

Science and Politics:

**The Role of Conversion Therapies in the American Psychiatric Association's
Declassification of Homosexuality as a Psychiatric Disorder**

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Abstract

On December 15th, 1973, the American Psychiatric Association (APA) declassified homosexuality as a mental illness by removing it from its official catalogue of psychiatric diagnoses, the Diagnostic and Statistical Manual of Mental Disorders (DSM). Its removal is typically reported to reflect the efforts of homophile activist groups who, in opposition to the APA's illness model of homosexuality, staged radical political and social protest in the early 1970's (Bayer, 1987; Drescher & Merlino, 2007; Silverstein, 1991; Terry, 1999). Others, however, have defended the role of empirical science in the APA's 1973 decision (see Bayer, 1987; Drescher & Merlino, 2007). For instance, Marmor (see Drescher & Merlino, 2007) maintained that the declassification was based upon consideration of the available scientific evidence at the time. A third group, however, accords equal weight to both politics and science in driving the APA's abandonment of the illness model. This group includes Gonsiorek (1991), Miller (1995) and Minton (2002), each of whom present arguments that rest delicately between those of Marmor and Bayer/Silverstein, and thus somewhat reconcile the opposing narratives. In assessing the scientific validity and contextual history of conversion therapies- clinical therapeutic treatments to sexually reorient the homosexual- the plausibility of Gonsiorek, Miller and Minton's perspective(s) is reinforced. That is, as the discussion to follow contends, active protests coupled with extensive scientific debate yielded the deletion of homosexuality as an official category of psychiatric disorder. The evidence for this conclusion is rooted in examining the contentious debates surrounding the administration of conversion therapies prior to 1973.

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Rationale

Given this dissertation caps my MSc degree in the History and Theory of Psychology, I wanted to tackle a project that would demonstrate *the reflexive nature of psychological knowledge* (Lamont, 2010, p. 3) - a prominent theme in the education I have received this year. In discussing such reflexivity, Lamont expounds the effects of historical context, both social and scientific, upon the abounding psychological truths of a given period. These effects mirror what Hacking (2007, p. 292) identified as the relationship between the *human sciences* and the creation of *new classifications and new knowledge* (p. 286). From the study of such relations, *classifications of people,...how they affect the people classified, and how the effects on the people in turn change the classifications* feature prominently in his work (see Hacking, 2007, p. 285).

These classifications, Hacking (2007) writes, serve to facilitate the analysis of the people in them, as part of efforts to *organise, understand*, and in the case of medicine, *help* what are defined as abnormal or aberrant groups (pp. 292-293). On the part of psychiatry, such altruism extends into what have been often construed as efforts to *control* people on the basis of the undesirable classifications into which they may fall (p. 292). Within the work of Hacking, psychiatric classifications assume particular relevance in the context of diagnosis, labelling and treatment. Hacking's work is therefore reflective of Foucault-inspired notions regarding opposition to power relations between authority and its subjects. Particularly, Foucault also highlights relations between medicine, psychiatry and patients (see Foucault, 1982).

Above all, American psychiatry's Diagnostic and Statistical Manual of Mental Disorders (DSM) exposes the reflexivity of psychological knowledge. Assessing its continually revised editions reveals historical examples of reflexivity, wherein expert opinion is controlling of and therefore rejected by the same aberrant groups from which the expertise was originally derived. The group may demonstrate the falsity of extant theories- scientifically or otherwise. This process thus instigates expert revision. Among well documented cases of such revision in psychiatry, homosexuality is most conspicuous, having been primarily included and subsequently excluded from the DSM (Conrad & Angell, 2004). The history of homosexuality thus illuminates elements of both Hacking and Foucault's elaborative proposals. The former cites the work of the latter in reducing the homosexual to a contextually dependent entity; he or she *is a kind of person that exists only in a particular historical and social setting, for example now, but not in ancient Athens* (Hacking, 2007, p. 295). Likewise, before its 1973 exclusion, homosexuality characterised distinct pathology. Today, however, it does not.

The above rationale inspired my study of the history of homosexuality and the process by which it was medicalised and subsequently de-medicalised. In anticipation of DSM-5, the release of

which is set for 2013, there is no more appropriate time to reflect on that which effects prevailing psychological knowledge.

Introduction

Declassification: A Brief Overview

On December 15th, 1973, the Board of Trustees of the American Psychiatric Association (APA) voted in support of removing homosexuality from their Diagnostic and Statistical Manual of Psychiatric Disorders (DSM). This vote followed a recommendation submitted by psychiatrist Robert Spitzer of the presiding APA Committee on Nomenclature. The outcome marked the abandonment of the illness model of homosexuality which had been dominant in American Psychiatry since the publication of the APA's first official catalogue of mental illnesses in 1952 (DSM-I, see American Psychiatric Association, 1952). This abandonment represents what can be construed as a process through which the "condition" had been consistently reinterpreted within categories of psychiatric pathology. The DSM-I had included homosexuality as an illness among sociopathic personality disturbances (see American Psychiatric Association, 1952; Miller, 1995). The manual's first revision (DSM-II) saw the diagnosis categorised among other non-psychotic mental disorders (see American Psychiatric Association, 1968; Miller, 1995). Despite such, it is the political, social and scientific developments that followed the release of DSM-II upon which I focus for the purpose of the current discussion. Such developments culminated in the substitution of homosexuality with the category *sexual orientation disturbance*, this time included among sexual deviations in the seventh and subsequent printings of the DSM-II in 1974 (see Spitzer, Williams & Skodol, 1980, p. 160). This substitution declassified homosexuality as a psychiatric disorder in itself whilst the new diagnostic label was applied only to patients who were disturbed by their homosexual inclinations. This was the first progressive step in liberating homosexuals from one of the most authoritative source of the social and political stigmatisation from which they suffered.

By the release of DSM-III in 1980, *sexual orientation disturbance* had been ascribed the new label *ego-dystonic Homosexuality* (see Spitzer et al., 1980, p. 160) which represented *several changes in both name and substance* (Spitzer, 1981, p. 210). This new definition was intended to include the more accurate symptoms of *impaired heterosexual arousal and ...distress from a homosexual pattern of sexual arousal* (American Psychiatric Association, 1980; Spitzer et al., 1980, p. 160). Despite the deletion of all DSM references to homosexuality in 1987, it is the events of the years prior to 1973 to which I restrict the current discussion. That is, for the current purpose, APA changes to the classification of homosexuality subsequent to 1973 are beyond the scope of relevance.

The Illness Model of Homosexuality: An Historical Overview

Homosexuality became the province of science when mid-nineteenth century medical professionals had begun the scientific study of human sexuality, which began to constitute a formal category of science in the early 1900's (Conrad & Angell, 2004; Minton, 2002). From humble beginnings in Germany, Minton describes how efforts to conceptualise sexuality in both its normal and abnormal variations inspired the classification of sexual pathologies which were considered paramount in the progression of the field. Homosexuality, the most conspicuous of perceived sexual deviations, doubtlessly became an early focus (Minton, 2002). Particularly, analysis of sexological literature from the mid-nineteenth century presents German scientists' attempts to address the strict criminalization of homosexual acts through the promotion of the notion that homosexuality was biologically determined (Minton, 2002). Medical interpretations of deviance increased, which included the first publication of Krafft-Ebing's *Psychopathia Sexualis* in 1886 (Conrad & Angell, 2004). Minton also cited Magnus Hirschfeld and Havelock Ellis as central pioneers in sexual science that dealt specifically with homosexuality. These writers used biology to justify desired change in perception with regard to homosexuals' rights and their legal status. Thus the original medicalisation of homosexuality can be construed, according to Conrad and Angell (2004), as an effort to end the harsh legal sanctions to which homosexuals were subject. Once sexologists began to deconstruct the nature of same-sex relations, the illness model of homosexuality replaced the criminal implications attached to homosexual behaviours with psychiatric labels.

The Current Research

Thus from its origins, the illness model remained at the centre of American psychiatric orthodoxy for over seven decades, wherein it rendered same-sex attraction the manifestation of severe mental disorder. Its eventual removal from the DSM is typically reported to reflect the gay political pressure of homophile activists who opposed the illness model (Bayer, 1987; Drescher & Merlino, 2007; Silverstein, 1991; Terry, 1999). Others, however, have defended the contribution of science in what is considered to have been a decision based upon careful consideration of the available empirical evidence (see Bayer, 1987; Drescher & Merlino, 2007). Others still espouse the combined contribution of both science and politics, equally valuing the complimentary roles of activists, scientific researchers and dissident psychiatrists who supported homophile groups from inside the APA (Conrad & Angell, 2004; Gonsiorek, 1991; Minton, 2002). This position balances aspects of Marmor's perspective with both Bayer and Silverstein's views.

In an effort to reconcile these contrasting narratives therefore, the aim of the current research was to evaluate the extent to which the individual forces of science and gay political pressure effected

psychiatric revision of the homosexual's "illness". Such research was rooted in both psychiatric literature published prior to homosexuality's declassification, as well as more recent secondary historical sources. Assessing the former revealed that reported success in efforts to therapeutically convert gay patients to a heterosexual orientation dominated psychiatric articles, and thus such reports can be seen to characterise the peak of the then prevailing illness model. In contrast, scepticism surrounding such success accompanied later discussions of DSM revisions to the homosexual's diagnosis. Literature of the latter kind published since 1973 espoused a similar pattern. Such a pattern traces the APA's abandonment of the illness model which reflected a conclusion that homosexuality in itself did not characterise pathology. Given the diagnosis was done away with, it was thus implied that conversion therapies were superfluous in a context that no longer considered homosexuality an indication of poor mental health. In this context, homosexuals no longer warranted treatment.

Such a context thus framed the current research which was initially driven by a number of critical but general exploratory themes. For instance, did changes in psychiatry's approach to homosexuality result from collaborations between external political and internal APA protest? Or, was it a scientific basis upon which psychiatry redirected from the models that characterised its early DSM-I/II definitions? On the basis of such preliminary thematic analysis, I began to suspect that the social context in which conversion therapies were administered, coupled with evaluative reviews of their scientific validity, may have encouraged the APA in their groundbreaking decision to let go of the illness model in 1973. As such, I contend that assessing the role of therapies in the events that led to that decision may reveal evidence that reinforces the degree to which declassification rested equally upon both scientific evidence and gay political pressure. This reinforcement would buttress Gonsiorek (1991), Minton (2002) and Conrad and Angell's (2004) position in that it reconciles the diverging narratives with regard to the roles of science and politics. Therefore, in pursuing these lines of thought I endeavoured to establish an answer to the following research questions; *did contention surrounding the clinical administration of conversion therapies contribute to the APA's decision to declassify homosexuality as a psychiatric disorder in 1973? And furthermore, how might this contribution reconcile the narratives that oppositely emphasise the influence of scientific evidence and gay political pressure in yielding diagnostic revision?* The results of this endeavour are delineated in the remainder of the discussion to follow.

Conversion Therapies: An Historical Overview

Freud had of course spearheaded the psychological understanding of homosexuality in the early twentieth century. His work shifted the emphasis from Ellis and Hirschfeld to an assumption that homosexuality represented a preference born of arrested psychosexual development (for details on such a process see Conrad & Angell, 2004; Friedman & Downey, 1998; Minton, 2002). Homosexuals initially were relieved of profound stress through the medicalisation of homosexuality; their “condition” was naturalised as a form of sexual expression that was either biologically based (as proposed by Ellis and Hirschfeld) or developmentally determined (as proposed by Freud). Thus, the foundations for criminalising homosexual behaviour were obsolete, and the threat of punitive legal sanctions diminished somewhat. In the context of the emerging illness model however, sanctions, now of a medical nature, emerged in the effort to treat the homosexual and rid him of the pathology with which he or she was afflicted. Minton (2002) expounds this process wherein the pathologization of homosexuality represented its classification as a disease and thus exposed homosexuals to a variety of approaches designed to treat their “illness”. Treatments were gradually developed that aimed to convert the patient to a heterosexual orientation, and varied considerably from subtle persuasion to what would now be considered unethically invasive procedures (Minton, 2002). Psychoanalytic therapy monopolised these efforts in the United States after WW-II when the rising dominance of psychodynamic thought in psychiatry buttressed the Freudian perspective there.

Unfortunately though, Freud’s European émigré disciples, who prospered in America after the Second World War, extrapolated his theory and emphasised a pathological stance toward homosexuality that Freud had not directly endorsed (Zucker, 2003). Particularly, Freud’s views on sexual re-orientation were lost in translation as the psychoanalysis of homosexuals became a central facet of modern psychiatry. For in his Letter to the Mother of a Homosexual (Freud, 1951), Freud had conceded that a change from a same-sex to opposite-sex orientation was unlikely. American clinicians were not deterred however, and borrowed parts, but not all, of Freud’s theory. Thus, in the post-war period, prominent American psychoanalysts, Irving Bieber and Charles Socarides (Bieber et al., 1962; Socarides, 1968), advocated a strict illness model that endorsed the use of psychoanalysis in treating gay patients. As students of Sandor Rado, Bieber and Socarides led this strategy. Rado had emerged as one of the most influential psychoanalytic leaders to immigrate into the US (Friedman & Downey, 1998). He broke with a number of Freudian traditions surrounding theories of homosexuality while his work was emulated by his many students. These clinicians in training internalised the assumption that homosexuality stemmed from an unconscious fear of heterosexuality, and thus characterised distinct pathology which could be successfully treated by psychoanalysis (see Friedman & Downey, 1998). As an authority on the subject, Rado’s perspective thus informed the subsequent generation of American psychoanalysts, fostering the unquestioned psychoanalytic notion that homosexuality was curable.

After the War therefore, the widely-disseminated psychiatric literature depicted psychoanalysis with homosexuals as the primary form of *conversion therapy*- a clinical approach to treating homosexuality whereby clinicians attempted to alter patients' sexual orientation (Zucker, 2003). Although, Haldeman revealed in 1994 that less renowned attempts to change sexual orientation had been evident in scientific literature for well over a century (Haldeman, 1994). Terry (1999) for instance, described John D. Quackenbos of Columbia University who reported success in treating homosexuality as far back as 1899. Quackenbos enthusiastically promoted an early form of aversion therapy that incorporated follow-up sessions of hypnosis aimed at encouraging strength to resist homosexual urges (Terry, 1999, p. 105). Rado's psychoanalysis, however, represented the most dominant method in use when homosexuality entered the DSM-I. It was rooted in the assumption that homosexuals suffered from arrested psychosexual development, which originated in pathological familial environments. For males, this included overpowering and close-binding mothers coupled with detached and distant fathers (Haldeman, 1991, 1994, 2002). Psychoanalysis, in its application to curing homosexuality, was exemplified in the work of Bieber et al. (1962). Other examples of such research include Curran and Parr (1957) and Mayerson and Lief (1965).

Like the methods of Quackenbos, however, there emerged several alternatives to psychoanalysis in treating homosexuality as psychiatry evolved. Some were more popular than others. Murphy (1992) lists an exhaustive range, citing even prostitute use and excessive bicycle riding in reference to a variety of treatments. The literature extensively lists methods that were engendered as the behaviourist movement gathered momentum. Most conspicuously, these included aversion treatments that comprised the administration of electric shocks or nausea-inducing drugs, each paired with the simultaneous presentation of homoerotic stimuli (see Haldeman, 1991, 1994, 2002). In addition, clinicians promoted the use of classical conditioning (McConaghy, 1971), instrumental conditioning (MacCulloch & Feldman, 1967), and systematic desensitization (Stevenson & Wolpe, 1960). Masturbatory reconditioning, visualisation, and even social skills training were also explored (see Feldman & MacCulloch, 1965). Additionally, Silverstein (1991) documents the use of invasive surgical and hormonal treatments. Finally, programmes of change are even today continually offered by religious and ministry organisations to rid clients of homosexual behaviour through spiritual intervention (see Haldeman, 1991, 2002). Such programmes are rising in popularity among devoutly religious homosexuals who live in psychological conflict as their sexuality remains at odds with their religious beliefs. It is concluded, however, that these surgical and religious groups warrant individual attention (Haldeman, 2002), and are thus peripheral to the current discussion. Collectively nonetheless, the above list of methods constitutes an abundance of varying therapeutic interventions to which we can refer as *conversion therapies*. It is also noteworthy that in previous publications, authors have used a combination of the labels *reparative therapies* (Nicolosi, 1991; Spitzer, 2003),

sexual re-orientation therapies, and sexual orientation conversion therapies (Haldeman, 1991, 1994, 2002).

The Social Context of Homosexuality

Pre Stonewall

Homophile activist groups in the years prior to and immediately after World War II were inconspicuous- eager to blend in with the then cautious American society that was still liable to open expressions of hostility on the part of both the legal system and the general population (Bayer, 1987; Miller, 1995; Minton, 2002). Their efforts were tentative to say the least. Both the Mattachine Society and the Daughters of Bilitis (DOB) epitomised such tentativeness (Bayer, 1987). The earliest leaders of these organisations were, in many ways, reflective of what Bayer (1987) described as the American *political quiescence* that was synonymous with the Red Scare in the fifties (p. 89). The Mattachine's history particularly illustrates this. Rooted in founder Harry Hay's efforts to mobilise Los Angeles homosexuals into collective political protest in 1951, the organisation both internally and externally protected its central leadership. John D'Emilio (D'Emilio, 1983) emphasised the Mattachine's cell-like structure, while Miller (1995) noted that the concealed identities of its early successive committees characterised efforts to camouflage members with left-wing political inclinations within the society's founding ranks. Miller (1995) considered this policy congruent with Hay's determination to construct an impervious organisation against the era's political uncertainty.

However, what already characterised a cautious group lost its political voice when, under new leadership, the society encouraged homosexuals to pursue subtle social integration (Minton, 2002). The group in fact assumed a conformist position and retained a lower profile than Hay had envisaged (Miller, 1995). After Hay, Mattachine members began to perceive the notion of a homosexual subculture as contrary to their new conservative objectives. In its efforts to sustain conventionality in 1950's America, the society was forced to assume a political posture that was reflective of the intimidation surrounding the McCarthyite governmental purges (Bayer, 1987; Minton, 2002). Even in the years after the immediate threats of McCarthyism diminished, homosexuals remained subject to discrimination in the American civil service and armed forces (Miller, 1995). Frank Kameny's army service dismissal on previous charges of *lewd conduct* in 1957 demonstrates the social, political and occupational contexts through which homosexuals struggled in the fifties (Miller, 1995, p. 342; see also Minton, 2002).

As the sixties dawned however, a more militant gay rights movement emerged against a backdrop of the civil rights struggle of black Americans. Homophile activists, inspired by the black groups' rallying, marching and picketing, adopted more aggressive tactics in challenging psychiatric orthodoxy in the mid-sixties. They borrowed ideas too from American students who opposed U.S. military involvement in Vietnam (Minton, 2002). Bayer remarks that this growth cannot be viewed in isolation of the wider socio-political context that characterised the 1960's in the USA. For caution and conservatism had been replaced instead with militant activity and active demands on the part of

oppressed groups for more than *mere tolerance*- they now sought *social legitimation* (Bayer, 1987, p. 8; see also Minton, 2002). The sixties were a time of struggle for both women and black Americans who yearned for the same acceptance and civil rights afforded to the white heterosexual male. Bayer (1987) illustrated the cultural changes in mid-twentieth America during what he considered *the disorder of a tumultuous era* in which several independent conflicts permeated American social and political life (Bayer, 1987, p. 3).

In fact increasing levels of tolerance in the sixties' social climate were conducive to discussing subjects that were previously taboo (Miller, 1995). For instance, Bayer (1987) and Miller (1995) consider the history of contraception to exemplify the debut of a more sexually liberal America. In a similar way, books, films, magazines and theatre expressed an element of revolution by highlighting homosexuality in entertainment and literature. Popular culture did not always portray the homosexual character in the most positive or tasteful light, but nonetheless as Miller notes, gay authors were often socially progressive in embracing themes which were traditionally subject to censorship. Above all, homosexuals could derive confidence from such cultural progression. Miller also delineated changes in American state laws, which initiated increasing tolerance in legislation of homosexual behaviour. This combination of cultural and legal reform preceded Frank Kameny's involvement with the Washington, D.C. Mattachine chapter, who was pivotal in inspiring their graduation to a group capable of militant action on the east coast. Meanwhile on the west coast, the same kind of reform energised San Francisco's vibrant gay bar culture, which served a social and political function for the homosexual community in a series of victories over authorities that tried to suppress them there (Miller, 1995). Thus the quieter conservative groups that constituted the early homophiles in the fifties were gradually rendered outdated by the spread of larger and more radical homophile activism in the sixties.

Post Stonewall

Like San Francisco, Gay bar culture was also dominant in New York's Greenwich Village. By 1969, militant voices in New York's Mattachine chapter had boosted the role of its favourite bars, had restricted police entrapment efforts, and through the media, had also publicised the frustration of homosexuals (see Miller, 1995). However, it was police raids in June 1969 on Greenwich Village gay bar, The Stonewall Inn, that can be seen as the most potent catalyst for the homophile movement's militant transformation. This point is reflected in Conrad and Angell's (2004) proposal that Stonewall shaped the cross-country adoption of Frank Kameny's militant tactics that had been previously somewhat unique to Washington. In fact, due to the eruption of violence outside the Stonewall Inn between homosexuals and the NYC police, the raid assumed a lofty position in the literature as the perceived birthplace of the modern gay rights struggle (Bayer, 1987). The emergence of this more

militant struggle thrived on its disconnection from the conservative social and political appeasement of the past. Stonewall is widely credited with propelling such disconnection (Miller, 1995).

This credit is specifically derived from the fact that particularly prominent groups of radical homosexuals emerged in the wake of the Greenwich Village events. The Gay Liberation Front (GLF) was noteworthy, members of which strove for the deconstruction of the American socioeconomic structure (Minton, 2002). Such political objectives however were interpreted by some as a *mark of excessive ideological orthodoxy* and were thus not universally digestible (Bayer, 1987, p. 96). And thus, less politicised homophiles simultaneously pooled their enthusiasm and challenged the political and social status quo (Bayer, 1987; Minton, 2002). For instance, the Gay Activist Alliance (GAA) represented a departure from the GLF's intense *multi-issue orientation* (Miller, 1995, p. 378). The GAA however, pursued its uniquely homosexual interests in a no less combative nature (Minton, 2002).

In addition, while the events of 1969 drove the emergence of more aggressive homophile activism, the seventies witnessed the beginning of mass homosexual demonstrations that were propelled by efforts to commemorate Stonewall. New York's Central Park hosted proceedings in memory of the raid's first anniversary in June 1970. Following that, Gay Pride marches were initiated in other American cities, particularly on the west coast. Thus began the colourful and vibrant tradition of what we now know as world-wide Gay Pride Parades. The Stonewall events had thus stimulated homophile activists into protest of unprecedented proportions that rivalled any of their fellow political minorities.

In sum therefore, the conservative efforts of early homophile groups reflected the accompanying social and political concerns of the fifties, whilst intensifying campaigns on the part of homosexuals were congruent with the mass political protest of the sixties and early seventies. These decades were both more tolerant and volatile in a social as well as a political context.

Conversion Therapies: Reinforcing the Existing Social Context

The declassification of homosexuality as a psychiatric illness theoretically rendered obsolete clinical approaches to conversion, given the assumptions upon which the treatments were based had been falsified with the illness model's abandonment. However, modern attempts to convert homosexuals remain (Davison, 1976, 1978, 1991; Haldeman, 1991, 1994). Providers of conversion therapy today are vocal in support of the homosexual's right to voluntarily seek psychiatric assistance in response to desires and behaviour that they consider at odds with their cultural traditions or personal and religious beliefs. Disagreements over this right have fuelled numerous debates since 1973. These debates surround ethical concerns that accompany modern therapeutic intervention in cases of homosexuality, given 'cure' is advertised for what no longer represents a psychiatric disorder (Davison, 1976, 1978, 1991; Haldeman, 1991, 1994).

However, other debates were salient in the literature prior to 1973- the period in which the illness model of homosexuality remained unchallenged and therefore dominant. These debates also surrounded ethical concerns that accompanied the administration of conversion therapies. Such concern on this occasion, however, was born of the therapies' questionable efficacy. For instance, the available evidence that supported the effectiveness of conversion therapies offered to patients in the era before 1973 was, in Haldeman's words, *less than compelling* (Haldeman, 1994, p. 223). In addition, historical reviews not only illustrate the dearth of scientific evidence to encourage confidence in the then popular treatment programmes, but also reveal instances of harmful psychological and physical effects that emerged as products of participation in such experimentation (see Haldeman, 1991, 1994, 2002; Halpert, 2000; Silverstein, 1991). These conclusions remain valid even in light of modern research that evaluates recent conversion attempts and are supported by the APA and the American Psychological Association, among other professional bodies. Each issued position statements warning of the potential dangers in seeking to alter one's sexual orientation (Spitzer, 2003). The statements mirror Haldeman and other reviewers in contending that there exists little data to support the efficacy of conversion therapies (see American Psychiatric Association, 1999, 2000).

In condensing such reviews, Davison (1991, p. 146) was succinct in contending there remains *precious little evidence for a suppression of homosexual behaviour and inclinations*. Haldeman (1991, 1994, 2002) reflects this conclusion on the basis of pre-1973 conversion studies that boasted the effectiveness of psychoanalytic, behavioural and group therapeutic interventions in sexual re-orientation. With regard to psychoanalysis, the most notorious of reports to propose that homosexuals may be effectively converted was authored by Bieber and his team (Bieber et al., 1962). Bieber, one of the most prominent defenders of the illness model, advocated that *many homosexuals became exclusively heterosexual in psychoanalytic treatment* (Bieber et al., 1962, p. 318). The

validity of Bieber's study was questioned, however, on various methodological levels by his contemporary colleagues (see Minton, 2002). Hoffman (1971) for instance rejected the findings, while his criticisms have been reiterated in more recent literature (Davison, 1991; Haldeman, 1991, 1994, 2002). Psychoanalytic intervention in homosexuality is alternatively documented by Curran and Parr (1957) and Mayerson and Lief (1965). These reports constitute frequent assault targets in Haldeman's reviews (1991, 1994, 2002). He consistently rejects reported success rates on the basis of scepticism regarding participant bisexuality, un-representative samples, unfounded generalisations, inadequate follow-up and the over-riding false assumption that behavioural change represented complete re-orientation. These concerns combine to epitomise instances of simply bad science (Haldeman, 1991, 1994, 2002). Group and behavioural treatments are criticised on similar empirical grounds (Haldeman, 1991, 1994, 2002; Minton, 2002), where many studies of such treatment programmes are also afflicted by biased outcome measures (e.g. see Masters & Johnson, 1979). Behavioural conversion studies relying on self-report failed to meet the empirical standards of science whilst investigators ignored influential factors of social demand and desirability in interpreting outcomes (Haldeman, 1991, 1994, 2002). Of few interventions that did rely on externally validated outcome measures (for e.g., see Conrad & Wincze, 1976), authors tended to report low rates of successful conversion (Haldeman, 1994). Finally, in behavioural interventions that avoided aversive techniques, successful conversion rates in case studies were deemed unsuitable for generalisation (Haldeman, 1991).

In sum, Haldeman is clear in his proposals that no scientific evidence exists upon which we can confidently rest that an exclusively homosexual orientation can be altered through any of the aforementioned intervention methods. Studies that do report change are, according to Haldeman (1991), representative of unscientific practice. In addition, the pre-1973 studies that informed Haldeman's (1991, 1994, 2002) conclusions represent examples of what he describes as *homophobic researcher bias* (Haldeman, 1991, p. 155); that is, investigators subscribed to the illness model and thus from the outset approached the homosexual as a patient who warranted psychiatric treatment. But aside from the criticisms to which studies that present success rates- however meagre- of sexual orientation conversion have been subjected, Haldeman (2002) is cognisant of reported negative side-effects resulting from treatment programmes. Unsurprisingly, failed conversion typically precipitated adverse psychological and physical effects that are reported to include depression, hopelessness, lowered self-esteem, relationship breakdown and sexual dysfunction (American Psychiatric Association, 2000; Haldeman, 2001, 2002). Similarly Haldeman (1991) noted the frequency with which unsuccessful aversion therapy may result in intensified levels of shame and confusion regarding continued homosexual impulses. In fact, he regarded some instances of behavioural aversion therapy as analogous to torture in identifying the poor likelihood that patients could ever

emerge sexually responsive in either direction after such invasive treatment (see Haldeman, 1991, p. 153).

Moreover, in a reflection of Davison (1991), Haldeman (1994) is adamant that in addition to the personal harm from which homosexuals were at risk in submitting to conversion therapy, by virtue of their very use, therapies were detrimental to society's collective perspective on homosexuality. This detriment was born of the perceived social and moral authority of psychiatry that exercised influence over societal values. Such authority relates to Foucault's (1982) notion of medicine's *uncontrolled power over people's bodies, their health, and their life and death* (p. 780). Psychiatry thus tended to socially reinforce the disease model of homosexuality via the mere availability of sexual re-orientation. Davison (1991) noted this process, mirroring Szasz (1973) and Gonsiorek (1991), in expounding the social power of the mental health clinician. Even today, the continued availability of sexual re-orientation therapies tends to *condone the current societal prejudice* (Davison, 1991, p. 141, see also Davison, 1976, 1978). In this proposal Davison mirrored Begelman's (1975, p. 180) succinct contention that *by their very existence*, efforts to reorient the sexual preferences of homosexuals *constitute a significant causal element in reinforcing the social doctrine that homosexuality is bad*. Haldeman (1991, 1994, 2002) and Hoffman (1971) similarly reflected Begelman, while Drescher (2001) and Halpert (2000) reiterated the same perspective. Such accord among differing authors constitutes the basis for contending that debate surrounding conversion therapies at least partially fuelled the homophile movement's pursuit of psychiatric emancipation, a point to which I later return.

Perspectives on Declassification: Science vs. Politics

The American social and political context from which sprang early homosexual organisations has heretofore been comprehensively described. So too have the changes in said contexts been illuminated, through which increasingly radical homophile activism was expedited. Given the APA constituted a central target of such activism, it is unsurprising that mental health clinicians and historians of psychiatry typically tend to credit the role of gay political pressure in the APA's decision to declassify homosexuality as a psychiatric disorder. Indeed from the outset, Bayer (1987) accused the APA psychiatrists of being *swept up in a political controversy* rather than thoroughly examining the available scientific evidence in determining the validity of retaining the illness model of homosexuality (Bayer, 1987, p. 3). The APA's actions, Bayer continued, were not based on conclusions derived from available scientific data, but rather he feels they were a product of the *ideological temper of the times* (Bayer, 1987, p. 4) - the temper of the homosexuals' social context thus far described.

This perspective however was rejected by Judd Marmor, whereby he countered, in personal dialogue with Vernon A. Rosario (Drescher & Merlino, 2007), that the APA decision was certainly *not* solely based on homophile pressure. Marmor was critical of what he considered Bayer's (1987) *otherwise excellent volume* (Drescher & Merlino, 2007, p. 86), in that he discredited Bayer's emphasis on the centrality of gay political activism in encouraging the APA to revise the status of homosexuality which preceded its removal from the DSM. This emphasis characterised what Marmor deemed *a frequently encountered misstatement* (Drescher & Merlino, 2007, p. 86). For Marmor, rather than conceding to the pressures of homophile activism, the APA leadership had demonstrated a level of *flexibility* and a capacity to reject what was *conventional* but what had become *scientifically unwarranted* in light of thorough analysis (Bayer, 1987, p. 4). It was months, he explained, of assessing the *scientific correctness* of the basis for classifying homosexuals as mentally ill that culminated in the APA's decision to proceed with declassification (Drescher & Merlino, 2007, p. 86). Marmor was insistent that Robert Spitzer, who for all intents and purposes led the presiding APA Committee on Nomenclature, sought to consider all relevant resources in order to mediate between the arguments of those for and against the proposed de-pathologization (Drescher & Merlino, 2007). These relevant resources encompassed the extant bank of controversial research undertaken in sexual deviancy. As Marmor continued to maintain, such analysis preceded the committee's recommendation to the Board of Trustees to execute the deletion of homosexuality.

There are others however, whose perspectives express accordance with what Marmor considered to be Bayer's *misstatement* (Drescher & Merlino, 2007, p. 86). Reflecting Bayer (1987), Silverstein (1991) distinguishes the central role of homophile political activism in influencing the APA's nomenclature leaders. Silverstein (1991) in fact highlights, in stark contrast to Marmor, what

he regards as the invalid assumption that science lay at the heart of the APA's decision. It is this misconception that, for him, epitomises a frequent misstatement of particular concern. Silverstein considers it more plausible that political pressure was the more pivotal force in driving the Nomenclature Committee's recommendation; he values the likelihood that the committee acted in congruence with America's evolving societal and political values that reflected the gradual remission of conservatism and the increasing tolerance characteristic of the early seventies. The social and legal progression of American blacks, as well as the number of women entering a traditionally masculine workforce, demonstrates the modernisation of American society by the seventies (Silverstein, 1991). In much the same way, Silverstein proposed, homosexuality's original classification as a psychiatric illness in 1952 was also reflective of the dominant social values of that previous era (Silverstein, 1991). The 1973 decision occurred within a period of American history that was characterised by a growing tolerance for previously devalued populations. Silverstein insists that this cannot be ignored.

To consider, as Silverstein does, the APA's 1973 decision to typify the outcome of homophile political pressure is exemplary of the arguments of those within the APA who resisted declassification. Indeed, Spitzer (1981, p. 210) noted that opposition to the Nomenclature Committee's recommendation often negatively *regarded the decision as a triumph of politics over science*. Bayer also (1987, p. 136) delineated how staunch defenders of the illness model disapproved of the unprofessional haste with which the Committee worked. Such haste was thus attributed to the persistent and almost violent lobbying of homophile activists. Indeed opponents of declassification perceived the entire debate as a thoughtless concession to *the power of the mob*, which sadly rendered Psychiatry's executive *scientific posture* so flippantly transgressed (Bayer, 1987, p. 140). These opponents thus demanded the issue be brought before the APA membership for referendum in 1974. Of the membership, the 37% who voted in opposition to Spitzer's recommendation did so in defiance of those who supported declassification, who they accused of being captivated by the era's civil issues and thus failing to adhere to the pillars of scientific judgement (Bayer, 1987; Spitzer, 1981). The bulk of this opposition remained proud that they *had rallied to the banner of science* and persevered amidst the parallel forces of society (Bayer, 1991, p. 151).

Unsurprisingly, the remaining 60% of the membership rejected the notion of succumbing to political pressure and perceived their victory as a scientifically valid outcome (Bayer, 1987). Among them, Marmor suggested that politics assumed a role in the fiasco only as the decision was brought before the membership by illness model defenders Bieber and Socarides (Drescher & Merlino, 2007). Indeed the latter clinicians, who had demanded the referendum, were charged by those who supported declassification with persistently disregarding the accumulated evidence that demonstrated the psychological adjustment of homosexuals (Gonsiorek, 1991). Thus, both sides of 1973's debate accused their adversaries of acting outside the realm of objectivity (Bayer, 1987). And importantly,

these accusations highlight the salience of the disagreement that surrounded the individual roles of empirical science and politics in the history of homosexuality's de-pathologization.

Among the varying approaches to the weight of these roles however, there are, as aforementioned, those who sit on the fence and assume an intermediary position between the perspectives of Marmor, Bayer and Silverstein. Gonsiorek (1991) credits homophile activism with arousing collaborating APA psychiatrists, a combination of which successfully accomplished the deletion of homosexuality as a disorder per se from the DSM. Although recognising the significance of political pressure, Gonsiorek maintains that this ingredient, albeit necessary, was independently insufficient in yielding official APA diagnostic revision. From Gonsiorek's perspective, we can construe Spitzer and his colleagues' deliberation to have rested on an *empirical basis* (Gonsiorek, 1991, p. 116). The author, however, struggles to entirely attribute DSM change to empiricism alone. He insists rather *that psychiatric diagnosis represents a peculiar amalgam of reasonable science mixed with inappropriate political and social control agendas*. In such an amalgam, official revision demands a delicate combination of both political drive and scientific approval- both necessary in combination but neither adequate in isolation (Gonsiorek, 1991, p .116). Minton (2002), like Conrad and Angell (2004), similarly reflects this position. Thus there has been recognition of the combined value of both science and politics in the psychological, psychiatric and historical literature for some time. There is therefore reasonable evidence to assume that both politics and science could be accorded equal weight in driving the APA's decision to abandon the illness model of homosexuality. Debates surrounding conversion therapies reinforce this perspective. To the ways in which they achieve this I now turn.

The Role of Conversion Therapies

Inspiring the Nomenclature Committee's Recommendation

The origins of the scientific study of human sexuality were delineated in an earlier section. In addition to such progress in scientific literature, advances in the twentieth century brought with it the cultural hegemony of psychiatry, psychoanalysis in particular, as a distinctly authoritative branch of medicine in the U.S. (Bayer, 1987). Thomas Szasz (1963, 1973, 1977) was fastidious in imparting what he considered the negative implications of such authority for society. Among these negative implications, he highlighted the illness model of homosexuality and the ways in which it was staunchly defended by psychiatric orthodoxy. However, new directions of sexual and scientific research followed the Second World War that heralded unprecedented challenges to this model. Such scientific work resurrected the more sympathetic notions espoused by European sexological theorists of Havelock Ellis' era (Bayer, 1987). Thus, despite the flourishing American Psychoanalytic Institutions, American sex researchers embarked for the first time upon empirically determining from non-clinical samples whether homosexuality was as pathological as orthodox psychiatry traditionally regarded it (Bayer, 1987). Both Bayer (1987) and Marmor (see Drescher & Merlino, 2007; Marmor, 1965) highlighted how the growing tradition of such enquiry was to give rise to an accumulating body of evidence that contested the illness model. Furthermore, the same authors noted that it was this bank of empirical research upon which Spitzer and the Committee on Nomenclature based their recommendation to the APA Board of Trustees to declassify homosexuality.

Very soon after the War drew to a close, Kinsey and his team (Kinsey, Pomeroy & Martin, 1948) presented findings that revealed the surprisingly high prevalence of homosexuality among America's non-clinical white male population. However, it was Evelyn Hooker's (1957) study that Minton (2002) credits with originating the greater scientific debate over the official psychiatric status of homosexuality. In providing empirical data that reported no differences in psychological adjustment from contrasting samples of non-institutionalised homosexual and heterosexual men, Hooker pioneered the use of standardised psychological methodology in confronting the illness model (Bayer, 1987; Hooker, 1957; Miller, 1995; Minton, 2002). This model, as Minton (2002) maintains, was yet to be scientifically challenged. Hooker had in fact undertaken research as an observer of the vibrant yet exclusive Los Angeles gay community, which facilitated her insight into the cultural context that supported the adjustment of gay males (Minton, 2002). Though there had been earlier depictions of the homosexual lifestyle in little-known literature, Hooker's reports disseminated a novel ethnographic picture of American homosexual communities in the scientific literature (Minton, 2002). On this basis, Marmor credited Hooker with partially contributing to his subsequent role

among American psychiatrists who supported the APA's 1973 declassification decision (Drescher & Merlino, 2007). He cited her work, as well as that of Kinsey, among that which inspired his 1965 volume *Sexual Inversion*. Additionally, Hooker's research served as an impetus for many others besides Marmor, among whom she stimulated endeavours to replicate her proposals (Minton, 2002). She preceded the work of Siegelman (1972a, 1972b) for instance, whose investigations characterised subsequent inquiry into the psychological adjustment of non-clinical homosexual samples. Hooker also undoubtedly provoked counter-arguments, propelling the scientific research of those who defended the medical model, and thus she is highly acclaimed for having *opened the debate about homosexuality as mental illness* (Minton, 2002, p. 235).

Above all, however, Hooker's research was credited with influencing Spitzer and the APA Nomenclature Committee in scientifically revising the validity of the illness model. Marmor (Drescher & Merlino, 2007) grants her papers, along with those of Richard Green (1972), this honour. Bayer (1987) then noted the amplification of Hooker's impact when supplemented by the research of Kinsey et al. (1948), Martin Hoffman (1971) and Szasz (1963, 1973, 1977). Particularly, Green's essays reviewed the extant evidence in support of and opposition to the medical model. He hoped that they would attract scholarly responses and open educated debate (Bayer, 1987). He indicated scepticism towards claims that homosexuals could be cured, and was thus forward-thinking in presenting a glimpse of the future should psychiatry discontinue its policy to therapeutically convert homosexuals. He rather advocated the treatment of the social prejudice against gays and lesbians. As such, he applied the logic of Szasz (1963, 1973, 1977) in considering how relinquishing the illness model would affect society's treatment of same-sex preference. These considerations were presented in the context of what Szasz (1973) also recognised as psychiatry's potential to shape societal values (Green, 1972). Green was also progressive in his recognition that given the reported American prevalence of homosexuality, the APA would likely encapsulate a subsection of exclusively homosexual psychiatrists. And like Hoffman (1971), he criticised therapeutic sexual re-orientation on the grounds that Bieber et al.'s (1962) meagre success rates insufficiently supported long-term psychoanalytic treatment in homosexuality. Both authors also criticised the grounds upon which Bieber substantiated the empirical report in which the results were presented.

Aside from the honour he bestows upon Hooker and Green however, Marmor (Drescher & Merlino, 2007) is far from modest in crediting his own publications with influencing the Nomenclature Committee. Marmor's volume, *Sexual Inversion* (1965), published Bieber and Hooker's opposing essays, among those of other contemporary experts in sexuality. Szasz's *Legal and Moral Aspects of Homosexuality* featured (Szasz, 1965) among them. This contribution focused particularly on the implications of consigning homosexual behaviour to the province of medicine rather than the law. This process, argued Szasz, *loosed on the homosexual the sanctions or the threat of sanctions that psychiatrists are in a position to execute* (Szasz, 1965, p. 130). Methods of treatment

for homosexuals thus represented legislation by which homosexuals were bound, this time of a psychiatric sort rather than earlier legal statutes (Szasz, 1965). The use of conversion therapies, Szasz maintained, belied the medical community's disapproval of such deviance and efforts to control same (Szasz, 1965). On this basis, he not only challenged the medical model of homosexuality, but also psychiatry's *use as a means of social degradation and political disqualification* (Szasz, 1973, p. 198). Such a challenge echoes the Foucaultian notion of psychology and psychiatry's capacity to systematically determine, on the basis of statistical and thus scientific classifications, appropriate levels of human functioning (Foucault, 1977; see also Rose, 1998). This capacity, Rose (1998, p. 74) argued, gave rise to considerable social authority whereby psychology could be relied upon *to provide inscription devices that would individualise...troublesome subjects*. Likewise, Gonsiorek (1991) later made reference to the radical perception of the authority inherent in psychiatric diagnosis and its use *as an agent of social control* (Gonsiorek, 1991, p. 115).

Inspiring Homophile Activism

Marmor's publication therefore exposed the radical work of Szasz to the Nomenclature Committee, who I propose were influenced by his extreme criticism of orthodox psychiatry on the basis of conversion therapies and their role in psychiatry's perceived social control. Szasz's essays were permeated with proposals that are reflective of the kind of lateral thinking that became common to medical and social scientists writing almost thirty years later. For his thoughts were later reiterated by Davison (1991) and Haldeman (1994), who recognised, as mentioned, that in the acceptance of the homosexual's potential for cure lay an exacerbation of extant societal discrimination. Such discrimination was based upon how society internalised that which psychiatry, as an authority, disapproved of. Szasz's impact however was not limited to contributing to Spitzer and the committee's discussions. In absence of the hindsight of which Davison and Haldeman made use, Szasz disseminated his arguments in lengthy essays, which parallel with the growing militancy of U.S. homophiles, assumed a progressively strident character (Bayer, 1987). Right in the midst of developments that followed the events at the Stonewall Inn, Szasz summarised efforts to treat homosexuality as merely *thinly disguised methods for suppressing it* (Szasz, 1973, p. 200). It is thereby unsurprising, as Bayer (1987) noted, that Szasz's accumulating publications accompanied increasing homophile aggression towards psychiatry in the late sixties and early seventies (Bayer, 1987).

Furthermore, in addition to Szasz and as Bayer (1987) and Marmor (Drescher & Merlino, 2007) agreed, the works of Green, Hoffman, Marmor, Kinsey and Hooker were also to prove crucial in motivating the leaders of the groups that comprised the early American homophile movement. Hooker, for instance, also inspired the activists. Perhaps most significantly, her work precipitated her

role in the National Institute for Mental Health's (NIMH) 1967 Task Force on Homosexuality (Bayer, 1987; Minton, 2002). Bayer (1987) noted the impact of the task force's work in the context of conversion therapies. Recommendations for conversion were confined to those who *sought* adjustment, however the report did not consider conversion a panacea for the social and psychological dilemma of the homosexual (see Bayer, 1987; Minton, 2002; National Institute of mental health task force on homosexuality, 1972, pp. 151-152). Rather the merits of ameliorating the social discrimination of homosexuals were emphasised (Bayer, 1987; Minton, 2002; National Institute of Mental Health Task Force on Homosexuality, 1972). Minton (2002) regards the report as a substantial contribution in fuelling the homophile movement's determination in its pursuit of psychiatric emancipation. Miller reflected this notion in highlighting the gratitude of gays and lesbians who regarded Hooker as a *personal hero* for liberating them not only from scientific and societal disapproval, but also from their self-imposed guilt (Miller, 1995, p. 256).

Thus, through her pivotal contributions to the Task Force report, Hooker was instrumental in both educating and focusing the homophile movement toward their goals. So too was Kinsey. For homosexual organisations who sought social and legal acceptance, Kinsey's findings were *emboldening* (Bayer, 1987, p. 44). His data disputed the pillars of psychiatric orthodoxy and thus his work represented an early foundation upon which the homophile movement could build its arguments against the status quo. He unsurprisingly remained an esteemed accomplice of America's homosexual communities (Bayer, 1987). In fact the Kinsey report contributed substantially to cushioning a progressively more tolerant social climate that could sustain the strengthening of radical homophile protest. By the leaders of such protest, he was highly respected (Bayer, 1987). Such respect was presumably buffered by the fact that choosing same-sex partners did not trouble Kinsey. As Bayer (1987, p. 45) explicates, Kinsey noted how bigotry in American society amplified the conspicuousness of what he considered to characterise otherwise less salient issues like sexual deviance. Kinsey was mindful therefore of cultural context, which led him to disregard the relevance of psychiatry in sexuality and to subsequently reject the illness model (Bayer, 1987; Kinsey et al., 1948). He believed that in administering conversion therapy to homosexuals, psychiatry consistently supported continued heterosexual dominance in governing science and society (Bayer, 1987; Kinsey et al., 1948).

Compounding Kinsey's perspective, Green (1972) was vocal in the same way. He exposed the role of an anti-homosexual society in propelling the misery of the gay community and their subsequent motivations for voluntarily seeking therapeutic intervention. Hoffman (1971) also presented a similar account of the way in which treatment contributed to what he deemed the overwhelming extant societal prejudice against homosexuals. Furthermore, Hoffman was acutely aware of the strife through which the homosexual suffered in grappling with a failure to convert. The

unfortunate result therefore, Hoffman noted, was that through ineffective conversion attempts, homosexual patients were *definitively labelled "sick" by their own therapist* (Hoffman, 1971, p. 360).

Catching Robert Spitzer's Attention

Thus like Kinsey and Green, Hoffman was quick to recognise the implications of administering conversion treatment- implications upon which Begelman (1975), Davison (1976, 1978, 1991) and Haldeman (1991, 1994, 2002), subsequently reflected. Together with the work of Hooker, such literature that expounded the detrimental effects of conversion therapies encouraged the homophile movement in determining its points of departure, whilst contributing to the emergence of a level of social tolerance that could facilitate its increasing militancy. This militancy followed the Stonewall events in June 1969.

In the wake of such, homosexual groups adopted aggressive disruption at local congregations that threatened their right to same-sex preferences. Meetings, conferences and conventions of organisations that endorsed discrimination against homosexuality (e.g. the Catholic Church, psychology and psychiatry) were primarily targeted (Bayer, 1987). The APA was doubtlessly at the forefront of such a list; it naturally constituted the focus of a strategy to challenge those who centrally enforced the medical, social and political stigmatisation surrounding homosexuality. This strategy began with the disruptions to the APA annual conference in San Francisco, 1970. This disturbance represented the homophile movement's first organised attack on psychiatric orthodoxy, where they expressed intolerance toward the therapeutic position on sexual deviancy (Bayer, 1987). Particularly noteworthy at this disruption was the intense protest that occurred in response to a presentation of aversive conditioning techniques in treating homosexuality (Bayer, 1987). Though Bieber was doubtlessly the target of much ridicule at the conference that day, the *Washington Post* reported how disgusted cries from the audience surged as the discussion focus shifted toward conversion therapy (Bayer, 1987, p. 103). Outrage escalated to the point where the meeting was prematurely adjourned. In light of such proceedings, it appears that academic discussion of conversion engendered a reaction violent enough to stop the convention in its tracks. Indeed, in a similar disruption, protestors had also infiltrated meetings at the Second Annual Behaviour Modification Conference in Los Angeles in October, 1970. Presentations relating to aversion therapies had encountered angry interruption there too (Bayer, 1987).

As with the San Franciscan fiasco, Bayer perceived this event to embody a new departure for the homophile movement in its adoption of aggression. At both conferences, discussion of conversion therapies- *barbarism*- provoked such fiery reactions from homophile attendees that the drama propelled sympathetic psychiatrist Kent Robinson into action (Bayer, 1987, p. 99). He approached the

chair of 1971's APA convention to suggest the inclusion of a homosexual panel (Bayer, 1987). This was the first point at which sympathetic psychiatrists attended to the cries of homosexual protest. I consider the surge in demonstration that occurred in response to debate surrounding conversion therapies to have accomplished initiating a dynamic in which homosexuals were thus granted an opportunity to speak about their 'condition'.

It was therefore at the 1971 annual meeting that, despite continued protest at the hands of Frank Kameny's Washington GLF branch, a homophile panel made formal attempts to enter discussions with the APA. More progress followed at 1972's annual convention at which provisions were granted to facilitate the inclusion of an expert panel on homosexuality. The highlights of such included the presentation of Dr. H. Anonymous (Dr. John E. Fryer), the disguised homosexual psychiatrist who, although perfectly professional, remained theoretically "ill" among the very group that labelled him so (Bayer, 1987). And thus, the proceedings of the 1971 and 1972 conferences marked turning points in the erosion of the APA's obstinate conservatism- erosion that had been instigated by passionate political homophile protests. Contentious discussions of conversion therapies were certainly the source from which such homophile passion sprang. Throughout these protests, activists had expressed intentions to engage with the APA's Committee on Nomenclature. These intentions represented a novel endeavour to cooperate with those who regulated updates to official diagnostic categories (Bayer, 1987). By the autumn of 1972, homophile patience was finally rewarded when Spitzer and the Nomenclature Committee first began to consider revisions to the homosexual diagnosis.

These early considerations were rooted in a meeting of the Association for the Advancement of Behaviour Therapy in New York, October 1972. Spitzer, in documenting his role in the 1973 decision (Drescher and Merlino, 2007, pp. 95-111), highlighted this meeting as a pivotal moment in both America's homosexual and psychiatric histories. For it was there in New York, that he first encountered a glimpse of the discriminative reality which homosexuals were increasingly rejecting. At the meeting, a symposium on the treatment of homosexuality had been arranged and speakers had been invited to present evaluations of behaviour-based therapies in sexually reorienting homosexuals (Bayer, 1987). Scenes of unprecedented protest followed, led by the GAA who had organised a boycott of the presentations (Bayer, 1987; Silverstein, 1991). This protest was a direct attempt to convey the disgust with which homosexuals looked upon psychiatric efforts to reorient their behaviour in line with the *heterosexual norm* (Bayer, 1987, p. 115). The meeting was brought abruptly to a halt, Spitzer recalled, as the activists cut across presenters (Bayer, 1987; Drescher & Merlino, 2007). The GAA's Ronald Gold, who was prominent in leading this *zap*, attracted Spitzer's attention in demanding the abandonment of aversion techniques as well as the illness model itself (Bayer, 1987, p. 115; see also Drescher & Merlino, 2007). Impressed by the spirit with which Gold and the activists conducted themselves, Spitzer approached Gold in what culminated in the

arrangement of a formal hearing between homosexual activists and the APA Committee on Nomenclature (Bayer, 1987; Drescher & Merlino, 2007). No source disputes the leadership that Spitzer subsequently displayed on the Nomenclature Committee, the members of which eventually recommended the declassification of homosexuality to the APA Board of Trustees. And thus, the meeting at which Spitzer first became acquainted with Gold can be construed as a rather noteworthy event. In labelling their encounter a salient trigger for homosexuals' psychiatric emancipation, Bayer (1987) supported this point. Silverstein (1991) also reflects this conclusion in considering the homosexual battle for psychiatric emancipation to have launched from the same October meeting.

In defining the meeting's significance, Spitzer attributed his engagement with Gold to being bothered by what he construed as inappropriate disruption at an academic conference (Drescher & Merlino, 2007, p. 99). I consider his reflection to demonstrate just how paramount a role the disagreement that surrounded conversion therapies played in the deletion process. On the back of the GAA, Gold had managed to catch Spitzer's attention with the depth of his rage against a popular clinical approach to "curing" homosexuals. Indeed, the previously listed symposiums above also shared therapeutic foci and thus, they too ignited similarly unrestrained reactions from protestors. In San Francisco for instance, the presence of Irving Bieber himself- *Public Enemy Number One* (Bayer, 1987, p. 104) - had not elicited the same frenzy as did an academic presentation on aversion techniques delivered by an unknown foreign speaker. Discussions of behaviour modification in L.A. in 1970 also attracted heated protest. The drama in L.A. topped off a series of disruptions that collectively precipitated official homosexual representation at APA conventions in '71 and '72. Thus, the passion of protest that alerted Spitzer to the homosexuals' plight can be seen to have emerged in response to contentious sexual re-orientation. And in his contention that the use of ineffectual conversion therapies substantiated the homophile attack on diagnostic nomenclature, Spitzer (1981) strengthens this conclusion. For in *their conviction that there was no effective treatment, and therefore no possible benefit from adopting the patient role*, the APA remained the homophiles' primary target (Spitzer, 1981, p. 213). Proven and consistently successful conversion, Spitzer (1981) proposed, would have greatly reduced the intensity of opposition to the APA's illness model.¹

¹ In what was a controversial statement that betrayed many of his colleagues (see interview with John E. Fryer-Dr. H. Anonymous- in Drescher & Merlino, 2007, p. 25), Spitzer later claimed that *there is evidence that change in sexual orientation following some form of reparative therapy does occur in some gay men and lesbians* (Spitzer, 2003, p. 403). The validity of such a development is irrelevant for the purpose of the present discussion however, given it lies outside the timeframe with which the current argument is concerned.

Conclusion

Both Marmor and Bayer highlight the influence of certain scientific literature in fuelling the empirical evaluation upon which the Nomenclature Committee's recommendation to declassify homosexuality rested. This literature included the works of Kinsey, Hooker, Green, Hoffman, Szasz and Marmor himself, all of whom mounted significant challenges to the illness model of homosexuality. As Marmor insisted, such challenges brought Spitzer and his fellow committee members to the conclusion to abandon such a model. A dominant theme permeating these challenges constituted debate surrounding conversion therapies, which was evident no doubt to Spitzer and his colleagues. The centrality of this theme is evident from assessing the essays of Green, Hoffman, Marmor and Szasz in particular, as explicated heretofore. Thus, the opening section of the previous chapter supports the role of contention surrounding conversion therapies in Spitzer's eventual recommendation to the Board of Trustees to declassify homosexuality. It is noteworthy however that this particular assessment of the history of conversion therapies supports Marmor's belief in the empirical basis of the 1973 decision. As such, it fails to account for Bayer and Silverstein's contrasting view.

Conversely, the remaining sections of the previous chapter reinforce the perspective of Bayer and Silverstein and, as such, disregard Marmor's argument. Those sections illustrate the role of contention surrounding conversion therapies in fuelling the development and later radicalisation of homophile activism, which Bayer and Silverstein primarily consider to have yielded declassification. This I contend on the grounds of the fact that the activists, as I have shown, were inspired by the same aforementioned evidence in which discussions of therapeutic conversion were dominant. These discussions fuelled gay political protest on the basis that they aggravated the already overwhelming social devaluation of homosexuals. As Bayer (1987) noted, it was this devaluation that homophiles sought to challenge as their desires for social integration evolved into demands for psychiatric emancipation.

Additionally, volatile reactions to discussions of therapeutic conversion in academia were at the root of the passionate homophile protest that eventually reached Spitzer and thus, the Nomenclature Committee. From this angle, contention surrounding conversion therapy fuelled homosexual lobbying which in turn spurred Spitzer into action, who led the recommendation to delete homosexuality. This perspective is consistent therefore with that of both Bayer and Silverstein who espouse the notion that the 1973 decision was a product of gay political activism. Silverstein (1991), in particular, pays little attention to the role of Spitzer's scientific evaluation but rather considers the recommendation of the Nomenclature Committee to embody the outcome of political protest directed at the APA. Hacking captured the essence of such protest in his contention that *gay pride and its*

predecessors restored to homosexuals control of the classifications into which they fall (Hacking, 2007, p. 311).

Thus, just as they support Marmor's position, contentious debates surrounding conversion therapy similarly preserve the validity of that of Bayer and of Silverstein. That is, the debates support the roles of both science and political protest in the declassification of homosexuality. To me, this support is clear in the way in which assessing such debates reveals the process by which declassification was achieved. Specifically, the debates surrounding conversion therapies have revealed that though homophile demonstration in New York heralded Spitzer's entry to the APA crisis, empirical science took over as the instrument with which the Nomenclature Committee re-evaluated the diagnostic status of homosexuality. This process saw political protesters awaken a conservative APA leadership to the emerging contemporary social and political climate of the seventies. The leadership then employed the available evidence in justifying the diagnostic changes for which the same protesters lobbied. Such a perspective on proceedings illuminates a *collaboration* of science and politics in homosexuality's declassification which thus disregards neither the basis of Minton's nor Bayer/Silverstein's independent arguments. As discussed, Gonsiorek (1991), reinforced by others (Conrad and Angell, 2004; Minton, 2002), also espouses such a *collaboration* in proposing that neither scientific evaluation nor political protest could solely have harnessed the 1973 outcome. He maintains, as contention surrounding conversion therapies has also exposed, that official diagnostic revision required the influence of both science and politics. Thus, Gonsiorek's position represents a balance between that of Marmor and Bayer/Silverstein.

To close, debates surrounding conversion therapies therefore reflect a process of declassification that supports a combination of Marmor and Bayer/Silverstein's positions. Gonsiorek and his proponents espouse this combined position and thus, the same debates surrounding conversions therapies support Gonsiorek's perspective. Reflexively, Gonsiorek's aforementioned proposals reinforce the process of declassification that is revealed via debate surrounding conversion therapies. His proposals represent harmony in the argument between Minton, Bayer and Silverstein and this harmony is a reconciliation of the conflicting narratives of those authors regarding the dominance of science and politics in the events proceeding 1973. As such, and as I wondered from the outset, contention surrounding the clinical administration of conversion therapies contributed to the APA's decision to declassify homosexuality as a psychological disorder. This is true whether one views the decision from Marmor's perspective or that of Bayer and Silverstein. In assessing this contribution from both these opposing perspectives, the roles of science and political protest in declassification are revealed. Specifically, the roles of both appear to carry equal weight. Such assessment has therefore reconciled the various narratives that oppositely emphasise the influence of these factors in yielding diagnostic revision, and thus answered my original research questions in the process.

References

- American Psychiatric Association. (1952). *Diagnostic and statistical manual of mental disorders*. Washington, DC: Author.
- American Psychiatric Association. (1968). *Diagnostic and statistical manual of mental disorders* (2nd ed.). Washington, DC: Author.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed., rev.). Washington, DC: Author.
- American Psychiatric Association. (1999). Position statement on psychiatric treatment and sexual orientation. *American Journal of Psychiatry*, *156*, 1131.
- American Psychiatric Association. (2000). Position statement on therapies focused on attempts to change sexual orientation (reparative or conversion therapies). *American Journal of Psychiatry*, *157*, 1719-1721.
- Bayer, R. (1987). *Homosexuality and American psychiatry: The politics of diagnosis*. Chichester, West Sussex: Princeton University Press.
- Begelman, D.A. (1975). Ethical and legal issues of behaviour modification. In M. Hersen, R. Eisler, & M.P. Miller (Eds.), *Progress in behaviour modification* (pp. 175-188). San Diego, CA: Academic Press.
- Bieber, I., Dain, H., Dince, P., Drellich, M., Grand, H., Gundlach, R.,...Bieber, T. (Society of Medical Psychoanalysts). (1962). *Homosexuality: A Psychoanalytic Study*. New York: Basic Books.
- Conrad, P. & Angell, A. (2004). Homosexuality and remedicalization. *Society*, *41*(5), 32-39.
- Conrad, S.R., & Wincze, J.P. (1976). Orgasmic reconditioning: A controlled study of its effects upon the sexual arousal and behaviour of adult male homosexuals. *Behaviour Therapy*, *7*(2), 155- 166.
- Curran, D., & Parr, D. (1957). Homosexuality: An analysis of 100 male cases seen in private practice. *British Medical Journal*, *1*(5022), 797-801.
- Davison, G.C. (1976). Homosexuality: The ethical challenge. *Journal of Consulting and Clinical Psychology*, *44*(2), 157-162.
- Davison, G.C. (1978). Not can but ought: The treatment of homosexuality. *Journal of Consulting and Clinical Psychology*, *46*(1), 170-172.
- Davison, G.C. (1991). Constructionism and morality in therapy for homosexuality. In J.C. Gonsiorek & J.D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 137-148). Newbury Park, CA: Sage Publications, Inc.
- D'Emilio, J. (1983). *The making of a homosexual minority in the United States 1940-1970: Sexual politics, sexual communities*. Chicago/London: University of Chicago Press.
- Drescher, J. (2001). Ethical concerns raised when patients seek to change same sex attractions. *Journal of Gay and Lesbian Psychotherapy*, *5*, 181-210.
- Drescher, J., & Merlino, J.P. (2007). *American psychiatry and homosexuality: An oral history*. Binghamton, New York: Haworth Press.

- Feldman, M.P. (1966). Aversion therapy for sexual deviation: A critical review. *Psychological Bulletin*, 65(2), 65-79.
- Feldman, M.P., & MacCulloch, M.J. (1965). The application of anticipatory avoidance learning to the treatment of homosexuality: Theory, technique and preliminary results. *Behaviour Research and Therapy*, 2(3), 165-183.
- Ford, C.S., & Beach, F.A. (1951). *Patterns of sexual behaviour*. New York: Harper & Row.
- Foucault, M. (1977). Discipline and punishment: The birth of the prison. London: Allen Lane.
- Foucault, M. (1982). The subject and power. *Critical Inquiry*, 8(4), 777-795.
- Freud, S. (1951). Letter to the Mother of a homosexual. *American Journal of Psychiatry*, 107(10), 786-787.
- Friedman, R.C., & Downey, J.I. (1998). Psychoanalysis and the model of homosexuality as psychopathology: A historical overview. *The American Journal of Psychoanalysis*, 58(3), 249-270.
- Gonsiorek, J.C. (1991). The empirical basis for the demise of the illness model of homosexuality. In J.C. Gonsiorek & J.D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 115-136). Newbury Park, CA: Sage Publications, Inc.
- Green, R. (1972). Homosexuality as a mental illness. *International Journal of Psychiatry*, 10(1), 77-98.
- Hacking, I. (2007). Kinds of people: Moving targets. *Proceedings of the British Academy*, 151, 285-318.
- Haldeman, D.C. (1991). Sexual orientation conversion therapy for gay men and lesbians: A scientific examination. In J.C. Gonsiorek & J.D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 149-160). Newbury Park, CA: Sage Publications, Inc.
- Haldeman, D.C. (1994). The practice and ethics of sexual orientation conversion therapy. *Journal of Consulting and Clinical Psychology*, 62(2), 221-227.
- Haldeman, D.C. (2001). Therapeutic antidotes: Helping gay and bisexual men recover from conversion therapies. *Journal of Gay and Lesbian Psychotherapy*, 5(3/4), 117-130.
- Haldeman, D.C. (2002). Gay rights, patient rights: The implications of sexual orientation conversion therapy. *Professional Psychology: Research and Practice*, 33(3), 260-264.
- Halpert, S.C. (2000). "If it ain't broke, don't fix it": Ethical considerations regarding conversion therapies. *International Journal of Sexuality and Gender Studies*, 5(1), 19-35.
- Hoffman, M. (1971). Psychotherapy with homosexuals. *Professional Psychology*, 2(4), 357-360.
- Hooker, E. (1957). The adjustment of the male overt homosexual. *Journal of Projective Techniques*, 21, 18-31.
- Kinsey, A.C., Pomeroy, W.B., & Martin, C.E. (1948). *Sexual behaviour in the human male*. Philadelphia: W.B. Saunders.
- Lamont, P. (2010). Reflexivity, the role of history, and the case of mesmerism in early Victorian Britain. *History of Psychology*, 13(4), 393-408.
- MacCulloch, M.J., & Feldman, M.P. (1967). Aversion therapy in the management of 43 homosexuals. *British Medical Journal*, 2(5552), 594-597.

- Marmor, J. (Ed.). (1965). *Sexual inversion: The multiple roots of homosexuality*. New York: Basic Books.
- Masters, W.H., & Johnson, V.E. (1979). *Homosexuality in perspective*. Boston: Little, Brown.
- Mayerson, P., & Lief, H. (1965). Psychotherapy of homosexuals: A follow-up study of nineteen cases. In J. Marmor (Ed.), *Sexual Inversion: The multiple roots of homosexuality* (pp. 302-344). New York: Basic Books.
- McConaghy, N. (1971). Aversive therapy of homosexuality: Measures of efficacy. *American Journal of Psychiatry*, 127(9), 1221-1224.
- Miller, Neil. (1995). *Out of the past: Gay and lesbian history from 1869 to the present*. New York: Random House, Inc.
- Minton, H.L. (2002). *Departing from deviance: A history of homosexual rights and emancipatory science in America*. Chicago: University of Chicago Press.
- Murphy, T.F. (1992). Redirecting sexual orientation: Techniques and justifications. *Journal of Sex Research*, 29(4), 501-523.
- National Institute of Mental Health Task Force on Homosexuality, (1972). *Final report and background papers*. Washington, D.C.: Department of Health, Education and Welfare.
- Nicolosi, J. (1991). *Reparative therapy of male homosexuality*. Northvale, NJ: Jason Aronson.
- Rose, N. (1998). *Inventing ourselves: Psychology, power, and personhood*. Cambridge: Cambridge University Press.
- Siegelman, M. (1972a). Adjustment of homosexual and heterosexual women. *British Journal of Psychiatry*, 120(558), 477-481.
- Siegelman, M. (1972b). Adjustment of male homosexuals and heterosexuals. *Archives of Sexual Behaviour*, 2(1), 9-25.
- Silverstein, C. (1991). Psychological and medical treatments of homosexuality. In J.C. Gonsiorek & J.D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 101-114). Newbury Park, CA: Sage Publications, Inc.
- Socarides, C.W. (1968). *The overt homosexual*. New York: Grune & Stratton.
- Spitzer, R.L. (1981). The diagnostic status of homosexuality in DSM-III: A reformulation of the issues. *American Journal of Psychiatry*, 138(2), 210- 215.
- Spitzer, R.L. (2003). Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation. *Archives of Sexual Behaviour*, 32(5), 403-417.
- Spitzer, R.L., Williams, J.B.W., & Skodol, A.E. (1980). DSM-III: The major achievements and an overview. *The American Journal of Psychiatry*, 137(2), 151-164.
- Stevenson, I., & Wolpe, J. (1960). Recovery form sexual deviations through overcoming non-sexual neurotic responses. *American Journal of Psychiatry*, 116(8), 737-742.
- Szasz, T. S. (1963). *Law, liberty and psychiatry*. New York: The Macmillan Company.
- Szasz, T.S. (1965). Legal and moral aspects of homosexuality. In J. Marmor (Ed.), *Sexual Inversion: The multiple roots of homosexuality* (pp. 124-139). New York: Basic Books.

- Szasz, T.S. (1973). *The manufacture of madness. A comparative of the inquisition and the mental health movement.* Suffolk: Routledge & Kegan Paul Ltd.
- Szasz, T.S. (1977). *The myth of mental illness.* New York: Harper & Row.
- Terry, J. (1999). *An American obsession: Science, medicine and homosexuality in modern society.* Chicago: Chicago University Press.
- Zucker, K.J. (2003). The politics and science of "Reparative Therapy". *Archives of Sexual Behaviour*, 32(5), 399-402.