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When Gay was not Okay with the APA

A Historical Overview of Homosexuality and
its Status as Mental Disorder

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HISTORY OF HOMOSEXUALITY AS A MENTAL DISORDER

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Introduction

While homosexuals have historically experienced many different forms and types of intolerance, perhaps some of the most harmful discrimination in recent decades can be said to have come from mental health and medical professionals. These professionals have labeled homosexuals as abnormal, pathological, and deviant. In the 1950s, the American Psychiatric Association (APA) made this discrimination against homosexuals official when it classified homosexuality as a mental disorder. This label had a huge impact on the homosexual community, which was just then beginning its fight for acceptance in mainstream society. Thus the fight for the reversal of the APA diagnosis became a focus of the gay rights movement. Although it would take over two decades, the APA eventually made the decision to remove homosexuality from its list of mental disorders and began to move toward the acceptance of homosexuality as normal behavior. This paper will examine the history of how homosexuality has been viewed throughout the history of psychology, focusing on early research as well as the events that led up to the APA's eventual decision to remove homosexuality from its list of mental disorders.

Early Views of Homosexuality: From Sin to Crime to Sickness

Early attitudes towards homosexuality in the Western world were rooted in Christian ideals. According to many popular takes on Christianity, sex was intended for procreation only; thus, homosexual acts were considered sinful since they could not result in reproduction. These religious attitudes carried over into secular law: by the 16th century homosexuality had become a felony punishable by death in England (Morgan & Nerison, 1993). Laws criminalizing homosexual acts later appeared in the United States as well, continuing to legitimize these views into the 20th century.

A similarly negative view of homosexuality existed in the 19th century medical community as well. As Morgan and Nerison (1993) note, during this era homosexuality was viewed as a vice, since homosexuals were choosing to "sin." In an effort to eradicate this vice, medical

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professionals were focused on finding and curing the cause of homosexual behavior. One such professional, neurologist Jean-Martin Charcot, suggested in the 1860s that homosexuality was entirely inherited rather than acquired from the environment. He based his opinion on his own observations that homosexuality did not respond to hypnotic treatment. There were other researchers, however, who did not agree with Charcot's views. Among them was Richard von Krafft-Ebing, a German psychiatrist who was one of the first scientists to study sexual deviance. He believed that all sexual perversions, including homosexuality, were the result of a combination of environmental and inherited factors (Morgan & Nerison, 1993; Drescher, 2009). As Drescher (2009) notes, Krafft-Ebing viewed sexual behaviors through the lens of 19th century Darwinian theory; he and many other scientists felt that all non-procreative sexual behaviors should be regarded as forms of psychopathology since they were not evolutionarily adaptive.

Although those who viewed homosexuality as deviant were in the majority in the 19th century, Drescher (2009) points to a few researchers of this era who regarded homosexuality as normal. Among them were Havelock Ellis, a British sexologist who considered homosexuality a normal variant of sexuality, and Dr. Magnus Hirschfeld, a homosexual physician and sex researcher who led the German homosexual rights movement in the early part of the 20th century. Although their research is sparse, they made important contributions to the field by being among the first scientists to suggest that homosexuality was not pathological. However, those opposed to a pathological view of homosexuality were indeed the minority. Their position was further weakened in 1952 when the APA published the first Diagnostic and Statistical Manual of Mental Disorders (DSM). As Rubin (1993) notes, because of its classification of certain types of sexual behaviors as mental disorders, the DSM became a "fairly reliable map of the current moral hierarchy of sexual activities" (p. 12). Reflecting the popular moral views of the time, the first edition of the manual classified homosexuality as a "sociopathic personality disturbance." In the second edition, published in 1968, it reclassified homosexuality as a sexual deviation, continuing to label these types of sexual behaviors as abnormal (Drescher, 2009).

The classification of homosexuality as a mental disorder by the APA had a huge impact on the homosexual community as well as on the general public's view of homosexuality. As Marcus (2002) describes it, one of the major issues that emerged due to the APA classification was that, because it was supposedly based on scientific findings, it was

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difficult for homosexuals to dispute views which held them as deviant. Their opponents could simply dismiss any of their arguments based on the notion that they were “sick.” The classification also further stigmatized the homosexual community and gave “scientific” weight to those opposed to homosexuality. Thus, gays and lesbians were further burdened in their fight to be accepted as normal in mainstream society by a medical diagnosis that suggested that they were somehow deviant and abnormal.

The Impact of the Psychoanalytic Views of Homosexuality

It is interesting to note that Freud's beliefs about homosexuality were also in the minority during his lifetime, although as Morgan and Nerison (1993) indicate, his ideas were often misrepresented by other psychoanalysts after his death. Freud believed that all humans are bisexual by nature and that exclusive homosexuality represents an arrest in normal sexual development. However, this did not mean that he felt homosexuality was a mental disorder. In 1935, in a letter to an American woman who had written to him in distress about her gay son, Freud succinctly expressed his view that homosexuality was “assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation; it cannot be classified as an illness; we consider it to be a variation of the sexual function, produced by a certain arrest of sexual development” (Abelove, 1993, p. 381). In addition, he did not believe that homosexuality was curable or that it even necessitated a cure and as a clinician he refused to treat homosexuals unless the treatment was for some disorder unrelated to the patient's sexuality. In that same letter written in 1935, Freud noted that if the woman's son was “unhappy, neurotic, torn by conflicts, inhibited in his social life” then psychoanalysis may be able to help him “whether he remains a homosexual or gets changed” (Abelove, 1993, p. 382). However, he also stated that he would not advise psychoanalysis as a method to cure her son's, or anyone else's, homosexuality. Freud also saw no reason why sexual orientation should be the basis to refuse someone permission to become a psychoanalyst (Abelove, 1993; Morgan & Nerison, 1993). However, there were many psychoanalysts who did not share his views.

Almost immediately after Freud's death in 1939, most psychoanalysts publicly rejected his views. This rejection was especially prominent in the United States (Abelove, 1993). As Morgan and Nerison (1993) note, these post-Freudian psychoanalysts viewed homosexuality as a “reparative attempt on the part of human beings to achieve sexual

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pleasure when the normal heterosexual outlet proved too threatening” (p. 134). They viewed homosexuality as a symptom of an underlying disorder that required treatment. For example, a prominent psychoanalyst in the 1950s and 60s named Irving Bieber believed that homosexuality was caused by pathological relationships between parents and children. Ignoring lesbianism entirely, he claimed that gay men came from binding, seductive mothers and distant, hostile fathers. He also felt that “pre-homosexual” boys were easily identifiable and should be treated early on to eradicate any signs of homosexuality. Lastly, Bieber believed that there was an inherent psychological pain experienced because of homosexuality, and he considered this pain his impetus for treating and curing homosexuality (Marmor, Bieber, & Gold, 1999).

In 1962, with the goal of treating homosexuality in mind, Bieber published what he alleged to be a scientific study of a group of gay males in psychoanalysis. He claimed to have found a “cure” rate of 27% among the participants as a result of his psychoanalytic intervention, although as Drescher and Merlino (2007) note, Bieber and his fellow researchers later could not reproduce these same results. The study was never reviewed or critiqued by anyone in the field, although gay rights activists produced a number of responses to Bieber’s findings.

In addition to psychoanalysis, there were a number of treatments for homosexuality that were advocated throughout the 19th and early 20th century. Researchers note the use of hypnosis, electroshock therapy, lobotomy, and various behavioral treatments, such as abstinence and aversion therapy, to treat and cure homosexuality (Morgan & Nerison, 1993; Drescher & Merlino, 2007). As Drescher (2009) indicates, 1960s practitioners of these “cure” therapies often claimed high success rates, but by the 1970s many of these therapists were admitting that few of their patients actually stayed “cured” for very long.

Psychoanalysts were one of the last groups of medical professionals to openly view homosexuality as a curable mental disorder, holding onto this view even after the diagnosis was removed from the DSM in 1973. It wasn’t until 1991 that the American Psychoanalytic Association passed a resolution opposing public and private discrimination against homosexuals. Interestingly, it wasn’t until a year later that the words “including [discrimination while] training and supervising analysts” were added to this resolution, perhaps in an effort to quell the discrimination felt by some gay applicants to psychoanalytic training programs and institutions. As Lamberg (1998) suggests, this delay may have indicated that even in the 1990s there was still lingering opposition to the

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Early Empirical Studies of Homosexuality

Due to the taboos that surrounded the study of homosexuality (and sexuality in general), there were few empirical studies conducted on these topics in the 19th and early 20th century. Some of the first to emerge were the Kinsey studies of sexuality, conducted in the 1940s and 50s at the Institute of Sex Research. The Kinsey studies were pivotal in initiating a change in popular attitudes towards homosexuals. They found that homosexuality was much more common than had previously been thought, citing a prevalence rate of around 10% in the adult population (Morgan & Nerison, 1993). The Kinsey studies also proposed that homosexuality could be viewed along a continuum, with pure homosexuality and pure heterosexuality on either end and bisexuality in the middle. Although these studies were pivotal in the psychological history of homosexuality, they were also very controversial; as a result their funding was revoked in the 1950s.

The next study that questioned the belief that homosexuality was unnatural was conducted by Ford and Beach in 1951. They found that homosexuality not only occurs in all human societies but also in almost all animal species (Morgan & Nerison, 1993; Marmor et al., 1999). Advocate groups would later cite this study as evidence that homosexuality is, in fact, natural.

The first researcher to empirically study homosexuals was Dr. Evelyn Hooker, a psychologist. In a first-hand oral account recorded by Marcus (2002), Dr. Hooker describes how she was persuaded to study homosexuals in an era when this subject was taboo. A gay student with whom she had a close personal relationship approached her and asked

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her to conduct a study on homosexuals that did not classify them as pathological in some way. Despite her initial objections based on the stigmas associated with homosexuality, she eventually agreed. However, she refused entirely to study lesbians because she felt a woman studying gay women would be further ostracized. Hooker applied for grant in 1953 from the National Institute of Mental Health (NIMH), a newly formed organization. Her request was so unusual that the chief of the grants division personally flew out to California to meet her and inquire about her proposed study. He told her she might not receive the grant due to the political climate at the time and she learned later that Senator Joseph McCarthy's henchmen were indeed keeping an eye on her because of the topic of her study. However, Hooker did receive the grant, although she later noted that she had to conduct her studies in her garage because of the stigmas surrounding homosexuality at the time—many of her colleagues at UCLA, where she taught, knew that she was conducting a study with homosexual subjects, and she was afraid that if she had interviewed them at the university, they might have been harassed or harmed in some way.

In 1957, despite these and other difficulties, Hooker published her study entitled "The Adjustment of the Male Overt Homosexual," which addressed the issue of whether homosexuality was indicative of psychopathology. Her study was a pioneer study in many ways, but as she notes in her paper, it was revolutionary in great part because no previous research involving homosexuals had included subjects who didn't come from clinical practices, the Army (as a disciplinary measure), prisons, or mental hospitals. In this article, she describes how she matched 30 homosexual subjects with 30 heterosexual subjects based on age, IQ, and education level. She then had two expert clinicians assess various personality and adjustment measures from all the subjects and had them attempt to differentiate who was gay and who was straight in each of the 30 subject pairs based on these tests alone. Neither of the judges could differentiate between the homosexual and heterosexual men. One of the judges, Bruno Klopfer, was an expert on the Rorschach personality test, and was very surprised that he was not able to differentiate based on this test alone, as he had previously claimed he was able to do. Based on her results, Hooker made the controversial conclusion that homosexuality was not a clinical disorder but that it was instead a deviation within the normal range of sexuality. She also stated that the role of sexuality in personality structure and adjustment was much less important than previously assumed. Her findings would become pivotal in the

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years that followed her study, as the desire for change and acceptance in the homosexual community continued to grow.

The Beginnings of the Gay Rights Movement

The gay rights movement officially began in 1969, following the violent Stonewall riots in New York that broke out after an infamous police raid on a gay bar. However, there were beginnings of unrest long before these riots took place. In 1964 Frank Kameny, a gay rights activist, began a movement to put the burden on the medical community to prove that homosexuality was in fact a disease. This sparked a debate among gay rights activists, with one side advocating for participation in research to prove that homosexuality was not a disease and the other side proclaiming that homosexuals should refuse to be studied and instead stand up for themselves. This debate, and many others, continued as unrest began to grow within the gay rights movement. One focus of this movement would become the DSM and its listing of homosexuality as a mental disorder.

In 1970, gay rights activists took action and disrupted an APA convention in San Francisco, demanding to be allowed to voice their opinions. As the medical director of the APA at the time, Melvin Sabshin, recalls, there were lots of "hard words" exchanged between protestors and APA members, and it was so disruptive that the APA hired security to ensure order at future meetings (Lamberg, 1998). These protests were not ignored, and gay rights activists were allowed to have a gay-focused panel at the 1971 convention in Washington DC. This panel asked that homosexuality be removed from the DSM, and tried to explain the stigma caused by the DSM diagnosis. However, although their presence caused a lot of controversy and sparked many debates, the diagnosis remained. Activists were forced to return again the next year to plead their case to the APA once more.

At the 1972 APA convention, a panel again asked that homosexuality be removed from the DSM. Barbara Gittings, a gay rights activist who later called herself the "fairy godmother of the gay group in the American Psychiatric Association," and Frank Kameny, who had sparked the initial debate in the homosexual community about participation in psychological research, were asked to be on the panel (Marcus, 2002, p. 179). Dr. Judd Marmor, a heterosexual psychiatrist who had studied homosexuality, was also invited to be on the panel. As Barbara Gittings later noted, the panel had homosexuals and psychiatrists but it did not have a speaker who was both. The activists had difficulty finding

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a gay psychiatrist who was willing to be on the panel, risking stigma and career damage, but they were finally able to convince Dr. John Fryer to participate (Drescher & Merlino, 2007). However, Fryer was still reluctant to come out to his colleagues, so calling himself Dr. H. Anonymous, he wore a wig and a mask to disguise his face and used a microphone to distort his voice. Although the panel in 1972 was more successful than the previous one, their request to remove homosexuality from the DSM was once again denied.

The Decision

At the 1973 APA convention, the diagnosis of homosexuality was once again debated. However, at this convention, the Nomenclature Committee of the APA would be the ones to break the deadlock, by setting out to decide what exactly constituted a mental disorder. They determined that mental disorders should be defined as having “regularly caused subjective distress or were associated with generalized impairment in social effectiveness of functioning” (Drescher, 2009). Thus, they concluded that homosexuality was not a mental disorder according to their definition of the term, as it did not by itself cause homosexuals distress and had not been shown to impair social functioning. So, on December 15, 1973, the APA’s Board of Trustees officially removed homosexuality from the DSM.

This decision was widely heralded across the United States. Newspapers ran headlines like “Twenty Million Homosexuals Gain Instant Cure,” and “Doctors Rule Homosexuality Not Abnormal” (Marcus, 2002; Lamberg, 1998). However, despite these optimistic headlines, the APA’s decision did not instantly change the popular views of homosexuality. As historians note, in 1973, homosexual acts were still illegal in many states, gay military members were still dishonorably discharged for homosexuality, gay people could still be legally fired if their orientation was discovered, and violence towards gays and lesbians persisted (Marcus, 2002).

The Aftermath

Although many members of the APA supported the decision to remove homosexuality from the DSM, there were also those who felt it was a hasty political decision that was not founded on research. Even Barbara Gittings, a proponent of the decision and member of the 1972 panel, noted that “it was never a medical decision... that’s why I think the action came so fast” (Marcus, 2002, p. 179). However, she felt that

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the inclusion of homosexuality in the DSM in the first place was also a political decision, and lacked evidence based on sound research.

In response to some of these protests, the APA sent out a ballot to its members in 1974, asking them to vote on the removal of homosexuality from the DSM. A total of 58% voted to uphold the 1973 decision; homosexuality remained absent from the DSM as a separate clinical disorder. Despite continuing controversy, the APA stood behind its decision and began to slowly build support for the acceptance of homosexuality as normal. In 1978, the APA created a gay and lesbian task force and the Association of Gay and Lesbian Psychiatrists was established (Lamberg, 1998).

Perhaps as a concession to those against the 1973 decision, a new revision of the DSM, called DSM II, was published in 1974 and replaced homosexuality with Sexual Orientation Disturbance, which regarded homosexuality as an illness only if the person was "disturbed by, in conflict with, or wished to change their sexual orientation" (APA DSM II). The DSM II noted that homosexuality by itself did not constitute a psychiatric disorder. A later edition of the manual published in 1980, the DSM-III, renamed Sexual Orientation Disturbance as Ego Dystonic Homosexuality, but that too was removed in a revision in 1987 (Drescher, 2009). Thus, although some saw the decision to remove homosexuality from the DSM as a hasty one, it wasn't until over 14 years after the initial ruling that homosexuality was fully eradicated from the manual.

The literature published after the 1973 decision shows that homosexuals continued to be marginalized. In the 1980s, a study of mental health professionals found that up to one third of them had negative attitudes about homosexuals (Morgan, 2002). As Morgan (2002) suggests, this negativity may have been augmented by the AIDS crisis, which was at its peak during this decade. A study done by Lee and Crawford (2007) found that from 1975 to 2001, homosexuals were included as subjects in less than 1% of published research. Although they note that there was a decline in the study of homosexuality as pathological, overall there was a distinct lack of any type of literature about homosexuality. Furthermore, it would seem that the rest of the world was slow to follow the APA's decision in the 1970s. It wasn't until 1992 that the World Health Organization finally removed homosexuality from its International Classification of Diseases (Drescher & Merlino, 2007).

Current Issues

Although homosexuality has long been eradicated from the

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DSM, and society as a whole is moving towards the full acceptance of homosexuality, there has been a recent controversy within the APA regarding the new edition of the DSM, scheduled to be published in 2012, which has interesting parallels to the events of the 1970s (Drescher, 2009). This new controversy concerns the inclusion of Sexual and Gender Identity Disorder (SGID) in the DSM. Some argue that SGID should be removed because, as in the case of homosexuality, it is wrong for mental health professionals to label different expressions of gender as disorders, and because this label causes stigma and trauma to transgendered individuals. However, among those in favor of keeping SGID in the DSM include proponents who are afraid that removing it would prevent transgendered individuals from getting the insurance coverage they need for their surgeries and medical care. The debate continues.

Despite this new controversy and a few others like it, the APA has helped make tremendous advances towards the recognition of homosexuality as normal since its 1973 decision. In part because of the APA's decision, the United States will continue to see more research in the 21st century that includes subjects of all sexual and gender orientations as well as the increased acceptance of homosexuality by society as a whole. As for now, being gay is finally okay with the APA.

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