

Changes in the Classification of Homosexual Behavior
in the Diagnostic and Statistical Manual of Mental Disorders

Curtis M. Kularski

University of North Carolina at Charlotte

Changes in the Classification of Homosexual Behaviors
in the Diagnostic and Statistical Manual of Mental Disorders

During the 1973 meeting of the American Psychiatric Association (APA) a vote of the trustees revealed that in the opinion of the members, homosexuality was no longer considered to be a mental disorder, the change became effective in the 7th printing of the DSM-II (American Psychiatric Association, 1973). Orthodox practitioners in the mental health profession, felt that the change in policy was caused by pressures from the gay community and that there was insufficient scientific evidence to support such a move by the APA (Bayer & Spitzer, 1982). Based on the recommendations of the APA trustees the category of homosexual behavior was replaced by a category of “sexual orientation disturbance”. In sexual orientation disturbance it is only diagnostically valid to classify an individual as having pathological behavior if the individual is in some way harmed from normal functioning as a result of their sexual orientation. A seventh printing of the DSM-II was issued in 1974 to update the APA’s diagnostic position on homosexuality (American Psychiatric Association, 1973). Neither the DSM-II 7th printing (American Psychiatric Association, 1974), nor the DSM-IV-TR contain a complimentary classification for heterosexuals who show signs of disturbance related to their sexual orientation (American Psychiatric Association, 2000). Three years after the vote of the trustees, there was a general referendum of all active members of the APA in an attempt to reverse the decision in time for the printing of the DSM-III. This caused great conflict throughout the organization, resulting in a classification of “ego-dystonic homosexuality” appearing in the DSM-III (Bayer &

Spitzer, 1982). Homosexuality and Ego-dystonic Homosexuality do not appear in the DSM-IV, however, a classification of “sexual disorder not otherwise specified” exists and could potentially be used as a classification for an appropriately distressed homosexual (American Psychiatric Association, 2000). The draft of the DSM-V does not contain any mention of any disorder associated with same-sex desires. The Sexual and Gender Identity Disorders category has been converted to Gender Dysphoria, and refers only to individuals in distress over a perceived mismatch between their sex and their expressed gender. This change comes in a general push to reduce the severity of disorders classified as “Sexual and Gender Identity Disorders”, including paraphilias (American Psychiatric Association, 2011). While the APA trustees removed the official classification of “homosexuality” in 1973, there have been numerous debates, revisions and reconsiderations of all aspects of the diagnostic criteria relating to same-sex desire and behavior. The evolution of the APA’s policy regarding homosexuality as a mental disorder has been chaotic. As of the 7th printing of the DSM-II, a patient simply having same-sex desire was no longer considered to be a mental disorder; however, having distress over the sexual orientation was still a valid diagnosis. For the DSM-III the term “homosexuality” returned in the form of ego-dystonic homosexuality (Bayer & Spitzer, 1982), although still requiring symptoms other than same-sex desire for a diagnosis (American Psychiatric Association, 1980). Neither the DSM-IV-TR (American Psychiatric Association, 2000) nor the draft of the DSM-V use the term “homosexual” to describe any mental disorder (American Psychiatric Association, 2011).

The de-pathologisation of homosexuality, without other clinically significant factors, as a mental disorder had a positive impact on the public perception of homosexuals. The APA’s official policy represents the medical profession’s public opinion. The medical profession is one member of a triad of social institutions that along with religion and the legal system constitute

the majority of institutional influences on public perceptions. The change in classification of homosexuality in the DSM represents a progressive step toward the majority¹ acknowledging the existence of an alternative to heterosexuality. It is a historically significant event because it proves that an institutional opinion can be challenged and a change can be successfully executed. Challenging the mental health position on homosexuality opens up the potential for questioning the policies of religion and government. Such questioning of policies has taken place and an increasing number of religious institutions now acknowledge homosexuals and allow them in their congregations (Cadge & Wildeman, 2008). In terms of government policy, the United States government has undergone a long process of evolution in its policy on homosexuals in the military. Beginning in 1940 when medical advisors to the Selective Service recommended screening out homosexuals from the draft process the United States military has had a long and difficult process toward accepting homosexual service members (Wake, 2007). The de-pathologisation of homosexuality removed medical validity from attempts to keep homosexuals from military service. The discrimination was able to continue on the basis of the social construct and the perceived impact on defense capability, but without a mental health diagnosis to back up such constructions the position was eventually able to change. The case of the U.S. military policies on homosexuality is an example of the long-term impact of the removal of homosexuality from the DSM.

After homosexuality was no longer seen as a mental illness, the negative stigma was reduced, allowing more opportunities for homosexuals to establish their own identity. Individuals were resistant to taking on an identity that was associated with mental illness, and therefore were less likely to “come out” when that stigma was still in effect. Through the formation

¹ Majority in this instance refers to the collectively most influential and powerful group in society, not the group with the numerical majority

of a homosexual identity it became possible for individuals to identify and interact with each other until a group identity was formed (Cass, 1984). The group identity was responsible for the creation of homophile organizations and eventually to the foundations of gay liberation movements.

The most notable outcome of the de-classification of homosexuality as a mental disorder is the opening of the field of sexuality and sexual identity. No longer was sexuality to be divided into “healthy” heterosexuality and then a deviant “Other”. This change was important not only for individuals identifying as homosexual, but also for heterosexuals who engaged in oral intercourse, anal intercourse or any sexual act without the goal of procreation. Ultimately there was a challenge to the dualist conceptions of sex and gender. This challenge can in the form of Queer Theory and other components of Critical Theory, which promote the idea that sex is not nearly as concrete or able to be normalized as was once thought (Jagose, 1997).

Homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders in a slow process of debates and reclassifications. The initial de-classification in 1973 had a substantial impact on the treatment and social representation of homosexuals. The work done to remove the mental disorder stigma and the label of “illness” from homosexuality led the way for many other changes and reforms across other social institutions.

References

- American Psychiatric Association. (1973). *Homosexuality and Sexual Disturbance Position Statement*. Retrieved from American Psychiatric Association:
http://www.psychiatryonline.com/DSMPDF/DSM-II_Homosexuality_Revision.pdf.
- American Psychiatric Association. (1974). *Diagnostic and Statistical Manual of Mental Disorders II*. Washington, D.C.: American Psychiatric Association.
- American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Mental Disorders III*. Washington, D.C. : American Psychiatric Association.
- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders IV Text Revision*. Washington, D.C.: American Psychiatric Association.
- American Psychiatric Association. (2011). *DSM-V Draft*. Retrieved from <http://www.dsm5.org>
- Bayer, R., & Spitzer, R. L. (1982). Edited Correspondance on the Status of Homosexuality in DSM-III. *Journal of the History of Behavioral Sciences*, 32-52.
- Cadge, W., & Wildeman, C. (2008). Facilitators and Advocates: How Mainline Protestant Clergy Respond to Homosexuality. *Sociological Perspectives*, 587-603.
- Cass, V. C. (1984). Homosexual Identity Formation: Testing a Theoretical Model. *The Journal of Sex Research* , 143-267.
- Jagose, A. (1997). *Queer Theory*. New York City: NYU Press.
- Wake, N. (2007). The Military, Psychiatry, and "Unfit" Soldiers, 1939-1942. *Journal of the History of Medicine & Allied Sciences*, 461-494.