

# The Fight for the Cure: The Declassification of Homosexuality as a Mental Illness

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Homosexuality has been given different labels throughout history. It has progressed from a sin to a crime, then a mental illness, a style of life, and is now characterized by a genetic predisposition. Although American homosexuals today are still struggling for equal rights, no shift has been more drastically beneficial for the status of homosexuality than its declassification as a mental illness. The American Psychiatric Association's Board of Trustees passed this groundbreaking decision unanimously on December 15, 1973, and subsequently released a statement that rejected legal discrimination on the basis of sexual orientation. In the publication of its monumental decision to remove homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM), the board cited "review of evidence[,]...changing social norms and growing gay-rights activism."<sup>1</sup> The last two reasons seem unnecessary—shouldn't the APA's decision have been based on scientific evidence alone? While most would answer affirmatively, it is hard to argue that this was the case in 1973.

Real uncertainty arises around the question of what induced this change. In *Homosexuality and American Psychiatry*, Ronald Bayer argues that this decision was the product of years of political pressure applied by gay activists. Judd Marmor, Vice President of the APA at the time of the decision and a prevailing advocate for the declassification of homosexuality, was openly arguing by 1972 that conservative psychiatrists were opposed to the declassification of homosexuality on the sole basis of moral and social judgments.<sup>2</sup> Ellen Herman argues another point of view in her book, *Psychiatry, Psychology, and Homosexuality*. Herman acknowledges the scientific advantage held by those fighting for the change, and points to the referendum held by the APA in response to the decision as evidence for the importance of changing

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social norms.<sup>3</sup> What led to the declassification of homosexuality as a mental illness in 1973? The answer to this question involves a combination of political, social, economic, and scientific factors. Proximately, the political pressure of gay activists, the increasingly vocal gay community, and the presence of scientific validation for their claims led to a reconsideration of the pathological state of homosexuality. Ultimately, however, social views towards homosexuals had to be changed in order for the decision to pass; the evidence and arguments in favor of the change held no real sway until the prevailing homosexual stereotype was challenged.

### The Scientific Argument Emerges

It is reasonable to assume that the Board made their decision on the basis of scientific evidence. Evelyn Hooker presented the first and most compelling evidence that disproved the pathological status of homosexuality. Hooker was the first researcher to distinguish between patient and non-patient homosexuals. This distinction was significant because most of the assumptions that modern psychiatrists made about homosexuality were based on patient homosexuals, generally unsatisfied people who requested treatment or were forced into it by their families.<sup>4</sup> If you add to this the social stigma associated with homosexuals at the time, it is understandable that psychiatrists had not questioned the pathological status of homosexuals up to this point. Hooker first presented her report, "The Adjustment of the Male Overt Homosexual," in October of 1956. She asserted that only one mentally healthy homosexual was needed to disprove the idea that homosexuality was a symptom of sickness, and this was what her work contained.<sup>5</sup> Hooker showed that non-patient homosexuals displayed the same variation of personality, talent, and mental health as heterosexuals, concluding that homosexuality might be considered a normal variance on sexual orientation.<sup>6</sup> If this was scientific evidence that homosexuality was not a mental illness, then why did it take the APA seventeen years to acknowledge this in their DSM? While her report did not bring about this official change, it is worth noting that Hooker felt the profound impact of her work fairly early on. In an interview with

Eric Marcus, author of *Making History: The Struggle for Gay and Lesbian Equal Rights, 1945-1990*, Hooker recalls a conversation she had with a lesbian sometime shortly after her presentation: “The young woman’s psychiatrist was familiar with my work, and he was able to keep them from giving [electroshock therapy] to her. She had tears streaming down her face as she told me this.”<sup>7</sup> While it affected some psychiatrists positively (as it did here), Hooker’s work was so heterodox that it was sure to inspire disbelief among others. Still, this doubt caused many psychiatrists to conduct new studies and experiments on homosexuals, thereby throwing the pathological status of homosexuality into question.<sup>8</sup> Although these experiments meant to disprove Hooker’s hypothesis, they legitimized homosexuality as a field of study and mobilized research on the question.

Although her work helped the cause, Hooker herself knew that this study alone wasn’t enough to declassify homosexuality as a mental illness. The language of her report, which precludes these enormous conclusions with “I would very tentatively suggest the following” evidences this uncertainty.<sup>9</sup> Although her research was revolutionary, it didn’t engender the monumental change that we might expect today. As Drescher points out in *American Psychiatry and Homosexuality*, Hooker was a psychologist, not a psychiatrist. The APA used this fact to separate itself from her work and to avoid considering it seriously for over a decade.<sup>10</sup> Opponents of the declassification of homosexuality were able to dismiss Hooker’s conclusions as the result of poor methodology, especially considering the nature of the psychological tests she used.<sup>11</sup> Although the Rorschach test, the Thematic Apperception test, and the Make a Picture Story test were generally accepted forms of psychiatric assessment, the mechanism of testing a personality is inherently arbitrary.<sup>12</sup> In this case, opponents of Hooker’s only had to argue that these tests weren’t designed to effectively display the differences between heterosexuals and homosexuals.<sup>13</sup>

The perspective of Judd Marmor, a distinguished member of the APA, further proves the lack of influence that Hooker’s research had. Later to become one of the leading advocates for the declassification of homosexuality within the APA, Marmor admits that when Hooker first

asserted that homosexuality was not an illness, he “wasn’t prepared to go all the way.”<sup>14</sup> Marmor shows us that scientific evidence alone wasn’t enough to persuade the APA; the fact that Hooker’s research predated the APA’s decision by seventeen years solidifies this conclusion.

### The Political War

As this scientific research was stewing, gay activism was gaining in strength and became responsible for forcing psychiatry to act on the issue. Some leaders of the movement, such as Ron Gold, targeted members of the Committee on Nomenclature (or Nomenclature Committee), who were responsible for revising the DSM. Heinz Lehman, a member of the Nomenclature Committee, is on record admitting that “had he not been exposed to the intense discussions of that body, and especially the presentation of the gay leaders, he too might have voted [against the declassification].”<sup>15</sup> Lehman stated this five years after the decision, meaning that he could have claimed his vote was based on science or a sense of morality, both of which sound more authoritative than the discussions of gay activists. Instead, he truthfully acknowledges the effects of political pressure. Lehman’s comment especially holds true for Robert Spitzer, another member of the Nomenclature Committee who would never have supported the decision if not for the efforts of Ron Gold of the National Gay Task Force. Gold was first able to impress Spitzer when he and a group of other activists forcefully disrupted a meeting of the Association for the Advancement of Behavior Therapy. Although Spitzer remembers being outraged, it was this outrage that caused him to approach one of the protesters, who happened to be Gold. Spitzer remembers asserting that the zap (a term used to describe these interruptions) was rude and inconsiderate, but that nevertheless he and Gold “got to talking.”<sup>16</sup> This encounter eventually led to the creation of a meeting between the Nomenclature Committee and leading gay activists, including a presence at the APA’s convention in 1972.<sup>17</sup>

Although these aggressive political tactics brought the issue of homosexuality to the forefront, some reports of early political efforts show that they may have caused more harm than is generally admitted. Franklin Kameny, Barbara Gittings and other leaders of the fight had

started to organize against the APA in the few years prior to their work with Fryer, evidenced by the zap on an APA meeting in 1971. Not only did the protesters use force and stealth to break into the meeting, but Kameny, who to this point had hoped to legitimize the homosexual cause on the political scene, seized the microphone.<sup>18</sup> Storming in and denouncing the profession entirely does not seem like a logical way of gaining respect from psychiatry, yet this is exactly what Kameny did. He even went so far as to establish a war against psychiatry.<sup>19</sup> Perry Brass, an activist present at the zap, noted proudly that most of the men wore “really fabulous drag with wildly painted faces” to highlight their carefree and impulsive way of thinking.<sup>20</sup> Given that the protesters and psychiatrists exchanged bitter insults before many of the psychiatrists were chased out of the building during this demonstration, it is reasonable to conclude that this confrontation was more frightening than inspirational.<sup>21</sup> If anything, these aggressive tactics reinforced the psychiatrists’ views of homosexuals as a volatile and unstable group of people. Although Kameny claims that this zap was the first step towards progress in the fight for the cure (a phrase used to describe the movement), this type of flamboyant and aggressive political activism served to draw mostly negative attention to the cause.<sup>22</sup>

In addition to reinforcing homosexual stereotypes, these aggressive political tactics discredited the efforts of respected psychiatrists who hoped to declassify homosexuality on a scientific basis. One such psychiatrist was Dr. Judd Marmor, who was outspoken in his call for a review of the scientific assumptions made about homosexuality.<sup>23</sup> Marmor and others were most frequently met with the criticism that they were succumbing to political pressure and disregarding science.<sup>24</sup> Dr. Irving Bieber led this opposition, claiming that a majority of psychiatrists agreed that homosexuality was a mental illness, but wouldn’t admit this in public due to the guilt and pressure being exerted by homosexuals.<sup>25</sup> Their strongest arguments stemmed from the unprofessional way in which homosexuals had protested years earlier, ironically warning that the DSM would soon be based on social views rather than scientific evidence.<sup>26</sup> By fueling the opposition to the extent that they did, the tactics of gay activists ultimately hurt their cause more than they helped it.

### The Economic Incentives of the Opposition

When considering this question, it would be an oversimplification not to also consider the economic incentives involved. In the 1960s, homosexuals constituted a significant portion of psychiatric patients.<sup>27</sup> Therefore, if homosexuality were to be declassified, it meant that many psychiatrists would lose clients. The influence of the economic factor is shown in the success of the proposal that Spitzer presented to the Nomenclature Committee. Spitzer's proposal declassified homosexuality as a mental disease, but installed a new category in the DSM that was named "sexual orientation disturbance."<sup>28</sup> In other words, homosexuals who were satisfied with their sexuality could be considered healthy members of society, but homosexuals who were unsatisfied could seek therapy. This compromise disappointed many gay activists, especially considering the pejorative description of homosexuality as "not necessarily" pathological.<sup>29</sup> The proposal was a social compromise as well as an economic one: this phrasing walks the line between the two extremes of complete deletion and complete inclusion. The economic factor had significance nonetheless.

### Fryer's Speech and the Battle Against Social Prejudice

Gittings, Kameny, and Gold fought on the political front, while Marmor and Hooker fought on the scientific one. Although these contributions were significant, the social change that Fryer and others engendered would ultimately allow for the declassification of homosexuality. At the APA's convention in 1972, Dr. John Fryer spoke anonymously as a homosexual psychiatrist. Introduced as Dr. H. Anonymous, Fryer wore a baggy suit with a mask in order to disguise his identity. His message came at a time when most of the membership had never imagined that homosexual psychiatrists existed, and it was clear: homosexuals were unfairly burdened by psychiatry's prejudice. It was Fryer who challenged the social stereotype of homosexuals that was truly holding back progress; he was the first bridge between homosexuals and psychiatrists who clearly identified with both groups.

The text of his speech is compelling evidence that Dr. H. Anonymous was the tipping point in the decision to declassify homosexuality. He first made a powerful analogy, comparing the struggles and cause of homosexuals with that of African Americans. He referred to the trials of being a homosexual psychiatrist as “Nigger Syndromes” at a time when elite white Americans (like the membership of the APA) had become more sympathetic to and supportive of the Civil Rights movement. His appeal to this sympathy was most powerful in his claim that in his mind, the risks of speaking were outweighed by the potential alternative, which was “[losing] our honest humanity.”<sup>30</sup> His appeal to pathos was extremely powerful, but even more of his strength came from his reputation, or ethos. The word “fellow” is used six times throughout his speech, and has the effect of establishing himself on a level equal to that of the audience, despite what his clown-like costume may have outwardly implied. Fryer went as far as to suggest that homosexual psychiatrists were superior to heterosexual members because they were forced to act as professionals while still dealing with the burden of the sickness label.<sup>31</sup> Lastly, in addition to his call for sympathy and respect, he rallied support from the other members of the Gay-PA, as the activist subset of the APA called itself, at the convention, those “not in costume tonight,” with demands such as “pull up your courage by your bootstraps.”<sup>32</sup> In revealing the existence of many other homosexual psychiatrists, Fryer exerted social pressure on the other members of the APA, compelling them to stop their overt and confident criticisms of homosexuals. After hearing of the Gay-PA, opponents of the cure couldn’t be as comfortable voicing their opinions to their colleagues; many realized for the first time that homosexuals could choose to remain secret.

Not only was Fryer the most self-confident homosexual that most members of the APA could have imagined, he was also most likely the first they had ever met. Dr. David R. Kessler, a closeted psychiatrist at the time of this decision, remarks that although the Nomenclature Committee was doing research on the pathological state of homosexuals, most of them had never met an openly gay psychiatrist.<sup>33</sup> For this reason, Fryer’s commanding tone and emotional approach must have caught his audience off guard, and shook up some prevailing assumptions.

The original intent behind Fryer's disguise as Dr. H. Anonymous was hiding his identity, but it also contributed to the power of his speech. Another member on Fryer's panel in 1973, Kameny was extremely opposed to the use of a disguise.<sup>34</sup> He may have seen the mask as a symbol of the inferiority of homosexuals. The dehumanizing outfit could have had an unintended effect on some psychiatrists by further imposing the homosexual stereotype of social and mental instability. However, as Gittings has observed, highlighting the mask and its degrading effects served to convince members of the harm that came of the secrecy that professional homosexuals were forced to live in. Fryer introduces his speech with a request: "Cease attempting to figure out who I am and listen to what I say."<sup>35</sup> The disguise of Dr. H. Anonymous allowed him to speak more broadly on the subject; as his insightful introduction suggests, anonymity only served to underscore the large number of people affected by the stereotype.

In addition to Fryer's speech, the increasing exposure of other homosexual psychiatrists strengthened the movement for the cure. Heading the Nomenclature Committee was Spitzer, the same man who had confronted Gold and subsequently started a dialogue, and also a man described as the "heaviest resistance" to the change by his colleagues on the committee.<sup>36</sup> However, Spitzer became the man to draft the new pathological category and the resolution endorsing equal rights for homosexuals not long afterwards. Spitzer's deviation from his old views substantiates the claim that the real driving forces behind the declassification of homosexuality were social and emotional, rather than political or scientific. Gold's excursion to a Gay-PA meeting with Spitzer is the best example of this. Upon recognizing Spitzer's significant influence over the final vote, Gold took him unannounced to a meeting of the Gay-PA in an effort to make an emotional appeal. At first outraged, the homosexual psychiatrists eventually used the opportunity to plead their case.<sup>37</sup> This seems to have finally tipped the balances in their favor, given that Spitzer drafted his proposal for the declassification of homosexuality within a month. Spitzer recalls the experience:

*[M]y own feelings were of compassion, wanting to be helpful. At the same time, wanting to do what made sense scientifically... Now, how much of that*

*was a result of true scientific logic? I would like to think that part of it was that. But certainly a large part of it was just feeling that they were right!*<sup>38</sup>

Spitzer's traditional views were first challenged not by scientific studies or political pressure, but by exposure to the humanity of non-patient homosexuals. This progression seems common among the APA membership in general; the membership's feelings towards homosexuals had changed in favor of the cure before the Nomenclature Committee had made its decision. This is supported by the shared confidence amongst the speakers arguing in favor of the cure before the Committee. Dr. Silverstein, one of these speakers, recalls knowing that they were going to succeed before the debate had even started.<sup>39</sup> This complete lack of uncertainty reveals that the official debate over diagnosis was only for show and that the underlying battle against prejudice had already been won.

## Conclusion

For homosexuals everywhere, this decision was remarkably life changing. The declassification of homosexuality and the subsequent civil rights resolution transformed the lives of gays. The resolution, passed on December 15, 1973, stated, "the [APA] deplors all public and private discrimination against homosexuals in such areas as employment, housing, public accommodation, and licensing."<sup>40</sup> This list includes mainly responsibilities of the federal and state governments, revealing how widespread and accepted the unfair treatment of homosexuals was. The sickness label had allowed horrible discrimination because it was supposedly scientific, and for that reason, unquestionable. Although homosexuals are still discriminated against, overtly labeled by some as immoral, Gittings remarks that this is still a huge step forward by pointing out that "You can argue with people who say you're immoral because...there are so many kinds of morality."<sup>41</sup>

Looking back, the idea of "curing" homosexuality overnight seems ridiculous. In some respects, the decision only ratified what some people had known to be true for years. This episode in American history shows us that the experts cannot always be trusted. During a debate

before the Nomenclature Committee, Marmor maintained, "It is our task as psychiatrists to be healers of the distressed, not watchdogs of our social mores."<sup>42</sup> As the declassification of homosexuality shows, scientific institutions do not always uphold this task. The area of diagnosis is sometimes foggy, but in this case, social views overrode scientific evidence for seventeen years.

Unfortunately, equal licensing rights have not been granted to homosexuals even today. Recently, President Obama has declared the Defense of Marriage Act unconstitutional, which is perhaps a step toward greater equality.<sup>43</sup> However, true change will require that social views towards homosexuals evolve, as it did in 1973. ●

### Notes

1. *AGLP Newsletter* 28, no. 3 (2002), [3].
2. Ellen Herman, *Psychiatry, Psychology, and Homosexuality*, (New York: Chelsea House, 1994), 101.
3. Herman, 103.
4. Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (New Jersey: Princeton University, 1987), 49.
5. Evelyn Hooker, "The Adjustment of the Male Overt Homosexual," *Journal of Projective Techniques* 21, (1957): 30.
6. Ibid.
7. Eric Marcus, interview with Evelyn Hooker, in Marcus, *Making Gay History: The Half-Century Fight for Lesbian and Gay Equal Rights*, (New York: Harper Collins, 2002), 59. [Hereafter MGH.]
8. Ibid., 58.
9. Hooker, 30.

10. Jack Drescher and Joseph P. Merlino, eds., *American Psychiatry and Homosexuality: An Oral History*, (New York: Haworth Press, 2007), 2. [Hereafter APH.]
11. Bayer, 65-66.
12. Interview with Evelyn Hooker, *MGH*, 36.
13. Bayer, 66.
14. Interview with Judd Marmor, *MGH*, 180-182.
15. Bayer, 150.
16. Interview with Robert L. Spitzer, *APH*, 99.
17. Bayer, 116. Gold had just elicited the panel that would include the historic speech of Dr. John E. Fryer, a homosexual psychiatrist in disguise as Dr. H. Anonymous. This is mentioned in the last chapter of this paper.
18. Franklin Kameny, speech at Sumner School Museum, 19 Sept. 2001, quoted in Mark Meinke, "Zapping the Shrinks," The Rainbow History Project.
19. Herman, 96-97.
20. Perry Brass, quoted in Meinke, "Zapping."
21. Herman, 97.
22. Kameny.
23. Laurie Tarkan, "Dr. Judd Marmor, 93, Dies; Led Change in View of Gays," *New York Times*, December 19, 2003.
24. *Ibid.*

25. Bayer, 140.

26. Hypocritically, this opposition demanded a referendum on the declassification; these same psychiatrists now hailed democracy as a means to a scientific decision. The fact that the APA's leadership allowed this vote reveals how minimally formal scientific procedure was followed with respect to the controversy over homosexuality.

27. Bayer, 105.

28. *Ibid.*, 128.

29. *Ibid.*, 137.

30. John E. Fryer, (speech, Dallas, TX, May, 1972), in *AGLP Newsletter* 28, no. 3 (2002), [3].

31. *Ibid.*, [2].

32. *Ibid.*

33. Interview with David R. Kessler, *APH*, 139.

34. Interview with Barbara Gittings and Kay Lahusen, *MGH*, 178.

35. Fryer.

36. Interview with Robert Jean Campbell III, *APH*, 66.

37. Bayer, 126.

38. Interview with Robert L. Spitzer, *APH*, 100.

39. Interview with Charles Silverstein, *APH*, 36.

40. Bayer, 136.

41. Interview with Barbara Gittings and Kay Lahusen, *MGH*, 180.

42. Herman, 101.

43. Charlie Savage and Sheryl Gay Stolberg, "In Shift, U.S. Says Marriage Act Blocks Gay Rights," *New York Times*, February 23, 2011.

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