

HOMOSEXUALITY
AND
AMERICAN
PSYCHIATRY

The Politics of Diagnosis

RONALD BAYER

*With a new Afterword
on AIDS
and Homosexuality*

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RONALD BAYER

*With a new Afterword on AIDS
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Jane, Alessandra, and Julian

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HOMOSEXUALITY
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INTRODUCTION

In 1973, after several years of bitter dispute, the Board of Trustees of the American Psychiatric Association decided to remove homosexuality from the *Diagnostic and Statistical Manual of Psychiatric Disorders*, its official list of mental diseases. Infuriated by that action, dissident psychiatrists charged the leadership of their association with an unseemly capitulation to the threats and pressures of Gay Liberation groups, and forced the board to submit its decision to a referendum of the full APA membership. And so America's psychiatrists were called to vote upon the question of whether homosexuality ought to be considered a mental disease. The entire process, from the first confrontations organized by gay demonstrators at psychiatric conventions to the referendum demanded by orthodox psychiatrists, seemed to violate the most basic expectations about how questions of science should be resolved. Instead of being engaged in a sober consideration of data, psychiatrists were swept up in a political controversy. The American Psychiatric Association had fallen victim to the disorder of a tumultuous era, when disruptive conflicts threatened to politicize every aspect of American social life. A furious egalitarianism that challenged every instance of authority had compelled psychiatric experts to negotiate the pathological status of homosexuality with homosexuals themselves. The result was not a conclusion based

on an approximation of the scientific truth as dictated by reason, but was instead an action demanded by the ideological temper of the times.

To those who viewed the 1973 decision sympathetically, psychiatry had displayed a remarkable capacity to acknowledge the significance of new research findings and to rethink its approach to sexuality. Psychiatry did not capitulate to the pressure of Gay Liberation, but rather revealed an admirable flexibility. Unlike those who were unyieldingly committed to antihomosexual values rooted in the Judeo-Christian past, the leadership of the American Psychiatric Association had demonstrated wisdom, insight, and the strength to break with conventional but scientifically unwarranted beliefs.

Both those psychiatrists who fought to preserve the status of homosexuality as a pathology and those who, in alliance with Gay Liberation groups, wished to remove it from the list of psychiatric disorders understood the profound significance of the battle that had been joined. Each side mobilized the full range of resources it would need to prevail, limited only by the standards of professional decorum. But despite the tactical maneuvers, both sides recognized the very deep and fundamental questions involved: What is normal sexuality? What is the role of sexuality in human existence? Do the brute requirements of species' survival compel an answer to the question of whether homosexuality is a disorder? How should social values influence psychiatry and help to define the concept of mental illness? What is the appropriate scope of a nosology of psychiatric disorders? How should conflicts over such issues be resolved? How should the opposing principles of democracy and authority be brought to bear in such matters? Each side sought to respond to these issues with intellectual rigor consistent with what it considered the standards of "science."

This book presents a political analysis of the psychiatric battle over homosexuality. Such an analysis is not, however, external to the "real issue" of whether homosexuality represents a psychiatric disorder. To assume that there is an answer

to this question that is not ultimately political is to assume that it is possible to determine, with the appropriate scientific methodology, whether homosexuality is a disease given in nature. I do not accept that assumption, seeing in it a mistaken view of the problem. The status of homosexuality is a political question, representing a historically rooted, socially determined choice regarding the ends of human sexuality. It requires a political analysis.

In *The Triumph of the Therapeutic* Phillip Rieff noted that the rejection of sexual individualism, which divorces pleasure and procreation, was the "consensual matrix of Christian culture."¹ That ethos has all but crumbled in the West, subverted by profound social changes, battered by movements no longer bound to its influence, and increasingly deserted by the populations over which its strictures once held sway. Not only have procreation and pleasure been divorced, but the priority of the former has been displaced by that of the latter. It is in this context that the struggle on the part of homosexuals for the social legitimation of their sexual orientation, the striking—if grudging—willingness of society to grant tolerance to sexual practices previously held in abhorrence, and ultimately the decision on the part of the American Psychiatric Association to delete homosexuality from its nomenclature of mental disorders must be understood.

In explaining the hegemonic status of procreative sexuality, Herbert Marcuse argued in *Eros and Civilization*, his radical reading of Freud, that the demands of the "performance principle"² required that sexuality be limited to genital functions directed at the opposite sex. Only in that way could the body be desexualized and made available for work. Only heterosexuality could guarantee the reproduction of labor so necessary for the conquest of nature.

In a repressive order, which enforces the equation between the normal, socially useful and good, the manifestations of pleasure for its own sake must appear as *fleurs du mal*. Against a society which employs

sexuality as a means for a useful end, the perversions uphold sexuality, as an end in itself; they thus place themselves outside the dominion of the performance principle and challenge its foundations.³

The potentially seductive character of sexuality unfettered by the performance principle explains not only the existence of powerful taboos against the perversions, and the reliance on the criminal law to repress them, but the disgust experienced by those who encounter them. Threatened by their own unconscious wishes, men and women have had to protect themselves by punishing those who dared to satisfy the desires they could not themselves acknowledge.⁴ As a leading figure on the Left during the 1960s, Marcuse gave voice to what was perceived by rebellious students as a struggle against an antiquated sexual morality. He linked that struggle to the revolutionary attack on the prevailing social order. Concerned that the lifting of restrictions on sexual pleasure and perversions might occur without a concomitant radical social transformation, he warned against the reactionary consequences of "repressive de-sublimation."⁵

As Western societies have increasingly redirected their energies from the tasks of capital accumulation toward consumption, the hold of the values upon which the primacy of the procreative rested has attenuated. Though taking a form Marcuse abhorred, the search for sexual pleasure is no longer deemed antithetical to the survival of civilization and orderly social life. Renunciation, restraint, and inhibition, so crucial to the periods of human history characterized by scarcity and to the era of early capitalist development, are now perceived as old-fashioned virtues. Indeed, their replacement is virtually required by a society in which consumption is considered a condition of, rather than an antagonist to, higher levels of production. Desires and behaviors that men and women in the past felt constrained to hide or deny have become increasingly matters of public acknowledgment, tolerated when not openly encouraged.

The success of the contraceptive movement dramatically il-

lustrates this shift. While efforts to control conception have a long history, it is a history marked by condemnation on the part of those who spoke in the name of Judeo-Christian culture. As scientific and technical advances in the nineteenth century enhanced the possibility of effective birth control, those who sought to promote the use of contraceptive devices, often under the banner of neo-Malthusian doctrines, were typically subject to assault by the state. Jail sentences imposed under statutes designed to prohibit obscenity were not unusual. Though resistance to the popular dissemination of birth control information remained fierce, pressure for change eventually prevailed.

If the success of the contraceptive movement is explained in part by the transformation of sexual values, the struggle to achieve social acceptance for birth control advanced that transformation. Leaders of the early sex reform movement like Havelock Ellis and Magnus Hirschfeld appreciated the relationship between the battle to win social acceptance for contraception and that for acceptance of other forms of nonprocreative sex. For most others, however, the weight of tradition precluded the possibility of extending to homosexuality the implications of accepting heterosexual pleasure as an end in itself. Vern Bullough, a historian of sexuality, certainly overstates the case when he argues that "once the public came to accept nonprocreative sex, then homosexuality, a form of nonprocreative sex, also had to be examined."⁶

While the first six decades of the twentieth century had witnessed many of the changes necessary for the transformation of social attitudes toward homosexuality, these changes were not in themselves sufficient for such a radical break to occur. The abhorrence of homosexual practices, so deeply rooted in the Western cultural tradition, had taken on a force of its own and could not collapse merely because conditions were ripe. Indeed, the history of the contraceptive movement provides ample evidence of the extent to which the emergence of social forces willing to struggle for change was required for the subversion of dominant sexual values. That history

reveals, in addition, that for such a shift to occur, the internal cohesion of the interests opposing change must have been subject to erosion. In the case of homosexuality, the appropriate confluence of forces did not emerge until the 1960s. Thus the relative ease with which the early radical critics of society's antihomosexual posture were consigned to oblivion.

The modern homophile movement in the United States did not surface until after World War II. In its early phases, it was marked by a defensive posture and was chiefly concerned with the dangers that beset the homosexual in his or her effort to live anonymously in a society still committed to the repressive use of vice squads and the law. Only gradually did those with the audacity to identify themselves as homosexuals begin to challenge the primacy of heterosexual standards. By the late 1960s the tentative thrusts of the early leaders of the movement had become a full-blown attack, with homosexuality presented as an "alternative life style" worthy of social acceptance on a par with heterosexuality. Mere tolerance was no longer the goal; the demand was for social legitimation.

The struggle for Gay Liberation was influenced profoundly by the civil rights and feminist movements of the mid- and late 1960s. Like Blacks, homosexuals began to see themselves as an oppressed minority injured not only by the arrangement of social institutions, but also by deeply entrenched ideological standards that, in ways both subtle and blatant, denied them dignity. Like racism, antihomosexuality required both a fully developed sociocultural critique and a political assault. And homosexuals, like women, began to challenge the dominant standards of sexuality. Sexism was thus perceived as the ideological reflection of the power of male heterosexuals incapable of acknowledging the erotic desires of women or of homosexuals. Like so many other client populations, homosexuals turned on those formerly perceived as protectors, their sense of self-confidence enhanced by an awareness that they were part of an upsurge of protest directed at every social institution in America. Thus American psychiatry emerged as a primary target of their radical disenchantment.

For much of the first half of this century many homosexuals who were willing to express themselves publicly welcomed the psychiatric effort to wrest control of the social definition of their lives from moral and religious authorities. Better sick than criminal, better the focus of therapeutic concern than the target of the brutal law. By the late 1960s, however, homosexual activists had discarded whatever lingering gratitude remained toward their former protectors and in a mood of militancy rose up to challenge what they considered the unwarranted, burdensome, and humiliating domination of psychiatry. Armed with the techniques of social protest, they subjected American psychiatry to a striking series of jolts.

While the homosexual revolt against heterosexual domination mirrored the process of social upheaval on the part of marginal, disenfranchised groups, the assault upon psychiatry must be viewed as echoing the contemporary attack on what had been, until the 1960s, the unassailable status of science and technology, medicine in particular. Ivan Illich, perhaps more than any other single figure, has sounded the battle cry for this antimodernist movement. He has drawn a portrait of a civilization impoverished by its own inventions, its own scientific and technological advances. It is a portrait of the progressive alienation of the power of ordinary men and women to elites who rule in the name of superior and inaccessible knowledge.⁷ Though his polemical assaults have been directed against all the professions that mask their acts of usurpation with a benign ideology of service, medicine is paradigmatic and has drawn his sharpest fire.⁸ He presents the medicalization of ever wider domains of social life as inimical to the ends of health and human welfare. A new class of physicians has not only orchestrated this process, but attained with each advance of medicine a more dangerous power to dominate. Illich is not alone. Both the reception given his work and the wave of antagonistic commentaries directed at medicine suggest that he is representative of a significant and growing movement. From within medicine and without, from the Right as well as the Left, the criticism is to be heard.

The attack on medicine as a social institution was prefigured by a more narrowly framed reaction against psychiatry. In seeking to provide explanations for aberrant behavior, psychiatry has been charged with having assumed from the faltering religious tradition the function of serving as a guarantor of social order, substituting the concept of illness for that of sin. At the same time, having sought to base its formulations upon the deterministic models of the natural sciences, it has been held responsible for the subversion of the most crucial assumptions of the Western tradition. By seeking the sources of social deviance in factors beyond the will of the individual, it has denied the relative importance of human agency, and thus has made the attribution of individual responsibility for violations of socially sanctioned standards of behavior increasingly difficult to justify. As psychiatrists have sought to assume responsibility for the control of a range of behaviors previously considered immoral—criminality, violence, alcohol and drug use, juvenile delinquency, sexual deviance—they have been charged with attempting to arrogate to themselves unlimited authority, laying the foundations for a therapeutic state.⁹

What were once the lonely denunciations of Thomas Szasz, the vitriolic critic of his own psychiatric colleagues, now inform the thinking of psychiatrists, sociologists, lawyers, and philosophers.¹⁰ These "antipsychiatrists," Szasz's epigones as well as those who have deepened his thesis, have emerged as a powerful cultural force. They can no longer be dismissed by the representatives of the psychiatric orthodoxy. The establishment has been forced to assume a defensive posture. Lamenting this turn of events, psychiatrist Robert Stoller has written, "We are in a new era in which diagnosis has such social and political implications that one is constantly on the front lines fighting on issues our forebears were spared."¹¹

Faced with both external challenge and internal theoretical confusion, some of those concerned with the institutional viability of American psychiatry have begun to engage in efforts to limit its domain, pressing for a withdrawal from contested regions. Recognizing the difficulty of defending an overex-

tended professional commitment, they have asserted that prudence dictates the importance of restricting the scope of psychiatry's concerns. They have stressed the need to reverse the tendency toward extending the concept of mental illness to the universe of social problems and have sought to narrow the range of behavioral aberrations upon which the language of psychopathology is imposed.

Those who viewed the development of psychiatry as an enormous advance over the prescientific understanding of human behavior have reacted to the move toward retrenchment with dismay. Psychiatrists like Karl Menninger had proclaimed the humanizing mission of their profession; they had anticipated an era of rational social control founded upon the progressive extension of the newly acquired knowledge. Appalled by the brutality of policies derived from the moral tradition and its retributionist principles, they had held out the prospect of a therapeutic response to aberrance designed to restore the deviant to normality. They promised a degree of efficacy unattainable by reliance on the more primitive instruments of social control. But even when they were less sanguine about their capacity to cure, psychiatrists believed that the control they exercised in custodial institutions represented an advance over what prevailed in punitive settings.

With a therapeutic vision so dominant a feature of psychiatric thinking, a divergence between the interests of psychiatry and those to whom it sought to minister was almost inconceivable. Indeed, psychiatrists often saw themselves as the protectors of deviants who had suffered at the hands of society and the more traditional forces of social control. Protected from understanding the potentially negative consequences of their own power by a benign ideology, they rarely anticipated an outraged response on the part of those to whom they proffered their concern. Only when psychiatry's vision of itself as a humanizing force is appreciated can the pain, sorrow, and anger of those who are reproached, not only by antipsychiatrists but by those they have claimed as their patients, be fully comprehended. While it is of course possible to argue that such cries

represent nothing more than the distress of those whose power and authority have been challenged, such an interpretation fails to capture the tragic dimension of the situation of psychiatrists whose commitment to therapeutic concern has been subjected to assault and ridicule.

Under attack from many quarters and torn by internal disputes regarding its appropriate mission, psychiatry was especially vulnerable to the challenge of an increasingly militant Gay Liberation movement. Though symbolically powerful, psychiatry was in fact a target that could be attacked with relative impunity. Thus it was with stunning ease that the Gay Liberation movement was able to force the American Psychiatric Association to reconsider the inclusion of homosexuality in its official nomenclature of disorders, the *Diagnostic and Statistical Manual*.

To many observers the ensuing rancorous debate among psychiatrists over the status of homosexuality reflected an almost inexplicable concern with definitions and classifications. Bemused by the American affair, one Spanish psychiatrist remarked on the irony of his colleagues in the United States—products of a “supertechnical education”—becoming involved in a debate comparable only to those that had engaged the medieval nominalists.¹² To many in the United States, the focus on the American Psychiatric Association’s official listing of disorders seemed a legalistic distraction from the more serious issue of psychiatric theory and practice, a semantic quibble with little substantive merit.

To dismiss the significance of the debate over whether homosexuality ought to be included in the APA’s nosological classification, however, is to miss the enormous importance it carried for American society, psychiatry, and the homosexual community. By investing the dispute with great meaning, the participants had themselves transformed it from a verbal duel into a crucial, albeit symbolic, conflict. The gay community understood quite well the social consequences of being labeled and defined by others, no matter how benign the posture of those making the classification. A central feature of its struggle for

legitimation therefore entailed a challenge to psychiatry's authority and power to classify homosexuality as a disorder.

With deep cultural divisions having emerged in the United States about the role of sexuality, official psychiatry had been pressed to adopt a reformist posture. In deciding to delete homosexuality from the nomenclature, the APA chose to ally itself with the movement against the still dominant antihomosexual values of American society. In so doing, it not only placed itself in opposition to the systematic pattern of formal and informal exclusions that precluded the full integration of homosexuals into American social life, but deprived secular society, increasingly dependent upon "health" as a moral category, of the ideological justification for many of its discriminatory practices.

Because concepts of disease and health take form within cultural contexts in ways that often remain hidden from view, the process of change through which certain deviations become labeled as normal or abnormal remains difficult to discern, becoming clear only when historical or social conditions permit the piercing of the veil of "the natural." The decision on the part of the American Psychiatric Association to remove homosexuality from its list of disorders was startling to many observers precisely because it diverged so dramatically from the more hidden and gradual pattern. Between 1970 and 1973, in a period of only three years, what had been an article of orthodoxy in psychopathology was reversed. Because the change occurred so rapidly, the factors that are always at play were placed in stark relief, allowing us to observe some features that are often obscure.

The struggle over the status of homosexuality also provides an extraordinary opportunity to examine the complex relationship between psychiatry and contemporary society. It has become a matter of conventional wisdom to note that psychiatry is affected by the cultural milieu within which it is embedded, tending to reflect the dominant values of the time. But psychiatry as a social institution is not so limited. It is not simply an agency of social control, autonomous only to the extent

that it can develop its own explanatory schemes and modes of therapeutic intervention. Psychiatry may, under special circumstances, act upon society, using its cultural influences to challenge social values and practices. The APA's decision on homosexuality provides an instance of such an effort. Society's response reveals the limits of that reformist capacity.

Chapter 1

FROM ABOMINATION TO DISEASE

THE MORAL TRADITION AND THE ABOMINATION OF HOMOSEXUALITY

Homosexuality, despite periods of greater tolerance, has been considered an abomination in the West for much of the past two thousand years. The very nature of anatomical design seemed to reveal a Divine plan for the morally acceptable use of the sexual organs. With life short, and human strength virtually the only source of power available for the domestication of nature, the sexual desire felt by men for women seemed a miraculous force whose intended end was procreation. Nonprocreative sexuality represented not only a violation of God's nature, but a dangerous diversion of energy from the task of human survival. It is not surprising, then, that homosexuality was the target of repression. Even when the political authorities lacked the will or the power to persecute those who engaged in homosexual practices, the religious authorities condemned them with the moral fury usually reserved for religious heretics. Indeed, in time the act of buggery and religious heresy became synonymous.

Though the twentieth century has witnessed the emergence of increasingly powerful assaults on the moral-religious tradition, the legacy of antihomosexual bias has retained a remarkable vitality derived from the strength of its deep cultural

foundations. As recently as 1953 the Archbishop of Canterbury could declare: "Let it be understood that homosexual indulgence is a shameful vice and a grievous sin from which deliverance is to be sought by every means."¹

The Biblical sources for the denunciation of homosexuality are found in both Leviticus and Deuteronomy. They make clear the gravity of the sin. "If a man also lie with mankind, as he lieth with a woman, both of them have committed an abomination: they shall surely be put to death; their blood shall be upon them."² The story of Sodom and Gomorrah, destroyed by God's wrath because of their unredeemable evil, provided terrible evidence of the consequences that could befall those communities in which homosexuality was practiced and tolerated. Though recent exegetical studies suggest that this interpretation of the Biblical story did not become dominant until the second century B.C., it was nevertheless available to the early Christians as a justification for their harsh rejection of homosexual practices.

The specter of Sodom thus haunted the pronouncements of the Emperor Justinian issued in A.D. 538.

Since certain men, seized by diabolical incitement practice among themselves the most disgraceful lusts, and act contrary to nature: we enjoin them to take to heart the fear of God and the judgment to come, and to abstain from such like diabolical and unlawful lusts, so that they may not be visited by the just wrath of God on account of these impious acts, with the result that cities perish with all their inhabitants.³

Famines, earthquakes, and pestilence were the punishments to be visited upon cities that failed to extirpate homosexual practices. Those who engaged in the "defilement of males" revealed the depths of their sinfulness; they were guilty of "sacrilegious" and "impious" acts. While holding out the possibility of repentance, Justinian sternly declared that repeated indulgence in homosexual activity would be met with remorseless severity.

Biblical sources were supplemented in the Middle Ages by

Thomas Aquinas's elaboration of the argument against unnatural sexual practices.⁴ Starting from the premise that the end of "venereal acts" was procreation, St. Thomas concluded that the use of the sexual organs for any other purpose was "lustful and sinful." Like the other *peccata contra naturam* (sins against nature) homosexual acts had pleasure as their sole purpose. They therefore offended against reason. It was Aquinas's argument that provided the basis for pronouncements by later moral theologians concerning nonprocreative sexuality. With his writings, the core of the Western Christian tradition on homosexuality was fully formed.⁵

As ecclesiastical authority began to wane with the rise of the modern state, the religious abhorrence of homosexual practices was carried over into the secular law. The imprint was unmistakable in the language used to frame both the statutory prohibition of such behavior and the legal commentaries as well. In sixteenth-century England, Henry VIII removed cases of sodomy from the jurisdiction of the ecclesiastical courts and declared the "detestable and abominable vice of buggery" a felony for which the death penalty was to be imposed.⁶ Commenting on the criminal law covering buggery and sodomy, Sir Edward Coke wrote a century later that, "Buggery is a detestable and abominable sin, amongst Christians not to be named, committed by carnal knowledge against the ordinance of the Creator, and order of nature. . . ." Blackstone echoed these views, terming homosexuality a crime "the very mention of which is a disgrace to human nature."⁸

The criminal prosecution of homosexuals ended in the nineteenth century in those European countries that retained the *Code Napoléon* following the Napoleonic conquests. In England, however, the death penalty remained a matter of statute until 1861, when, with the passage of the Offenses Against the Person Act, the punishment was reduced to a maximum of ten years' imprisonment for the "abominable crime of buggery."⁹

It was against this background of moral opprobrium that the scientific study of homosexuality began in the nineteenth

century. Part of a much broader, but still nascent, movement seeking to challenge the dominance of the moral-religious perspective on the problems posed by discordant behavior, it was inspired by the vision of a thoroughly deterministic science of human action. It rejected the "pre-modern" stress on will and the concomitant moral categories of right and wrong. Instead it sought the causes of deviance in forces beyond the control of the individual. Reflecting the rising influence of medicine, it employed the categories of "health" and "pathology," which were assumed to be morally neutral. Yet, though the new medical-scientific perspective lifted the burden of personal culpability from those who engaged in homosexual practices, the authors of this theory, with only a few notable exceptions, continued to reflect the community's antipathy toward such behavior. Rather than challenge the historical rejection of homosexuality, the new perspective seemed to buttress it. In place of a Divinely determined standard for sexuality, it put one thought to exist in nature.

EARLY SCIENTIFIC THEORIES

OF HOMOSEXUALITY

In the early decades of the nineteenth century, what medical discussion of homosexuality did take place clearly bore the mark of the more powerful religious tradition. Though it was acknowledged that in some instances such behavior could be the result of insanity, in most instances it was considered freely willed and therefore a vice. Sir Alexander Morison wrote in his "Outlines on Lectures on Mental Disease," prepared in 1825, that

Monomania with Unnatural Propensity is a variety of partial insanity, the principal feature of which is an irresistible propensity to the

crime against nature. This offense is so generally abhorred, that in treatises upon law it is termed 'peccatum illud horribile inter Christianas non nominandum'. . . . Being of so detestable a character it is a consolation to know that it is sometimes the consequence of insanity: it is, however, a melancholy truth that the offense has been committed in Christian countries by persons in full possession of their reason and capable of controlling their actions.¹⁰

Only in the last half of the century did homosexuality become the subject of concerted scientific investigation. Those who sought to explain the "propensity to the crime against nature" were divided between those who saw it as an acquired characteristic and those who viewed it as inborn. Despite its greater compatibility with the tradition of assigning culpability to the individual homosexual, however, the acquired school did not dominate scientific inquiry during this period, but rather had to share its influence with that which focused on the importance of heredity.

Carl Westphal, a professor of psychiatry in Berlin, is credited with placing the study of homosexuality on a clinical, scientific footing¹¹ by publishing a case history of a female homosexual in 1869. Terming her condition "contrary sexual feeling," he concluded that her abnormality was congenital rather than acquired. In the next years he went on to study more than two hundred such cases, developing a classification of the variety of behaviors associated with homosexuality. In France, Jean Martin Charcot, the director of the Salpêtrière, also concluded that homosexuality was inherited after he failed to effect a cure through hypnosis. For his fellow countryman Paul Moreau, homosexuality was the outgrowth of both an inherited "constitutional weakness" and environmental forces. Given an inborn predisposition to perversion, a "hereditary taint," factors ranging from poverty and climate to masturbation could precipitate the manifestation of homosexuality. In a state midway between reason and madness, those afflicted were in constant danger of becoming insane and thus required the protection of the asylum. Most important of the late nineteenth-century students of sexual deviance was Richard von

Krafft-Ebing, whose monumental *Psychopathia Sexualis* had an enormous impact on informed opinion about homosexuality. Considering any form of nonprocreative sexuality a perversion with potentially disastrous personal and social consequences, he attempted, like others in this period, to explain the existence of homosexuality in terms of both environmental and inherited factors. Each of his case studies sought to document a history of family pathology—insanity, epilepsy, hysteria, convulsions, alcoholism, and physical disorders—in those who developed, as a result of their life experiences, some form of sexual pathology.

The tendency to view homosexuality as inherited was linked by many investigators to a more general interest in the extent to which various forms of degeneracy represented an atavistic reappearance of primitive tendencies. Some believed that not only did homosexuals deviate from civilized sexual standards, but they were likely to engage in uncontrolled primitive and animal-like behavior as well. These views were most notably expressed by Cesar Lombroso, the late nineteenth-century Italian criminologist, who argued that homosexuals were at a lower stage of human development than heterosexuals. Though the human race had evolved over eons, leaving behind its own primitive behavior, each child was required to recapitulate the process in the course of its own development. Those with defective heredity failed to complete that process and remained at a less civilized point in the evolutionary course. Since, in Lombroso's view, homosexuals could not be held responsible for their own failure, no justification existed for their punishment. Social defense, however, required that they be restricted to asylums because of the danger they posed.

Not only did many of those who assumed that homosexuality represented a profound deviation from the normal pattern of human sexuality turn to hereditary factors in order to explain its roots; so too did those who had begun to challenge the dominant view. Karl Ulrichs, one of the most prolific nineteenth-century defenders of homosexuals, had asserted, beginning in the 1860s, that homosexuality was a hereditary

anomaly: While the genitals of homosexuals developed along expected lines, their brains did not, and so it was possible for a female soul to be lodged in a male's body. These views anticipated those of Havelock Ellis, whose work *Sexual Inversion* sought to demonstrate that homosexuality was inborn, and therefore natural. Finally, Magnus Hirschfeld, the great advocate of homosexual rights in Germany, held that homosexuality was not pathological but rather the result of inborn characteristics determined by glandular secretions.

Thus scientific formulations were relied upon by those with the most fundamentally divergent standpoints. Newly discovered facts did little to frame the understanding of homosexuality; rather, it was the perspective on homosexuality that determined the meaning of those facts.

PSYCHOANALYSIS AND HOMOSEXUALITY: FREUD

For Freud, as for most of those who undertook the scientific study of sexuality in the last years of the nineteenth century and the first years of the twentieth century, there was no question but that heterosexuality represented the normal end of psychosexual development. Despite the complex and uncertain process of maturation, "one of the tasks implicit in object choice is that it should find its way to the opposite sex."¹² Here Freud saw no conflict between the demands of convention and nature's course.

In his first effort to account for what he termed sexual inversion, Freud set himself in sharp opposition to those scientists who claimed that homosexuality was an indication of degeneracy. In his *Three Essays on the Theory of Sexuality* he asserted that such a diagnosis could be justified only if homosexuals typically exhibited a number of serious deviations from normal behavior and if their capacity for survival and "efficient functioning" was severely impaired. Since Freud believed that homosexual-

ity was found in men and women who exhibited no other deviations, whose efficiency was unimpaired, and who were "indeed distinguished by specially high intellectual development and ethical culture," it made little sense to him to employ the classification "degenerate" for inverts.¹³

This perspective distinguished him from many of his earliest followers as well as from later psychoanalytic clinicians who would see in homosexuality a profound disturbance affecting every aspect of social functioning. He rejected the suggestion on the part of some of his collaborators, including Ernest Jones, that homosexuals be barred from membership in psychoanalytic societies. "In effect we cannot exclude such persons without other sufficient reasons, as we cannot agree with their legal prosecution. We feel that a decision in such cases should depend upon a thorough examination of the other qualities of the candidate."¹⁴ To a similar suggestion by the Berlin psychoanalytic society he responded that while barring homosexuals from psychoanalytic work might serve as something of a "guideline," it was necessary to avoid a rigid posture since there were many types of homosexuality as well as quite diverse psychological mechanisms that could account for its existence.¹⁵

Unlike those who saw homosexuality as a thing apart from normal sexuality, Freud characterized it as a natural feature of human psychosexual existence, a component of the libidinal drives of all men and women. All children experienced a homosexual phase in their psychosexual development, passing through it on the route to heterosexuality. Even in those who advanced successfully beyond the earlier phase of development, however, homosexual tendencies remained. "The homosexual tendencies are not . . . done away with or brought to a stop."¹⁶ They were rather "deflected" from their original target and served other ends. For Freud the social instincts such as friendship, camaraderie, and "the general love for mankind" all derived their strength, their erotic component, from the unconscious homosexual impulses of those who had achieved the capacity for heterosexual relations.

The capacity for both homosexual and heterosexual love was linked by Freud to what he believed was an instinctual, constitutional bisexuality. Activity, passivity, the desire to introduce a part of one's body into that of another or to have a part of another's body introduced into oneself, and finally, masculinity and femininity, were all reflections of bisexuality.¹⁷ At times the active, masculine drives dominated, at others the feminine, passive drives did. In no case was a person utterly without both sets of drives. Just as with homosexual impulses, the repressed was not obliterated. Even in adults who had traversed the course to heterosexuality, masculine and feminine impulses coexisted.¹⁸

Given the bisexual endowments of human beings, how did Freud account for the existence of exclusive homosexuality in the adult male? Rather than propose an elaborated theory, Freud set forth a number of explanations for the perversion of the normal course of psychosexual development. The classical mechanisms discovered during his psychoanalytic work stressed a number of possibilities, any one of which might determine a homosexual outcome. Regardless of the specific factors involved, however, all of them started from the assumption that exclusive homosexuality represented an arrest of the developmental process, an instinctual fixation at a stage short of normal heterosexuality.

Among Freud's first formulations on the etiology of homosexuality was one that focused on the male child's attachment to his own genitals as a source of pleasure. Like all boys, those who are destined to become homosexual find in the penis a

* Since it is not my purpose to present a full account of the various psychoanalytic theories of homosexuality, but rather to note the ways in which the issue was approached, I have decided for purposes of brevity to restrict this discussion almost exclusively to male homosexuality, leaving aside the question of the etiology of lesbianism. It should be noted that in part because of the greater clinical exposure on the part of psychoanalysts to homosexual men, women have received less attention in the literature. This tendency has, of course, also been explained in terms of the minimization of female sexuality. Nevertheless, the issue was not ignored, as is made clear by Freud's lengthy case history "The Psychogenesis of a Case of Homosexuality in a Woman" (1920) in *Sexuality and the Psychology of Love*. See also Fenichel, *Psychoanalytic Theory*, pp. 338-44.

source of enormous pleasure. But, Freud believed, there existed in future homosexuals an "excessive" inborn interest in their own genitals during the autoerotic phase of psychosexual development. "Indeed it is the high esteem felt by the homosexual for the male organ which decides his fate."¹⁹ Like other boys, those with such a fixation initially select women, their mothers and sometimes their sisters, as objects of sexual desire. But that attraction ends when they discover that the female has no penis. Since these boys cannot give up the male organ they may turn to men for sexual pleasure. For Freud those who became homosexual for this reason had failed to traverse the course between autoeroticism and the more mature stage of object love. "They . . . remained at a point of fixation between the two."²⁰

Later, Freud asserted that homosexuality was linked to the profound frustration experienced during the oedipal phase by those boys who had developed especially intense attachments to their mothers.²¹ Denied the sexual gratification for which they yearned, these boys regressed to an earlier stage of development, and identified with the woman they could not have. They then sought as sexual partners young men who resembled themselves and loved them in the way they would have had their mothers love them.

In those cases where an intense attachment to the mother was combined with a fixation upon the erotic pleasures of the anus, the dynamics were somewhat different. In these instances, a desire to receive sexual gratification from the mother was transformed into a wish to enjoy sex in the way she did. "With this as a point of departure, the father becomes the object of love, and the individual strives to submit to him as the mother does, in a passive-receptive manner."²²

While Freud saw the child's attachment to the mother as pivotal in most cases, he was careful to note instances in which the father and other male figures played a central role in the etiology of homosexuality. In some cases the absence of the mother could determine the homosexual outcome. Deprived of the presence of a woman, the young boy might develop a

deep attachment to his father or another older male and as a result seek in his later sexual partners someone reminiscent of the primary object of his love. Alternatively, fear of the anger aroused in his father by the son's oedipal strivings could account for homosexuality. Terrified at the prospect of his father's retaliatory rage, the young boy could be forced to withdraw from his intense attachment to his mother. Having chosen to "retire in favor" of the more powerful male in this instance, such a boy would then leave the field of women entirely. Thereafter only a homosexual attachment to men could provide sexual gratification without anxiety about castration.²³ Finally, a later speculation of Freud's suggested yet another formulation involving a powerful male in the etiology of homosexuality. Here an older male sibling was crucial. In such cases, jealousy derived from intense competition for the mother's attention generated murderous impulses in the younger boy. Partially because of training, but more importantly because the boy recognized his own relative weakness, he was forced to repress those wishes. Transformed in the process, they would then express themselves as homosexual love for the formerly hated brother.²⁴

Running throughout Freud's efforts to identify the roots of homosexuality was a complex series of combinations of inherited, "constitutional" factors and environmental or "accidental" influences. He strove to find a middle ground in the debate between those who asserted that either biology or conditioning forces were exclusively responsible for a homosexual outcome. Although acknowledging in both his case histories and his theoretical work the presence of accidental determinants in many instances of homosexuality, he could not accept an exclusive reliance upon environment. The fact that not everyone subjected to similar influences became homosexual suggested an important role for biological forces.²⁵ Confronted by an extraordinary richness of detail in his case studies, Freud remarked that he had uncovered a "continual mingling and blending" of what in theory "we should try to separate into a pair of opposites—namely inherited and acquired factors."²⁶

As a theoretician Freud was committed to the proposition that all psychic phenomena were determined by antecedent forces beyond the conscious control of individuals. It was this determinism as well as his own more generous attitude toward the basic instinctual drives of human beings that made him so unalterably opposed to the rigid, condemnatory stance of his society toward homosexuals. That same determinism made his work anathema to those whose world-view demanded that individuals be held to account for their willful violations of civilized sexual standards. But despite his determinism, Freud acknowledged difficulty in assigning importance and predictive force to the various innate and environmental factors he had isolated in the analysis of homosexuals. These etiological elements were only known "qualitatively and not in their relative strength." Thus the anomalous situation had emerged in which "it is always possible by analysis to recognize causation with certainty, whereas a prediction of it by synthesis is impossible."²⁷ Unable to predict homosexuality, psychoanalysis could nevertheless unequivocally assert that in those cases where it had developed could there have been no other outcome.

Always critical of those whom he termed "therapeutic enthusiasts," Freud was especially pessimistic about the prospects for the psychoanalytic cure of homosexuality: "One must remember that normal sexuality also depends upon a restriction in the choice of object; in general to undertake to convert a fully developed homosexual into a heterosexual is not much more promising than to do the reverse, only that for good practical reasons the latter is never attempted."²⁸ At the basis of this profound limitation on his own technique was his belief that the cure of homosexuals involved the conversion of one "variety of genital organization of sexuality into the other" rather than the resolution of a neurotic conflict.²⁹ Unlike the neuroses, which were a source of pain and discomfort, homosexuality was a source of pleasure: "Perversions are the negative of neuroses." To treat a homosexual successfully would necessitate convincing him that if he gave up his current source

of erotic pleasure he could again "find the pleasure he had renounced." Aware of how difficult it was for neurotics to change, Freud was unable to strike a positive therapeutic stance here. Only where the homosexual fixation was relatively weak, or where there remained "considerable rudiments and vestiges of a heterosexual choice of object" was the prognosis more favorable.³⁰

Freud's therapeutic pessimism as well as his acknowledgment that many homosexuals, though arrested in their development, could derive pleasure from both love and work provides the context in which his compassionate and now famous "Letter to an American Mother" of 1935 must be read.

Dear Mrs. . . .

I gather from your letter that your son is a homosexual. I am most impressed by the fact that you do not mention this term yourself in your information about him. May I question you, why you avoid it? Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them (Plato, Michelangelo, Leonardo da Vinci, etc.). It is a great injustice to persecute homosexuality as a crime, and cruelty too. If you do not believe me, read the books of Havelock Ellis.

By asking me if I can help, you mean, I suppose, if I can abolish homosexuality and make normal heterosexuality take its place. The answer is, in a general way, we cannot promise to achieve it. In a certain number of cases we succeed in developing the blighted germs of heterosexual tendencies which are present in every homosexual, in the majority of cases it is no more possible. It is a question of the quality and the age of the individual. The result of treatment cannot be predicted.

What analysis can do for your son runs in a different line. If he is unhappy, neurotic, torn by conflicts, inhibited in his social life, analysis may bring him harmony, peace of mind, full efficiency whether he remains a homosexual or gets changed. . . .

Sincerely yours with kind wishes,

Freud³¹

PSYCHOANALYSIS AND HOMOSEXUALITY:

RADO, BIEBER, AND SOCARIDES

Though some analysts were more sanguine, Freud's pessimism regarding the possibility of the therapeutic reversal of homosexuality dominated psychoanalytic thinking for almost forty years. Here, at any rate, the psychoanalytic movement did not differ dramatically from the congenital school, which held that homosexuality was an irreversible anomaly. A marked shift took place in the 1940s, influenced in large measure by the work of Sandor Rado and his adaptational school of psychoanalysis. Rejecting the core Freudian concept of bisexuality, Rado and his followers were able to rethink the roots of homosexuality, and adopt a more optimistic therapeutic posture.

In Rado's view Freud had made a fundamental error in assuming that the ambiguous sexuality of the zygote implied the presence of male and female attributes in the psyche. This, he declared, was an "arbitrary leap from the embryological to the psychological."³² Unduly influenced by the ancient myth of the unity of male and female, Freud had failed to understand that

the sexes are an outcome of evolutionary differentiation of contrasting yet complementary reproductive systems. Aside from the so-called hermaphrodite . . . every individual is either male or female. The view that each individual is both male and female (either more male or less female or the other way around) . . . has no scientific foundation.³³

Taking reproductive anatomy as a starting point, Rado went on to assert that the male-female pairing was the natural and healthy pattern of sexual adaptation. But while biology dictated the appropriate nature of sexuality, humans did not inherit biological directives regarding the use of their sexual organs.³⁴ Rather it was the remarkable inventions of culture

that supplied the requisite instructions. In the West the institution of marriage performed this crucial role of socialization. Thus did nature and convention cooperate in the preservation of the species.

What then could account for homosexuality? Since there was no innate homosexual drive, the rejection of the "standard pattern" could only be explained in terms of some overwhelming environmental force, some profound fear or resentment. Not the triumph of a homosexual instinct, but the dethroning of heterosexual nature was at work. Homosexuality represented a "reparative" attempt on the part of human beings to achieve sexual pleasure when the normal heterosexual outlet proved too threatening. While fear and resentment could thwart the natural expression of heterosexual desire, they could not destroy it. Only "schizophrenic disorganization" could achieve that end.³⁵ As proof of this vitality, Rado pointed to what he believed was the otherwise inexplicable nature of the choices made by homosexuals—their selection of partners who despite their biological endowments took on the features, at least subjectively, of the opposite sex. "If male desires male, why does he seek out a male partner who pretends to be a female?"³⁶

Having explained homosexuality as a phobic response to members of the opposite sex rather than a component of human instinctual life, and having assumed the ever-present existence of a strong heterosexual drive, Rado and his followers were able to assume a more positive therapeutic stance. This new optimism, conveyed primarily through the work of those at Columbia University's Psychoanalytic Clinic for Training and Research, began to affect the theoretical and clinical work of a number of psychoanalysts who were to become prominent during the 1960s, when the status of homosexuals became an issue of great social concern.

One of the most ambitious psychoanalytic studies of male homosexuality in the period following Rado's theoretical revision was undertaken by the New York Society of Medical Psychoanalysts in the 1950s. Unlike the more conventional

reports of individual analysts detailing the insights derived from a small number of cases, the Society's study presented in a systematic manner data on a large number of psychoanalytic patients. The project involved 77 psychiatrists who contributed information on 106 homosexual and 100 heterosexual patients, the latter serving as controls. In order to standardize the vast amounts of data being collected, all participating analysts were requested to complete a questionnaire of 450 items covering a full range of familial, social, diagnostic, and therapeutic issues. The results of that study were published in 1962 under the primary authorship of Irving Bieber and entitled *Homosexuality*.³⁷

Placing the findings of the Society in the broad psychoanalytic tradition, Bieber made it clear that the pathological status of homosexuality was not itself the subject of investigation. In contrast to other theoretical orientations, which he dismissed as inadequate, he noted that "all psychoanalytic theories *assume* that homosexuality is psychopathologic."³⁸ The goal of the project was to develop a systematic analysis of the etiological factors responsible for the pathology, a more coherent picture of its course, and a more accurate understanding of the prognosis for psychoanalytic cure.

Acknowledging the debt owed to Rado, Bieber explicitly rejected the Freudian assumption of constitutional bisexuality and an innate homosexual drive. Exclusive heterosexuality was the "biologic norm."³⁹ Bieber therefore could reverse the classical psychoanalytic belief in the presence of a latent homosexual drive in all heterosexuals and assert that "every homosexual is a latent heterosexual."⁴⁰

Having rejected the possibility that constitutional factors could account for the development of homosexuality, Bieber turned to an analysis of the families of the homosexual patients in the Society's sample. "Our findings point to the homosexual adaptation as an outcome of exposure to highly pathologic parent-child relationships and early life situations."⁴¹ Seventy items in the questionnaire probed the relationship between mothers and sons. In 69 percent of the cases, an intimate

mother-son dyad characterized by restrictive and binding maternal behavior was found. Such a relationship existed in only 32 percent of the heterosexual comparison cases.⁴² The close-binding, intimate mothers were believed to have thwarted the normal development of their sons by responding to their heterosexual drives with hostility, often expressing "demasculinizing and feminizing attitudes"; interfering with the father-son relationship by fostering competitiveness, often favoring their sons over their husbands; inhibiting the development of normal peer relationships with other boys; and damaging the capacity for independent action, subverting every sign of autonomy.⁴³ Even in those instances where the mothers of the homosexual patients were not close-binding and intimate, they were more likely to have established pathological relationships with their sons than was the case with the heterosexual patients.⁴⁴

The picture with regard to paternal relationships was equally bleak.⁴⁵ "Profound interpersonal disturbance is unremitting" in homosexual father-son relationships. Though relationships between the controls and their fathers were often not "normal," they were generally "far more wholesome." As a group the fathers of homosexuals were depicted as detached, hostile, minimizing, and openly rejecting. By failing to meet their sons' needs for affection, these fathers created a pathologic need that could be satisfied only by other males through a homosexual adaptation. These fathers were also incapable of providing the model for masculine identification crucial to a young boy's healthy psychosexual development. Finally, by failing to assume a strong presence, such fathers could not intervene in the pathological relationships between the close-binding mothers and their sons.

Following from this analysis Bieber developed a picture of the family, the "triangular system," out of which homosexuality would most likely emerge. While acknowledging that a multiplicity of combinations of paternal and maternal behavior was associated with a homosexual outcome, Bieber asserted that the "classical pattern" was one in which a close-binding,

intimate mother, who was domineering and minimizing toward her husband, was paired with a detached, hostile father.⁴⁶ In such a family "the homosexual son emerged as the interactional focal point upon whom the most profound parental psychopathology was concentrated."⁴⁷

During the oedipal phase of development, according to Bieber, when normal heterosexual drives begin to surface, the "victim" of this pathogenic family is subjected to an intolerable conflict. Sexually overstimulated by his mother, who nevertheless attempts to thwart any signs of masculinity, he is rejected by his father, who accentuates his feelings of competitiveness instead of neutralizing them. Rather than a source of positive identification, the father becomes a grave threat, a potential source of physical injury. The female genitalia become identified with danger. The heterosexual drive itself becomes identified with potential harm. It is forced "underground" and becomes latent.⁴⁸

Because of the pathological basis of the homosexual adaptation, the possibility of establishing a stable and intimate homosexual relationship is precluded, according to Bieber. Fear of intimacy combined with a fear of retaliation on the part of other excluded males make homosexual couples relatively volatile. The hostility and competitiveness of such relationships bring to even the most apparently satisfactory among them a quality of ambivalence leading ultimately to impermanence or transience. Hence the ceaseless, compulsive, and often anonymous pattern of homosexual cruising. Despite finding many inherently destructive elements in the homosexual relationship, Bieber was able to note in it some redeeming features. These features, however, had value only within the pitiful limits of homosexual life.

There is some attempt to establish and preserve human contact and to develop and maintain meaningful relationships. It is *one* kind of adaptation in the face of crippling circumstances of growth and development; it is an attempt to participate in social living as much as is tolerable within the limits of anxiety.⁴⁹

Undertaken when the prevailing mood among psychoanalysts about the prospects for reversing homosexuality was still quite pessimistic, the Society's investigation suggested to Bieber that Freud was wrong and that there was reason to be optimistic. "Although this change may be more easily accomplished by some rather than others, in our judgment a heterosexual shift is a possibility for all homosexuals who are strongly motivated to change."⁵⁰ As a result of that conclusion, Bieber and his colleagues urged other analysts to direct their efforts toward helping their patients achieve heterosexuality rather than adjust to homosexuality. It is remarkable, given these assertions, that the data provided by *Homosexuality* tend to suggest more modest results. Of the seventy-two patients who were exclusively homosexual at the outset of treatment, 57 percent remained unchanged at the end of the study while 19 percent had become bisexual and only 19 percent exclusively heterosexual. Only by combining the data for those who began treatment as homosexuals and those who began as bisexuals was it possible to state that 27 percent had shifted from homosexuality to exclusive heterosexuality.⁵¹

Those who had successfully made a shift to heterosexuality had exhibited a willingness to embark on the long, difficult, and often frustrating course of analytic therapy. Only two of twenty-eight patients (7 percent) with fewer than 150 hours of treatment had become heterosexual, while nine of the forty patients (23 percent) who had undergone between 150 and 349 hours of analysis had made the shift. Finally, eighteen of the thirty-eight patients (47 percent) with 350 or more hours of treatment had made a successful transition.⁵²

Among the indicators of a positive prognosis were relative youth (being under thirty-five years of age), strong motivation, a father who was not detached, some prior effort at heterosexual experience, and erotic heterosexual activity in the manifest content of dreams. In short, analytic therapy seemed to be most successful where the homosexual adaptation was not deeply and thoroughly entrenched and where the destructive role of the father was not as pronounced as in the "triangular

systems" from which homosexuals most typically emerged.

Little is to be found in *Homosexuality* regarding the substance of the therapeutic process, but in a later essay Bieber indicated that in "reconstructive treatment" emphasis had to be placed on exposing the "irrational fears of heterosexuality," while helping the homosexual to resolve those fears.⁵³ With the irrational foundations of the homosexual adaptation eliminated, the latent heterosexuality could surface, allowing for a fulfilling sexual existence in accordance with the dictates of the biologic norm.

Like Irving Bieber, Charles Socarides was to become, in the late 1960s and early 1970s, a leading and forceful proponent of the view that homosexuality represented a profound psychopathology. Like Bieber he was to take Rado's critique of Freud as a point of departure for his own psychoanalytic discussion of homosexuality. "Heterosexual object choice is determined by two and a half billion years of human evolution, a product of sexual differentiation."⁵⁴ Unlike Bieber, however, who speculated that an inborn olfactory sense may act as a steering mechanism guiding men and women to members of the opposite sex, Socarides argued that both homosexual and heterosexual adaptations are "learned behaviors."

While rejecting a biological directive, Socarides did not deny that "anatomically outlined" factors played a crucial role in determining sexuality. In repeated and sometimes opaque formulations he attempted to prove that human culture had evolved in such a way as to foster the male-female pairing in order to perpetuate the survival of the species.

Heterosexual object choice is outlined from birth by anatomy and then reinforced by cultural and environmental indoctrination. It is supported by universal human concepts of mating and the traditions of the family unit, together with the complementariness and contrast between the two sexes. Everything from birth to death is designed to perpetuate the male-female combination. This pattern is not only culturally ingrained, but anatomically outlined. The term "anatomically outlined" does not mean that it is instinctual to choose a person

of the opposite sex. The human being is a biologically emergent entity derived from evolution, favoring survival.⁵⁵

Though the rules governing sexual behavior were thus a product of culture, they were not arbitrary. To upset them, to suppose that the demands of heterosexuality could be put aside, was to court disaster.

Like others influenced by Rado, Socarides argued that homosexuality could be explained only in terms of "massive childhood fears" that disrupted what human evolution had decreed to be the normal course of development.⁵⁶ His major contribution to the psychoanalytic theory of homosexuality has been to suggest that the disturbance responsible for those fears occurred much earlier in life than had been suggested in other formulations. Rather than oedipal, it was preoedipal in origin.⁵⁷ The failure to traverse successfully the stage of development before three years of age, when the child is believed to establish an identity separate from that of its mother (the separation-individuation phase), has dire consequences. In the case of the male child, remaining pathologically bound to the mother precludes the emergence of an appropriate gender identity. As a consequence all "true," or "obligatory" homosexuals are characterized by a feminine identification. Any effort to establish a relationship with a woman other than the mother produces profound separation anxiety. At the same time such an effort produces a terrifying dread of potential engulfment and loss of the self.⁵⁸

By pushing the etiology of homosexuality back to the preoedipal phase of development, Socarides established the theoretical justification for characterizing homosexuality as more profoundly pathological than it was generally considered to be when oedipal conflicts were stressed. According to Socarides, almost half of those who engage in homosexual practices have a concomitant schizophrenia, paranoia, or latent or pseudoneurotic schizophrenia, or are "in the throes of 'a manic-depressive reaction.'" The remainder, when simply neurotic, are charac-

terized as obsessional, "occasionally of the phobic type."⁵⁹ So extreme is this nosological description that many psychoanalysts who accept the classification of homosexuality as a pathological condition find it hard to accept Socarides' characterization of the general population of homosexuals.⁶⁰

For such profoundly disturbed individuals sexuality, in all its forms, becomes in Socarides' view an elaborate and intricately developed defense designed to maintain some equilibrium. The desperate and compulsive search for sexual partners assumed to be part of gay life is interpreted as a grasping for a sense of an ever-illusory masculinity, protecting the homosexual from his fear of merger with his "preoedipal mother." "They hope to achieve a 'shot' of masculinity in the homosexual act. Like the addict [the homosexual] must have his 'fix.'"⁶¹ The pathological nature of the homosexual solution, however, "dooms" it from the start.

Homosexuality is based on the fear of the mother, the aggressive attack against the father, and is filled with aggression, destruction and self-deceit. It is a masquerade of life in which certain psychic energies are neutralized and held in a somewhat quiescent state. However, the unconscious manifestations of hate, destructiveness, incest and fear are always threatening to break through.⁶²

Under such circumstances, the effort to find pleasure, love, and stability in a homosexual relationship can only be chimerical. Like Bieber, Socarides finds in the homosexual couple little more than a pathological pairing destined to be the source of unending pain and disappointment. Heterosexual relationships provide "cooperation, solace, stimulation, enrichment, healthy challenge and fulfillment"; homosexual "masquerades" are characterized only by "destruction, mutual defeat, exploitation of the partner and the self, oral-sadistic incorporation, aggressive onslaughts, attempts to alleviate anxiety and a pseudo solution to the aggressive and libidinal urges which dominate and torment the individual."⁶³ The apparent capacity of some homosexuals to function successfully in their nonsexual social

roles merely masks the underlying pathology that makes such adjustments fragile. Disruption of such superficial stability is an ever-present possibility.

In spite of his bleak descriptions of homosexual pathology, Socarides has presented an optimistic picture of the prospects for psychoanalytic cure, reporting that over 50 percent of the strongly motivated obligatory homosexuals he has seen in treatment four to five times a week have become heterosexual. Even among those who consciously disavow the desire for change there exists a profound unconscious desire to "alter what an early environment has so cruelly forced upon them."⁶⁴ Critical of psychoanalysts and other psychotherapists who would help homosexuals adapt to their pathology, Socarides has reserved his most vituperative remarks for behavioral therapists who have sought to enhance the sexual experiences of those whom he considers profoundly disturbed. Writing of sex therapist William Masters, he has argued that by providing homosexual couples with instruction in the techniques of sexual gratification, Masters has ignored the lessons of biology and culture and has "raised the status of the anus to the level of the vagina." Instead of aiding such homosexuals sex therapists are "in effect 'burying' them."⁶⁵

Among the tasks Socarides has described as crucial to the psychoanalytic therapy of homosexuals are the following: uncovering of the unconscious desire to achieve masculinity through identification with the male sexual partner, understanding of the preoedipal fears of incorporation and engulfment by the mother as well as of the fears of personal dissolution that attend any effort to separate from her, analysis of the oedipal fears of incest and aggression, discovery of the role of the penis as a substitute for the mother's breast, the surfacing of the yearning for the father's love and protection, and recognition of the presence of repeatedly suppressed heterosexual interests and desires.⁶⁶ Once the crippling fear and revulsion against women are eliminated, it becomes possible for the former homosexual "to function in the most mean-

ingful relationship in life: the male-female sexual union and the affective state of love, tenderness, and joy with a partner of the opposite sex."⁶⁷

PSYCHIATRY AND THE "DISEASE" OF HOMOSEXUALITY

Although the theories elaborated by Bieber and Socarides gained considerable prominence in the 1960s and early 1970s, other psychoanalytic formulations retained adherents during this period, and were a guide to both theoretical developments and therapeutic intervention.⁶⁸ Such diversity was not simply the result of the creative efforts of clinicians to explain the presence of the homosexual symptom in the very different patients with whom they worked; it represented profoundly divergent theoretical orientations. Freudians and neo-Freudians, those inspired by the libido theory and those who followed Rado, proponents of the preoedipal and oedipal etiological formulations all agreed, however, on one point. Homosexuality was a pathological condition. When the dominance of psychoanalytic theory in American psychiatry began to wane in the 1960s, other schools of thought incorporated, without much difficulty, the view that homosexuality was an abnormality. For behaviorists, for example, homosexuality was simply transformed from a perversion of the normal pattern of psychosexual development into the "maladaptive consequence" of "inappropriate learning."

The virtual unanimity regarding the pathological status of homosexuality was underscored in a striking context by Karl Menninger in his 1963 introduction to the American edition of the British Wolfenden Report. That report, which had gained international attention by calling for the decriminalization of homosexual activity between consenting adults, had rejected the classification of homosexuality as a disease.⁶⁹ Applauding

its criminal law recommendation, Menninger ignored the latter point, writing:

From the standpoint of the psychiatrist . . . homosexuality . . . constitutes evidence of immature sexuality and either arrested psychological development or regression. Whatever it be called by the public, there is no question in the minds of psychiatrists regarding the abnormality of such behavior.⁷⁰

Although the psychiatric consensus on homosexuality was still undisturbed in 1963, it had already come under serious political challenge from homosexual activists and their ideological allies.

The situation had been very different in 1952 when the American Psychiatric Association issued its first official listing of mental disorders. At that time voices of dissent were beginning to surface but had little political force. The *Diagnostic and Statistical Manual, Mental Disorders (DSM-I)* had evolved from the efforts of a working group brought together under the aegis of the United States Public Health Service to design a nosological scheme adequate to the needs of modern psychiatry. The listing of psychiatric disorders contained in the American Medical Association's *Standard Classified Nomenclature of Disease* had proved inadequate. Designed primarily for the classification of chronic mental patients, it lacked the scope required by clinicians engaged in psychiatric practice. More important, it was considered outmoded by the increasing numbers of psychodynamically oriented psychiatrists emerging from training centers dominated by psychoanalytic theory. *DSM-I* thus represented a major effort on the part of American psychiatry to establish the boundaries of its work.

In the new nomenclature homosexuality and the other sexual deviations were included among the sociopathic personality disturbances.⁷¹ These disorders were characterized by the absence of subjectively experienced distress or anxiety despite the presence of profound pathology. Thus it was possible to include homosexuality in the nosology despite the apparent lack of discomfort or dis-ease on the part of some homosexuals.

It was the pattern of behavior that established the pathology. Explicitly acknowledging the centrality of dominant social values in defining such conditions, *DSM-I* asserted that individuals so diagnosed were "ill primarily in terms of society and of conformity with the prevailing cultural milieu."

This first classificatory scheme remained unchanged until 1968 when a revised nomenclature was issued. In the revised *Diagnostic and Statistical Manual of Psychiatric Disorders (DSM-II)* homosexuality was removed from the category of sociopathic personality disturbances and listed together with the other sexual deviations—fetishism, pedophilia, transvestitism, exhibitionism, voyeurism, sadism and masochism—among the "other non-psychotic mental disorders."⁷² Despite the existence of a very well developed homophile movement at the time *DSM-II* was issued, homosexual activists appear to have been unconcerned with its publication. Two years later the classification of homosexuality in the *Manual* was to become the central focus of the Gay Liberation movement's attack on psychiatry.

In 1973, as the result of three years of challenge on the part of gay activists and their allies within the American Psychiatric Association, homosexuality was deleted from the nomenclature. That decision marked the culmination of two decades of struggle that had shattered the fundamental moral and professional consensus on homosexuality.