## A History of Psychiatric Homophobia by Bonnie Burstow

Note: Homophobia is the irrational fear of homosexuality.

1869

Hungarian physician K.M. Benkert invents the term "homosexuality." He argues against the legal repression of lesbians and gay men. Their unfortunate conduct is not their fault, says this "humanitarian psychiatrist," because the urge is congenital (inborn). Also in 1869, psychiatrist Karl von Westphal diagnoses a lesbian, labeling her "condition" as "contrary sexual feelings." He concedes that the "condition" does not necessarily indicate insanity.

1886

In Germany, Richard von Krafft-Ebing publishes his highly influential book *Psychopathia Sexualis*, which refers to homosexuality as a "physiologically based psychiatric pathology" that can be attributed to a congenital weakness of the nervous system.

1905 to 1934

In a variety of books and letters, Freud takes issue with the psychiatric claim that homosexuality is an illness, giving it the dubious dignity of the label "arrested sexual development" instead. Freud is consistently more respectful of gay men than of lesbians, linking the existence of lesbians to penis envy - woman's refusal to accept that she does not have a penis. Freud does not advocate treatment, as he does not consider homosexuality a disease. Most psychiatrists in Freud's time and for some time afterward, however, disagree, using electroshock, drugs, lobotomy, and "aversion therapy" to "cure"

1952

The first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) is released. In it, the diagnostic label "homosexuality" is listed as one form of "sexual deviation" under the general psychiatric category of "Sociopathic Personality Disturbance."

1958

The American Psychiatric Association (APA) holds a series of panel discussions on homosexuality, largely at the instigation of Charles Socarides, who supports and promotes the disease theory.

1965

Edmund Bergler – a New York psychoanalytic psychiatrist – reverses the psychoanalytic position and declares homosexuality a disease. He maintains that there is no such thing as a healthy homosexual; that every self-proclaimed bisexual is really a homosexual trying to establish an alibi; that homosexuals obliterate the personalities of their love objects; and that homosexuals suffer from deep inner depression. "Scratch a homosexual," writes Bergler, "and you find a depressed neurotic."

1962

On the basis of a study using 100 gay male "patients" and 100 heterosexual "patients," American psychiatrist Irving Bieber and his associates conclude that heterosexuality is the biological norm and homosexuality is a pathological deviation. They consider only male homosexuality, which they attribute to a pathologically close relationship with one's mother. They see the "condition" as curable.

1968

Socarides publishes his influential work *The Overt Homosexual*, stating that homosexuality is a form of "mental illness," and declaring psychoanalysis the "treatment of choice" for homosexuals. Also in 1968, *DSM II*, the second edition of the *DSM*, is released. Homosexuality is now listed as a full-fledged personality disorder.

1969

The gay liberation movement is born.

1970

The gay liberation movement begins to fight back against psychiatry. On May 14 in San Francisco, gay activists dis-

rupt the annual meeting of the APA. They appear unexpectedly at a session on "aversion therapy," interrupt all speakers, list and denounce psychiatric crimes against lesbians and gay men, and call Socarides, Bieber, and their supporters "pigs." Similar confrontations are staged at meetings of the American Medical Association, at an east coast nurses' seminar, and at the national conference of American psychologists held in Los Angeles. Shrinks begin to consider removing homosexuality from the DSM. Socarides objects to the trend towards liberalism, and calls the defenders of homosexuality tragically misguided.

1971

As a result of the confrontations, five gay activists – two lesbians and three gay men – are invited to participate in a panel on "Life-Styles of Nonpatient Homosexuals" at the annual APA meeting in Washington, D.C. All five speak out against the pathologization of lesbians and gay men. A gay activist in the audience seizes the podium, outlines the implications of the disease theory for lesbians and gay men, and denounces the company marketing "aversion therapy" technology.

1972

At the annual meeting of the APA, a gay psychiatrist, wearing a mask to conceal his identity, speaks at a session on homosexuality. Meanwhile, in a meeting of the Social Concerns Committee of the Massachusetts Psychiatric Society, Dr. Richard Pillard urges the Committee to adopt a resolution stating that "homosexuality per se should not be considered an illness and APA nomenclature on this subject should therefore be altered."

1973

The Social Concerns Committee of the Massachusetts Psychiatric Society passes the 1972 resolution and psychiatrist Robert Spitzer – a member of the APA Committee on Nomenclature – begins a series of meetings with gay activists.

he Committee on Nomenclature subequently agrees to a presentation by nembers of the Gay Activist Alliance GAA). Psychologist and GAA repreentative Charles Silverstein methodially demonstrates the flaws in each nd every psychiatric theory on homoexuality.

The Committee on Nomenclature subequently passes a resolution that nomosexuality *per se* should not be

considered a psychiatric lisorder. At the same ime, it invents a new honophobic diagnosis -'sexual orientation disturbance" - intended for people who experience discomfort regarding their sexual orientation. (And how many lesbians and gay men do not experience such discomfort given a homophobic society?) Gay activists seem unaware of the implications of the new category, and they hail the outcome as an unqualified victory. The APA board of trustees accepts the resolution. Socarides and Bieber respond with a petition demanding that the matter be put to a referen-

dum of the APA as a whole. The board agrees.

1974 to the present

The referendum passes. Gay activists rejoice, thinking that all is well. Psychiatrist Thomas Szasz attempts to point out their naiveté, maintaining that the gay community has been co-opted. He suggests that the change is nothing but an attempt to get gay activists off psychiatrists' backs — a successful attempt at that. He points out that homosexuality is still being pathologized, al-

beit under a new name. No one, however, seems to be listening.

Gay men and lesbians continue to be locked up, shocked, drugged, and subjected to behaviour modification because of their sexual orientation. Psychiatry, nonetheless, is considered progressive and non-homophobic, due to the APA resolution; psychiatric backup becomes a standard feature of lesbian and gay counselling organizations.

Lesbians and gay men are still locked up, shocked, and drugged for their sexuality.

1980

DSM III is released. "Sexual orientation disturbance" is renamed "homosexual conflict disorder."

1987

With the release of DSM III-R (revised), the game of hiding psychiatric homophobia behind new names continues. Discomfort about one's sexual orientation now appears under the general category of "Other Sexual Disorders." Such discomfort also figures as a symptom of "borderline personality disorder," as does engaging in casual sex — even though casual sex

is a widely accepted practice in the gay community.

1988

Phoenix Rising solicits funds from the Lesbian and Gay Community Appeal to publish a lesbian and gay issue. Psychiatry, sadly, is seen not as a problem for lesbians and gay men, but as a resource. The request is denied, and Phoenix is advised to turn to the Toronto Counselling Centre for Les-

bians and Gays (TCCLG) for guidance. (TCCLG frequently consults lesbian and gay psychiatrists.)

1989

Psychiatrists at Johns Hopkins University in Baltimore, Maryland, give electroshock to people with HIV (Human Immunodeficiency Virus, the virus commonly associated with AIDS), and publish an article in the June issue of the American Journal of Psychiatry, recommending electroshock as a treatment for the depression "caused by the virus," seemingly unaware that it is natural for people facing a life-threatening

illness to be depressed. For some unknown reason, the article mentions the sexual orientation of the "patients" so treated. Thomas Szasz responds in the December issue of *Reason*, pointing out that the psychiatric establishment is using AIDS to continue its assault on the lesbian and gay community (see Szasz interview, Page S6).

1990

Despite having received no specific funding for it, *Phoenix Rising* publishes its first lesbian and gay issue. The fight continues.