

## ***GAY, PROUD AND HEALTHY***

In recent years, an adversary situation has developed between the psychiatric profession and the homosexual community. While much of psychiatry seems unaware of this, it is felt with growing resentment and bitterness by the homosexual community, who increasingly see psychiatry as THE major enemy in a battle against deeply-rooted societal prejudice, and see psychiatrists as singularly insensitive and obtuse to the destruction which they are wreaking upon homosexuals by their negative attitudes and pronouncements. We consider such an adversary situation undesirable and reconciliation to be to the advantage of both adversaries. That is why we, as homosexuals, are here at the Dallas conference of the American Psychiatric Association. In our view, homosexuals are the people most knowledgeable about, and certainly most concerned with these questions. We have traditionally been the people least consulted while others, self-appointed and never authorized to represent us, have talked *about* us instead of *with* us, and set themselves up, without permission, as our spokesman. We are bringing that to an end.

Central to the conflict between psychiatry and the homosexual community is the “sickness theory” of homosexuality and the whole related complex of negative attitudes toward homosexuality, which try to make of homosexuality something inferior to and less desirable than heterosexuality. It matters not whether the word used be sickness, disorder, affliction, disturbance, dysfunction, neurosis, immaturity, fixation, character or personality disorder, pathology, or any other- or whether homosexuality be considered as merely symptomatic of these- the effects are the same: (1) To support and buttress the prejudices of society and to assist the bigots in the perpetration and perpetuation of their bigotry; and, at least equally important (2)

To destroy the homosexual's self-confidence and self-esteem, impair his or her self-image, degrade his or her basic human dignity.

Before any theory having consequences as disastrous as these is accepted, there should be certainty that it rests upon a sound scientific basis. As anyone with even a rudimentary scientific training is aware, the approach of psychiatry to homosexuality violates every canon of good scientific research. For psychiatry cavalierly to spout forth its characterisations of homosexuality as less than fully healthy represents utter irresponsibility. If the profession wishes to continue to take pride in its alleged scientific accomplishments, it had better be sure that its "researches" [sic] really are scientific. Insofar as homosexuality is concerned, they could not be less so. They are distilled, concentrated essence of bad science; they are a textbook illustration of "science" gone wrong. When the psychiatric position on homosexuality is examined, we find that we have been DEFINED into sickness and pathology by cultural, social, moral, teleological and theological value judgments, camouflaged and cloaked in the language of bad science.

Even more irresponsible is the continuing refusal of psychiatry to shoulder its proper burden in any situation of bigotry: To provide therapy for the bigots in order to change their attitudes; to change the attitudes of society, instead of not only accepting those attitudes but deifying them and then engaging in human engineering for conformity to them.

Deeply resented by the gay community are persistent efforts by psychiatrists to convert homosexuals to heterosexuality, instead of inculcating them with pride in their homosexuality. Increasingly, we hear psychiatrists piously declare that they attempt to convert "only those homosexuals who wish to be changed." That is an unacceptably simplistic, superficial, and shallow approach. When society generally, and psychiatry particularly, have "brainwashed" homosexuals into a belief in the inferiority of their homosexuality, the homosexual who asks to

be changed is merely the creation of a self-fulfilling process. How many whites choose to try to “pass” as black, and why is the number so small, and why do any blacks as all choose to “pass” as white, and is it not better that now, in an era of “Black is Beautiful,” fewer and fewer Blacks are trying to be untrue to themselves? We must investigate and often challenge the motives before we accept the desire to change. The great majority of homosexuals desiring to change to heterosexuality should be instilled with a belief that “Gay is Good,” not blandly welcomed as candidates for change.

The homosexual community looks upon efforts to change homosexuals to heterosexuality, or to mold younger, supposedly malleable homosexuals into heterosexuality (the very existence of this “plastic teenager” is questionable at best) as an assault upon our people comparable in its way to genocide. We find offensive the entire vocabulary of the psychiatric literature, in which “help,” “improvement,” “success,” “recovery,” and similar terms relating to the therapy of homosexuals is related to the extent of increase in heterosexual tendency and activity. The goals of therapy of homosexuals must be subjected to searching and re-examination.

Equally important as a consequence of psychiatric attitudes, is the fact that large numbers of homosexuals who might benefit from psychotherapy for a variety of problems unrelated to their homosexuality (which is NEVER a problem in and of itself, any more than *heterosexuality* is ever a problem in and of itself) will not go near a psychiatrist because of their fully-justified expectation that their real problems will be shunted aside and ignored, and the therapy will become an unwanted assault upon their homosexuality.

For better or for worse, psychiatry and psychiatrists are authority figures in our society today. *Responsible* authorities assess with great care the consequences of the exercise of their

authority and the validity of their positions and premises. In regard to homosexuality, psychiatry clearly has not done so. It is time to start doing so, or to doff the mantle of authority before it is taken from you!

In our view, it is time for psychiatry to reassess its position on homosexuality from the ground up. Queen Victoria has been dead for almost three quarters of a century. Freud brought up in the depths of a Victorian era from which he never escaped intellectually, may have done yeoman work as a pioneer and trail-blazer, but trails are necessarily blazed with lack of knowledge of the whole terrain and seldom follow what ultimately turns out to be the optimum route. It is time to realize that much of the psychiatric approach to homosexuality must be recognized for what it is: A misinterpretation of cultural artifacts of the particularly distorted, warped, perverted sexual attitudes of the Victorian era, in which Freud grew up, and shortly following which era most modern “authorities” on this subject were trained.

We must recognize that one of the glories of humankind is its endless diversity and pluralism in all things; that we are not faceless robots all turned out of the same mold, but that we follow different courses of equal value to different goals of equal value- in psychosexual development as in all other areas; that there is no one, single healthy course of psychosexual development.

Finally, we must realize that among the glories of humankind is its brain, which has liberated us from the degrading, demeaning, dehumanizing (and inapplicable, in this context) “anatomy is destiny” theory. Our genital organs are our appendages; we are not appendages of our genital organs.

We take the position that in our pluralistic society, the homosexual has a moral right to be a homosexual, and being a homosexual, has a moral right not only to live his or her

homosexuality fully, freely, openly, and with pride, but also has a right to do so free of arrogant and insolent pressures to convert to the prevailing heterosexuality, and in the expectation of the active, affirmative, positive assistance and encouragement of all the official and unofficial arms and agents of society, including society, in his so living.

Not only do we insist that homosexuals, as people, are in no way inferior to heterosexuals as a people (a precept to which we are sure that most psychiatrists will take no exception) but we insist, equally uncompromisingly, that homosexuality- as a condition, a state of being, a way of life or life-style, an expression of love and affection- is fully on par with and in no slightest way inferior to heterosexuality.

We are working to create a sense of community among our people, to create, in turn, a sense of unity, solidarity, militancy, and activism, in order to assist us to achieve our full rights and status in a society which is ours as much as it is that of the heterosexuals. We are working with success to create among our people a sense of pride in their homosexuality and a sense of the rightness of what they are and the goodness of what they do.

In order to do this, it is necessary to extract homosexuality from the medical context in which it has long and persistently been placed, and to place it in a *sociological* context of minority group relationships involving prejudice, discrimination, and bigotry. This is the *only* context in which the real problems of real homosexuals in our society today will be constructively and productively addressed. It has been well and truly said that in our society there is no Black problem, there is a white problem. We say that there is no homosexual problem, there is a heterosexual problem. Psychiatry, as it presently deals with homosexuality, is a major part of that problem.

A psychiatric profession which persists in approaching homosexuality as a medical problem and homosexuals, per se, as patients, which homosexuals themselves, as homosexuals are busy entering politics and running for public office is singularly out of touch with reality- psychotically so!

We are trying to open dialog with the psychiatric profession on these questions. 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 productive, constructive discussion and dialog, followed by meaningful reform of psychiatry, will now proceed actively.

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.

Will you assist us?

***WHAT YOU CAN DO:***

1. Both individually, and collectively as a profession and an Association, re-examine your past positions on homosexuality. Discard the negative attitudes and the biases which have afflicted you in the past.
2. Work for a public renunciation, by psychiatry, of the "sickness theory" of homosexuality in ANY semantic guise.
3. Undertake an active, vigorous campaign to ameliorate and ultimately to eliminate popular prejudice on this question, both through work to change attitudes and in such specific areas as law reform, equal opportunity legislation, etc.
4. Consult on an on-going basis with representatives of the homosexual community.

Our themes are: ***GAY, PROUD AND HEALTHY*** and ***GAY IS GOOD***. With or without you, we will work vigorously toward the acceptance of those precepts, 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?

Your comments, suggestions, and efforts at dialog and discussion are welcome. Contact:  
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