# DEVIANCE AND MEDICALIZATION

## FROM BADNESS TO SICKNESS

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dramatic scientific discoveries about the nature and control of venereal disease (syphilis, in particular); and an appreciation of the ominous implications of overpopulation. In light of this, Bullough suggests the stage was set historically for more serious consideration and tolerance of alternatives to traditional sexual values and activities.

**The Kinsey studies.** It was against the background of these developments that Alfred C. Kinsey and associates Wardell Pomeroy, Clyde Martin, and, later, Paul Gebhard, published their monumental and sensational studies of sexual behavior in America. The first volume, *Sexual Behavior in the Human Male*, appeared in 1948, followed 5 years later in 1953 by *Sexual Behavior in the Human Female*. These publications have had (and in many regards, continue to have) an enormous impact on what Americans think about sex. Although similar research had been conducted before Kinsey,* nothing of its scope or detail had been attempted. Kinsey and associates collected data from 16,392 men and women through an interview and survey (statistical analysis was done on only 11,240—5300 males and 5940 females). Although Kinsey was criticized subsequently because his sample was not completely representative of the American adult population (Cochran et al., 1954), never before had so many people provided so much information about their sexual lives outside the clinic or the church. Even the authors of these studies were unprepared for the incredible variation in and incidence of sexual practice that they found. Indeed, this theme of the infinite variety in human sexual response became central to their work. Kinsey (1948, pp. 638-639) argued that the traditional categories "heterosexual," "homosexual," and "bisexual" were but synthetic mental constructs that covered an infinite variety of actual behavior.

Kinsey was first and foremost a scientist committed to painstakingly careful description and classification. He believed that there was an unbridgeable gap between statements of fact and statements of value. He was particularly disdainful of the traditional medical categories "normal," "abnormal," and "pathological" and their effects on scientific understanding:

> Nothing has done more to block the free investigation of sexual behavior than the almost universal acceptance, even among scientists, of certain aspects of that behavior as normal, and of other aspects of that behavior as abnormal . . . and the ready acceptance of those distinctions among scientific men may provide the basis for one of the severest criticisms . . . of the scientific quality of nineteenth and early twentieth century scientists. *This is first of all a report on what people do, which raises no question of what they should do, or what kinds of people do it.* (Kinsey et al., 1948, p. 7, emphasis added)*

It is this nonjudgmental spirit of the Kinsey research that was such a dramatic break not only from Freud and other psychoanalysts but even from his predecessor Ellis. The medical heritage of pathology was simply inappropriate to understand the variation in social behavior:

> The term "abnormal" is applied in medical pathology to conditions which interfere with the physical well-being of a living body. In a social sense, the term might apply to sexual activities which cause social maladjustment. Such an application, however, involves subjective determinations of what is good personal living, or good social adjustment; and these things are not as readily determined. . . . It is not possible to insist that any departure from the sexual mores . . . always, or even usually, involves a neurosis or psychosis, for the case histories abundantly demonstrate that most individuals who engage in taboo activities make satisfactory social adjustments. (Kinsey et al., 1948, p. 201)

Kinsey and his colleagues spoke with confidence, for they had thousands of ostensibly "healthy," functioning, sexual "deviants" to support them.

*See Kinsey et al. (1948, pp. 21-34) for a review and evaluation of previous studies on sexual practices and attitudes.

*Paul Robinson (1976) points out that Kinsey did labor under a few preconceptions, some of which were clear (e.g., a commitment to tolerance, the norm of biologic naturalism, and science itself) and others that were less so (e.g., Kinsey occasionally displays his own preference for the heterosexual norm).

The Kinsey research addressed a variety of sexual activities, but the data and conclusions about homosexual conduct were among the most consequential (their discussions of masturbation and female sexuality might follow in a close second and third place). They rejected the mysterious psychic processes and sexual "identities" that were the stock-in-trade of psychiatry: homosexual conduct is any physical sexual contact that involves a person of the same sex (Kinsey et al., 1948, pp. 615-617). To their own admitted surprise, they found such behavior considerably more common than they had expected. On the basis of the white male sample, Kinsey (1948, pp. 650-651) concluded that 37% of the adult male population of the United States had "some overt homosexual experience to the point of orgasm between adolescence and old age"; that 50% of the males who were still unmarried at age 35 had had such experience; and that 4% of the white adult male population is "exclusively homosexual throughout their lives." That means, Kinsey (1948, p. 623) interpreted, more than one male in every three that one passes on the street has had an adult homosexual experience. Predictably, the incidence data for women were lower: 13% had had such an adult experience to orgasm; 26% still single at age 45 reported a homosexual orgasm, and less than 3% of the women were exclusively homosexual throughout their lives (Kinsey et al., 1953, p. 487). The immediate effect of these data was, of course, to hail such conduct as a fact of sexual life; quite aside from cultural ideals, homosexual behavior clearly was not rare.

Having documented such incidence, Kinsey offered what he considered to be the only legitimate explanation: it was a perfectly natural phenomenon. Human beings possess, like their mammalian relatives, the biological capacity for sexual stimulation. The particular source of that stimulation (e.g., male, female, animal, self) in no way precludes and is biologically independent of that capacity. The fact that we develop strongly held ideas about the proper nature of this source of stimulation is a testimony not to nature but to culture and social values. Through learning cultural proscriptions, we effectively come to deny the suitability of certain of these sources. Kinsey's data showed that this cultural learning and socialization was not foolproof. Contrary to age-old social norms, a significant number of people, and apparently without dire psychological consequences, had engaged in a variety of such forbidden, homosexual conduct.

Following directly from this explanation was one of Kinsey's most startling conclusions about homosexuality: it simply did not exist. There were only homosexual acts and homosexual relationships; as an "identity" or a disease entity—as a "thing" independent of those who constructed it as a category—it did not exist (Kinsey et al., 1948, pp. 616-617). It was (in particular) a medical artifact rather than either a congenital or psychic condition of the human species. It followed directly that if homosexuality did not exist either in people's heads or bodies, it certainly could not be a problem for explanation, unless such explanation would be of its origins and rise as a diagnosis or of social and cultural reactions to the conduct involved. What did exist was same-sex behavior, which one could attempt to explain.* Kinsey summarized what he and his colleagues (1953) believed to be the most important factors in such an explanation:

> (1) the basic physiological capacity of every mammal to respond to any sufficent stimulus; (2) the accident which leads an individual into his or her first sexual experience with a person of the same sex; (3) the conditioning effects of such experience; and (4) the indirect but powerful conditioning which the opinions of other persons and social codes may have on an individual's decision to accept or reject this type of sexual contact. (p. 447)

In short, homosexual conduct was learned and therefore a question of "choice" (Kinsey et al.,

*Kinsey himself, however, had difficulty avoiding usage of the terms "homosexuality" and "homosexual" as typifications of individuals. His well-known seven-point continuum ranging from "exclusively heterosexual" to "exclusively homosexual" (Kinsey et al., 1948, pp. 636-641) also contributes to what he elsewhere tried to avoid—the characterization of persons as types of sexual beings rather than reserving the use of such terms as adjectives to describe behaviors.

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1948, p. 661). The fact that we are called on to provide an "explanation" of it is more a reflection of these larger social and cultural constraints than a testimony to its inherent pathological nature.

The conclusions of the Kinsey research did not stand alone. By midcentury a growing body of social science research took up the challenge to the traditional morality of medicine. Support was gathering for the proposition that sexual behavior on the one hand, and the way people choose to construe or define it on the other, are independent questions. Anthropological research, in particular by Devereaux (1937/1963), Ford and Beach (1951), Malinowski (1932, 1955), and Margaret Mead (1949), demonstrated that homosexual conduct both was more common than had been suspected and, in some cases, was an institutionalized part of social life. It became clear that such behavior was "bad," "criminal," or "sick" only when judged so by certain sets of cultural or dominant subcultural values and norms.

In 1956 clinical psychologist Evelyn Hooker (1956, 1957) directly addressed the question of the psychological normality of homosexuals compared to heterosexuals. Using results from psychological tests and life histories, a panel of psychiatrists was unable to distinguish the homosexuals from the heterosexual controls in terms of their emotional health. Hooker concluded tentatively that homosexuality may be "within the normal range psychologically" of human sexual behavior. Chang and Block (1960) drew similar conclusions using scores from a self-acceptance inventory. They concluded that homosexuals were not suffering a psychiatric pathology.*

The 1950s also witnessed the famous Wolfenden Report in England. The report was presented to Parliament in 1957 as the result of a special committee called to investigate homosexual "offenses" and prostitution. After meeting for over 2 months, hearing over 200 "expert" witnesses, and considering the extant scientific research, the committee concluded that "legislation which covers . . . [homosexual acts in private between consenting adults] goes beyond the proper sphere of the law's concern" (Wolfenden Report, 1963, p. 43). The committee added, significantly, that whatever homosexuality might be, it most probably is not a disease and that it fails to meet standard medical criteria for such designation (Wolfenden Report, 1963, p. 31). Although the essence of the committee report was not adopted officially for about 13 years,* its moral tone signified and contributed to a gradual redefinition of such conduct and how it should be regarded by the state. At about this same time, the progressive American Law Institute issued its Model Penal Code that recommended similar decriminalization of private consensual adult homosexual conduct.

The seeds of a new, more tolerant, and popular rather than expert-controlled definition of homosexual conduct had been sown and were growing in America. They were about to emerge into the sunlight and fresh air of public view in the form of a political movement that demanded not only respect and equality before the law but also an official repudiation of what its advocates saw increasingly as the last barrier to normalization: the medical argument that *to be* a "homosexual" is itself a pathological condition. It is to the origins and development of this political movement that we now turn.

## Rise of gay liberation: Homosexuality as identity and life-style

The rise of "gay liberation" as a cultural theme and social movement in the United States similar to the struggles waged by women and blacks may have been inevitable. Al-

*This tradition of social science research on homosexuality has been extended significantly by recent work from The Institute for Sex Research (source of the Kinsey studies). Weinberg and Williams (1974) and Bell and Weinberg (1978) draw on an enormous amount of observation and interview data to nullify the simplistic assumptions inherent in traditional medical descriptions and explanations of such behavior and its authors.

*Decriminalization of private consensual homosexual acts between adults became law in England on July 21, 1967. See Alex Gigeroff (1968, pp. 82-95) for a detailed recapitulation of the political life of this committee recommendation and the debate that surrounded it.

though larger "enabling" social change must not be ignored, the seeds of this social and political protest derive most probably from the particular contradiction of democratic ideology and actual experience found in this country.

The irony of social movements is often such: the preconditions for their emergence derive from the segregating, isolating, and discrediting definitions and treatment persons face from the majority and those who steer its "official" morality. For homosexuals, this "differentness," a sense of depravity, rejection, and inferiority ascribed by centuries of righteous, law-abiding, and "healthy" heterosexuals, had produced covert enclaves of people who were, at least intellectually, ready to challenge these ideas and their guardians. This challenge and an attempt to redefine homosexuality and homosexuals is what "gay liberation" in America has been about. What had been historically a moral "cancer," homosexuality, was to become at the hands of a largely self-interested minority something natural, worthwhile, and good. The stigma of the old meanings surrounding "homosexual" had to be removed and a new, more positive definition substituted. Under these circumstances, homosexuals would gradually become "gay" and "proud" and public (see Dank, 1971).

Underlying this transformation, however—and this is perhaps the center of the irony involved—is the assertion that indeed there *are* homosexuals and there *is* something called "homosexuality"—the entity on which most traditional moral opprobrium rested. But it has become an entity morally transformed. Leaders of movement organizations, supported by a much larger population of sympathetic others, have deemphasized questions of etiology. They argue that, short of academic and rarefied scientific debates about sexuality in general, there is no particular importance in searching for the cause of something that is good. Although the question of cause may remain important at the individual, biographic level, redefinition has turned attention to what homosexuality is. It has become a "sexual preference," an "identity" (or "role" [McIntosh, 1968]), and a "life-style."

Such formulations capture and reflect the popular philosophy of personal freedom, choice, and introspection: "Do your own thing"; "I'm OK, you're OK." Indeed, "being" a homosexual, rather than one who simply engages in Kinsey's "homosexual acts," has become the core of an identity that is both source and consequence of the political challenge gay liberation represents. As sociologists have long suggested (see Goffman, 1963; Becker, 1973), and more recently demonstrated specifically for "homosexuals" (Warren & Johnson, 1972; Warren, 1974; Weinberg, T. S., 1977; Ponse, 1978), identity and community are inextricably linked. The "healthy homosexual" (see Weinberg, G., 1972), just as the morally flawed one we have discussed, is a *social* construction, a product of concerted and conscious political activity. We will now discuss the origins and development of that activity.

**Origins of the "homophile movement."** The first groups of self-proclaimed homosexuals in America were small, secret, and self-help oriented. They used euphemistic names to protect their real purposes. Although some of these existed in the United States before 1945, they were short-lived. Between 1945 and 1950 several organizations dedicated to helping people arrested for homosexual conduct were founded that provided counsel and support. The membership of these service organizations was not exclusively homosexual but included various professional and religious persons committed to helping those in need. A social-recreational group of homosexuals (something then considered dangerous) existed in New York beginning in 1945. It was called The Veterans Benevolent Association, had a total membership of about 75, and lasted for roughly 9 years. The West Coast witnessed similar developments, the first being the "Friendship Circle" in 1947. This group consisted of a few women who circulated a mimeographed paper called *Vice Versa* in the Los Angeles area. A somewhat larger and more diverse organization, The Knights of the Clock, formed in 1949 and was committed both to homosexual and black equal rights (Humphreys, 1972).

The early 1950s might be called the begin-

ning of "homosexual consciousness." In 1950 five men established The Mattachine Foundation in Los Angeles. They chose the name "Mattachine" in reference to medieval court jesters who spoke the truth to the royalty of the court from behind masks that protected their identities (Humphreys, 1972). Such secrecy was indeed important, for it was the period of the Cold War, anti-Communism, and Senator Joseph McCarthy. Persons who engaged in homosexual acts were considered serious security risks by the government and prime targets for Communist manipulation. The House Un-American Activities Committee scrutinized carefully the past records of those suspected of such conduct.

Internal dissension about issues of national "loyalty" fractured the Mattachine Foundation. In 1953 it gave birth to the Mattachine Society and a smaller group that became organized around publication of a magazine called *One*. This magazine subsequently developed a rather wide and successful national circulation. The Mattachine Society began publishing its own journal, *The Mattachine Review*, in 1955, and a few chapters were established in larger cities across the country. In 1955 the Daughters of Bilitis was founded by eight women in San Francisco. Organized to serve the interests of lesbians, the DOB (its popular acronym) grew slowly and privately, supportive but independent of male-dominated homosexual organizations. Soon, DOB began publishing *The Ladder*, a magazine of information and support for lesbian women by lesbian women. The magazine and the organization, even more so perhaps than The Mattachine Society, were successful beyond their founders' most optimistic expectations (Martin & Lyon, 1972).

These and similar kinds of activities throughout the United States became characterized as the "homophile" (meaning love of same) movement. The first popular (although somewhat apologetic) attempt to describe the conditions faced by homosexuals in the United States was published in 1951, *The Homosexual in America: A Subjective Approach*, by Donald Webster Cory (pseudonym of Edward Sagarin who later became a sociologist-expert on homosexuality and sexual deviance). Psychologist Evelyn Hooker (1967) and sociologists John Gagnon and William Simon (1967) contributed additional detailed portraits of the "homosexual community." Edwin Schur (1965), in his highly popular and influential *Crimes Without Victims*, argued forcefully that the criminalization of homosexual conduct in America led not only to personal tragedies but also to police corruption and a general lack of respect for the law. The topic of homosexuality was becoming an increasingly salient one among the American middle class.

Representatives of established religious denominations such as the Episcopal and Unitarian churches lent their support to the movement for respect and equal rights for the homosexual. The Council on Religion and the Homosexual was formed in San Francisco in 1965, and by the end of the decade some of these religious leaders became the strongest external advocates of legal and social reform (Bullough, 1976; Martin & Lyon, 1972). Organizations concentrating on legal assistance and reform, such as Philadelphia's Homosexual Law Reform Society, Los Angeles' Homosexual Information Center, and New York's Council on Equality for the Homosexual (Teal, 1971, p. 44), began at about this same time. Local, self-interested groups of homosexuals patterned after those in California and New York emerged in many of the middle-sized to larger cities across the country, and a nationally circulated newspaper for the gay community, *The Advocate*, began publication in 1967. Even a special religious organization, the Metropolitan Community Church (MCC), was founded in 1968 by a young fundamentalist minister in Los Angeles. A diverse, loosely-knit social movement for homosexual rights and respect was growing. The first national coordinating organization, The North American Council of Homophile Organizations (NACHO), was established in 1964, and The Society for Individual Rights (SIR) was formed in 1966 by Mattachine members in California impatient with the cautious strategies of the parent body. SIR began publishing a newsletter called *Vector* that carried analysis and criticism of treatment of homosexuals in American society (Humphreys, 1972).

As the 1960s drew to a close, the first chapter in the story of gay liberation in the United States had been written. It was a period of important organizational and identity-forming work by homosexuals in their own behalf. Although the homophile movement, not unlike most social movements, was by no means without internal dissension (see Humphreys, 1972; Teal, 1971), there was agreement at least on a highly positive, new definition of what it meant to be a homosexual. Franklin Kameny (1969), a respected leader in the movement, captures the essence of this new socially constructed identity:

> it is time to open the closet door and let in the fresh air and the sunshine; it is time to doff and to discard the secrecy, the disguise, and the camouflage; it is time to hold up your heads and to look the world squarely in the eye as the homosexuals that you are, confident of your equality, confident in the knowledge that as objects of prejudice and victims of discrimination you are right and they are wrong, and confident of the rightness of what you are and of the goodness of what you do; it is time to live your homosexuality fully, joyously, openly, and proudly, assured that morally, socially, physically, psychologically, emotionally, and in every other way: *Gay is good*. It is. (p. 145)*

The change from "homosexual" to "gay" in Kameny's passage is instructive. It represents a larger change in meaning and definition that was taking place. "Gay" was used increasingly to refer to a total life-style and a way of thinking about oneself and others (Teal, 1971, p. 44). Not unlike the change in usage from "Negro" to "black," and from "lady" to "woman," "gay" was intended to deemphasize the one-dimensional image imposed by traditional and particularly medical definitions. In many regards, "homosexual" could be seen as itself an oppressive term that grew out of a need to defend rather than assert one's human rights. It was the eve of a new, considerably less deferential, and more militant struggle for normalization. Although this mood did not begin suddenly at the end of the decade, one particular event is cited frequently as the dramatic crucible in which this new militancy was forged: the "Stonewall rebellion" in New York's Greenwich Village.

**Politics of confrontation.** The Stonewall Inn was a small gay bar on Christopher Street off Sheridan Square in Greenwich Village, sometimes called the "Mecca" for homosexuals on the East Coast. On June 27, 1969, police conducted a raid on the Stonewall premised on alleged liquor code violations. It was generally believed in the gay community that such raids were in fact to harass and frighten homosexuals (Teal, 1971). The typical scenario was for the management to be arrested, liquor confiscated, and the patrons unceremoniously and sometimes violently ushered out. Also typical was the patrons' passive cooperation. The reaction of those in the Stonewall that night was dramatically different. They, quite literally, fought back in the face of what they perceived as unfair, corrupt, and inhumane treatment. In a battle of fists, rocks, bottles, fire, and even a parking meter used as a battering ram, homosexuals forced police to barricade themselves inside the bar until reinforcements arrived. It was a resistance for which police were clearly unprepared. Over the course of the next several nights, street demonstrations and some violence between police and homosexual protesters and their allies filled Sheridan Square. To the cheers of "Gay Power!" a new, aggressive, politically attuned, and youthful homosexual presence in America was born.

Two highly influential organizations grew out of the Stonewall experience: the Gay Liberation Front (GLF) and the Gay Activist Alliance (GAA). The GLF was organized about a month after Stonewall; it was avowedly militant and politically radical to revolutionary. Its aims were to "liberate" not only homosexuals but all "oppressed" people suffering under the dominance of the "capitalist state." Many of the members of GLF were veterans of the sometimes violent student antiwar movement of the 1960s. They argued that the condition of homosexuals in American society was part of a general exploitive relationship between American economic and political interests and "the people." They insisted that only by drawing the

*Franklin E. Kameny, "Gay is good," *The same sex: an appraisal of homosexuality*, ed. Ralph W. Weltge (New York: The Pilgrim Press, 1969), p. 145. Copyright © 1969 United Church Press. Used by permission.

various groups supporting "people's liberation" together—gay people, black people, prisoners, women, third-world people—could true freedom be won. The revolutionary themes in GLF speeches and pamphlets were clear (see Teal, 1971).

The GAA was born about 5 months later, and although billing itself as "militant," its leaders and members pursued a course devoted to nonviolent confrontation and working "within the system" for political and social change. It was devoted exclusively and solely to the realization of complete and equal homosexual civil rights in American society. Open to anyone sympathetic to this goal and structured around an active committee system, GAA's constitution delineated the specific rights these "liberated homosexual activists" demanded:

> The right to our own feelings. . . . to feel attracted to the beauty of members of our own sex and to embrace those feelings as truly our own, free from any question or challenge whatsoever by any other person, institution, or moral authority. The right to love. . . . to express our feelings in action . . . provided only that the action be freely chosen by all the persons concerned. The right to our own bodies. . . . to treat and express our bodies as we will, to nurture them, to display them, to embellish them . . . independent of any external control whatsoever. The right to be persons. . . . freely to express our own individuality under the governance of laws justly made and executed, and to be the bearers of social and political rights . . . guaranteed by the Constitution of the United States and the Bill of Rights . . . and grounded in the fact of our common humanity. (Quoted in Teal, 1971, p. 126)

Avowedly more liberal in philosophy than the GLF and dedicated to a single issue, GAA was to become the more popular and probably more influential of these two organizations. Both quickly became established in California and Chicago. Within a year's time five new newspapers emerged to reflect and extend this new sense of consciousness and community: *Gay, Gay Power!, Come Out!, Gay Sunshine,* and *Gay Flames* (Teal, 1971). By 1972, over 1000 local gay organizations existed throughout the United States.

This new homosexual presence in America was based on the slogans of "Gay Pride" and "Gay Power" and was a product and reflection of the activist political climate of the late 1960s. It was celebrated on the first anniversary of the Stonewall confrontation by a public parade in New York, from Sheridan Square to Central Park, in which several thousand homosexuals and their supporters participated. The event became institutionalized as Gay Pride Day, and by 1971 it had attracted an estimated 5000 to 10,000 people in New York City (Humphreys, 1972). It was a celebration but also a public statement that the new definition of homosexuality—at least according to these participants—was here to stay.

Evidence that this new presence was being recognized and endorsed outside the gay community began to accumulate soon after Stonewall. In September, 1969, the American Sociological Association adopted a resolution condemning discrimination against persons on account of sexual preference (Teal, 1971). The American Library Association formed a Task Force on Homosexuality in 1970 to formulate a change in library classification to remove the topic of homosexuality from its then current location under "Sexual Perversion." This change followed shortly thereafter (Spector & Kitsuse, 1977). New college courses on homosexuality were being offered in a variety of disciplines across the country (Humphreys, 1972), and the National Institute of Mental Health had at about this same time called a special task force of experts, chaired by Evelyn Hooker, to investigate and reevaluate existing knowledge and research on homosexuality (National Institute of Mental Health, 1972). By the end of 1971, five states—Colorado, Connecticut, Idaho, Illinois, Oregon—had passed laws to decriminalize private consensual homosexual acts between adults. In its December 31, 1971, issue, *Life* magazine, a chronicle of popular taste in America, devoted 10 pages to pictures and a story titled "Homosexuals in Revolt."

An important component of the new definition—that gay is good and healthy—was in direct conflict with the official medical view and the vocal public statements of a handful of active psychiatric opponents. Given the development of what appeared to be a trend away from such thinking coupled with the confronta-

tion strategy of GAA, it was only a matter of time before this important bastion of traditional morality would be attacked.

## Official death of pathology: the American Psychiatric Association decision on homosexuality

**Challenging professional control.** With effective challenges to traditional religious and legal definitions of homosexual conduct underway, gay activists began to focus attention on the "helping" professions—those who for so long had attempted to "cure" this illness. Pursuing its dramatic strategy of public confrontation, or "zapping" as it came to be called, gay activists "liberated" (a movement term meaning to disrupt and reconstitute in "more appropriate" form) a session of formal papers at the annual meeting of the American Psychiatric Association on May 14, 1970, in San Francisco (Teal, 1971). The particular target of this attack was a presentation on "aversion therapy," a popular form of behavior control used in the clinical treatment of homosexuals. This treatment in effect punishes emotional responses toward same-sex others (typically, with electric shock) and rewards positive responses toward opposite-sex others. In a later session at the same meeting, a gay activist shouted from the audience at Irving Bieber and his colleagues:

> You are the pigs who make it possible for the cops to beat homosexuals: they call us queer; you—so politely—call us sick. But it's the same thing. You make possible the beatings and rapes in prisons, you are implicated in the torturous cures perpetrated on desperate homosexuals. (Quoted in Teal, 1971, p. 295)

This initial challenge to the medical establishment view of homosexuality was clearly not to be on its own "rational," scientific terms.

Similar confrontations were staged that year at meetings of the American Medical Association against Dr. Charles Socarides, a nurses' seminar on the East Coast, the national convention of American psychologists held in Los Angeles, and a conference on behavior modification (Teal, 1971). Donn Teal, in his book *The Gay Militants*, gives a detailed account of the closing of the "liberated" session at this last conference. A gay activist addressed the behaviorists, pointing up the significance of what had happened:

> large meetings such as the one you have had here today happen in Los Angeles each year. Most of them come and go and nobody but the families of those involved know that they came . . . [but] we noticed you—and the Associated Press and United Press noticed you, and this little episode that we had with you this morning is going out on the wires right now, and everybody in the country is being told that psychologists and homosexuals were *talking* together and we think that's news. I would like to thank . . . the kind people who had the good sense to send the police away. It would have been . . . inconvenient for us to have been in jail this weekend, but we were prepared to do so. . . . We would, in turn, have charged you with disturbing our peace, as you have disturbed our peace lo these many years. Because we cannot and will not allow it to be disturbed any more. This is the unique thing that the Gay Liberation Front does. We no longer apologize because we have nothing to apologize for. When we say "We're Gay and We're Proud," we *mean* it. We *are* proud! (Quoted in Teal, 1971, p. 300)

These challenges continued and were focused on the major spokesmen of the pathology view: psychiatrists Bieber and Socarides and their supporters.

As a result of the 1970 American Psychiatric Association (APA) confrontation, five homosexual activists were invited to participate in the panel "Life-Styles of Nonpatient Homosexuals" at the annual meeting the following year in Washington, D.C. Coordinated by Kent Robinson, a Baltimore psychiatrist, the panel consisted of Frank Kameny of the Washington Mattachine Society; Jack Baker, newly-elected (and homosexual) president of the student body at the University of Minnesota; Larry Littlejohn, past president of the Society for Individual Rights (SIR); Lilli Vencenz, active in lesbian organizations on the East Coast; and Del Martin, a founder of the Daughters of Bilitis and representing the Council on Religion and the Homosexual (Martin & Lyon, 1972, p. 249). In addition to the panel, which as expected produced stinging denunciations of the pathology and cure doctrines, gay activists made their presence known in a discussion of a paper by Dr. Bieber, a seizure of the podium by Kameny

at a general session at which time he outlined the implications for homosexuals of the disease view, and an attack on a company advertising and selling its aversion therapy technology (Martin, 1971).

**Dissent from within the psychiatric establishment.** Dissent to the illness view did not come from gay liberationists alone. Significantly, some psychiatrists themselves were beginning to challenge the views of Bieber, Socarides, and others. Highly respected and influential psychiatrist Judd Marmor had edited a scholarly collection of scientific writings in 1965 called *Sexual Inversion*. The volume contained some classic works on homosexuality and represented the full range of scientific opinion. In his editorial remarks Marmor (1965) wrote the following:

> we must conclude that there is nothing inherently "unnatural" about life experiences that predispose an individual to a preference for homosexual object-relations *except insofar as this preference represents a socially condemned form of behavior in our culture and consequently carries with it certain sanctions and handicaps*. . . . In a very basic sense, therefore, our psychiatric approach to the problem of homosexuality is conditioned by whether we come to it as pure scientists or as practical clinicians. The scientist must approach his data nonevaluatively; homosexual behavior and heterosexual behavior are merely different areas on a broad spectrum of human sexual behavior. . . . The clinical psychiatrist, on the other hand, is by the very nature of his work, deeply involved in concepts of health and disease, normality and abnormality. These concepts, however, are not absolutes, particularly in the area of social behavior. (pp. 16-17, emphasis in original)*

Marmor argues, in effect, that what homosexuality "is" depends primarily on cultural and social context. To the clinician in Western society, therefore, it becomes immediately an undesirable condition at variance with the healthy norm of heterosexuality; that is, it is a pathology.

A considerably more harsh and irreverent critic of psychiatric diagnosis and intervention in homosexuals' lives is Thomas Szasz. In his 1970 *The Manufacture of Madness*, Szasz repudiates such psychiatric diagnosis as a self-serving facade for social control:

> In stubbornly insisting that the homosexual is sick, the psychiatrist is merely pleading to be accepted as a physician. . . . psychiatric opinion about homosexuals is not a scientific proposition but a medical prejudice. (pp. 173-174)

He continues, using the metaphor of the Inquisition to represent the parallel between psychiatrists and inquisitors on the one hand and patients and heretics on the other, suggesting that the disease view will not be relinquished without a struggle: "For an inquisitor to have maintained that witches were not heretics and that their souls required no special effort at salvation would have amounted to asserting that there was no need for witchhunters. . . ." (1970, p. 176). Seymour Halleck (1971), in his critique of psychiatry, *The Politics of Therapy*, enumerates the injustice done by the "myth" that homosexuality is a disease:

> Psychiatrists insist that homosexuality should be treated as an illness [footnote to Socarides (1968)] yet there is no convincing evidence that the homosexual differs in any profound biological or psychological manner from the heterosexual. . . . there . . . is no justification, even in terms of social expediency, for thinking of consenting adult homosexuality as an illness. . . . This behavior should be considered a problem only if the homosexual wants to see it as a problem. (pp. 107-108)

Finally, psychiatrist Richard Green (1972) concludes his carefully reasoned scientific evaluation regarding the illness status of homosexuality:

> What I question . . . is the given state of "knowledge" that homosexuality is by definition a "disorder," a "disease," or an "illness" . . . that orgasms between males and females are by definition better than between females and females or males and males, that the components comprising the major factor, "love," are by definition superior between males and females to between males and males or females and females. I am not convinced we have the data by which to base these judgments. I question them because they are not proved. (p. 95)

These and other professional writings of the

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*From *Sexual inversion: the multiple roots of homosexuality*, edited by Judd Marmor, pp. 16-17. © 1965 by Basic Books, Inc., Publishers, New York.

late 1960s and 1970s make it clear that psychiatric opinion on the question of homosexuality was considerably more diverse than the pathology advocates' work suggested. This disenchantment within psychiatry, coupled with (and likely in part as a response to) gay activists' confrontations and a growing public awareness of homosexuals' experiences with psychiatry (see Hoffman, 1968; Miller, M., 1971; Weinberg, G., 1972), set the historical and political stage for the official repudiation that was near at hand.

After the 1971 meetings of the American Psychiatric Association, vice-president Judd Marmor began to raise informally the question of dropping the diagnosis of homosexuality as a psychiatric condition from the *Diagnostic and Statistical Manual*. The 1972 annual meetings of the association brought a dramatic event: a gay psychiatrist, masked to protect his identity, spoke at a session on homosexuality. That fall two important developments began that were aimed directly at removing homosexuality from the APA nomenclature (Spector, 1977).

**Politics of official nomenclature.** The Social Concerns Committee of the Massachusetts Psychiatric Society, a committee that routinely had been considering such issues as drugs, the war in Vietnam, and abortion met to consider the question of homosexuality. Dr. Richard Pillard, a counselor of homosexuals who had just recently announced his own homosexuality to colleagues (Brown, 1976, p. 205), urged the committee to adopt a statement in strong support of homosexual civil rights that, in addition, stipulated: "Homosexuality per se should not be considered an illness and APA nomenclature on this subject should therefore be altered" (Spector, 1977, p. 54). The Massachusetts Society approved the committee's resolution early in 1973, as did a regional association, clearing the way for its appearance before all regional representatives at the national meeting in May. At that time a controversy about wording arose, and the resolution was withdrawn for more work. Sponsors, however, discovered a simultaneous but independent development aimed in the same direction.

Robert Spitzer, psychiatrist-member of the APA Committee on Nomenclature and Statistics, had attended a Fall, 1972, meeting of behavior therapists at which a session was disrupted and "liberated" by members of the Gay Activist Alliance, including a man named Ronald Gold. As the result of an encounter with Gold after the meeting, Spitzer began a series of discussions that culminated in a presentation to nomenclature committee members by a contingent of gay activists, including Gold, in February, 1973. It is important to note that this presentation was tailored for its audience: it was based on a careful and thorough review of existing medical and scientific research and writing; it was sensitive—even empathetic—to the increased 20th-century demand on psychiatry to solve a broad range of personal problems (the medicalization of personal troubles as well as deviance), and it was offered in a polite but critical manner (see Silverstein, 1976). In what must have been a rather embarrassing situation for the APA committee members, GAA representative and psychologist Charles Silverstein (1976) catalogued the flaws in scientific methodology of most past medical research. The psychiatric disease theories simply had not been supported by systematic evidence, and treatment technologies, ranging from standard psychotherapy to aversive conditioning* (see Chapter 8), had not been evaluated critically. In a plea couched in the language of reason and science itself, Silverstein (1976) concluded:

> I suppose what we are saying is that you must choose between the undocumented theories [and treatments] that have unjustly harmed a great number of people, and which continue to harm them, or the controlled scientific studies cited here and in our previous report to you. It is no sin to have made an error in the past, but surely you will mock the principles of scientific research upon which the diagnostic system is based if you turn your backs on the only objective evidence we have. (pp. 157-158)

These gay claims-makers were playing sophisticated politics. By deciding to use not their own but rather their opponents' rules, that is, reason, science, and data, they risked being

*Gerald Davison and G. Terence Wilson (1973) found in a 1971 study that among behavior therapists (who in general are not physicians), some form of aversion therapy was the most preferred technique in attempting to change "homosexuals in the direction of heterosexuality."

challenged as amateurs in a professional world. The fact that their strategy was successful can be understood, we think, as a result of two conditions that characterized psychiatric definition and treatment of homosexuals at the time.

First, the scientific evidence for psychiatric disease theories was indeed sketchy and inconsistent. With the focus on this fundamental criterion of scientific evaluation and judgment—evidence—the challengers knew their psychiatric audience would have to listen. When they pointed out the morally based nature of the medical diagnosis of homosexuality, this imbalance between facts and values became painfully clear. Second, although they did not address it specifically, we believe that an important key to the successful challenge to psychiatric diagnosis was the lack of any notably effective treatment. Although the disease proponents we discussed along with others had cited various "cure" rates as "significant," rarely did such rates approach or exceed 50% of those treated. Psychiatrists were, compared to their medical colleagues, relatively ineffective in solving the problem of homosexuality, even when it was presented to them by guilt-ridden, unhappy patients. Gay activists knew this, if only intuitively, and their keen political judgment is seen in the brand of politics they chose to play with APA officials. It was the politics of science. Their strategy is a good example of how the medicalization of deviance is political in both an obvious sense (e.g., lobbying, "log rolling," the use of influence) and in a more subtle, "expert" sense (e.g., adherence to the rules of scientific evidence, winning the approval of an audience of scientific peers, and success in the practical task of solving people's problems). The ultimate success of gay critics may have been much more in doubt if the challenge could have been launched only on the former, more "crass" political plane.* But their comments had been directed to and heard by medical ears and, apparently, taken to heart. After the nomenclature committee meeting, chairman Henry Brill reportedly agreed that indeed some change seemed in order (Spector, 1977).

At the 1973 APA meetings in May, Spitzer organized a panel addressed specifically to the question "Should homosexuality be in the APA nomenclature?" Participants, in addition to Spitzer as presider, were three psychiatrists sympathetic to the removal of the diagnosis: Robert Stoller, Judd Marmor, and Richard Green. Representing the disease view were Bieber and Socarides. The only nonphysician was Ronald Gold, representing himself as well as other gay people. The presentations by Stoller, Marmor, and Green were strongly in favor of a changed classification. They were scholarly, intellectual, and premised on the legitimacy of scientific argument and evidence. Marmor held that the "pathology" of the homosexual qua homosexual came down to its contradiction of a culturally preferred pattern: heterosexuality. Homosexuality in the absence of bona fide mental disturbance was best conceived as a "life-style," and psychiatric diagnosis of it as a treatable illness "puts psychiatry clearly in the role of an agent of *cultural control* rather than of a branch of the healing arts" (Marmor, 1973, p. 1209, emphasis added). The papers by Bieber and Socarides were predictable. They gave unequivocal support to homosexual civil rights but held steadfastly to their earlier interpretations. They, too, appealed to evidence, objectivity, and research. Activist Gold captured the theme of his presentation in its title: "Stop It, You're Making Me Sick!" Gold said that his only "illness" had come from what psychiatrists had told him about "the way I love" and from social elaborations and amplifications of those dour medical judgments. Gold (1973, p. 1211) says, "It is amazing how I could have kept on believing this nonsense about homosexuality when so little of it had anything to do with my life," and that "the worst thing [about a psychiatric diagnosis] is that gay people believe it." In spite of this, he described himself and many other homosexuals as happy and healthy people due, in no small part, to the gay liberation movement. He encouraged those

*We speculate that if there were some highly effective medical technology by which the deviance of homosexuality could be changed into heterosexuality, gay activists would have been forced into a contest of much less specialized and influence-dominated politics that they probably would have lost. In addition, they would have been faced with the popular conclusion that if physicians could cure it, homosexuality must then be a disease.

psychiatrists who opposed the disease view to be as vocal and outspoken as its supporters.

In November, 1973, these papers appeared in the APA's *American Journal of Psychiatry*. In the interim Spitzer had written a statement of his own that was also published. Although he was sympathetic to gay activists' and others' calls for change, Spitzer (1973, pp. 1214-1216) was not a crusader and did not himself hold the view that homosexuality is as "normal" as heterosexuality. Neither was he prepared to endorse the "life-style" view of Marmor. Instead, Spitzer chose to define homosexuality as "an irregular form of sexual behavior" and stated that, as such, it should not be considered a psychiatric diagnosis. He proposed instead the term "sexual orientation disturbance" to refer to such persons who are "troubled by or dissatisfied with their homosexual feelings or behavior." He believed that the proposed change would help mitigate the charge of some psychiatrist-critics that psychiatrists were "acting as agents of social control" and that the diagnosis itself had been the basis for the abridgement of homosexual civil rights. Steering a course of appeasement, Spitzer closed by insisting that the proposed change would in no way repudiate "the dedicated psychiatrists and psychoanalysts who have devoted themselves to understanding and treating those homosexuals who have been unhappy with their lot." They could now simply help those same "troubled" people under his proposed new diagnosis.

When the APA Board of Trustees met in December, 1973, to consider the nomenclature committee's resolution (essentially Spitzer's position), they voted to adopt it with slight but important modifications, the most significant being that they simply deleted Spitzer's word "irregular" in describing homosexuality. The final text of the approved change of DSM-II read as follows:

> This category is for individuals whose sexual interests are directed primarily toward people of the same sex and who are either disturbed by, in conflict with, or wish to change their sexual orientation. This diagnostic category is distinguished from homosexuality which by itself does not necessarily constitute a psychiatric disorder. Homosexuality per se is one form of sexual behavior and, like other forms of sexual behavior which are not by themselves psychiatric disorders, is not listed in this nomenclature of mental disorder. . . . (Quoted in Spector, 1977, p. 53)

The new diagnosis was to be Spitzer's "Sexual Orientation Disturbance (Homosexuality)" and would replace line 302.0 "Homosexuality" in the official diagnostic manual of the association.* Gay activists hailed the decision as a "major step" in the right direction, but opponents Bieber and Socarides had been working actively in opposition to the change and were prepared to continue the struggle.

In the spring of 1973, Bieber had formed a committee of psychiatric colleagues sympathetic to the illness view. He criticized the nomenclature committee for addressing a topic on which none of its members were "experts." His committee also denounced a report issued by the National Institute of Mental Health Task Force on Homosexuality (1972) on the same grounds. Pathology proponent Socarides responded to the trustees' decision with a petition-supported demand that it be subjected to a referendum of the entire association membership. This relatively rare event (it had been used just once before involving a position statement on the war in Vietnam) was newsworthy and brought a good deal of embarrassing publicity to psychiatrists across the country. Perhaps never before had it been made so clear that disease is first and foremost what the medical profession says it is (Freidson, 1970a). The public had a rare opportunity to witness the politics of disease designation in action.

Three months of political campaigning by both sides followed. A letter, drafted by Spitzer and Gold and paid for by the newly formed National Gay Task Force (NGTF), was sent to all APA members. It endorsed the proposed DSM change, opposed the Bieber-Socarides view, and was signed by all candidates for APA offices. The referendum was part of the regular election held in April, 1974. Slightly more than

*Robert Spitzer was chosen to direct the preparation of DSM-III, scheduled for publication in 1980. In this newest version, "Sexual Orientation Disturbance" apparently has been changed to "Homosexual-Conflict Disorder" (Goleman, 1978).

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58% of the 18,000 APA membership voted. Of those, 58% favored the trustees' proposed change, 38% opposed it, and 4% had no opinion (Hite, 1974). At this same election, Judd Marmor, proponent of the life-style view of homosexuality, was elected association president. The National Gay Task Force, a newly formed and middle-class movement organization, publicly endorsed the outcome as "strengthening our position all around" and urged that this new medical position on homosexuality be used to fight for complete human rights for gay men and women. At least officially, preferred same-sex conduct was by itself no longer to be considered an illness. It was a political victory that had indeed been a long time coming.

## Beyond sickness, what?

Although these events must be regarded as still recent and their significance therefore difficult to judge, we comment on what this official change might mean for the social control of "homosexuality" and "homosexuals" in American society. First of all, and somewhat counterintuitively, it could be argued that the APA decision does not represent demedicalization as much as a more careful and therefore more secure specification of legitimate medical turf. As Thomas Szasz (1977) has suggested, the decision was made after all on APA terms—it was the activists that spoke "scientese" to psychiatrists; who were *invited by* psychiatrists to speak. A gay psychologist, Brad Wilson, wrote and another gay psychologist, Charles Silverstein, presented to the nomenclature committee the scientific case for changing the diagnosis. The decision was hailed as a "victory," a "major step" by gay leaders. But Szasz (1977) argues, "I think the homosexual community is making a big mistake by hailing the APA's new stance . . . as a real forward step in civil liberties. It's nothing of the sort. It's just another case of co-optation" (p. 37). Critic Szasz (as well as Socarides [1976] himself) believes that the decision was intended to get homosexual activists off psychiatrists' backs. In fact, he continues, "they have merely relented on where they draw the boundaries around homosexuality" (Szasz, 1977, p. 37). This is, of course, true. The new diagnosis for DSM-III is to be "Homosexual-Conflict Disorder" (Goleman, 1978). There is no comparable "Heterosexual-Conflict Disorder" diagnosis, and it was never suggested seriously that being unhappy with one's sexuality—*except* if it is homosexual sexuality—might be a psychiatric diagnosis, a sickness. The boundaries of medical social control thus have not been erased, but rather more unequivocally drawn.* The proposed "tonic" for such illness remains becoming heterosexual, that is, sexually normal.† And were the members so inclined, nothing in the APA decision precludes a reversal at some later time; they retain final control over official medical definitions and interventions while at the same time receiving praise from liberal humanitarians and gays for their "sensible" action.

One wonders also how widespread is the popular support for the decision among American psychiatrists. In a recent survey of 2500 psychiatrists, 69% said that they usually considered homosexuality a "pathological adaptation" rather than a "normal variation" (Lief, 1977). In contrast to the optimism of Bieber and Socarides, only 3% of this sample of psychiatrists said that "in most cases" homosexual patients could become heterosexual through treatment. Harold Lief (1977, p. 111) provides three possible interpretations: first, the APA vote was cast in the name of homosexual civil

*A common response to the referendum by psychiatrists, including those who supported the change, was that now they and their colleagues could be more effective in helping homosexuals who really "need" and "want" help. Socarides is reported to have said that one good thing about the decision was that more psychiatrists were aware of the problem of homosexuality and might therefore be more willing to treat it rather than ignoring it as they had often done in the past (Hite, 1974).

†Treatment has now become the central theme of the professional debate over homosexuality. Not surprisingly, Bieber (1976) and Socarides (1976) counsel cure (heterosexuality), whereas a new set of opponents are considerably more skeptical (see Begelman, 1977; Coleman, E., 1978; Davison, 1976; Freund, 1977; Halleck, 1976; Silverstein, 1977). Even the recently published and widely reported research on homosexuality by Masters and Johnson (1979), although giving unequivocal support to the nonpathological nature of homosexuality, devotes almost half of its pages to the question of treatment for "dysfunctional" and "dissatisfied" homosexual men and women.

rights rather than medical substance; second, those responding to the survey are an unrepresentative group of psychiatrists; and finally, "psychiatrists' opinions on the matter have changed since 1974."

Despite claims that the APA decision would bring dramatic improvements in the social and legal status of homosexuals, we suggest that although there are notable signs of more permissive attitudes, these changes have been less than dramatic. Although the data are as yet limited, certain information and events may be noted. Sociologists Kenneth Nyberg and Jon Alston (1976) reviewed public attitudes toward homosexual behavior in a 1974 representative sample of United States adults. They found that 72% of their sample said that such conduct was "always wrong."* Based on comparable data from a 1960 study, they conclude that negative attitudes toward homosexuality and homosexuals have remained essentially unchanged despite the increased public awareness and official redefinitions that occurred during that period. Norval Glenn and Charles Weaver (1979) compared national attitudes toward homosexual relationships between adults from four surveys between 1973 and 1977. In none of the surveys did the percent saying homosexual relations are "always wrong" drop below 75%. Glenn and Weaver (1979) conclude that "there is no indication in the data that a majority of American adults are likely to consider homosexual relations to be morally acceptable in the near future" (p. 115). Journalist Grace Lichtenstein (1977) reports the result of a July, 1977, United States Gallup poll of adults in which 43% said "homosexual relationships between consenting adults should not be legal." Fifty-six percent of the respondents said they believed homosexuals should have equal job rights, but for the occupations of teachers and clergy, this dropped to 27% and 36%, respectively. Finally, Lichtenstein reports that 53% of the sample believed that homosexuals cannot be good Christians or Jews. In 1976 the United States Supreme Court allowed to stand a Virginia court ruling based on an 18th-century law prohibiting "crimes against nature" (Kittrie, 1976). The case involved an adult male homosexual couple who argued that the law and its enforcement against them was an unconstitutional invasion of privacy. Refusing even to hear the legal arguments of the contending parties, the justices indicated that the state's protection of privacy simply does not extend to such persons and conduct. There are only 23 states that have statutes specifically decriminalizing consenting adult homosexual conduct in private.

Entertainer and religious crusader Anita Bryant has been catapulted into the national consciousness in her drive against the moral "threat" of homosexuality. Aiming her initial 1977 crusade against a Dade County, Florida, regulation prohibiting housing discrimination on the basis of sexual preference, Bryant has led and/or inspired similar successful campaigns against gay people in St. Paul, Minnesota; Wichita, Kansas; and Eugene, Oregon, and again in Miami under the banner "Save Our Children." In 1978, the city council of New York City defeated, for the seventh time in as many years, a gay rights amendment (*The Advocate*, Dec. 13, 1978). Such campaigns appeal to ancient fears and ignorance about same-sex conduct while glossing their inherent violence with the patina of "Christian love"; Bryant says, for example, "I love homosexuals, but I hate their sin." Such "hardening" (if in fact they were ever "soft") of attitudes toward homosexuals was epitomized in the 1978 California elections by the Briggs Initiative, or "Proposition 6." John Briggs, a conservative state senator, introduced a bill that would have prohibited any public, self-defined homosexual from holding a position in the public school system. Until Californians began to realize that the Briggs Initiative was a scandalous infringement of freedom of speech (school personnel supporting homosexual rights and freedom of sexual preference were also threatened) and saw virtually every public figure across the entire political spectrum oppose it, they apparently thought Proposition 6 might well be a good idea. As late as August before the November election, a Field Company poll showed approximat
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*The degree of this negative judgment decreased rather dramatically with increased education of respondents, their being of Jewish or no religious preference, and among young, urban respondents (Nyberg & Alston, 1976).

showed approximately 60% of Californians in support of the Briggs legislation (*The Advocate*, Nov. 15, 1978). In the end, although it was defeated, 42% of California voters agreed with John Briggs. These events can hardly be said to represent a widespread popular acceptance of homosexuals as "healthy," nonthreatening people.

It is, of course, true that the APA decision has made "homosexual" and "sick" no longer "per se" (as the APA text reads) synonymous. It is public knowledge that psychiatrists, as represented by their major professional association, have voted the disease of homosexuality out of existence. Since physicians remain very much in charge of what and who is "sick," groups challenging unequal legal and social practices can cite the authoritative APA decision in their defense. A new set of sympathetic psychiatric "experts" on homosexuality have emerged from the APA struggle while those defeated appear to be losing their popular as well as professional appeal (see Spector, 1977). These new leaders can be expected to say that homosexuality is "not necessarily" an illness, but that only certain kinds of homosexuality fall within official medical jurisdiction—the types that causes people "conflict." Finally, it appears that more homosexuals are "coming out," perhaps encouraged by what the psychiatrists have done. *The Advocate* (Aug. 9, 1978) reported that "literally hundreds of thousands" marched, rallied, and celebrated during the annual Gay Pride Week in 1978. New York City mayor Edward Koch (a long-time defender of gay rights) issued an official proclamation of these events in that city. Even the APA has recognized its gay members. Begun in 1977, the Task Force on Gay, Lesbian and Bisexual Issues of the APA was an official part of the APA meetings in 1978 (*The Advocate*, Sept. 6, 1978).

We must ask, however, what gay people have "won" in this alleged victory of demedicalization. What does it imply for an increasingly visible minority (the gay movement urged homosexuals to "Come Out!") that had been considered widely as sick *and* criminal *and* immoral to be declared no longer "sick"? We suggest that it leaves such persons still "immoral," "bad," or "wrong." There are, as we and others have pointed out, certain protections in being considered "sick" that simply do not extend to the categories "criminal" or "sinner"—although the latter offers some hope for the repentant. Our historical review shows that one of the greatest "buffers" between homosexuals and state control at the turn of the 20th century was physicians willing to argue that such persons suffered a disease over which they had no control. In a social and cultural environment where same-sex conduct and its authors are fundamentally disapproved—where moral judgments are made against them—a medical diagnosis, albeit itself oppressive, provides nevertheless an official or Establishment protection against hostile crusaders and an insensitive state. In short, if a behavior is demedicalized but not vindicated (absolved of immorality), it becomes more vulnerable to moral attack. As our discussions suggest, medicalization has apparently increased in the face of political and moral repression of same-sex conduct; it may well be that as medical definitions are detached from such still "unnatural" behavior, openly gay people may face political controls that arise from the ballot box and legislatures rather than the clinic. As Edward Sagarin (1976) suggests, the personal "costs" of becoming a public homosexual may indeed be high. Some of the events of the late 1970s would appear at least to make this interpretation plausible. The image of the wise and knowing physician treating the personal casualties of this "new era" as patients suffering "Homosexual-Conflict Disorder" is one that brims with bitter irony and paradox. We hope it remains only an image.

## SUMMARY

The moral prohibitions against homosexual conduct are age-old. We have argued that this moral continuity has remained largely intact for over 2000 years, although its particular forms have changed to reflect historical shifts in dominant institutions of social control. First, such behavior was sinful, then criminal, and then for about the last 100 years, a sickness. Only recently has this latter designation been challenged by a movement striving for yet another definition, that of "life-style" or personal choice. We have attempted to trace the his-

tory of this medicalization and challenges to it.

Although religious proscriptions against same-sex conduct date from the sixth century BC, its foremost spiritual opponents were the ancient Hebrews and early Christians. Much of what is "sex negative" about Western culture may be traced rightfully to the ideals and values espoused by these groups. All sexual conduct was defined against the only fully approved standard: heterosexual procreative intercourse. Homosexual conduct was clearly far off the mark. It was "unnatural" because it contravened God's obvious intent; it was sinful because it was pleasure for pleasure's sake. It was, in short, a grievous wrong and has remained so throughout Christendom.

Canon law forbade same-sex conduct, and gradually as the Church and state became intertwined, the force of the latter was placed behind such norms. Throughout the Middle Ages such behavior became a "crime against nature" as well as a sin. The state, in effect, gave these religious rules "teeth" and provided the machinery for controlling such behavior in the name of these values. As early as 1533 Henry VIII of England decreed such offenses to be capital and prescribed the supreme penalty. This tradition of harsh legal punishment for "crimes against nature"—a category that remained only vaguely specified—became the official inheritance of the West.

The 18th century witnessed the rise of a third system for defining and controlling same-sex conduct: medicine. Crude by modern standards, medical theories proposed that one's physical and mental health were intertwined intimately with one's morality. Sinful, and particularly sexually sinful, behavior became not only wrong but also unhealthy. The moral strain from knowingly engaging in immoral conduct made such conduct doubly taxing. Throughout the latter part of the 18th century and particularly in 19th-century Victorian America, the symbol of this dangerous sexual excess was masturbation. Masturbation was believed to cause all manner of physical and mental ailments, including insanity, if practiced habitually. One of the dangers of such activity among young men was that it could lead them into "the filthy congress with one another." In other words, masturbation could lead to homosexual experimentation and a life of ruin, disease, and vice. A flood of popular medical pamphlets emerged toward the middle of the 19th century that offered "advice for the young" and their parents on how to curb this grave threat to manhood and national destiny.

By the end of the 19th century a more careful medical formulation of the causes of same-sex conduct had been fashioned out of the popular hereditary ideas of the age. "Homosexuality," a term invented by a Hungarian physician in 1869, was believed to be the product of a congenital, hereditary weakness, a "degeneration" of the nervous system that could be neither remedied nor reversed. Although such persons should not be punished for this pathology, they should most certainly be prevented from reproducing their kind. Increasingly, physicians became the experts on same-sex conduct to whom others deferred. They portrayed such persons as sad and tortured victims of a "trick" of nature. Among the most influential of these empathetic but not sympathetic apologists was forensic psychiatrist Richard von Krafft-Ebing.

The medical model of homosexuality was given new intellectual vitality in the 20th-century writings of Sigmund Freud. Freud opposed the congenital explanations of the 19th century and proposed instead a psychogenic theory based on the sexual experiences and relationships of childhood. Freud believed that homosexuality was the product of an incomplete or arrested psychosexual development involving unresolved conflict between parents and child. Most important for our purposes, Freud deemphasized the pathological quality of homosexual preference and conduct. Although he agreed it was "no advantage," he insisted it was not a disease. His many followers in psychoanalysis chose, by and large, to ignore this conclusion and fashioned a set of medical definitions and explanations that reemphasized pathology and urged cure, which, of course, meant heterosexuality.

Among the most vocal and influential advocates of this pathology-cure view in the middle of the 20th century have been Edmund Bergler, Irving Bieber, and Charles Socarides, all clini-

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cal psychoanalytic psychiatrists. Although all urged "humane" and "just" treatment for homosexuals, they described them as "injustice collectors," "psychic masochists," living a "masquerade of life," and "handicapped." They voiced their positions in both scholarly and popular media and were legitimated by the official support of the American Psychiatric Association.

Resistance to the medical concept of pathology began almost as soon as homosexuality was invented as a medical diagnosis at the end of the 19th century. A small number of physicians argued that although it was true that the condition was inborn, it was incorrect to call it pathological. It was rather best seen as simply a natural variation. German physician Magnus Hirschfeld and English physician Havelock Ellis made perhaps the most influential scientific arguments on behalf of this view. It was not until after World War II, however, that significant opposition to the medical pathology view began to arise. Foremost among this opposition was publication of the Kinsey studies in the United States. Not only had Kinsey and his colleagues found much more adult homosexual conduct than they or others expected, they argued that the medical notions of "natural"/"unnatural" and "pathology" were simply inappropriate to describe same-sex conduct. It was merely a reflection of a natural and universal human capacity. A growing number of social science studies and social changes that encouraged appreciation of sexuality as an end in itself combined with Kinsey's research to create a new climate of nonmedical interest and discussion around same-sex behavior.

At about this same time, and no doubt in response to the stigma and repression we have discussed, homosexuals began to form self-help and support organizations. In 1950 the Mattachine Society was founded in California, followed 5 years later by the Daughters of Bilitis. This was the beginning of the "homophile movement"—for dignity, equality, and civil rights. Buoyed by similar movements of the 1960s, gay liberation was born. By the end of the decade, new, more militant groups of homosexuals pursued strategies of confrontation and challenge. Among their foremost targets was the oppressive medical model of pathology and medical treatment. Members of the Gay Activists Alliance and Gay Liberation Front demanded that these physicians remove the label of sickness from their lives; they were "gay, happy, and proud." After 4 years of confrontation and dialogue the American Psychiatric Association voted in 1974 to remove homosexuality "per se" from its diagnostic manual. In its place they would put "Sexual Orientation Disturbance (Homosexual)" to refer only to those homosexuals who were unhappy with their sexuality. An old disease had been laid to rest, but a new disorder had been created.

The APA vote might well be seen as a victory for gay people and as an instance of demedicalization. There are, however, persistent questions that remain several years after this event. First, homosexuality is still mentioned in the APA diagnostic manual; so the sense in which demedicalization has occurred is somewhat unclear. Although the decision was hailed as a blow for civil rights, the official political situation for openly gay people in America has not improved dramatically. And although there are new experts to speak for the nonpathological nature of same-sex preference, the removal of the protective cover of the sick role leaves the status of such conduct and persons in doubt. If it is not a sickness, then what is homosexuality? Whatever else it may be, we suggest it is still considered "wrong" or "deviant" by a sizable proportion of the population. Self-interested advocates of the life-style view are left to defend their position in a political world where they enjoy only limited resources. The possibility that the old definitions of such conduct and persons might reemerge and be championed by powerful opponents should not be ignored.

## SUGGESTED READINGS

Bullough, V. *Sexual variation in society and history*. New York: John Wiley & Sons, Inc., 1976.
A detailed, encyclopedic historical discussion of "variant" sexuality from the origins of human societies to the present. Although various forms of such sexuality are discussed, most attention is paid to homosexuality. It is an invaluable resource.

Levine, M. P. (Ed.). *Gay men: the sociology of male homosexuality*. New York: Harper & Row, Publishers, Inc., 1979.

A collection of recent sociological writing and research on male homosexuality. Although it does not address the issue of medicalization at length, it provides a well-organized review of some of the best sociological work on the topic.

Marmor, J. (Ed.). *Homosexual behavior: a modern reappraisal*. New York: Basic Books, Inc., 1979.
An updated version of the important 1965 book also edited by Marmor. It is a collection of articles from a wide variety of disciplines and professions and is intended to review the state of our present knowledge about homosexuality and indicate directions for future research.

Teal, D. *The gay militants*. New York: Stein & Day Publishers, 1971.
A useful and highly detailed picture of the origins and development of the most militant phase of the gay rights movement as it developed in the late 1960s and early 1970s. Long quotations from movement people and publications provide the clear sense of ethos and direction of activist gays during this time. Unfortunately, it is out of print.

Weinberg, M. S., & Bell, A. P. *Homosexuality: an annotated bibliography*. New York: Harper & Row, Publishers, Inc. 1968.
Over 1200 bibliographic entries with brief, concise descriptions of content and findings. Although slightly dated, this is a valuable resource.

Wolf, D. G. *The lesbian community*. Berkeley: University of California Press, 1979.
An ethnographic study of a lesbian-feminist community on the West Coast. In addition to interesting insights about the contours and history of this community, the book provides an up-to-date bibliography of important writings on lesbians in America.