

Psychiatric Association. That action represented the opening salvo in a battle that was to last three years, and was to bring homosexuals into direct conflict with organized psychiatry over its official classification of homosexuality as a disease.

Chapter 4

DIAGNOSTIC POLITICS: HOMOSEXUALITY AND THE AMERICAN PSYCHIATRIC ASSOCIATION

THE AMERICAN PSYCHIATRIC ASSOCIATION

UNDER ATTACK: 1970-1972

Though the struggle on the part of homosexuals had, by the end of the 1960s, taken on the features of a broad social movement, it remained, like other expressions of discontent in this period, radically decentralized. Local groups inspired by the ideological tone of the movement would seize, often in an ad hoc manner, whatever opportunities presented themselves to demonstrate their demands for change. Since the targets of such protest—the media, government, economic institutions, and professional meetings where unacceptable views were being expressed—were so numerous, there tended to be almost

no continuity from one effort to the next. With little overall coordination of activity, what coherence appeared to exist was the result of the observations of those aware of the patterns of protest.

Thus the American Psychiatric Association became the target of homosexual attack in 1970, when gay activists in San Francisco saw in the presence of the APA convention in their city yet one more opportunity to challenge the psychiatric profession. That decision was no different from the many others that had preceded earlier challenges to psychiatry. It was the status of the Association that gave the decision its significance. With the APA designated as a target, gay groups throughout the country could direct their wrath against a common organizational foe. Furthermore, the generalized antagonism toward psychiatry as a social institution could be transformed into a focused assault upon the psychiatric profession. Most importantly, the outrage against the view that homosexuality was a mental illness could be translated into a demand for the deletion of homosexuality from the APA's official *Diagnostic and Statistical Manual of Psychiatric Disorders*.

In the wake of the American invasion of Cambodia in May 1970, the killings at Kent State, and the subsequent convulsion of protest that swept the nation, gay groups in alliance with feminists engaged in the first systematic effort to disrupt the annual meetings of the American Psychiatric Association. "When we heard that Bieber and company were coming," said one activist, "we knew we had to be there."¹ Guerrilla theater tactics and more straightforward shouting matches characterized their presence. At a panel on transsexualism and homosexuality, Irving Bieber experienced his first face-to-face denunciation. Having become accustomed to the written attacks of those who had labeled him Public Enemy Number One, he was still unprepared for the kind of rage that greeted him. His efforts to explain his position to his challengers were met with derisive laughter. Since the norms of civility were considered mere conventions designed to mute outrage, it was

not difficult for a protester to call him a "motherfucker."² "I've read your book, Dr. Bieber, and if that book talked about black people the way it talks about homosexuals, you'd be drawn and quartered and you'd deserve it."³ This verbal attack with its violent tone caused Bieber considerable distress.

It was not, however, the confrontation with Bieber that provided the most dramatic encounter at the convention, but one that occurred at a panel on "issues of sexuality."⁴ In a room filled with several hundred psychiatrists, homosexuals and feminists expressed their strongest outrage during the presentation of a paper by Nathaniel McConaghy, a young Australian psychiatrist, who was discussing the use of aversive conditioning techniques in the treatment of sexual deviation. Shouts of "vicious," "torture," and "Where did you take your residency, Auschwitz?" greeted the speaker. As that paper came to an end, and the chair prepared to announce the next presentation, demonstrators exploded with the demand that they be heard. "We've listened to you, now you listen to us." When urged to be patient, they retorted, "We've waited five thousand years." At that, the meeting was adjourned and pandemonium ensued. As one protester attempted to read a list of gay demands, he was denounced as a "maniac." A feminist ally was called "a paranoid fool" and "a bitch." Some psychiatrists, enraged by the intrusion and the seeming inability of the Association to protect their discussions from chaos, demanded that their air fares to San Francisco be refunded. One physician called for the police to shoot the protesters. While most of those who had assembled for the panel left the room, some did not, staying to hear their profession denounced as an instrument of oppression and torture.

It was after this disruption that Kent Robinson, a psychiatrist from Maryland, met Larry Littlejohn, one of the organizers of the protest. Robinson, who was sympathetic to the plight of homosexuals, seeing in their struggle a movement analogous to that of Blacks, women, and students, agreed with Littlejohn that the tactics employed at the meeting were necessitated by the Association's systematic refusal to let homosexuals appear

on the official program. When told that homosexuals wanted to present a panel at the next APA convention, to be held in Washington, D.C., he agreed to convey that demand to the Association's leadership.

It was against the background of this chaotic challenge to the APA that Robinson approached John Ewing, chair of the Program Committee, warning him that unless the request for a panel was met, there was a grave risk that the entire 1971 meeting would be disrupted. "They're not going to break up just one section."⁵ Noting the coercive terms of the request, Ewing quickly agreed, stipulating only that, in accordance with APA convention regulations, a psychiatrist chair the proposed session.

Since Robinson knew no homosexual psychiatrists, he somewhat reluctantly agreed to chair the gay panel. At the suggestion of Littlejohn, Robinson contacted Frank Kameny, the most notable homosexual activist in Washington. A decision was reached to invite the participation of gay women and men who could speak on homosexuality as a life style. And so the first panel discussion by homosexuals at an APA convention was organized. The long-sought-for goal of homosexuals speaking about themselves to psychiatrists in a forum that rejected the assumption of psychopathology had been attained. To those who had so boldly challenged the professional authority of psychiatry it was clear that only the threat of disorder or even of violence had been able to create the conditions out of which such a dialogue could occur. That lesson would not be forgotten.

Despite the agreement to allow homosexuals to conduct their own panel discussion at the 1971 convention, gay activists in Washington felt that they had to provide yet another jolt to the psychiatric profession. Accepting a limited role in the program without engaging in a more direct attack on psychiatry might have slowed the momentum necessary to force a retreat on the central issue, the classification of homosexuality as a mental disease. Too smooth a transition toward the institution-alization of protest would have deprived the movement of

its most important weapon—the threat of disorder. Aware of the organizational weakness of his own Mattachine Society as well as of its relative conservatism, Frank Kameny turned to a Gay Liberation Front collective in Washington to plan the May 1971 demonstrations. Together with the collective, Kameny developed a detailed strategy for disruption, paying attention to the most intricate logistical details, including the floor plan of the hotel in which the convention was to be housed.

Hoping to avoid the chaos of its previous meeting, the APA prepared for the expected disruption by hiring a special security consultant who was to map a strategy for diffusing potentially explosive confrontations. Special considerations regarding the security of the convention were also called for, since it was known that antiwar activists were planning to converge on Washington during the first week in May to engage in massive civil disobedience. In an effort to limit the extent of possible violence, the APA's leaders decided to avoid, at all cost, any reliance upon a show of force by uniformed guards or police. A less provocative posture, one that entailed a willingness to ride out rather than to prevent demonstrations, was agreed upon.

The planned disruption occurred on May 3, when gay and antiwar activists stormed into the prestigious Convocation of Fellows. During the ensuing uproar, Kameny grabbed a microphone and denounced the right of psychiatrists to discuss the question of homosexuality. Borrowing from the language of the antiwar movement, he declared, "Psychiatry is the enemy incarnate. Psychiatry has waged a relentless war of extermination against us. You may take this as a declaration of war against you."⁶ Fist-shaking psychiatrists, infuriated by the invaders, compared their tactics to that of Nazi stormtroopers.

The tone and mood of intimidation produced by this encounter pervaded the convention from that point. Using forged credentials, gay activists gained access to the exhibit area and, coming across a display marketing aversive conditioning techniques for the treatment of homosexuals, demanded its re-

moval. Threats were made against the exhibitor, who was told that unless his booth was dismantled, it would be torn down. After frantic behind-the-scenes consultations, and in an effort to avoid violence, the convention leadership agreed to have the booth removed. Robinson, who had been acting as an intermediary between the APA and the homosexuals, was himself taken aback by the intensity of the rage and cautioned Kameny to temper the tactics of his codemonstrators. His call for moderation was dismissed. Robinson continued to perform the self-described function of "bagman" with the Association's quest for order being held at ransom.⁷

In contrast to these events, the officially sanctioned panel put together by Kameny posed a quieter challenge to orthodox psychiatric thinking on homosexuality. Its very title, "Lifestyles of Non-Patient Homosexuals," suggested a critique of both the diagnostic posture and the methodology of clinical research. In addition to Kameny, the panel included Larry Littlejohn of the Society for Individual Rights in San Francisco, Del Martin, a founder of the Daughters of Bilitis, Lilli Vincenz, a lesbian activist, and Jack Baker, the gay president-elect of the student body at the University of Minnesota. Though differing in matters of detail, they were unanimous in rejecting the clinical perspective on their lives, all expressing utter disdain for psychiatry's claim that it sought to heal and aid the homosexual. Kameny, whose vocal presence during the convention had made him an unmistakable antagonist, portrayed psychiatry's therapeutic posture as masking a pernicious desire to preserve a proprietary relationship to the homosexual: "We're rejecting you all as our owners. We possess ourselves and we speak for ourselves and we will take care of our own destinies."⁸ The antipathy toward psychiatry was underscored by Del Martin, who asserted that what she had seen and heard during the course of the convention had reinforced her belief that psychiatry was the most dangerous enemy of homosexuals in contemporary society. The other panelists described the very painful lives endured by homosexuals as a result of social exclusions, legally sanctioned discrimination, and familial rejec-

tion, pointing to the role psychiatry played in nurturing these sources of despair. Equally important was the striking stance of self-affirmation contained in these presentations. Larry Littlejohn declared:

I think the homosexual lifestyle for those people who want to live it, is beautiful and I think it should be appreciated . . . for many people, hundreds of thousands of people [it] is a valid, healthy . . . lifestyle.⁹

Both the tone and the content of the open discussion that followed the panel suggest that those who opposed the homosexual presence at the convention had either avoided the session or been intimidated into silence. Only one psychiatrist ventured a criticism of the panelists, and he focused upon the extent to which they had unfairly assumed that all APA members were followers of Bieber and Socarides. The panelists responded by challenging sympathetic psychiatrists to break the monopoly enjoyed by those who characterized homosexuality as a disorder.

Toward the end of the convention Kameny and Littlejohn informed Robinson that they wanted to present their demands for the deletion of homosexuality from the APA's official nosology, *DSM II*, to members of the Association's Committee on Nomenclature. A meeting was hastily arranged with Robert Campbell of New York, who promised to convey their message to his colleagues. Though little came of that effort, it represented the first attempt on the part of gay activists to enter into direct discussions with those within the APA leadership who were responsible for the classification of psychiatric disorders. The process of transforming general outrage into a specific political demand had been set in motion.

Reliance upon disruptive tactics and rancorous denunciation was largely absent from the homosexual involvement in the 1972 APA convention held in Dallas. Kent Robinson again played a central role, this time making arrangements for a fully institutionalized gay presence at the annual meeting. Since the Psychiatric Association had accommodated itself to the inevita-

bility of homosexual pressure, those who continued to challenge the designation of homosexuality as a disorder displayed a willingness to meet their opponents on terms less threatening to professional decorum.

A grant from the Falk Foundation covered the travel expenses of several gay activists as well as the cost of a booth in the scientific exhibition area. The display, entitled "Gay, Proud and Healthy," was designed to win the support of psychiatrists in the struggle to end the classification of homosexuality as a disease. A special flier produced by Frank Kameny for the exhibit stressed both scientific and social themes: Psychiatrists had acted unscientifically in labeling homosexuality as a disorder; the social consequences for gay women and men of being so stigmatized had been disastrous. More significant than the reiteration of these oft-repeated positions was the conciliatory tone of the statement:

We are trying to open dialogue with the psychiatric profession. . . . In past years it has been necessary, on occasion, to resort to strong measures against a resisting profession in order to achieve such discussion of *our* problems *with* us instead of merely about us. We sincerely hope that resolution, constructive discussion and dialogue followed by meaningful reform of psychiatry will soon proceed. . . .

Psychiatry in the past—and continuingly—has been *the* major single obstacle in our society to the advancement of homosexuals and to the achievement of our full rights, our full happiness and our basic human dignity. Psychiatry *can* become our major ally.¹⁰

The flier concluded by calling upon psychiatrists both individually and collectively to renounce the "sickness theory," to work for the reform of public opinion regarding homosexuals, and to support law reform and equal opportunity legislation. Through consultations psychiatrists could engage in a new cooperative relationship with the homosexual community.

Our themes are: Gay, Proud and Healthy and Gay is Good. With or without you we will work vigorously toward [their acceptance]; and will fight those who oppose us. We would much prefer to work with you than against you. Will you join us, to our mutual benefit?¹¹

The panel on homosexuality organized by Robinson brought together Frank Kameny; Barbara Gittings, a long-time lesbian activist and chair of the Task Force on Gay Liberation of the American Library Association; Robert Seidenberg, a psychoanalyst and clinical professor of psychiatry at New York's Upstate Medical Center in Syracuse; Judd Marmor; and most dramatically, Dr. Anonymous, a masked and cloaked psychiatrist who was also homosexual.

Kameny's presentation was not very different in content from the brochure he had prepared for the gay booth at the convention. More importantly, after an expected denunciation of his most prominent psychiatric antagonists, he evidenced an understanding of the extent to which the profession was divided, reaching out to those who might ally themselves with the homosexual struggle. "We do not want psychiatry as our foe, nor do we want any other foes." Barbara Gittings's talk was of a very different character. After asserting that it was not her purpose to "scold" the psychiatric profession, a task "well done and very properly done" at the 1971 convention, she went on to discuss the existence of the hidden minority of homosexual psychiatrists. Quoting extensively from the remarks of those whom she had met, she drew a portrait of psychiatrists who lived anguished lives, terrified at the prospect of professional ruin because of exposure. Like Kameny, Gittings ended with an appeal for serious and ongoing discussions, stressing, however, the importance of a new understanding between gay psychiatrists and their professional colleagues.

This year you are being offered an antidote [to the poisoned climate created by psychiatric orthodoxy]—invitations to open up dialogue with members of your own profession who are gay—to help, no longer to hurt. Gay is proud and gay is loud and gay is getting louder outside and inside the profession. What are *you* going to say in the dialogue that *we* are ready to enter into.¹²

By far the most dramatic event of the panel was the address of Dr. Anonymous. "I am a homosexual. I am a psychiatrist,"

he proudly announced. His attire not only seemed to protect his own identity, but perhaps more importantly was designed to stress that he spoke not only for himself but for all homosexual psychiatrists. He informed his audience that there were more than two hundred homosexual psychiatrists attending the convention. In fact there had been for some time a Gay-PA, an underground gay psychiatric association that met socially during the course of the annual meetings. Underscoring the situation Gittings had described, he stated:

As psychiatrists who are homosexual, we must know our place and what we must do to be successful. If our goal is high academic achievement, a level of earning capacity equal to our fellows, or admission to a psychoanalytic institute, we must make sure that we behave ourselves and that no one in a position of power is aware of our sexual preference and/or gender identity. Much like a black man with white skin who chooses to live as a white man, we can't be seen with our real friends, our real homosexual family, lest our secret be known and our doom sealed. . . . Those who are willing to speak out openly will do so only if they have little to lose, and if you have little to lose, you won't be listened to.

He ended with an appeal to both homosexual psychiatrists and their nonhomosexual colleagues. From the former he called for the courage to struggle for change; from the latter he called for acceptance.

The gay participants having made their plea, the two remaining psychiatrists responded by echoing the criticism of their profession, providing evidence that the gay cause had powerful and articulate allies within the APA. Robert Seidenberg contrasted the increasingly liberal attitude of religious groups toward homosexuality with the rigid and hostile attitude of psychiatry. In the most contemptuous of terms he described the "litany of atrocities" to be found in the professional literature dealing with the treatment of homosexuals. "As charitable as I can possibly be towards my own discipline and profession, I cannot . . . say that psychiatry or psychoanalysis is a friend of the homosexual."

Finally, Judd Marmor described his own effort to develop a critique of the prevailing psychiatric orthodoxy, defending

his 1965 Introduction to *Sexual Inversion* but adding an extended comment from his as yet unpublished 1972 essay "Homosexuality—Mental Illness or Moral Dilemma?"¹³ While noting that there were an increasing number of psychiatrists who shared his views, he pointed to the existence of intense and powerful resistance on the part of many of his colleagues to the effort to bring about a change in prevailing opinions. Though he singled out for denunciation Charles Socarides, whom he accused of having written a "monstrous attack" on homosexuality for the *Journal of the American Medical Association*, as well as the classical psychoanalytic societies, he made it clear that the pattern of antihomosexual bias within the profession was pervasive. "The cruelty, the thoughtlessness, the lack of common humanity, in the attitudes reflected by many conservative psychiatrists is I think a disgrace to our profession." Under such circumstances it was impossible, in good faith, to call upon homosexual psychiatrists to shed their anonymity. The potential costs were simply too great.

In reflecting upon the extraordinary nature of both the presentations at this panel and the role of gay activists at the convention, Frank Kameny noted with discernible pleasure that for the first time at these meetings the only views on homosexuality heard in public forums were those that could be considered friendly. The impact of the increasing power of gay groups had been revealed in the successful intimidation of old enemies.¹⁴ *The Advocate* reported the events in Dallas with similar satisfaction, commenting that the panel might well have represented a "turning point" in the relationship between psychiatry and the gay community.¹⁵

In accounting for the willingness of the APA to tolerate a panel so blatantly critical of psychiatric practice and theory, Barbara Gittings commented that it would have taken decades for such an event to occur "if gay people had politely waited to be asked." The tactical reliance upon disruption and force in earlier years had been vindicated. What psychiatrists saw as a gradual shedding of their own unfounded beliefs, the product of reason, was for gay activists a confirmation of the strategy of social protest.

CHANGING PERSPECTIVES WITHIN PSYCHIATRY

The presence at the 1972 APA meetings of psychiatrists critical of their own profession's attitude toward homosexuality was indicative of a much broader process of reevaluation that had begun to take place. Not long after the convention, the issues involved in the dispute over the classification of homosexuality were given full exposure in the *International Journal of Psychiatry*. In a lengthy discussion entitled "Homosexuality as a Mental Illness," Richard Green, director of the Gender Identity Research and Treatment Program at the University of California Medical School at Los Angeles, subjected the orthodox psychiatric perspective on homosexuality to a series of critical questions.¹⁶ To those who spoke with certainty about etiology, psychodynamics, and psychopathology, he offered a number of provocative challenges. Less concerned with providing answers than with exposing the extent to which heterosexual biases had colored the work of psychiatrists, he suggested a range of diagnostic problems for which no firm data were yet available. For him evidence did not exist to support the claim that homosexuality was a disease or that sexual relations between partners of the opposite sex were preferable to those between partners of the same sex. Green challenged his readers to reconsider the issues pressed upon psychiatry by its homosexual critics.

At the risk of being charged with heresy I have asked the above questions in a friendly but troubled spirit. They are not challenges although they may be experienced as such by those for whom the issues have long been decided. . . . To my thinking in this issue there has been premature closure or premature order. I believe it is again time for inquiry and questioning of accepted, comfortable givens.¹⁷

Green's essay was followed by six formally invited responses, at least four of which were calculated to sharpen awareness

of the profound disagreements that had begun to characterize psychiatric opinion on homosexuality. Rather than expressions of doubt and uncertainty, they were unmistakably partisan declarations. Judd Marmor¹⁸ and Martin Hoffman¹⁹ expressed clear and unambiguous support for the position that the classification of homosexuality as a mental illness represented nothing more than the cloaking of moral judgments in the language of science. Charles Socarides²⁰ and Lawrence Hatterer²¹ defended the traditional psychiatric perspective. Especially for Socarides, there was no reason to reopen the issue of the pathologic status of homosexuality. Indeed, he perceived Green's agnostic stance as a rejection of the findings of science—a rejection cloaked in the guise of a scientific posture.

The theoretical ferment reflected in this exchange was mirrored in discussions within the American Psychiatric Association's task forces as well as in some of its local branches. As early as November 1971 the Task Force on Social Issues had recommended that the *Diagnostic and Statistical Manual's* classification of *all* homosexual behavior as pathological be reconsidered. Though limited to a suggestion that homosexual behavior in certain settings, such as prisons, might not necessarily be an indication of pathology, the recommendation did reveal a growing uneasiness with the certainty that had characterized the psychiatric nosology.²² Upon receiving this recommendation Henry Brill, chair of the Committee on Nomenclature, wrote that there was strong sentiment within his committee to recognize "that homosexual behavior was not necessarily a sign of psychiatric disorder: and that the diagnostic manual should reflect that understanding."²³

The most significant indication of the growing unwillingness to embrace automatically the standard pathological view occurred in the New York County District Branch of the American Psychiatric Association. Soon after the San Francisco disruption in May 1970, Charles Socarides approached the leadership of the New York District Branch with a request to establish a task force on sexual deviation. In accordance with well-established procedure, the request was granted, and

Socarides was appointed chair with the power to select its members. The Task Force report was completed in March 1972 and presented for discussion to the council of the New York body the following month. After a rancorous discussion between Socarides and the council, the report, which bore the psychoanalytic imprint of its authors, was rejected.²⁴

In justifying its decision the council stressed that though the clinical conclusions of the Task Force about the pathological status of homosexuals were acceptable, the overemphasis upon psychoanalytic theory was not.²⁵ Enraged by the decision, Socarides attacked the council's action as an act of "collusion" between the leadership of the New York District Branch and the national leadership of the APA. Suspecting that the latter was moving toward the "normalization" of homosexuality, Socarides charged that the officers of the New York Branch did not dare to take contrary action. For him this represented yet one more instance of the corruption of psychiatric science, with politics assuming preeminence over truth.²⁶ Robert Osnos, who had been appointed by the council to discuss the report with Socarides' group, dismissed these allegations, suggesting instead that the New York Branch had been reluctant to embrace the Task Force report because of its controversial nature. Interested in avoiding conflict, the leadership chose to sidestep the dispute over homosexuality.²⁷ Despite their sharply divergent evaluations of the motives of those involved, Socarides stressing venality and Osnos timidity, both provided unmistakable evidence of the extraordinary degree to which political factors and a fractious spirit had begun to affect psychiatric decision-making on the issue of homosexuality.

The erosion of certainty about homosexuality among American psychiatrists had its analogue among other mental health professionals. In October 1970, the Executive Committee of the National Association for Mental Health adopted a declaration against the criminalization of homosexual behavior between consenting adults in which it took a noncommittal stance in the conflict over whether such behavior could best be understood as the result of an underlying psychopathology or as

an "accidental natural variant of mammalian sexual development."²⁸ Less than a year later the San Francisco affiliate of that association went further by adopting, with the prodding of two lesbian activists, a resolution asserting that "homosexuality can no longer be equated only with sickness, but may properly be considered as a preference, orientation, or propensity for certain kinds of life styles."²⁹ Clearly under pressure from the same quarters, the Golden Gate Chapter of the National Association of Social Workers adopted a similarly worded resolution in 1972.³⁰

With psychiatrists as well as workers in the allied mental health professions beginning to doubt the merits of classifying homosexuality as a disease, and with the gay movement increasingly sophisticated in the use of tactics designed to create disorder, the stage was set by the end of 1972 for a full-scale effort to demand the amendment of the *Diagnostic and Statistical Manual of Psychiatric Disorders (DSM-II)*. What was now required was an appropriate triggering event that would set in motion the intellectual, professional, social, and political forces that had been generated during the prior years of protest. That event occurred in October 1972, with a disruptive demonstration at a meeting of behavior therapists in New York City.

THE POLITICS OF DIAGNOSTIC CHANGE

On October 8, 1972, the New York Gay Activist Alliance organized a "zap" of the Association for the Advancement of Behavior Therapy to protest the work of its members who, though rejecting the *language* of psychopathology in relation to homosexuality, were perceived by homosexuals as engaging in a brutal assault on the dignity of those whose sexual preferences deviated from the heterosexual norm. In a flier entitled "Torture Anyone?" circulated to mobilize supporters, the Alliance called for "an end to the use of aversion techniques to

change the natural sexual orientation of human beings." Raising the specter of a totalitarian assault on human diversity, it demanded an end to "experiments in social engineering." More than one hundred demonstrators protested on the streets outside the New York Hilton Hotel while a smaller number gained access to a room crowded with conference participants anticipating a disruption. During a discussion in which one therapist was discussing his techniques, Ronald Gold of the Alliance led gay demonstrators in challenging those present to acknowledge the antihomosexual bias implicit in their therapeutic stance.³¹

It was at this session that Robert Spitzer of the New York State Psychiatric Institute, a member of the APA's Committee on Nomenclature, came into contact for the first time with homosexuals demanding a revision of psychiatry's attitude toward homosexuality.³² Impressed by both their passion and their arguments, he agreed to arrange for a formal presentation of their views before a full meeting of his committee and to sponsor a panel at the APA's 1973 convention on the question of whether homosexuality ought to be included in the Association's official listing of psychiatric disorders. While such promises had been made before, these were to set in motion a series of events with far greater momentum.

Within the Gay Activist Alliance, Gold's success in eliciting from Spitzer a promised meeting with the Nomenclature Committee was met with considerable discontent. For many, such a formal discussion would represent a tacit recognition of the authority of the APA, and would be an act of collaboration with the enemy.³³ Yet for Gold and Bruce Voeller, president-elect of the Alliance, the opportunity to go beyond disruptive tactics in the gay struggle for social acceptance presented an opportunity that should not be lost. To avoid the impression of an officially sanctioned overture to psychiatry, gay activists insisted that the first meeting at which Spitzer's offer was discussed be termed a "gathering of individuals." Despite their initial caution, and the risk of a serious split within the Alliance, those present quickly agreed to accept the invitation to speak

before the Nomenclature Committee. Charles Silverstein of the Institute for Human Identity, a homosexual and bisexual counseling center, was chosen to prepare a statement outlining the gay critique of the psychiatric orthodoxy. That a divisive controversy within the Alliance did not follow this decision can be attributed to the existence of widespread support for Bruce Voeller, who had just been elected by an overwhelming majority. A less popular leader might well have lacked the capacity to open formal discussions with the APA.

In an effort to create a receptive climate for his presentation at the Nomenclature meeting, Silverstein enlisted a number of sympathetic psychiatrists and psychologists to address the committee with statements supporting the deletion of homosexuality from the *Diagnostic and Statistical Manual*. Seymour Halleck, a psychiatrist widely acknowledged as a critic of the abuse of psychiatric authority, wrote that scientific evidence was lacking to support the view that homosexuality was a developmental disorder and stated that homosexual behavior could best be considered a "common behavior[al] variant." Noting the social consequence of being labeled with a psychiatric diagnosis, he concluded that "deletion of the diagnosis of homosexuality is not only a humanistic step, it is dictated by the best scientific information available."³⁴

Wardell Pomeroy, a collaborator with Kinsey in his study of male sexual behavior, cited sections of the 1948 work that had been sharply critical of psychiatric orthodoxy. Stressing the extent to which reliance upon data drawn from clinical populations had created a distorted perspective, he called upon the Nomenclature Committee to acknowledge homosexuality as a normal variant, suggesting with only thinly disguised contempt that psychiatry would have done well to accept the conclusions he and Kinsey had put forth twenty-five years earlier. "I have high hopes that even psychiatry can profit by its mistakes and can proudly enter the last quarter of the twentieth century."³⁵

Finally, Alan Bell of the Institute for Sex Research at Indiana University, and an investigator in the Kinsey tradition, cited

both his own work and that of Evelyn Hooker in arguing that homosexuality fell "within the normal range of psychological functioning." For him, well-adjusted homosexuals and heterosexuals had more in common psychologically than disturbed and well-adjusted persons of either sexual orientation.³⁶

Silverstein made his presentation to the Nomenclature Committee on February 8, 1973. In a lengthy written statement he surveyed the current research findings of psychologists, psychiatrists, and social scientists, presenting an impressive array of citations which indicated that the classification of homosexuality was inconsistent with a scientific perspective. Starting with the early work of Evelyn Hooker, Alfred Kinsey, and Ford and Beach, the document included material from more recent studies by investigators using both psychometric tests of psychological well-being and structured psychiatric interviews designed to probe the extent of psychopathology. In addition, he referred to the work of Judd Marmor, Richard Green, and Martin Hoffman,³⁷ indicating that even among prominent psychiatrists and psychoanalysts serious doubt existed about the validity of classifying homosexuality as a disease. Finally, he cited a letter by Freud, which had not yet been published, to prove that even the founder of psychoanalysis was distressed by the conclusion of some of his early followers that homosexuals were so disturbed as to be inappropriate candidates for membership in psychoanalytic societies.³⁸

Having exposed the "scientific errors" involved in listing homosexuality as a psychiatric disorder, Silverstein's statement went on to document the manner in which this diagnostic label had served to buttress society's discriminatory practices against gay women and men. It cited federal court cases involving the Defense Department's refusal to grant security clearance to avowed homosexuals because they suffered from a mental illness; a demand on the part of the New York Taxi Commission that a homosexual receive a psychiatric evaluation twice a year in order to assure his "fitness" to drive; the refusal of a university to grant a charter to a Gay Liberation group because the presence of such an organization on campus would

not be "beneficial to the normal development of our students"; and the denial of a license to a homosexual to practice law. The statement held psychiatry culpable for the suffering of gay men and women deprived of their social rights because of the label of pathology.

Lastly, the Nomenclature Committee was pressed to consider the psychological havoc that resulted from the labeling of the homosexual preference as pathological.

We are told, from the time that we first recognize our homosexual feelings, that our love for other human beings is sick, childish and subject to "cure." We are told that we are emotional cripples forever condemned to an emotional status below that of the "whole" people who run the world. The result of this in many cases is to contribute to a self-image that often lowers the sights we set for ourselves in life, and many of us asked ourselves, "How could anybody love me?" or "How can I love somebody who must be just as sick as I am?"³⁹

Thus, with a mixture of academic discipline and passion, the case was developed for a change in psychiatric nomenclature. To accommodate the sense of urgency felt by the homosexual community, an appeal was made for immediate action, despite the existence of plans to publish a revised edition of the *Manual* in 1978. Such a step would place psychiatry in the position of "bringing to pass a more enlightened medical and social climate."

Charles Silverstein's oral presentation at the February 8 meeting covered much of the same ground as his written statement, stressing the absence of any empirical basis for classifying homosexuality as a disorder. In contrast to the rich scientific literature, psychoanalytic theory was depicted as "subjective," "unsubstantiated," a series of "adult 'fairy' tales." Pointing both to the work of social scientists, and to the actions taken by mental health groups that had already rejected the pathological view, he concluded:

I suppose what we're saying is that you must choose between the undocumented theories that have unjustly harmed a great number of people and continue to harm them and . . . controlled scientific

studies. . . . It is no sin to have made an error in the past, but surely you will mock the principles of scientific research upon which the diagnostic system is based if you turn your backs on the only objective evidence we have.⁴⁰

Nothing impressed the members of the Committee on Nomenclature more than the sober and professional manner in which the homosexual case was presented to them. After several years of impassioned denunciations and disruptions, here, at last, was a statement that could be assimilated, analyzed, and discussed in a scientific context. Since none of the committee members was an expert on homosexuality, there was considerable interest in the data that had been presented, much of which was new to those who would have to evaluate the issues raised by the call for a revised nomenclature.⁴¹ That the Silverstein presentation and the discussion that followed it produced such a reaction was remarkable, given the absence on the committee of any psychiatrist who had publicly expressed uncertainty about the diagnostic status of homosexuality.

For the homosexual activists who had succeeded in obtaining a formal hearing for their case and who had raised issues of sufficient seriousness to warrant a thoroughgoing review, the significance of the February 8 meeting cannot be overestimated.⁴² Concerned, however, that subsequent discussions of the issues would be concealed from public view under conditions that would favor conservative professional tendencies and an unfavorable decision, they concluded that the press should be informed of the meeting. Only with such exposure could they sustain the kind of pressure that years of experience had demonstrated was vital to the process of change.⁴³ On February 9, under the headline "Psychiatrists Review Stand on Homosexuals," the *New York Times* reported the events of the preceding day. It quoted Henry Brill, chair of the committee, who indicated ready acknowledgment by his colleagues that the psychiatric labeling of homosexuality had led to unwarranted discriminatory public policies and attitudes. While the majority had also rejected the view that homosexual rela-

tions were invariably an indication of mental disorder, Brill noted that some members saw homosexuality as a "central feature of a psychiatric problem." With the reevaluation of the status of homosexuality a matter of public record, Brill reported that he hoped to present a statement on the appropriate direction of change within four months, in time for the May 1973 APA convention.⁴⁴

With every indication that the Nomenclature Committee would attempt to resolve the dispute on homosexuality rather quickly, opponents of a change in *DSM-II* mobilized to forestall an undesirable outcome. An Ad Hoc Committee Against the Deletion of Homosexuality from *DSM-II* was organized under the leadership of Irving Bieber and Charles Socarides to focus the forces of resistance. Concerned with the absence on the Nomenclature Committee of psychiatrists who could be considered allies, the Ad Hoc Committee anticipated an unfavorable vote. On April 9, Bieber wrote to Walter Barton, medical director of the APA, urging him to appoint a special committee, "balanced in its composition," to review any decision by the Nomenclature Committee to delete homosexuality from *DSM-II*.⁴⁵

Psychoanalytic societies were the most outspoken in their expression of opposition to change. In March the Council of the Association for Psychoanalytic Medicine passed a resolution opposing a change in *DSM-II*. Noting that exclusive homosexuality was a form of "disordered psychosexual development" resulting from early childhood experiences, and that it was treatable through psychotherapeutic intervention, the council asserted that such behavior could not be considered normal.⁴⁶ Little more than one week later Harry Gershan, dean of the Institute for Psychoanalysis of the Karen Horney Institute, and a member of the Socarides-Bieber committee, reported to the APA that its board of trustees had unanimously passed a resolution identical to that approved by the Council of the Association for Psychoanalytic Medicine opposing the removal of homosexuality from *DSM-II*.⁴⁷ Finally, in more cautious and less committed terms, the Executive Council of the

American Psychoanalytic Association voted at its Sixtieth Annual Meeting early in May to urge a delay in any action to remove homosexuality from the *Diagnostic Manual*, suggesting the need for "more time for useful study and consideration."⁴⁸ It is clear that the question of the diagnostic status of homosexuality aroused deep concern for these groups not only because of its potential impact on psychiatric thinking and practice with regard to sexuality, but because of what this change would portend for the status of psychoanalytic theory in the organization of a nosology of mental disorders.

While general public and professional attention was focused on the prospect of a nomenclature shift by the American Psychiatric Association, pressure for change was mounting in local psychiatric societies as well. Most important was the activity within the Northern New England District Branch of the APA, which included Massachusetts and New Hampshire. Toward the end of 1972 Lawrence Hartmann, chair of the Branch's Social Issues Committee, decided to have his group take up the issue of homosexuality. Concerned about both the scientific and civil rights aspects of the problem, he thought it an appropriate moment for the Branch to go on record as favoring the deletion of homosexuality from *DSM-II* as well as supporting an aggressive campaign to combat discrimination against gay men and women. These actions might have the further result of prodding the APA's leadership into what he believed was long overdue action. To inform the deliberations of his committee, Hartmann called upon Richard Pillard, a gay psychiatrist who had been publicly identified with gay causes ever since he had helped found the first homophile counseling center in the East. After making an oral presentation to the Social Issues Committee, Pillard was asked by Hartmann to prepare a formal resolution for its consideration. By the end of December 1972 his work was done.

Acknowledging that data were lacking on many questions having to do with homosexuality, the resolution nevertheless called for the deletion of homosexuality from *DSM-II* and its replacement with a broader category of "sexual dysfunc-

tion." Because many homosexuals were capable of functioning normally, they could be diagnosed as ill only if "homosexuality itself is arbitrarily considered an illness." By contrast, the new diagnostic category "sexual dysfunction" would include frigidity, impotence, and homosexuality in those instances when "in the opinion of the physician this is a problem area for the patient." After linking the prevailing pattern of social discrimination to the psychiatric classification of homosexuality as a disorder, the resolution went on to call for an end to such practices, as well as for the repeal of all sodomy legislation affecting consenting adults. Finally, in order to help young people becoming aware of their own homosexual desires, the resolution asked for an end to the exclusively heterosexual orientation of sex education programs.⁴⁹

With the exception of the last provision, the resolution was enacted by the Social Issues Committee. In March 1973 the Northern New England District Branch endorsed this action, making it the first APA affiliate to take a stand for the deletion of homosexuality from *DSM-II*.⁵⁰ Soon afterward it was endorsed by the APA's Area Council I, which included all of New England in addition to Ontario and Quebec.

For the homosexuals who had been engaged in the politics of confrontation with the American Psychiatric Association for more than two years and who had, less than six months earlier, begun a process of negotiation with Robert Spitzer and the Nomenclature Committee, passage of the complete resolution by the New England District Branch and Area Council I was the first indication that their effort might well end in success.⁵¹

Within the Nomenclature Committee itself, discussions following the presentation of the gay case in February were affected by pressures to act quickly despite the fact that no member considered himself expert on the theoretical or clinical dimensions of homosexuality. Though Henry Brill had titular authority over the committee, Robert Spitzer, who was committed to an expeditious resolution of the controversy, zealously assumed a central role in directing its considerations,

suggesting appropriate clinical and research literature to his colleagues for study. The intensity of his involvement, however, was not linked initially to any strong allegiance to a substantive position. Certainly he was not at first a supporter of the effort to delete homosexuality from the nomenclature. Indeed, when paired with Paul Wilson, a psychiatrist from Washington, D.C., to draft a discussion paper for the committee, Spitzer could not accept Wilson's version because of its support for declassification.⁵² What is remarkable is that because of his sense of mission he was, despite his unformed views, able to dominate both the pace and the direction of the committee's work. In fact it was Spitzer's own conceptual struggle with the issue of homosexuality that framed the committee's considerations.

By the time of the May 1973 APA convention in Honolulu, Spitzer's views had moved quite far. The justification for including homosexuality *per se* among the psychiatric disorders had become increasingly inconsistent with his understanding of the appropriate focus of a nosological system.⁵³ His attention had been drawn to critical analyses of standard psychoanalytic works like Bieber's and to empirical studies indicating that homosexuals were quite capable of satisfactory adjustments to the demands of everyday life.⁵⁴ Contact with gay activists had made it clear that many homosexuals were fully satisfied with their sexual orientations. It began to seem to him that the inclusion of homosexuality in *DSM-II* constituted an unjustifiable extension of the concept "psychiatric disorder." Furthermore, as the issues unfolded, Spitzer was forced to reconsider the foundations of the psychiatric nosology itself. In rethinking the basis for the classification of aberrant behavior, he concluded that an important distinction existed between what was suboptimal and what could appropriately be considered a psychiatric disorder. Wrestling with the implications of this conceptualization, he began to recognize how great a distance he had traveled from his own psychiatric and psychoanalytic training.

At the same time as he was shifting his own position, Spitzer

was engaged in planning a panel discussion for the 1973 psychiatric meetings in fulfillment of his second pledge to gay activists in October 1972. Indicative of the seriousness with which he took this mission was the professional stature of the participants he sought to engage. In contrast to prior attempts in which homosexuals and their psychiatric allies were brought together to speak out against the profession, the panel brought together by Spitzer would incorporate the major proponents of the antagonistic views then dividing American psychiatry. Representing the orthodoxy, now so clearly under attack, were Irving Bieber and Charles Socarides.⁵⁵ Arrayed against them were psychiatrists Judd Marmor, Richard Green, Robert Stoller, and gay activist Ronald Gold. Marmor, a vice-president of the APA, and for years clearly identified as a critic of the standard psychiatric position, concluded his expected assault by challenging his colleagues to relinquish their unwarranted and unscientific defense of the supremacy of heterosexuality. "It is our task as psychiatrists to be healers of the distressed, not watchdogs of our social mores."⁵⁶ To Stoller, not only was the listing of homosexuality as a diagnostic category untenable, but the entire system of psychiatric classification was flawed and in need of radical revision.⁵⁷ Finally, Ronald Gold made an impassioned appeal to psychiatrists to withdraw from their clinical stance. "Stop it," he declared. "You're making me sick."⁵⁸

Nothing more clearly indicates the extent to which this controversy had gripped the membership of the APA than the size of the audience that turned out for the session—almost one thousand conference participants were present. From the air of self-confidence that characterized the remarks of those who only three years ago had represented a distinctly unpopular view, and from the response evoked by their comments, it seemed to attentive observers that the long-sought-for goal of homosexual activists would soon be attained. Commenting on the events of the APA convention, *Newsweek* noted, "The indications seem to be that the [Nomenclature] Committee will decide to drop homosexuality from its list of mental

aberrations."⁵⁹

Yet despite the apparent certainty of ultimate success, gay activists remained concerned about Robert Spitzer's failure to arrive at an unambiguous position on the deletion of homosexuality by the date of the convention, fearing that he might delay the process of change. Ronald Gold decided that a meeting between Spitzer and homosexual psychiatrists at the convention might provide the necessary pressure.⁶⁰ Without warning those who were attending a Gay-PA social function, Gold appeared with Spitzer, who at an earlier date had said that he had never met a homosexual psychiatrist. The initial response to Spitzer's presence was outrage. Dismayed by Gold's action, many of the gay psychiatrists complained that he had thoughtlessly exposed them to an outsider, one whom they feared could easily ruin their careers. Gold prevailed over those who had demanded that Spitzer leave by arguing that they now had a unique opportunity to convey their sense of urgency about the diagnostic change. In this emotionally charged situation, Spitzer heard homosexual psychiatrists declaring to Gold that "their lives had been changed by what they had heard at the panel discussion."⁶¹ The occasion not only succeeded in substantiating Spitzer's belief that being homosexual had little to do with one's capacity to function at a high level, but perhaps more importantly provided an emotional jolt that moved him to prepare, within a month, a proposal for the deletion of homosexuality from the nomenclature.

His first draft, entitled "Homosexuality as an Irregular Form of Sexual Development and Sexual Orientation Disturbance as a Psychiatric Disorder" was circulated in June. It reflected an effort to steer a middle course between those like Marmor who saw homosexuality as a normal variant of sexuality and those like Bieber and Socarides who characterized it as a psychopathology. Spitzer's strategy entailed the development of a restricted definition of psychiatric disorders that excluded homosexuality while avoiding the implication that it was no different from heterosexuality—in his view the preferred form of human sexuality.

From a review of the available empirical literature he concluded that a significant proportion of homosexuals were satisfied with their sexual orientation, showed no signs of manifest psychopathology (other than homosexuality, if that were considered pathological, *per se*), and functioned in a socially effective fashion; some, however, were distressed by their sexual orientation and sought the assistance of psychiatrists to help them achieve either a heterosexual life style or a better adjustment to their homosexuality. He turned next to the more problematical question of the appropriate scope of a manual of psychiatric disorders. For Spitzer the answer was now obvious. Only clearly defined mental disorders ought to be included and "not all of the forms of human psychological development which are judged by the profession or some members of the profession as less than optimal." His restricted definition of mental disorders, articulated *after he had decided that homosexuality had been inappropriately classified*, entailed two elements: For a behavior to be termed a psychiatric disorder it had to be regularly accompanied by subjective distress and/or "some generalized impairment in social effectiveness or functioning." With the exception of homosexuality and some of the other sexual deviations, Spitzer argued, all other entries in *DSM-II* conformed to this definition of disorder.

The inclusion of homosexuality in the nomenclature would have required the expansion of the concept of psychiatric disorder to include all "suboptimal" conditions. From such a theoretical perspective, Spitzer warned, the classification of disorders would become a listing of a vast array of odd behaviors. As if to suggest the absurdity to which psychiatry would be forced by such an all-embracing concept of mental disorder, he listed the following potential candidates for inclusion in a broad nosological classification: celibacy (failure to achieve optimal sexual functioning), religious fanaticism (dogmatic and rigid adherence to religious doctrine), racism (irrational hatred of certain groups), vegetarianism (unnatural avoidance of carnivorous behavior), and male chauvinism (irrational belief in the inferiority of women).

Spitzer was careful to underline that he was not asserting that either these behaviors or homosexuality were "normal." Fully aware of the possibility that gay activists would claim the deletion of homosexuality from *DSM-II* as indicating that psychiatry had recognized it as being as desirable, as "normal," as heterosexuality, he flatly asserted, "They will be wrong."

Only homosexuals troubled by their sexual orientation—those who sought either adjustment or change—ought to be the subject of psychiatric classification. Only they exhibited the distress that was so central a feature of the newly defined "disorder." Thus Spitzer recommended that a new classification, "sexual orientation disturbance," be substituted for "homosexuality" in *DSM-II*.

This category is for individuals whose sexual interests are directed primarily toward people of the same sex and who are either bothered by, in conflict with or wish to change their sexual orientation. This diagnostic category is distinguished from homosexuality, which by itself does not constitute a psychiatric disorder. Homosexuality per se is a form of irregular sexual development and like other forms of irregular sexual development, which are not by themselves psychiatric disorders, is not listed in this nomenclature of mental disorders.⁶²

For Spitzer there were a number of significant advantages in this reformulation. Psychiatry would no longer be in the position of claiming that homosexuals who insisted on their own well-being and who were clearly able to function socially were nevertheless sick. Furthermore, removing the label of mental illness from homosexuals would eliminate a major justification for the denial of their civil rights. Finally, such a definition would protect the professional standing of clinicians who sought, through therapeutic intervention, to assist homosexuals seeking a heterosexual adjustment.

The position paper as well as the proposed new diagnostic category thus attempted to provide a common ground for those who had been locked in combat for the past three years. To homosexual activists it granted the removal of homosexuality from the *Diagnostic Manual*, allowing them to claim a stunning

victory. To psychoanalytically oriented psychiatrists, it stated that their own view of homosexuality as suboptimal was not being challenged, but rather was not central to the restricted concept of psychiatric disorder. To those seeking an end to the pattern of disruptions that had beset psychiatric meetings, the new classification provided a formula that could remove the APA from the center of controversy. Finally, for psychiatrists concerned with the extent to which the psychiatric nosology had become a tool in the hands of government officials attempting to deprive homosexuals of their rights, the proposed shift promised to put an end to such unwanted collaboration. That all of this could take the form of a theoretical refinement rather than a political accommodation made the proposal more attractive to those willing to yield the polar positions defined in the course of conflict.

At the same time as the classification change was being considered, a formal statement on the civil rights of homosexuals, drafted by Robert Spitzer and Ronald Gold, was before the Nomenclature Committee. This more patently political declaration sought to put the APA on record as opposing the discriminatory practices that had been justified for so long on the grounds that homosexuals were mentally ill. That this kind of declaration could have emerged from the committee charged with overseeing the consideration of nosological issues can be explained only in terms of the appreciation, shared by those involved in this process, of the enormous social importance of making a clean and comprehensive break with the antihomosexual past.

Unanimous support existed for the civil rights resolution within the Nomenclature Committee.⁶³ This was not the case with regard to the deletion of homosexuality. When both proposals were delivered to Walter Barton, medical director of the APA, Henry Brill noted in a covering letter that his committee was "completely divided," with some opposing action, others being undecided, and only "one or two" favoring quick approval. Not surprisingly, he caustically characterized Spitzer as being "quite sympathetic" to the viewpoint of the "Gay

Liberation Group." Brill's emphasis upon the degree of dissension may have reflected his own indecision and his discomfort with Robert Spitzer's aggressive assumption of leadership on this issue. In describing his own position, he stated, "From the social point of view there appears to be a very good case in favor of dropping homosexuality from the *Manual*, but from the medical and psychiatric point of view the issues are by no means so clear-cut."

Because of both his own ambivalence and his tendency toward caution, Brill suggested to the medical director that a formal survey of a stratified sample of APA members be undertaken to elicit responses to Spitzer's nomenclature proposal. Such a survey would alert the leadership of the Association to the possibility of either strong negative or strong positive reactions to the proposed deletion of homosexuality from *DSM-II*, thus avoiding the potentially disruptive consequences of a decision unacceptable to the majority of America's psychiatrists. While not a suggestion for a binding formal referendum of the kind that would ultimately be held on this question in 1974, Brill's request for a survey indicated not only the extremely delicate nature of the issues involved, both social and scientific, but the remarkable extent to which he and his colleagues understood that political factors were at play in this dispute. The decision by the APA's leadership not to undertake such a survey indicated its own concern about the potential divisive impact of the further politicization of the nomenclature discussion. The Association had little difficulty in justifying its rejection of Brill's procedural proposal. To do otherwise would have implied a willingness to subject scientific questions to the democratic process. Russell Monroe, chair of the Council on Research and Development, termed Brill's suggestion "ridiculous," asserting, "You don't devise a nomenclature through a vote."⁶⁴

It was to Monroe's council, comprised of five senior psychiatrists who were responsible for providing the APA with advice on matters of policy and with information on current issues in psychiatric research, that Spitzer's proposal was first sent

for consideration. Though officially coming from the Committee on Nomenclature, in fact it had never been formally approved by its members and thus represented Spitzer's own effort to resolve what many APA leaders considered a "hot potato."⁶⁵

Just prior to the regular October meeting of the Council on Research and Development, its members received a letter from Ronald Gold, now of the National Gay Task Force (NGTF), spelling out the concerns of the gay community on this issue.⁶⁶ Written with extraordinary attentiveness to the sensibilities and professional prerogatives of those who would be making the crucial decision, it sought in almost deferential terms to avoid the impression that pressure was being brought to bear upon them. While supportive of the proposed deletion of homosexuality, the letter expressed concern about both the new diagnostic category of "sexual orientation disturbance" and the tone of the Spitzer position paper. Gold argued that a serious error had been made in restricting the new diagnostic category to homosexuals. Heterosexuals too could be in conflict over their sexual orientations and need assistance in making a homosexual adjustment. Most importantly, the new classification would provide a warrant for "indiscriminate attempts" by psychiatrists to change the orientation of homosexuals "suffering from the internalized effects of anti-homosexual bigotry." The Spitzer paper was criticized not only because it did not embrace the view that homosexuality was a normal variant of human sexuality, but also because of its emphasis on the extent to which homosexuality was "suboptimal." Referring to Spitzer's comparisons of homosexuality, religious fanaticism, and racism as "egregious," Gold asserted that the paper's discussion of "valuable" and "optimal" behavior was unscientific, revealing an attitude that ought to be irrelevant to psychiatry and the diagnosis of disorders. However, because he feared that a thorough review of the issues raised in his letter would delay a decision to delete homosexuality from *DSM-II*, Gold offered the expedient of simply sidestepping the question of a new diagnostic category while moving ahead

with the more important task of deletion. Though ostensibly reasonable, such a move in effect would have undermined the very delicate balance upon which Spitzer had constructed his proposed change, which sought to gain the support of the broadest possible psychiatric constituency.

Despite this tactical effort to diffuse the atmosphere of pressure that had forced this issue on the APA, it would have required a state of self-imposed amnesia for the members of the Council on Research and Development to consider the question of the diagnostic status of homosexuality without taking into account the sociopolitical struggle that had placed this item on their agenda. For some members that pressure had created an unacceptable situation in which patient populations could determine the pace at which matters of serious consequence for psychiatry would be considered. An unwarranted intrusion of extraprofessional forces was perceived by many as posing a threat to the integrity of the APA. In addition, some felt that Robert Spitzer and his supporters on the Nomenclature Committee had been so eager to bring the discussion of homosexuality to a predetermined resolution that they had repeatedly violated accepted procedures for the consideration of such matters. The captives of extraprofessional interests, they had attempted to short-circuit the institutional framework designed to guarantee the scientific evaluation of issues. Yet it was precisely the same sense of urgency that suggested to other council members the need to move swiftly. With homosexuals rightly claiming that inclusion in the *Manual* had become a source of great suffering, it was necessary to handle their demand in an ad hoc fashion rather than to wait for the formal reconstruction of *DSM-II*.⁶⁷

After considering both Spitzer's proposal and other opinions on the nomenclature change, the council voted unanimously to approve the deletion of homosexuality from *DSM-II*. While the members generally had agreed with the reasoning offered in favor of deletion, the principal explanation for their unanimity was the council's desire to act according to the well-established procedural norm of accepting the findings of the task

forces established under its aegis. Since such task forces typically were appointed on the basis of expertise, to override their conclusions would have represented a violation of the principles of scientific authority. In this instance, however, the invocation of that standard served to mask a very complex relationship between the premises of psychiatric diagnosis and more overtly social considerations. The proposal that had been brought before the council was not the considered conclusion of the full Nomenclature Committee, but rather the work of one of its members. Though the absence of any outcry from its members suggested a willingness to let Spitzer have his way, Brill himself had alerted Monroe to how divided the group was. More importantly, the task force had not been appointed on the basis of expertise on the question of homosexuality; indeed none of its members including Spitzer considered himself expert on the question. That some reading and discussion had been undertaken could hardly have materially affected this situation. Significant in this regard was the council's reluctance to raise serious questions about the conceptual basis of Spitzer's conclusions, for within a year even he was to recognize its inadequacy.

The council's unanimous endorsement of Spitzer's effort provided the first indication of the tactical wisdom in his decision to answer the question of whether homosexuality was a psychiatric disorder with a definitional device. The new restrictive definition of psychiatric disorder had proved itself capable of providing a common ground for those with quite disparate views on the nature of homosexuality. Thus it was possible for Louis Jolyon West, a strong advocate on the council of the Spitzer proposal, to believe nevertheless that "homosexuality usually represents a maturational disturbance of personality."⁶⁸

Despite the apparent capacity of Spitzer's formulation to win the support of powerful figures in the APA's leadership, many gay activists remained extremely reluctant to embrace his effort. More enthusiastic about the declaration of Area Council I, they attempted to mobilize psychiatrists to support

it in the Assembly of District Branches.⁶⁹ Before it could be voted on, however, the leaders of the Area Council withdrew it from consideration for tactical reasons, leaving only the Spitzer proposal on the agenda of the Assembly for full formal consideration in November.

Because the Assembly tends to reflect a clinical rather than an academic perspective in psychiatry, many observers anticipated resistance to the deletion of homosexuality from the nomenclature. Though there were some who strongly opposed the declassification of homosexuality, the overwhelming majority voiced approval. More significantly, the Assembly expressed concern about the wording of the new diagnostic category because of its reference to homosexuality as an "irregular" form of sexual behavior.⁷⁰ Siding with a criticism voiced early in June by Judd Marmor, they called upon the Council on Research and Development to reword the resolution, eliminating such pejorative phrasing.⁷¹

Having passed the Assembly, the proposal next appeared before the Reference Committee, comprised of the chairs of the various APA councils and the president-elect of the Association. At its November 15 meeting it endorsed the diagnostic category of "sexual orientation disturbance," thus paving the way for the board of trustees to act at its mid-December meeting.⁷²

With every indication that the board of trustees would supply the final approval necessary for the change in nomenclature at the December 15 meeting, homosexual activists began to prepare for the celebration of victory. Concerned that the APA would attempt to mute the significance of the deletion of homosexuality from *DSM-II*, gay activists exerted intense pressure upon Alfred Freedman, the liberal president of the Psychiatric Association, to create an appropriate setting for the announcement of the board's expected decision. In an atmosphere charged with both anticipation and unflagging militancy, there were demands for a "gay presence" at the board's meeting. Threats of mobilizing a major picket of APA headquarters were made. When warned that too obvious an effort to highlight the significance of political pressure in the process might have

disastrous consequences, leaders of the homosexual cause decided to settle for a press conference at which representatives of both the gay movement and psychiatrists would explain the significance of the decision to remove homosexuality from the nomenclature and of the accompanying civil rights declaration.⁷³

On December 10 the APA publicly announced plans to hold a press conference, at which Robert Spitzer, Alfred Freedman, and others would be present. The National Gay Task Force planned to participate with a full contingent of the activists who had been long involved in pressing the APA to make the desired change. Among those to be present were Howard Brown, former commissioner of health in New York and chair of the National Gay Task Force; Bruce Voeller, its executive director; Barbara Gittings, the long-time lesbian activist; and Frank Kameny. In a memorandum to the gay participants, Ronald Gold urged them to stress the symbolic importance of the anticipated board decision. He asked them to underline their intention to use it in the attack on sodomy laws, immigration restrictions, custody cases, and the use of antihomosexual textbooks. Finally, he asked them to note their dissatisfaction with the new diagnostic category of "sexual orientation disturbance." While accepting a truce with the profession as a whole, he called upon the gay participants to indicate that individual "homophobes" would remain the subject of continued "exposure."⁷⁴

Though they had had only the most limited formal input at the earliest stages of discussion, three leading opponents of the change in the status of homosexuality were invited to state their case before the board of trustees when it met to make a final decision on December 15. With the outcome all but a foregone conclusion, the presentations of Irving Bieber, Charles Socarides, and Robert McDevitt were received respectfully, but coolly. Bieber reiterated his familiar claims regarding the etiology of homosexuality, stressing the dire consequences of a diagnostic shift for the "pre-homosexual child."⁷⁵ Socarides, appealing to the authority of scientific expertise, charged

that those with the greatest experience on the question of homosexuality had been systematically denied the opportunity to have their views heard during the months preceding the board meeting.⁷⁶ He went on to draw a sharp distinction between the legitimate struggle for civil rights on the part of homosexuals and the scientific issue of the nomenclature, in a futile attempt to drive a wedge between those who supported the social aspirations of the gay community and those who rejected the psychopathological view of homosexuality. Finally, McDevitt argued that since clinical evidence made clear that homosexuality was a pathological state, the desire to alter the nomenclature could be explained only on "political and philosophical grounds."⁷⁷ Far from helping homosexuals, the declassification of homosexuality would represent a "cold and unfeeling response" to those in need, creating "more despair than hope" for such individuals.

Having satisfied the formal requirements of providing a fair hearing, the board met in executive session to render its verdict. Among the fifteen trustees who were present (three were absent), a clear majority accepted the distinction drawn by Spitzer between sexual behavior that was not normal and that which ought to be termed a psychiatric disorder.⁷⁸ Some who felt privately that homosexuality was indeed a disorder, even in Spitzer's more limited sense, nevertheless acknowledged that the evidence required to substantiate their position was lacking.⁷⁹ Opposition to the proposed deletion tended to focus on the degree to which, under the pressure of homosexual activists and concern for civil rights, the Association had attempted to move too summarily, and with inappropriate haste.⁸⁰

On the first formal vote, the classification of "sexual orientation disturbance," as amended to meet the objections raised by Assembly members won the support of nine members with four casting negative ballots and two abstaining. On a motion of Ewald Busse, it was suggested that the phrase "homosexuality . . . by itself does not constitute a psychiatric disorder" be altered to read "homosexuality . . . by itself does not *necessarily* constitute a psychiatric disorder."⁸¹ When that motion

passed, it was possible for those who wanted to avoid the impression that the psychiatric status of homosexuality was no longer a matter of debate to vote for the new diagnostic category. On a final poll, with a vote of thirteen to zero and two abstentions, the board approved the deletion of homosexuality and its replacement with the classification "sexual orientation disturbance."

This category is for individuals whose sexual interests are directed primarily towards people of the same sex and who are either disturbed by, in conflict with, or wish to change their sexual orientation. This diagnostic category is distinguished from homosexuality, which by itself does not necessarily constitute a psychiatric disorder.⁸²

In addition, the trustees, with only one abstention, approved Spitzer's far-reaching civil rights proposal, placing the American Psychiatric Association on record as opposing both the use of the criminal sanction against private consensual homosexual activity and the deeply embedded pattern of social discrimination against gay men and women. While advocates of the nomenclature change had repeatedly argued that the two issues were conceptually distinct, it is clear that much of the force of the civil rights resolution was derived from the prior nosological decision.

Whereas homosexuality in and of itself implies no impairment in judgment, stability, reliability, or vocational capabilities, therefore, be it resolved, that the American Psychiatric Association deploras all public and private discrimination against homosexuals in such areas as employment, housing, public accommodation, and licensing, and declares that no burden of proof of such judgment, capacity, or reliability shall be placed upon homosexuals greater than that imposed on any other persons. Further, the APA supports and urges the enactment of civil rights legislation at local, state, and federal levels that would insure homosexual citizens the same protections now guaranteed to others. Further, the APA supports and urges the repeal of all legislation making criminal offenses of sexual acts performed by consenting adults in private.⁸³

And so, eleven months after their first presentation before the Nomenclature Committee, homosexual activists had suc-

ceeded in achieving their long-sought goal. If continued distrust prevented the perception of psychiatry as a true ally in their struggle, at least it had been neutralized. What Frank Kameny had been referring to for years as *the* major ideological prop of society's antihomosexual bias had been shattered.

In the press release that followed the December 15 decision, Alfred Freedman, the APA's president, underscored the limited scientific meaning of the vote to delete homosexuality from *DSM-II* while emphasizing its enormous social significance. Closely following Spitzer's line of reasoning about the classification of psychiatric disorders, he asserted that the board had declared neither that homosexuality was "normal" nor that it was as desirable as heterosexuality. With regard to the civil rights statement, he declared that the APA wished to add its voice to the struggle to root out the irrational social practices that so cruelly victimized homosexuals. He expressed the hope that the trustees' action on both resolutions would "help to build a more accommodative climate of opinion for the homosexual minority in our country, a climate which will enable homosexuals to render the maximal contribution to society of which they are capable."⁸⁴

Across the country newspapers headlined the American Psychiatric Association's decision. Washington's two major dailies, the *Post* and the *Star*, reported "Doctors Rule Homosexuals Not Abnormal"⁸⁵ and "Victory for Homosexuals."⁸⁶ The *New York Times* noted in a front-page story: "Psychiatrists in a Shift. Declare Homosexuality No Mental Illness."⁸⁷ The gay press exultantly announced the decision in *The Advocate*, declaring, "Gays Leave Psychiatric Sick List,"⁸⁸ and "Sick No More."⁸⁹

PSYCHIATRY DIVIDED: VOTING ON

THE STATUS OF HOMOSEXUALITY

While discussions within the APA's committees and councils had been conducted in an atmosphere of striking consensus,

the board's decision provoked a response by many psychiatrists that revealed how profoundly divided American psychiatry was on the issue of homosexuality. The public reaction to the deletion of the older diagnostic category was largely, though certainly not exclusively, expressed in language compatible with the standards of professional decorum. But just beneath the surface, always fueling the intensity of the debate and sometimes breaking through in startling expletives, was a deep bitterness. Denunciations and vilifications, most often muttered in private discussions, characterized the politicized dispute among psychiatrists over their association's new position.

Those who supported the board quite naturally praised its sobriety and wisdom in breaking with the past. They perceived in the attempt to narrow the definition of mental illness a serious effort to respond to psychiatry's conceptual confusion, reflected in the apparent success of antipsychiatrists like Thomas Szasz in gaining a sympathetic hearing. Finally, they welcomed the openness with which their leadership had responded to the legitimate concerns of the homosexual community. The tone of these congratulatory reactions was, not surprisingly, subdued; after all, they represented affirmations of official policy. That was not the case with those who had lost out in the debate.

Stung by the significance of the ideological rebuff they had suffered, those who continued to view homosexuality as pathological perceived themselves as having been expelled from the center of psychiatric authority. The liberal, socially oriented leadership of their association had usurped the mantle of science; the APA's councils had fallen victim to a Babylonian captivity. In letters to the Washington headquarters of the Association and to *Psychiatric News*, the APA's official publication, they expressed dismay and outrage.

On a conceptual level, opponents of the board's decision found it utterly astounding that "subjective distress" could provide a standard by which to determine the presence or absence of psychopathology. Indeed, it was the absence of such discomfort that often revealed the depths of pathology. Fur-

thermore, Spitzer's emphasis on the importance of social functioning implied that a number of patently pathological conditions, especially the sexual perversions, had been improperly classified as disorders. Instead of providing a sound basis for a psychiatric nosology, the board had made a shambles of the nomenclature.

On a clinical level, concern was greatest over the implications of the Association's decision for the psychotherapeutic effort to assist adolescents experiencing conflict over their sexual identities. The removal of homosexuality from the list of psychiatric disorders would signal to these confused young men and women that it mattered little whether they chose a homosexual or heterosexual orientation. One psychiatrist wrote to *Psychiatric News*: "The Board of Trustees has made a terrible, almost unforgivable decision which will adversely affect the lives of young homosexuals who are desperately seeking direction and cure. That . . . decision will give young homosexuals an easy way out and make the job of practitioners like myself much more difficult."⁹⁰

In attempting to explain the decisions of the board and the other APA bodies, dissenting psychiatrists frequently asserted that those who had supported the deletion of homosexuality from *DSM-II* acknowledged privately that such sexual behavior represented a pathological condition, but refused to say so publicly. The Spitzer formulation, which allowed for a distinction between the suboptimal and the disordered, was characterized as providing a clever subterfuge for those whose clinical insights conflicted with their socially inspired desires to justify declassification.

The most sympathetic view among this group was that declassification reflected a willingness to bend the psychiatric nosology to serve laudable social goals. More contemptuously it was viewed as a craven capitulation to the power of the mob.⁹¹ For the opponents of the board's December 15 vote the central issue was the desertion of psychiatry's scientific posture. It was that which drew the most venomous comments. "I think the Board of Trustees did not have the strength and

guts to resist superficial social pressure from homosexuals who, having a collective Oedipal complex, wish to destroy the American Psychiatric Association. It is a bad day for psychiatry."⁹² The dissenters were haunted by the specter of a politicized psychiatry that would be defenseless against an endless wave of protests. "It now seems that if groups of people march and raise enough hell they can change anything in time. . . . Will schizophrenia be next?"⁹³

For these critics of the APA decision, it was psychiatry as a scientific discipline, as a subspecialty of the medical profession, that would be the ultimate victim of this self-inflicted wound. Having forsaken the canons of science, psychiatry had revealed itself to be a subdivision of theology, its board having behaved "like a church council deciding on matters of dogma."⁹⁴ Harold Voth, a psychiatrist at the Menninger Foundation who was to become a major figure in the effort to overturn the decision on deletion, charged that the board of trustees had not only done society a grave harm, but in the process "disgraced itself."⁹⁵ Perhaps the gravest prediction of the costs to psychiatry came from Abram Kardiner, a senior figure who had pioneered in the effort to merge the insights of psychoanalysis and anthropology. Viewing homosexuality as a symptom of social disintegration, he wrote to the editors of *Psychiatric News*:

Those who reinforce the disintegrative elements in our society will get no thanks from future generations. The family becomes the ultimate victim of homosexuality, a result which any society can tolerate only within certain limits.

If the American Psychiatric Association endorses one of the symptoms of social distress as a normal phenomenon it demonstrates to the public its ignorance of social dynamics, of the relation of personal maladaptation to social disharmony, and thereby acquires a responsibility for aggravating the already existing chaos.⁹⁶

Given the existence of such a sharp outcry against the December 15 vote, it is not surprising that the Ad Hoc Committee Against the Deletion of Homosexuality from *DSM-II*⁹⁷ at-

tempted to mobilize the forces of dissent in an effort to reverse the decision. Seizing upon by-law provisions designed to provide for a measure of democratic professional control over the APA's corporate life, the committee circulated a petition demanding a referendum of the Association's membership. Since little more than two weeks remained before such requests had to be filed, Socarides' group was forced to move quickly. On December 16 a text was drafted and brought to the annual meeting of the American Psychoanalytic Association in New York City, where it met with an enthusiastic response. More than two hundred signatures were gathered with ease. Armed with these names, the committee sought and gained approval for a referendum to be held in conjunction with the upcoming general election of the Association's officers.

That a decision presented as being based upon the scientific examination of the standards that should apply to the classification of psychiatric disorders would be subject to ratification in a democratic vote of America's psychiatrists astonished many observers. It suggested that psychiatry's claim that it constituted a clinical science like other branches of medicine was at best a self-deception. It is thus rather remarkable that the same psychiatrists who had charged the APA's board with an unscientific and unseemly capitulation to political pressure now invoked the referendum procedure. When the APA's constitution had been amended to permit such votes, it was to guarantee psychiatrists a voice in the "extra-scientific" policy of the Association. Certainly there had never been an expectation that diagnostic matters would be opened to a vote.

In defending the decision to employ a referendum on this issue, Socarides argued that it was "a wonderfully democratic, vital tool."⁹⁸ Irving Bieber attempted to justify the Ad Hoc Committee's strategy by stating that though he was unalterably opposed to democratic decision-making in matters of science, it was the board of trustees that had violated the standards of scientific inquiry by voting on the classification of homosexuality. Since that narrowly constituted group had demonstrated a disregard for scientific authority in both its procedures and

its decision to remove homosexuality from *DSM-II*, it seemed only appropriate to subject the December 15 statement to a "complete vote."⁹⁹ This vote would at least reflect the collective scientific wisdom of the profession in contrast to the more political orientation of the Association's leadership.

Those within the APA's decision-making bodies who had been intimately involved in the discussions of the status of homosexuality saw in the referendum a dangerous assault on the principles that ought to govern the resolution of scientific disputes. While recognizing the importance of eliciting the opinions of America's psychiatrists on the issue, Robert Spitzer nevertheless expressed "severe discomfort" over the recourse to a referendum on this "presumably scientific" matter.¹⁰⁰ John Spiegel, the APA's president-elect at the time, charged that a vote of the Association's membership would make a "popularity contest" out of what had been a soberly considered question.¹⁰¹

So concerned was the APA's leadership about the implications of this referendum, the ridicule to which it might subject psychiatry, and the precedent it could set, that the Reference Committee felt called upon to discuss the possibilities of remedial action. While quickly concluding that democratic votes were appropriate for organizational policy questions and not for matters of science, it found that distinguishing between the two was not quite so simple. As a result that committee asked the executive committee of the board of trustees to establish a task force to study the problem. The board responded swiftly, endorsing the creation of a group that would "investigate the whole issue of referenda and what is or is not proper use of the procedure."¹⁰²

Despite these objections the decision was made to permit the referendum; to do otherwise would have been politically untenable considering the intensity of the opposition aroused by the deletion of homosexuality, and the existence of an apparently unrestricted right to demand such a vote. The leadership of the APA calculated that it would be worth the risk of reversal, profound embarrassment, and violation of scientific

principle to avoid provoking a full-scale revolt by a grass-roots movement that would merge the forces of those ideologically opposed to the substance of the decision on homosexuality and those who would consider rejection of the petition a high-handed infringement of their democratic professional rights.

Following their decision to meet the challenge of the Ad Hoc Committee, the officers of the Association undertook a campaign to gain support. On February 6, 1974, a statement calling for rejection of the Socarides committee effort, endorsed by President Alfred Freedman, President-elect John Spiegel, Speaker of the Assembly Warren Williams, Chair of the Council on Research and Development Russell Monroe, and Robert Spitzer, appeared in *Psychiatric News*. After explaining the basis for the board of trustees' decision, the authors confronted the argument that the December 15 vote had confounded a legitimate political concern with a scientific question.

The revision in the nomenclature does not sacrifice scientific principles in order to further the struggle for the civil rights of homosexuals. Quite the contrary: it has been the unscientific inclusion of homosexuality per se in a list of mental disorders which has been the main ideological justification for the denial of the civil rights of individuals whose only crime it is that their sexual orientation is to members of the same sex.¹⁰³

Having dismissed the principal charge of their opponents regarding the scientific integrity of the board's action, the authors attempted to underscore the very limited nature of the change that had occurred. It represented a "scientifically sound . . . compromise" between two polar positions: one that viewed homosexuality as a normal variant of sexuality and one that saw it as a mental disorder.

For gay activists the possibility of a reversal after such a hard-won victory was alarming. They sought therefore to map an aggressive strategy that would enhance the political strength of their allies within the Psychiatric Association. Kent Robinson, who as a result of his role as an intermediary between

the APA and the gay community in earlier years had proven himself so useful a friend, was asked to seek Judd Marmor's support for a statement to be mailed to all APA members urging them to vote for the nomenclature change. Marmor, then engaged in a campaign for the presidency of the APA, agreed to sign such a letter, but suggested that its strength would be enhanced if it were cosigned by the two other candidates for office as well as by the current officers. Robinson then contacted Louis Jolyon West and Herbert Modlin, Marmor's competitors in the presidential election. They, as well as the Association's two vice presidents, Harold Visotsky and M. Mitchell-Bateman all agreed, in principle, to support the effort. Drafted jointly by Robert Spitzer and Ronald Gold, of the National Gay Task Force,¹⁰⁴ the statement was then submitted by Gold to each of the potential signers for final approval.

The most striking features of the statement were its avoidance of the substance of the conflict over homosexuality and its attempt to win allegiance based on the need for organizational and professional integrity.

The undersigned recognize the complexity of the many issues involved in this decision and the diversity of views within our Association. Nonetheless, we feel that it would be a serious and potentially embarrassing step for our profession to vote down a decision which was taken after serious and extended consideration by the bodies within our organization designated to consider such matters. We therefore urge you to vote to retain the nomenclature change.¹⁰⁵

The National Gay Task Force orchestrated the process of obtaining signed copies of the letter,¹⁰⁶ purchased the necessary address labels from the American Psychiatric Association, and underwrote the full cost of the mailing. In order to raise the required funds (\$2,500), the NGTF sent an urgent request to its supporters:

It is essential that this referendum be defeated, and the best guess is that the vote will be close. We are convinced that this mailing could be the deciding factor in that vote. Now is the time for gay

people to show that they care about their own lives. Now is the time for anyone who cares about civil rights and human dignity to show that they care.¹⁰⁷

Though the NGTF played a central role in this effort, a decision was made not to indicate on the letter that it was written, at least in part, by the Gay Task Force, nor to reveal that its distribution was funded by contributions the Task Force had raised. Indeed, the letter gave every indication of having been conceived and mailed by those who signed it. What remains in doubt is the extent to which the signers collectively either encouraged or acquiesced in that decision. Though each publicly denied any role in the dissimulation, at least one signer had warned privately that to acknowledge the organizational role of the gay community would have been the "kiss of death."¹⁰⁸

There is no question, however, about the extent to which the officers of the APA were aware of both the letter's origins and the mechanics of its distribution. They, as well as the National Gay Task Force, understood the letter as performing a vital role in the effort to turn back the challenge.¹⁰⁹

Since a public solicitation of financial support had been made, though presumably to those sympathetic to the gay cause, it is not surprising that information regarding the role of the NGTF surfaced quickly. At the end of February, Charles Socarides wrote to Walter Barton, medical director of the APA, that the *Chicago Daily News* had reported the purchase by the Gay Task Force of the Association's computerized mailing labels. He asked for an explanation.¹¹⁰ Barton, clearly side-stepping the issue of the very special nature of the transaction being questioned, responded simply that any candidate for office was free to purchase those labels for electioneering purposes.¹¹¹

The first major attack on the relationship between the NGTF and the signers of the statement came from Harold Voth, a member of the Socarides committee. In a bitter letter to Alfred Freedman, president of the APA, he wrote:

I was absolutely shocked when I learned that a Gay Lib group originated, financed and distributed the enclosed letter. The letter is written in such a way as to suggest that the signatories initiated it. . . . Nowhere is there the slightest hint that they responded to the lobbying of the Gay Lib group or groups. I think it is imperative that you write a letter to the entire membership explaining how this letter came about, who financed it. . . . Furthermore, I think the Ethics Committee of the Association should make a thorough investigation of the entire matter. I believe each of the signatories should be required to state in writing how and by whom he was contacted and what he was told in the way of an inducement to sign the letter. In my opinion this letter represents an act of fraud.¹¹²

Several days later, on March 21, 1974, the Ad Hoc Committee filed a formal request demanding that a "proper body" be established to investigate the issues raised in the Voth letter.

Though the leadership of the APA felt that the charges directed against the signers of the statement were exaggerated, and denied that any real ethical issues were involved, they were sufficiently concerned to call for a discussion of the entire matter at the April 1974 executive committee meeting of the board of trustees. The existence of this dispute did not, however, delay the referendum, which was conducted as scheduled.

Accompanying their mailed ballots, APA members received copies of the board's new classification "Sexual Orientation Disturbance," a brief statement supporting the December fifteenth action, and one opposing it. The supporting statement reiterated the arguments published in the February sixth issue of *Psychiatric News*, underscoring the scientific merits of the decision as well as the negative social consequences that had flowed from the unscientific inclusion of homosexuality in the list of psychiatric disorders. The opposing statement stressed the extent to which homosexuality was a disorder resulting from the conflicts of early childhood, which reflected a disturbance in the normal relationship between anatomy and psychosexual identity. The attempt to remove homosexuality from *DSM-II* was portrayed as a step backward in the evolution of the psychiatric understanding of human behavior. Finally, the opponents of the board's action stressed the degree to which it

had sacrificed the "standards of excellence in diagnosis," serving neither the "goal of individual liberty nor the best interests of society."¹¹³

Just over ten thousand psychiatrists participated in the vote. The results were a clear, though not overwhelming, expression of support for the nomenclature change.

Results of the Referendum on Homosexuality

	Number	Percent
Favoring the board's decision	5,854	58
Opposing the board's decision	3,810	37
Abstaining	367	3
Invalid votes	9	*
Not voting on this issue	51	*
Total casting ballots	10,091	

* less than 1%

Source: American Psychiatric Association

Since no systematic analysis is available of the backgrounds of those who voted, or of those who did not take part in the election, it is not possible to determine with any degree of certainty how professional backgrounds and status affected the outcome. What does require some explanation, however, is the fact that though each of the central decision-making bodies of the APA had supported the nomenclature change unanimously (the board with two abstentions), almost 40 percent of those who voted in the referendum expressed their opposition.

Those who opposed the removal of homosexuality from *DSM-II* argued that it was the civil rights issue rather than the logic of Spitzer's position that was uppermost in the minds of those who had voted in favor of the diagnostic shift. Since the stigma of mental disorder had become a source of pain, an iatrogenic disability, and a justification for discrimination, politically liberal psychiatrists had allowed their social values to interfere with their scientific judgment. Further, it was asserted that those supporting the board tended to be younger

psychiatrists with less clinical experience in dealing with homosexuals, a situation that permitted extrascientific values to assume a distorting and preeminent role. Finally, they noted that the board and its allies had successfully convinced a majority of the voters that the status of psychiatry as a profession would suffer if the effort to return to the older diagnostic label were to prevail.

The supporters of Socarides' initiative characterized themselves as adhering to sound scientific principles. Removed from the center of psychiatric politics in Washington, they had been less subject to the social pressure of gay activists. Concerned with clinical issues rather than with the status of psychiatry as a political institution, they were able to avoid the seduction of compromises that were unrelated to the scientific validity of insights derived from psychodynamic practice and research. Above all, those who continued to view homosexuality as a psychiatric disorder saw in the 37 percent vote against deletion a stunning refutation of the board's claim that its decision represented a scientific consensus. Rather it represented the precipitous and unwarranted imposition of the board's own, quite unjustified, understanding of homosexuality.

Generally, those who supported the removal of homosexuality from *DSM-II* provided explanations for the breakdown of the vote that were the mirror image of those put forth by their opponents. They viewed support for the board as representing a recognition of both the merits of the case for change, as elaborated by Robert Spitzer, and the appropriateness of assenting to a decision arrived at as a result of the full scientific airing of the complex issues by the Association's duly appointed committees and councils.

They explained the substantial opposition to their position as reflecting a conservative tendency among American psychiatrists, which was an expression of the intimate link between psychiatric values and the social outlook of the general population. It was assumed that those who supported Socarides tended to come from socially conservative backgrounds, "the hinterlands." In contrast to the leadership of the APA, which was

liberal and sophisticated because of its exposure to cosmopolitan values and current empirical research, those who continued to see homosexuality as a psychiatric disorder were depicted as occupying entrenched positions, inaccessible to the evolving understanding of the nature of psychiatric disorders. Warren Williams, the speaker of the Association's Assembly of District Branches, remarked: "In the APA membership at large, many psychiatrists finished their education years ago. They are locked up in an office and don't change very much on any issue. The tendency is to vote conservatively."¹¹⁴ Heinz Lehman, a member of the Committee on Nomenclature, underscored this point when he noted that had he not been exposed to the intense discussions of that body, and especially the presentation of the gay leaders, he too might have voted with the 37 percent. Speaking of those who adhered to the conservative view, he said, "They didn't have new information. Key information."¹¹⁵

Narrow professional self-interest was also cited as a partial explanation for the conservative vote. Since psychiatrists had assumed a socially sanctioned role in both the discussion of the meaning of homosexuality and the treatment of homosexuals, they were loath to cede that authority. Not only did declassification represent a narrowing of their professional domain, but it posed a specific challenge to the financial interest of those with large homosexual case loads.

Finally, it was argued that the politics of the APA were such in the early 1970s that any major departure by the leadership from a conservative course would be certain to arouse significant opposition. Liberal psychiatrists committed to social activism had recently mounted a successful challenge to the Association's old guard, and those who were threatened by the orientation of the new leadership could be counted upon to react almost viscerally in opposition. For them, the decision on homosexuality was not an issue that could be considered on its merits, but represented a consolidation of the power of liberal, younger psychiatrists who were redirecting the energies of American psychiatry.

What stands out so sharply in both sets of interpretations is the positive value placed upon "science" and the negative conception of "politics." The former was presented as providing a standard of judgment free of debasing social values. The latter was characterized as posing a potentially catastrophic threat to the integrity of psychiatry as a branch of scientific medicine. Those who opposed the nomenclature change believed that the psychiatrists who voted to reverse the board's decision had rallied to the banner of science and objectivity while those who voted to affirm the December 15 action were guilty of attempting to impose their own social values under the guise of science. On the other hand, those who supported the change portrayed their own affirmative votes as indicating their commitment to the scientific tradition of psychiatry, and they excoriated those who supported the Socarides position for their value-laden attachment to an unscientific perspective on homosexuality.

This was a struggle in which neither side could acknowledge the merits of its opponents' case. Instead of resolving the issue of the appropriate classification of homosexuality, the referendum had revealed the deep fissure within psychiatry. Perhaps more serious than the split over homosexuality, however, was the confusion over the principles that ought to govern the structure of its own diagnostic nomenclature.

With the referendum having demonstrated a profound division within the Psychiatric Association, it is not surprising that the Socarides committee and its allies attempted once more to prevent what it considered premature closure of the debate on homosexuality. The strategy adopted was to force exposure of the relationship between the National Gay Task Force and the signers of the letter supporting the board of trustees, in hopes of demonstrating that the outcome of the vote had been affected by an act of fraud. At least one effort was made to compel the APA's newspaper *Psychiatric News* to reveal the nature of the "collusion."¹¹⁶ The matter was given broad publicity when Mike Royko, the syndicated columnist, wrote an exposé that appeared in the *Chicago Daily News* on May 17, 1974.¹¹⁷

It is clear that the opponents of declassification cooperated with Royko in the preparation of this article with the intention of generating the pressure for action that they believed internal APA maneuvers could not possibly achieve.

Finally, on June 22, 1974, three months after Socarides' group had requested an investigation, the executive committee of the APA's board appointed the Ad Hoc Committee to Investigate the Conduct of the Referendum. Fritz Redlich was selected as its chair. Showing deep irritation over the entire issue and the way in which the Association had been exposed to public ridicule, the board asked the committee to examine not only the conditions under which the referendum was held, but also the appropriateness of Charles Socarides having turned to the press to charge his colleagues with unethical behavior.

Two weeks later *Psychiatric News* published a statement from those who had signed the document that had become so central an element in the conflict over the referendum. It denied all charges of culpability. The text of the disputed letter had been prepared by Robert Spitzer. The National Gay Task Force had assumed administrative responsibility for obtaining the necessary signatures. While acknowledging that they knew that the National Gay Task Force had underwritten the cost of the mailing, they denied any foreknowledge of the decision not to reveal the role of the Gay Task Force to the APA's membership. "We think it would have been more correct for them to have done so. However, we do not see this failure as dishonest. The statement that was mailed was ours, the signatures ours, and the membership had a right to know our views."¹¹⁸

When the Redlich committee met at the end of September 1974, it heard testimony from those who had made the original charges of fraud as well as from Bruce Voeller of the National Gay Task Force. None of the signers of the letter was present, nor were they called upon, in any formal way, to defend themselves.

In its final report the committee declared that neither the disputed letter's signers nor Socarides had acted unethically, though it had been "unwise" to circulate the document in

question without a clear indication of the Gay Task Force sponsorship and funding.¹¹⁹ The committee recommended that unambiguous guidelines be promulgated to avoid any similar occurrences in the future. Refusing to speculate on the extent to which the outcome of the vote would have been materially affected by a revelation of the NGTF's role, the committee nevertheless rejected Socarides' claim that such information would have resulted in a reversal of the outcome of the ballot.¹²⁰ Most important, Redlich's committee denounced not only the use of a referendum to decide on the status of homosexuality, but the procedures of the board of trustees itself in handling scientific questions.

The Ad Hoc Committee is opposed to the use of referenda to decide on scientific issues. This is the principal reason why the committee does not recommend another referendum. It also does not recommend to declare the referendum invalid. This would cause further confusion without any benefit to anyone. Referenda on facts of science makes no sense. . . . Scientific matters should be discussed by a broad and informed panel of experts. The Board of Trustees may or may not choose to accept the statement of experts; but neither they nor the membership in its entirety should be put into the position of deciding scientific questions by vote.¹²¹

Here, in the face of a wrenching political dispute, the ideology of science was invoked in its purest form as the only acceptable standard for resolving conflicts in which psychiatrists held such disparate views.

Socarides' group responded to the report with derision.¹²² Redlich's committee had failed in its responsibility to call before it those charged with misconduct. It had acknowledged the accuracy of the assertion that the undisclosed role of the National Gay Task Force raised serious questions about the referendum, while proposing only future guidelines. Lastly, it had endorsed an antidemocratic principle to defend the ideological authority of the dominant forces in the APA leadership. Since their perspective on homosexuality was incompatible with that of the leaders of the Association, Socarides and his supporters invoked the principle of democracy in their struggle

to win for themselves the warrant to speak in the name of science.

At its December 1974 meeting the board of trustees accepted Redlich's findings on the conduct of those accused of unethical behavior. It also approved the recommendations on the principle of public disclosure for all material designed to influence the membership of the Association. The trustees sidestepped, however, the difficult question of the appropriate role of referenda in "scientific" and "nonscientific" disputes.¹²³ Having experienced the consequences of their action on homosexuality, they sought to avoid a potentially disruptive debate on this fundamental question touching on the scientific status of psychiatry.