would argue, as our colleagues have done elsewhere in the world^{16 17 18}, that the removal of discrimination in relation to access to marriage is a crucial step to reducing the adverse impact of institutional discrimination.

9. Stonewall School Report: The experiences of gay young people in Britain's schools in 2012.(2012). http://www.stonewall.org.uk/sites/default/files/The_School_Report__2012_.pdf

10. Meyer IH. (2003) Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psych Bull.* 2003; 129: 674–697.

11. Sattler FA, Wagner U, Christiansen H. (2016) Effects of minority stress, group-level coping, and social support on mental health of German gay men. *PLoS ONE* 11.

12. Branstrom, R, (2017) Minority stress factors as mediators of sexual orientation disparities in mental health treatment: a longitudinal population-based study. *J.Epidemiol. Community Health.* (Published Online 2 January 2017)

13. Akhtar, S. (2014): The mental pain of minorities, *British Journal of Psychoanalysis* 30:2, 136-153

14. Domenici, T., and Lesser, R. C., 1995. *Disorienting Sexuality: Psychoanalytic Reappraisals of Sexual Identities.* New York: Routledge.

15. Hatzenbuehler ML, McLaughlin KA, Keyes KM, Hasin DS. (2010) The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: A prospective study. *Am J Public Health.* 100: 452–459.

16. Boffie W C. (2011) Public Health Implications of Same-Sex Marriage. *Am J Public Health.*101: 986–990.

17. Perone AK (2015) Health implications of the Supreme Court's Obergefell vs. Hodges marriage equality decision. *Lesbian, Gay, Bisexual, and Transgender Health* 2, 196–199.

18. Meyer, I. (2016), The Elusive Promise of LGBT Equality. *Am J Public Health.* Vol 106, No. 8