The Evolution of the Medical Definition of Homosexuality

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Introduction

During the first half of the nineteenth century a number of individuals in Europe began to study homosexuality scientifically (Stein 6900). The theories developed during this time suggested that homosexuality was a disease, and these theories influenced how homosexuality was regarded by the scientific community until well past the mid twentieth century. It wasn't until the late twentieth century that there was a paradigm shift in the science of psychiatry and medicine regarding the pathology of homosexuality. In the early twentieth century, psychiatrists considered homosexuality a disease that could be cured through psychotherapy and treatment options were assessed, yet gradually, theories of a hormonal and genetic origin of homosexuality arose and became accepted. This paradigm shift impacted the political and social climates of the United States, while at the same time; these outside influences also affected science. In 1973 the American Psychiatric Association voted to remove homosexuality from the list of mental disorders, and patients practicing homosexuality were no longer treated as if it were a disease. Thus, since its conception in the early nineteenth century, the scientific definition of homosexuality has greatly evolved; this evolution has been closely associated with the progression of the social and political definition of homosexuality as well.

Annotated Bibliography


This book is an evaluation of the psychiatric view on homosexuality throughout history. Ronald Bayer focuses primarily on the political aspects regarding homosexuality and stresses that he "does not view homosexuality as a disease but rather as a political question" (5). For example, psychiatrists were responsible for explaining homosexuals' non-normative behaviors. The psychiatric response to interpreting homosexuals' gender inversion was to consider homosexuality a disease. Bayer points out that the homosexual community accepted this idea because homosexuals preferred to be thought of as diseased rather than as criminals for having same-sex relations. However, the 1960's brought about a change of attitude on part of the homosexual community, which no longer accepted its alternative sexuality as a disease. Through protest and demonstration, homosexuals succeeded in their battle over the prevailing homosexual-disease theory. Bayer does not express his own theories on sexuality but rather summarizes the evolution of homosexuality theories over time. Bayer's disagreement with the theory that homosexuality is a disease is evident throughout the book. He refers to the American Psychological Association's removal of homosexuality from the official list of psychological diseases in 1973 as a righteous act toward accepting homosexuals into American society.


Dr. Edmund Bergler believes that homosexuality is not a way of life, but rather a "neurotic disease in which extremely severe and unavoidable self-damaging tendencies engulf the whole personality" (291, 263). Bergler also states and stresses that homosexuality can be cured because it is not an innate characteristic, but rather a psychological disease.

Bergler's book exemplifies the medical field's view of homosexuality during the mid twentieth century. Berger theories differ from his contemporaries who shared his opinion because he urged that homosexuality should be publicized, rather than silenced, to expose the non-glamar factor of being a diseased homosexual and deter individuals from homosexual behavior.


Recent evidence indicates that 2 of the most consistently observed correlates of men's sexual orientation, handedness and older brothers, may be linked interactively in their prediction of men's sexual orientation. In this article, the authors studied the relationship among handedness, older brothers, and men's sexual orientation in the large and historically significant database originally compiled by Alfred C. Kinsey and his colleagues (A. C. Kinsey, W. B. Pomeroy, & C. E. Martin, 1948) (945)

This article suggests that homosexuality has a biological origin closely related to hormones, genetics, brain anatomy and brain function. For example, a brain structure called the interstitial nucleus of the anterior hypothalamus shows an apparent difference in size between heterosexual and homosexual men. Because this region of the brain is known to be sexually dimorphic and stimulated during sexual activity and arousal, it is theorized that it is somehow related to the determination of sexual orientation.

This also disused handedness as another feature potentially related to homosexuality. Handedness has been linked to genes and is correlated with neurodevelopment and parental hormones. An overwhelming number of homosexuals are left handed and tend to show a unique pattern of finger length.

In addition this article discusses the number of older brothers in correlation to the likelihood of a son being gay. The more older brothers a male has, the more likely he is to be homosexual, and this likelihood increases steadily with each new son born. The theory behind this is that the more sons a mother has the more anti-male antibodies she has in her body. The more antibodies she has the less testosterone can be produced for the fetus and the more female characteristics are developed.

The last half of this article discusses studies done to support the handedness theory, older brother theory, and the interactions between the two. The results are both tabulated and graphed.

Similar to Edmund Bergler, Frank Caprio states that homosexuality is a disease that could be prevented and treated through therapeutic management. He uses clinical data and case theories to support his theories on the psychogenesis of female homosexuality. Most importantly, Caprio believes that he has the authority to make generalizations about homosexuals and separate the truths from the untruths regarding homosexuality. He demystifies the following myths: that lesbians are born lesbians and cannot be cured, and stresses that “lesbianism is acquired, not congenital or inherited, and represents the behavior symptom of a deep seated and unresolved neurosis” (13). Therefore, homosexuality is a psychological disease rather than biological with genetic origins, an attitude shared by many of his contemporaries in the mid twentieth century.


In his essay, D’Emilio traces the progression of the gay rights movement. Within his depiction of the history of the gay rights movement, D’Emilio recounts an example of how gay activists protested in the medical community. According to D’Emilio, “Chicago Gay Liberation invaded the 1970 convention of the American Medical Association, while its counterpart in San Francisco disrupted the annual meeting of the American Psychiatric Association.” During this event, D’Emilio states that “a young bearded gay man danced around the auditorium in a red dress, while other homosexuals and lesbians scattered in the audience shouted ‘Genocide!’ and ‘Torture!’ during the reading of a paper on aversion therapy.” The effects of such displays were to “threat gay liberationists into the public spotlight.”

D’Emilio’s essay allows us to understand some of the actions of gay activists that led to the removal of homosexuality from the list of disorders. In order to bring about change, there needs to be a strong enough opposition to the current situation. In this case, the gay rights activists used protest during the medical convention to force the psychologists to question their views and their methods of treatment. The actions of the gay rights movement gave an opportunity for those who support the cause to come into the public spotlight, and the increase of attention to the matter forced the APA and other medical organizations to question the validity of the classification of homosexuality as a disorder.


In this article, Haldeman states that regardless of the official declassification of homosexuality as a disease, many psychologists still practice techniques to convert homosexuals to heterosexuals. Haldeman spends a large portion of the article discussing the different modern techniques used to change homosexuals. Toward the end of the article, Haldeman discusses the ethics behind participating in such treatment. According to Haldeman, “therapists operate from positions of power, to affirm the viability of homosexuality and then engage in therapeutic efforts to change it sends a mixed message: If a cure is offered, then there must be an illness.” Haldeman illustrates the divide in the psychiatric community concerning homosexuality. Although the official position is that homosexuality is not a disease, the individual practice of some psychologists to “cure” homosexuality suggests that there is still a dispute amongst the mental health professionals.

This article is important to include when discussing the change over time of the views of homosexuality within the realm of mental health because it demonstrates the current state. Homosexuality remains to be a topic of discussion for mental health professionals because there is still no clear evidence whether or not it is possible to alter a person’s sexual orientation.

Therefore, although the removal of homosexuality as a disease by the APA and other mental health organizations, the fight of gay activists to remove aversion therapy from practice has not ended in modern society.


John R. Hughes begins this article by talking about the etiology of homosexuality. Birth order seemed significant in one study (Hughes par 2). The larger the number of brothers a man has the more likely he is to be homosexual, and this likelihood increases with each additional brother. Then Hughes goes on to discuss the pattern of left-handedness, unusual finger length, and unusual hair whol among homosexuals. This discussion then leads into another discussion about the genetic, hormonal, and environmental theories of homosexuality. For example, there seems to be a pattern between "butch lesbians" and an elevated level of testosterone, and gay males and sexual abuse during childhood. After that the article discusses the rising prevalence of homosexuality, both in the U.S. and abroad, and the validity of the studies that have documented it. Then Hughes turns the discussion to the increasing rate of HIV and other sexually transmitted diseases among homosexuals. After that the article details the rates of drug use, unprotected anal sex, casual partners, suicide, violence, and change of sexual orientation over time within the homosexual community. Finally the article wraps up by discussing the controversies associated with all of these theories and statistics.


In Morgan and Nerison’s essay on homosexuality in the realm of psychopolitics, they first discuss some of the origins for the rejection of homosexuality by the heterosexual society. According to Morgan and Nerison, the early Judeo-Christian tradition views homosexuality as a sin because:

- “philosophers believed that the complementary anatomical design of female and male genitalia indicated that heterosexual intercourse was the only natural expression of sexuality, and the one ordained by God.”
- “God charged humankind to ‘be fruitful and multiply,’ to produce more people to inhabit the earth and to subdue nature.”
- “Biblical references to homosexuality appear to condemn homosexuality harshly.”

Because the organized religion of the Western World portrayed homosexuality as a sin, early psychologists searched for methods of to cure homosexuality. In the late nineteenth century and early twentieth century, some of the more severe psychological treatments for homosexuality included “cold sitz baths, castration, sterilization, sectioning the pudic nerve, and lobotomy. In the 1950s, some psychologists began to explore
the possibility that homosexuality cannot be cured and is an orientation that a person is born with. In 1967, the National Institute of Mental Health appointed a Task Force on Homosexuality to do research on homosexuality. The result of the research of the Task Force further develops the idea that homosexuality is not a choice or disease. The report of the Task Force also stated that homosexuality was a problem for society because of injustice and suffering entailed in it. The Gay Rights movement helped to change the definition of homosexuality in the psychiatric world by increasing the public visibility of the issue and by producing literature in effort to gain acceptance by society. The women's movement also contributed by creating "a socio-political climate in which more positive views about homosexuality could take root." In order to take an active role in changing the medical views on homosexuality, gay activists began attending the conventions of the American Psychiatric Association. According to Morgan and Nerison, "These efforts at the 1970 ApA convention culminated in a demand by gay rights activists to be able to conduct their own panel at the 1971 convention in Washington D.C." Shortly after the infiltration of gay activists into the convention, the ApA voted to remove homosexuality from the list of mental diseases. This was a major success for the gay rights movement, however even in present times there are psychologists who believe in aversion therapy and refuse to accept that homosexuality is not a disease or disorder in need of curing.

Morgan and Nerison's essay offers an overview of the evolution of homosexuality in the medical world. This source is helpful because it briefly discusses the origins of homophobia, actions taken by the gay rights activists, and the medical opinions of professionals throughout the twentieth century. I found this essay to be particularly helpful in showing how and why the evolution took place. This allows the essay to have a logical flow and the "cause and effect" method of explanation conveys the progression of the issue over time.


Perspectives on homosexuality -- concerning its origin, its social and personal meanings, its diagnostic implications, and its clinical relevance -- persistently represented one of the most contentious issues within American psychiatry during the latter part of the twentieth century (Stein par 1). This article by T.S. Stein discusses the way homosexuality has been viewed by psychiatry in the past, is viewed by psychiatry in the present, and will potentially be viewed by psychiatry in the future. The first thing this article discusses is the difference between sexual orientation and gender identity. Gender identity has to do with what gender a person identifies themselves as, and sexual orientation has to do with the sexual preference of the individual; the two are not necessarily correlated. The article then goes on to discuss how homosexuality was first defined by psychiatry in the late nineteenth century and how this has influenced the way homosexuality is defined by society today. Psychiatry has served both to reflect and to help define Western social attitudes toward homosexuality for much of the past two centuries (Stein par 1). After that, this article goes on to discuss the origin of the biological theories associated with homosexuality and how the medicalization of homosexuality has been approached by various physicians and psychiatrists over the past two decades. Then the article goes on to detail a study published in 1987 by a scientist named Hooker that lead to the undermining of the commonly accepted theory that homosexuality was tied to mental illness. After that the article discusses the progression of the Statistical Manual of mental Disorders, which eventually resulted in a complete removal of homosexuality from its list of disorders, and finally details the evolution of the Association of Gay and Lesbian Psychiatrists.