

Issues Of Diagnosis And Treatment

By James Phelan, Ph.D.

Homosexuality was officially defined as a mental disorder by the American Psychiatric Association from 1952 to 1973, but has not been defined as a disorder since that time.

There are no biological markers found for homosexuality. In the same way, "... no biochemical, neurological, or genetic markers have been found for attention deficit disorder, oppositional defiant disorder, depression, schizophrenia, anxiety, compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease, or disorder" (Levine, 2001, p. 277). These are all "mental illnesses" because society has judged them to be.

Following controversy and protests from gay activists at American Psychiatric Association annual conferences from 1970 to 1973, the seventh printing of the *Diagnostic and Statistical Manual II* (DSM-II), in 1974, no longer listed homosexuality as a category of disorder. After talks led by Dr. Rober Spitzer, who had been involved in the DSM-II development committee, a vote by the APA trustees in 1973, and confirmed by the wider APA membership in 1974, had replaced the diagnosis with a milder category of "sexual orientation disturbance."

A Values Issue

If mental illness were really an illness in the same sense that physical illnesses are illnesses, the idea of deleting homosexuality or anything else from the categories of illness by having a vote would be as absurd as a group of physicians voting to delete cancer or measles from the concept of disease. But mental illness *isn't* an illness like any other illness.

Unlike physical disease where there are physical facts, or blood tests to confirm, mental "illness" is entirely a question of values. After homosexuals protested and successfully demanded at least a small measure of social acceptance, homosexuality was no longer called a mental illness.

One Diagnostic Category Remains

But, considering the fact that there were individuals who were homosexually oriented, yet unsatisfied this way, the American Psychiatric Association replaced the diagnosis with the category of "sexual orientation disturbance." This was later replaced with the diagnosis of ego-dystonic homosexuality in the DSM-III in 1980, but this was removed in 1987 with the release of the DSM-III-R. A category of "sexual disorder not otherwise specified" continues in the DSM-IV, which includes "persistent and marked distress about one's sexual orientation."

Therefore, there is still a place at the clinical table for those who seek resolution, and in some cases, for those who seek to change their sexual orientation. This is largely the case because ex-gays

have collectively stood up to be counted, as once did their openly gay counterparts in the 70's. On May 22, 1994, in Philadelphia, for the first time in history, the American Psychiatric Association was protested against, not by pro-gay activists, but by a group of ex-gays claiming that they had changed and that change was possible for others (Davis, 1994).



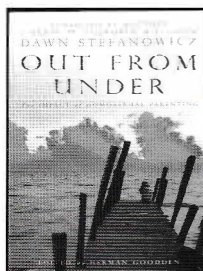
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This was repeated at their 2000 convention in Chicago (Gorner, 2000), and again at the 2006 American Psychological Association Convention in New Orleans (Foust, 2006).

The APAs cannot deny that there are those who are dissatisfied with homosexuality and believe it does not represent their true identity. It would simply go against their own code of ethics to deny such treatment. Finally, claiming that homosexuality, per se, is not a mental disorder (per DSM), is not a reason to deny treatment.

References:

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- Levine, B. (2001). *Commonsense Rebellion: Debunking Psychiatry, Confronting Society*; New York: Continuum.



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