

## **The turbulent evolution of homosexuality: From mental illness to sexual preference**

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### **Abstract**

This article will present a brief overview of the history of homosexuality. First, homosexuality was seen as a sin and the emergence of psychiatry turned it into a mental illness. Two important theories of Krafft-Ebing and Freud will be discussed in relation to this medicalization of homosexuality. The article will then focus on the turbulent events leading to the removal of homosexuality from the DSM in 1973. The reasons and motives for this removal, as seen by a number of different psychologists, will be discussed, as will its impact. The elimination of homosexuality was seen as a victory, but did it change the general attitude towards gay men and women? In the final section of the paper, a possible similar evolution of acceptance of pedophilia will also be discussed.

**Keywords:** Homosexuality, Diagnostic and Statistical Manual of Mental Disorders, Pedophilia, American Psychotic Association

### **Introduction**

The first time the word “homosexual” appeared in print was in a political manifesto written by Karl-Maria Kertbeny, a Hungarian journalist, in 1869 (Drescher, 2012). The manifesto criticized laws that forbid sexual relations between persons of the same sex. Some 145 years later, gay marriage is now legal in many countries. Although in some countries homosexuality is well accepted, there are still countries where this is not the case. A lot has happened in the history of homosexuality. This paper will describe the journey which has been made since homosexuality was first characterized as a psychological disorder. We will start with the medicalization of homosexuality in the 19th century. We will then focus on the appearance of homosexuality in the first and second version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). In December 1973 the American Psychiatric Association (APA) Board of Trustees accepted the proposal to eliminate homosexuality from the DSM (Block & Adriaens, 2013). There is a lot of discussion about the true motives for this removal and divergent opinions as to whether it was the right thing to do. The second paragraph will highlight these opinions and the several motives accompanying the controversial removal. In the following section, the impact of the removal will be discussed. Has the removal had any significant impact on the life of gay men and women in the 21st century? The first three sections will review the course of events during the past 150 years. The last section of this paper will discuss pedophilia, as a classification of deviant sexual behavior in the current DSM-V. According to a number of psychologists, pedophilia resembles homosexuality in a number of ways (Malón, 2012; Moser & Kleinplatz, 2006). The possibility of eventual removal of pedophilia from the DSM will be explored.

### **Homosexuality: from sin to disease**

Homosexuality was widely considered an abomination throughout most of the world for over 2000 years (Bayer, 1987). Sexual deviance was defined by moral, legal and theological considerations until 1850. From then onward, psychiatry gained popularity and sexual deviance became a medical or psychological problem (Block & Adriaens, 2013). The shift

from religion to science caused many “sins” to be reclassified as “illnesses.” “Demonic possession became insanity, drunkenness became alcoholism, and sodomy became homosexuality” (Dresher, 2012, p. 124). Sexual deviance could not easily be conceptualized as a mental illness because it did not affect intellectual functioning. Insanity was still seen as an illness of intellect, but from the 1860s psychiatrists developed a new definition. Insanity included all diseases of the emotions and of the will, and thus sexual deviance could now be seen as a mental disorder (Block & Adriaens, 2013).

A very influential person in the conception of sexual deviance was Richard von Krafft-Ebing (1840-1902). Krafft-Ebing was an Austrian forensic psychiatrist and a university lecturer in Vienna and Graz. He established his name in psychiatry with his work on sexual pathology: *Psychopathia Sexualis* (Block & Adriaens, 2013). According to Krafft-Ebing, functional deviations of the sexual instinct caused sexual deviance. He saw this as a force that occurs during puberty and that was biologically based in the cerebral cortex close to the olfactory bulb. Another important assumption was that the diseases of the sexual instinct were caused by degeneration (Block & Adriaens, 2013). Krafft-Ebing also emphasized the role of masturbation as the possible cause of perversion. He theorized that perversions were caused by “hereditary taintedness” in the family tree. This taintedness led to an imbalance between the sexual instinct and the inhibitory powers. This imbalance could, according to Krafft-Ebing, be worsened by excessive masturbation (Block & Adriaens, 2013).

The famous psychiatrist and psychoanalyst Sigmund Freud (1856-1939) disagreed with Krafft-Ebing’s theory. According to Freud, everyone is born with bisexual tendencies, and expressions of homosexuality could therefore be seen as a normal phase in psychosexual development (Dresher, 2010). Freud explained the development of homosexuality in terms of his psychosexual theory of development. During the so-called autoerotic phase, boys who have an excessive interest in their own genitals will (according to Freudian theory) become homosexual (Bayer, 1987). They will initially select women as objects of their affection, but as soon as they realize women do not have a penis, they will turn to men for sexual pleasure. A later theory of Freud emphasized the importance of the oedipal phase, during which he held that boys develop intense attachments to their mothers. Some boys will experience frustration because their sexual yearnings are not answered. Later on in life, according to Freudian theory, such men they will seek out boys like themselves as sexual partners and love them in the way they wanted their mothers to love them (Bayer, 1987). Most important is that Freud thought of homosexuality as a natural variation of sexual behavior. According to Block in Adriaens (2013, p. 283) Freud wrote the following in a 1935 letter to the mother of a homosexual man: ‘*Homosexuality is 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.*’

The first version of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, DSM-I, was published in 1952. Sexual deviance was defined in that manual as deviant sexuality which is not caused by symptoms of more extreme disorders, such as schizophrenia. Sexual deviance was introduced as the new term for cases formerly classified as “psychopathic personality with pathologic sexuality.” Homosexuality was thus classified as a pathological behavior. Pedophilia and sexual sadism (rape, sexual assault, mutilation) were similarly classified (APA, 1952). The second version of the DSM was published in 1968. In that version, sexual deviance was more extensively defined:

“This category is for individuals whose sexual interests are directed primarily toward objects other than people of the opposite sex, toward sexual acts not usually associated with coitus, or toward coitus performed under bizarre circumstances as in necrophilia, pedophilia, sexual sadism, and fetishism. Even though many find their practices

distasteful, they remain unable to substitute normal sexual behavior for them. This diagnosis is not appropriate for individuals who perform deviant sexual acts because normal sexual objects are not available to them.” (APA, 1968, p. 44).

Again homosexuality was considered part of that definition. In 1973 a change was made. A revised version of the DSM was published and it no longer contained homosexuality. In the next paragraph, this radical change will be discussed.

### **Various views on the historical removal**

The removal was seen as a victory by and for gay activists and gay persons. Bayer characterized the decision to remove homosexuality as the culmination of years of struggle. In *Homosexuality and American Psychiatry. The Politics of Diagnosis* (Bayer, 1987) he stated that, by the time the decision was made by the APA’s Board of Trustees, the fundamental view of homosexuality had been shattered. Not everyone thought the removal was a triumph in the battle for homosexuality, because the decision was not based on “scientific proof” but was rather social and political in nature (Cotton & Ridings, 2011; Greenberg, 1997). Cotton and Ridings (2011, p. 182) also asserted that “At its heart the DSM is a political document—a social construction— shaped more by sociocultural influences than the demands of practicing professionals in the field of mental health.”

Gay activists interrupted an APA Annual Conference in 1970 with success because they were offered the opportunity to speak at the Conference in 1971. In this meeting they presented the impact psychiatric diagnosis had on their lives and their perspectives as homosexuals. A year later, in 1972, the activist held another panel at the Annual Conference. This time they wanted a gay psychiatrist on their side. Homosexuality was still illegal at the time and a psychiatrist could lose his license for engaging that behavior. Dr. John Fryer agreed to appear with the activists under the condition that he could appear incognito as Dr. H. Anonymous (Dresher, 2012). John Fryer revealed that, at that very moment, 200 gay psychiatrists were present at the convention. He also revealed the existence of a gay psychiatrist association (Gay PA) (Cotton & Ridings, 2011). Finally, the APA’s scientific committees judged that the psychoanalytic literature carried less weight than the sexology literature. Subsequently, the Board of Trustees of the APA removed homosexuality from the DSM-II by vote. The entire psychoanalytic community disagreed and believed that the APA had caved into political pressure. These psychoanalysts collected signatures to force APA to hold a membership referendum about the decision made by the Board, and 58% of the 10,000 voting members voting supported the decision (Dresher).

The decision received the support of the majority, but not everyone agreed with the reasons. Gary Greenberg wrote the article “Right Answers, Wrong Reasons: Revisiting the Deletion of Homosexuality From the DSM” in 1997 (Greenberg, 1997). He expressed the view that the decision for the most part resulted from social pressures. In his view, the decision was not the result of scientific evidence and empirical proof, but social and political games. He also noted another reason that psychiatrists were against homosexuality was that they were afraid if they removed one diagnosis under pressure of activists, people might lose faith in the DSM and that other activists might try to remove even more. Furthermore, according to Theda Skocpol in Cotton and Ridings (2011, p. 192): “Mental health professionals did not decide to make homosexuality sane because they saw the light; they could not resist the political tide.” The general attitude of psychiatrists (and society) toward homosexuals was not necessarily changed for the better—or even changed at all.

It must be noted that Ego-Dystonic Homosexuality was still a mental illness in the DSM-III (Cotton&Ridings, 2011). This meant that if you were homosexual and not comfortable about it, you still had a mental disorder. Given that being comfortable about

being gay was a rather difficult feat in many areas throughout the 1980s, many people were highly eligible for such a diagnosis. Ego-Dystonic Homosexuality only disappeared in 1987.

Zucker and Spitzer (2005) discuss an interesting claim made about the removal of homosexuality. They examined if it was possible that the diagnosis of Gender Identity Disorder in Children (GIDC) was a “backdoor maneuver” to keep homosexuality in the DSM. It is rather remarkable that GIDC was first introduced into the DSM-III in 1980, not too long after homosexuality was removed. Reasons to believe this theory is that some clinicians who treated children with gender identity problems cited the prevention of later homosexuality as a main goal. In addition to this, multiple studies cited by Zucker and Spitzer drew the conclusion that GIDC most commonly leads to a homosexual preference. In this way, homosexuality “sort of” remained in the DSM, and it was plausible to argue that the existence of GIDC continued to stigmatize homosexuality as abnormal.

### **Did removal change anything for homosexuals?**

The consensus view among gays concerned with the issue appeared to be that, while removal from the DSM-III might not have occurred for the right scientific reasons, it was still a victory. So did the removal have any real impact in the lives of gay men and women at all? The removal of homosexuality from the DSM did deprive government, military, educational and religious institutes of a medical or scientific rationalization for discrimination according to Drescher (2012). He noted that, although homosexuality was no longer a mental disorder, and thus a legitimate reason for exclusion, the Immigration and Naturalization Service only officially eliminated homosexuality as a barrier to immigration in 1990. This shows that the removal did not immediately affect the general culture.

An indication that it did not have an immediate effect on the global acceptance of homosexuality is the time it took for gay marriage to become legal (Drescher, 2012). It is not even legal in every country, and this is an indication that homosexuality is not seen as normal everywhere. Drescher stated that the fight for marriage equality could be seen as a cultural war, comparing it to the discussion about abortion.

King (2003) declared that prejudice will remain common in the personal and public life of the homosexual. Gay people can blend in with the heterosexual majority, unlike people from ethnic minorities. However, hiding their identity from people around them will exact a social and psychological cost. In addition, gays and lesbians still do not have equal rights, such as pension rights and child-care rights. King also noted that the appearance of AIDS in Britain and other Western countries led to an increased anxiety for homosexuality and increased discrimination. The fact that anti-gay attitudes persisted in Britain can be seen in the fact that Prime Minister Margaret Thatcher introduced a bill in 1988 that “(...) prohibited the ‘promotion’ of homosexual lifestyles as normal by local authorities” (King, 2003, p. 685).

This section has described how much did not change for gay men and women. Yet is not fair to say nothing changed, because gay men and women do get more and more equal rights in some countries. One must also take the timespan into account. The discussed changes have all taken place within 60 years. From that point of view, the general attitude against homosexuality changed massively.

### **Could pedophilia follow the same pattern?**

The removal of homosexuality from the DSM might change something for another group as well. The example of homosexuality has been used recently as a possible precedent for depathologizing pedophilia. Malón (2012) stated that homosexuality and pedophilia are comparable as controversies that arise, develop and (eventually) will be resolved. Moser asserted in Malón (2012, p. 1084) “(...) homosexuality was not deleted from the DSM for scientific reasons but on political and social grounds, and other paraphilias [i.e., obtaining

sexual gratification through behavior seen by the wider society as deviant] should also have been eliminated.”

To qualify as a mental disorder, personal suffering is necessary. Paraphilias, including pedophilia do not, Malón argues, cause distress in the majority of those who engage in such deviant behavior. He contends that, if any distress is present, it is due to a clash with society and does not result from the condition itself (Malón, 2012). An article written by Moser and Kleinplatz (2006, p. 91) starts with the following statement: “The concept of paraphilias as psychopathology was analyzed and assessed critically to determine if it meets the definition of a mental disorder presented in the DSM; it does not.” It is safe to say many psychiatrists think pedophilia is not a mental disorder, but this does not mean they tolerate the actions accompanying the preference.

Seto (2012) claims pedophilia is a sexual orientation. He comes to this conclusion based on the similarities of aspects of pedophilia and sexual orientation in age of onset, stability over time and associations with romantic and sexual behavior. In addition, viewing pedophilia as a preference suggests that treatment would be more effective if it focused on self-regulation skills (e.g. manage pedophilic thoughts and urges) rather than focusing on changing the sexual preference.

Something else which must be taken into consideration has to do with the overall “evolution” of mental disorders. As we know, masturbation and homosexuality were once considered pathological, but now belong to the spectrum of healthy sexual expression. On the other hand, conditions accepted in the past are now seen as mental disorders (e.g., sexual aversion disorder and hypoactive sexual desire) (Moser&Kleinplatz, 2006). It would not be surprising if paraphilias have now reached a point where they also will become a part of the spectrum.

## **Conclusion**

Homosexuality was first seen as a sin. The shift from a theological to a scientific point of view caused the medicalization of homosexuality. At first, psychiatrists could not define homosexuality as a disorder, because it did not affect intellectual functioning. However, they decided to change the definition. The new definition included all diseases of the emotions and the will. From that point onward, homosexuality was a mental illness.

Richard von Krafft-Ebing played an important role in the conceptualization of homosexuality as a disease. He asserted that degeneration caused deviations in sexual instinct which led to sexual deviance. Furthermore, he believed that “hereditary taintedness” caused an imbalance between the sexual instinct and inhibitory powers. Excessive masturbation worsened this imbalance, according to Krafft-Ebing. Sigmund Freud did not share this view. He explained the cause of homosexuality in his theory of psychosexual development. Most importantly, Freud thought homosexuality was a natural variation of sexual behavior and not a disorder.

In 1973 homosexuality was voted out of the DSM. The psychoanalysts who were members of the American Psychiatric Association did not agree with this decision, but were not able to undo it. One opinion frequently heard is that the elimination of homosexuality was a good thing, but that it happened for the wrong reasons. It was, according to this view, forced by gay activists and was not based on scientific or empirical evidence. Furthermore, some say that there was no real removal. Ego-Dystonic Homosexuality was still in the DSM, and thus homosexuality was still an illness if it bothered the person experiencing this preference. Secondly, GIDC appeared in the DSM right after homosexuality was removed. This is seen as by some as a “backdoor maneuver” to replace homosexuality. Partly because the elimination was not based on the right evidence, the general attitude towards homosexuality did not change immediately. Progress was made (e.g. marriage equality), just in 60 years so in that

short timespan the impact is pretty big.

The removal of homosexuality might influence the removal of pedophilia, which is currently listed as a paraphilia in the DSM-V. It can be argued that there is a close analogy between homosexuality and pedophilia (i.e., that they have been considered deviant behaviors but that acceptance of those behaviors has gradually increased).

In conclusion, homosexuality has a troubled history. Even though homosexuality has been eliminated as a mental disorder and now is generally considered a sexual preference, prejudice is still common in the personal and public lives of gays and lesbians. Progress has been made, but homosexuality is still not accepted everywhere. This might be because the removal did not happen as a result of scientific proof. Homosexuality is an example that disorders can change, so this might happen as well for pedophilia. A couple psychologists call for the removal of pedophilia, and of other paraphilias. In the end, it seems that there is no end to these cases. The attitude towards homosexuality (and pedophilia) continue to evolve and the social sciences continue to play an important role in how they are seen by the wider society.

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