

Psychological Understandings

Introduction: A Paradigm Shift in Understanding

If it can be said that there is one area of our society in which the shift in thinking toward GLBT people has been truly radical, it would be the field of psychology/psychiatry/psychotherapy. In gradually moving from definitions of illness and therapies of conversion to an understanding characterized by full affirmation and inclusion, this field's ability to revise its professional stance toward GLBT people is both dramatic and illustrative of what modern scientific research and honest intellectual exchange can produce in a democracy.

In fact, the field's own theoretical and procedural developments in general have paralleled its changing understanding and treatment of homosexuality. Until the mid-20th century, American psychological and psychiatric theories and treatments were still, to a great extent, based upon moralistic and doctrinal foundations. These principles faded as the field began to build an actual knowledge base through "experimental" scientific approaches, including controlled studies, behavioral manipulation, and biochemical analysis. And finally, having been productively influenced by sociology and anthropology, psychological research also embraced a more effective and more humble "ethnographic" approach to understanding people—using surveys, participant observation, and other means of gathering real, basic data on how people actually do live their lives. With rigorous statistical and procedural tools for interpreting that basic information, the field was finally building its foundational knowledge from the ground up.

The implications for GLBT people were tremendous, because the field's understandings of homosexuality and bisexuality shifted in like fashion (again, transgenerness was generally not on the radar screen at that time). Once so easily presumed to be "problems" to be fixed or "illnesses" to be cured, GLBT orientations could no longer be rationalized or characterized as abnormalities, deviances, perversions, and/or forms of arrested development. Instead, the evidence became increasingly clear: GLBT orientations are inherent qualities of people, psychologically healthy, and perfectly normal and natural variations of human sexuality that are not significantly different from heterosexuality.

Most importantly for GLBT people themselves, the corresponding “treatment” of homosexuality has similarly progressed. Whereas condemnation, punishment, behavioral modification, and aversion/conversion therapy were once common and accepted methods of “curing” this “abnormality” (even while practitioners acknowledged that such methods routinely failed), psychotherapists of all types have become increasingly more effective at helping GLBT people, primarily by helping them to understand and accept their orientations. Therapy, for those who seek it in connection to sexual orientation, also focuses on building support networks and coping with familial rejection and the intolerance and prejudice experienced from the heterosexual majority. And finally, in identifying and labeling the phenomenon now known as “homophobia”—an irrational fear and hatred of GLBT people—the field has begun to draw attention to the needs of some very troubled people who are harboring an unhealthy prejudice.

It should be noted that, as in all aspects of the GLBT experience, transgender people are still left far behind. Most of the ensuing discussion will focus upon GLB experience because “T” has only begun to be understood in the last decade or two. It will catch up. In the meantime, because the process of GLB psychological affirmation has taken more than 150 years, certain points along the way are informative for those who wonder how such a radical change could take place.

Early Psychological Beliefs

While it is clear that homosexual *behaviors* have always been present in humankind, there is almost no end to the number of ways in which they have been understood and incorporated into a society (see Section 5 on Cultural Understandings). It is fairly safe to say, however, that it is only recently in human history—roughly the past 150 years—that the idea of a “homosexual” or “bisexual” person, or even a “heterosexual” orientation, has appeared in Western cultures. Before that time, homosexual behaviors might be tolerated, discouraged, ignored, or at certain times—especially in cultures informed by monotheist religions like Christianity and Islam—punished severely when discovered. But there was no sense that homosexual acts were a function of a more encompassing, inherent homosexual or bisexual “orientation.” And there was no way for anyone (except perhaps homosexual and bisexual people) to understand that sexual attraction and behavior were just one aspect of that orientation. People simply could not understand homosexual actions as the surface behaviors of a dating, mating, and nesting urge no different from that which forms the basis of a heterosexual orientation.

Ironically, the first appearances of the orientation “concept” were accompanied by very affirmative professional opinions, much like those of psychotherapists today. The “discovery” of sexual orientations came about because some professionals were looking for an *explanation* of the persistence of supposedly deviant homosexual behaviors in otherwise fully capable and reasonable people. And the concept was employed from its very beginning to protest anti-homosexual laws, punishments, and prejudice: “The word *homosexual* was first used by Karl Maria Kertbeny in an 1869 pamphlet in which he argued for the repeal of Prussia’s antihomosexual laws” (Marcus 1). Near that same time, numerous European experts began to conclude that homosexuality, also known at that time as “sexual inversion,” was an innate condition rather than an acquired behavioral deviance, that it was possibly hereditary, probably inborn, and therefore natural. One well-known German sexologist, Magnus Hirschfeld, employed such conclusions in his work against anti-homosexual laws (until the rise of the Nazi party, of course) (Bayer, Schoppmann).

In many ways, even the psychoanalytic theories of Sigmund Freud were highly progressive in regard to this concern. True, his theories were based upon the assumption that heterosexuality was the ideal end-state for psychological development. But he himself stated that homosexuality “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” (Bayer 27). He is said to have seen little hope in changing peoples’ orientations and felt that psychoanalysis could serve only to bring harmony and peace of mind to those homosexuals who have actual psychological problems.

These early psychological theorists were far ahead of their time, and they did not prevail. Arguing against the criminal and sinful models of homosexuality, they proposed a kind of homosexual “identity” that was inherent and natural. Yet this theoretical construction did little to change popular opinions or professional practices, especially in the United States where the concept of homosexual orientation was quickly equated with “illness” and entered into diagnostic manuals accordingly.

The 1940s, '50s, and '60s: Conflicting Positions

Prominent followers of Freudian psychoanalytic theory in the United States did not share the same assumptions and conclusions as Freud himself. Their foundational beliefs reflected popular American opinions that simply “knew” that homosexuality could not be normal. And because their professional studies and intellectual frameworks began with that assumption, they

naturally came to those same conclusions. Studies of homosexuality that claimed to be “scientific” were conducted on *clinical* populations of homosexual people—those in treatment seeking change and those housed in mental institutions and prisons. Thus the findings could only confirm the basic profile of the people under study: they were greatly troubled individuals, obviously ill at ease with their orientation, and their lives in clinical disorder. (Bayer)

Most importantly, the practitioners who held these views had clout. Therefore, the diagnostic manuals developed during that time categorized homosexuality as a psychiatric disorder. Having been so defined, the condition begged for treatment, which took a variety of forms—endless psychoanalysis being only one of them. In what now can only be seen as desperation, Eric Marcus reports that mental health professionals also tried to convert homosexuals with electroshock therapy, brain surgery, hormone injections, castration, and aversion therapies that included genital electrocution and induced vomiting (“Is It” 15). Although many—and especially newly “informed” parents of GLBT people—still hang on to a belief that homosexuality is a “curable” disease, it must be clearly stated that such therapies failed miserably, often did a great deal of harm, and have now been completely discredited by the profession as a whole. Although there are still a few professional holdouts, the place where one is most likely to find “treatments” that assume the capacity to change sexual orientation is in religion-affiliated ministries. And the alleged achievements of such ministries have also been discredited.

Fortunately, at the same time that homosexuality was increasingly pathologized as a treatable illness, dissent was growing and was increasingly based upon rigorous scientific and sociological findings. The Kinsey Institute research of the late 1940s demonstrated that homosexuality was much more prevalent than previously thought: up to 37% of the male American population had engaged in at least one homosexual behavior at some point in their lives, and up to 4% were exclusively homosexual (results similar for women in the early 1950s) (Reinisch). Researchers like Evelyn Hooker undermined the authority of clinical population studies by tapping into recently formed “homophile” political organizations, using such connections to gather data on homosexual men who were more representative of the homosexual population as a whole. Her results showed that homosexual men, in general, scored no differently than heterosexual men on the accepted psychological tests of the time (Bayer, Marcus “Making”).

Meanwhile, anthropological studies were beginning to demonstrate that homosexual behaviors were prevalent in nearly every culture for which data had been collected, and in most of them the behavior was actually accepted

and openly incorporated in a number of different ways. Sociological studies in the United States began to gather reliable data on the real lives of homosexual people, revealing them to be much less mysterious than previously thought. (Weinberg and Williams)

Armed with an increasing body of research that contradicted prevailing views, such researchers—along with the increasingly open and active gay liberation groups of the late 1960s and early 1970s—began to pressure the field as a whole to closely examine the issue. Based upon the findings, there was a clear need to reconsider the official position.

1973: The Turning Point

As Ronald Bayer describes in *Homosexuality and American Psychiatry*, the changes in the diagnostic manual of the American Psychiatric Association (APA) did not come easily or without contention. It was highly politicized, as there were still large numbers of holdouts who were so invested in their beliefs that they could see no reason to change their position—despite the growing body of evidence to the contrary.

As early “homophile” organizations become more politically active, Bayer tells us that one of the focal points for their work became confronting the stigma of illness and perversion that surrounded homosexuality. Because the prevailing orthodoxy and its “studies” were clearly flawed, and because their member’s own experience so clearly contradicted such clinical descriptions, these organizations began their activism with simple declarations: that homosexuality was perfectly normal and natural *unless proved otherwise*. They asserted that homosexual people were the best authorities on the nature of their own lives. They demanded the right to represent themselves to the psychiatric profession, to participate in deliberations, and to present at conferences, and they called attention to the growing body of evidence in their favor.

And they succeeded. Not because they had the power or authority to force such change, but because they compelled enough people to take the scientific findings seriously. In 1973, the board of trustees of the APA voted to change their diagnostic manual. The motion was upheld by a vote of the entire membership the next year (56% in favor, 37% opposed), and thus homosexuality in and of itself was no longer *officially* defined as an illness.

In the Years Since

Thirty years later, the assumption that homosexuality is an illness or pathology of any sort has all but disappeared in the field of psychology/psychiatry: there is no valid and reliable research to support such definitions. Of the professional therapists who might still propose curing, changing, or converting homosexual people, all but a few holdouts begin their work from a religious foundation, most often a fundamentalist one. Nor do all fundamentalist practitioners give their religious beliefs such priority in their work. While some might personally object to homosexuality, they also recognize the validity of counseling GLBT people in affirming ways and focus on helping them to honestly accept their orientations, deal with prejudice, and live their natural lives with openness and integrity.

Studies of the psychological and social nature of homosexual relationships now focus on other aspects of life, such as the effects of living in homophobic environments, the experiences of children of GLBT parents, and other areas of social concern that are used by anti-GLBT organizations to justify and lobby for unequal treatment before the law. These studies, when conducted scientifically and with intellectual rigor, are demonstrating a continual pattern: GLBT people are not *fundamentally* different from heterosexual people, no matter whether the studies focus upon relationships, child-rearing, or other fundamental aspects of life. And the small variations that do exist are easily explained by the effects of prejudice, social marginalization, and unequal treatment before the law.

Finally, more and better research is needed to understand transgender orientations. It is generally believed that the orientation is inherent, not pathological or capable of change, and thus needs to be addressed in much the same way that GLB orientations have been affirmed.

The Bottom Line

Most practitioners in the field of psychology/psychiatry have concluded that homosexuality is a normal and natural variation of human sexuality and that such relationships have the same potential to be as healthy and fulfilling as their heterosexual counterparts. Psychotherapists' work now focuses on helping GLBT people understand and accept their inherent orientations, heal wounds from prejudice and abuse, live their lives openly and honestly, and develop support networks and skills to effectively deal with an intolerant society. More work is needed on healing those who harbor hatred and prejudice, act out violently, and remain irrationally afraid of a world in which GLBT people living open lives and receiving equal treatment before the law.

