The Sexual Deviations and the Diagnostic Manual

by Charles W. Socarides, M.D.

The following paper is reprinted from our historical archives.
It is especially relevant today, in light of the recent debate at the American Psychiatric Association as to whether the paraphilias are in fact mental disorders.

We have excerpted only portions of it here (subtitles added).

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This paper presents an historical account and a critical analysis of the diagnostic problems surrounding our understanding of the sexual deviations and their position in our classification system.

Appropriate therapy can only be based on accurate diagnosis. Exceptions of this principle of psychiatric care cannot be made for social/political reasons without incurring formidable difficulties both for the diagnostician and the patient as well.

> *"Being malcontent with diagnosis, if it leads merely to negativism or nihilism, does not constitute adequate reality testing...*
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> *"Psychiatric thought indeed carries enormous historical baggage; but if anyone simply seeks to divest himself of its unexamined bulk, the dangerous ignorance of such an act of bravado would doom him to repeating all the errors of the past."*
>
> —P.W. Pruyer

A new edition of the Diagnostic and Statistical Manual of the A.P.A. is scheduled to make its appearance in 1978-79. From preliminary published information, the DSM III classification and definition of sexual deviations will undergo profound change [*ed. note: those changes were subsequently made*].

If current views of the Task Force on Nomenclature and Statistics are approved, they will have far-reaching consequences to our understanding, research, and therapy of severe sexual disorders.

Fundamental Truths Rendered Chaotic

If such changes are due to social and/or political activism, neither the goal of individual liberties nor the best interests of society are served. These changes would remove from psychoanalysis and psychiatry entire areas of scientific progress, rendering chaotic fundamental truths about unconscious psychodynamics, as well as the interrelationship between anatomy and psychosexual identity.

From the very outset, the field of sexual disturbances has tended to be clouded in confusion and mystery. Poets, historians, philosophers, sociologists, anthropologists, and psychiatrists themselves have all played a part in making this one of the murkiest areas of science. Freud himself deplored the word "perversion," as it carried a moralistic connotation, but he continued to use it as there were no other suitable words available until 1905, when he coined the term "inversion" to signify homosexuality.

Ferenczi followed with his term "paraphilia" to denote the same disturbance. "Sexual variation" connotes a variety of normal behaviors, thus obscuring the nature of these conditions as true disorders. The term "sexual deviation" is more acceptable to many, as it neither moralizes nor normalizes.

Behaviorism Replaces Psychodynamic Approach

Some behavioral sciences insist that there are no sexual deviations, only alternative or different lifestyles, and that these conditions are merely a matter of social definition, some made permissible by society, and others socially condemned. This is in keeping with the behavioristic point of view that all one could see, test, and modify was conscious behavior; and if human beings were allowed to express their sexuality freely, culture would change to reflect and accept all individuals as healthy. The conclusion drawn, as in the case of homosexuality, is: homosexuals are healthy; society is "sick"; consequently in order to remedy society's ills, fundamental changes in psychiatric diagnosis must be undertaken.

Karlen, one of our leading historians in the area of sexual customs and behavior, comments that some scientists, psychologists and psychiatrists "...ransack literature for bits of fact and theory that can be placed together in a pro-homosexual or bisexual concept of nature, man and society... they raise false or outdated scientific issues in their war with traditional values." Many of our values could use change, but scientific findings cannot be altered to meet the demands of social change.

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Does "Commonly Occurring" Mean a Condition is Normal?

Some statisticians, beginning with Kinsey, behavioral psychologists, and psychiatrists (in contrast to most psychoanalysts) supply incidence rates of certain phenomena as if behavior had no connection with motivation. Since neither conscious nor unconscious motivation is even acknowledged, *these studies arrive at a disastrous conclusion that the resultant composite of sexual behavior is the norm of sexual behavior.* The next step is to demand that the public, the law, medicine, psychiatry, religion, and other social institutions unquestioningly accept this proposition.

Psychoanalysts comprehend the meaning of a particular act of human behavior by delving into the motivational state from which it issues. In their investigative and healing aims, psychoanalysts and psychodynamically oriented psychiatrists continually ask three major questions:

- "What is the meaning of an event or piece of behavior or symptom?" (cause-searching):
- "Where did it come from?" (end-relating, means to ends); and
- "What can be done to correct things?" (healing function)

By studying individuals with similar behavior, we arrive at objective conclusions as to the meaning and significance of a particular phenomenon under investigation. Thus is insight achieved.

To form conclusions as to the specific meaning of an event simply because of its frequency of occurrence is to the psychoanalyst scientific folly. Only in the consultation room, using the techniques of introspective reporting and free association, protected by the laws of medicine and professional ethics, will an individual, pressed by his suffering and pain, reveal the hidden (even from himself) meaning and reasons behind his acts.

Using these techniques, it can thus be ascertained that the sexual deviations are roundabout methods of achieving orgiastic release in the face of overwhelming fears. It becomes apparent that the differences in sexual behavior are the different stimulation patterns aimed at releasing the orgiastic reflex. Thus the study of deviant sexual practices itself could be reduced to a simple proposition: the study of the method by which this reflex is released.

Homosexuality as a Reparative Drive

Sexual activities that are a result of unconscious fears and the inhibiting action of those fears may be considered reparative patterns. In direct contrast to the reparative patterns, situational and variational types of homosexuality are consciously motivated, not fear-induced, and the person is able to function with a partner of the opposite sex. In reparative forms, the sexual pattern is inflexible and stereotyped. If forced to participate in male-female sexual relations, the act is experienced, with little or no pleasure. Deviant sexual patterns are roundabout methods of achieving arousal and orgiastic release, as the usual channels for behavior are blocked by massive fears.

Psychoanalysis is a motivational psychology. By utilizing concepts of situational, variational and reparative (unconsciously motivated and fear-induced) motivations to categorize varieties of sexual behavior, we arrive at the answer to the question as to when certain sexual activities can be considered to be sexual deviations.

Thus, whether or not certain sexual practices can be termed sexual deviations can be determined by a study of the conscious and/or unconscious motivations from which they issue.

The conflicts associated with homosexuality leave unmistakable signs on the developing personality and its future maturation. There is usually a deep disturbance in approaching a person of the opposite sex, pronounced gender-identity confusion (either hidden or overt), and the predominance of archaic primitive mental mechanisms. Clinically, there are signs and symptoms of a continued undue fixation to the mother. Thus an in-depth life history is a central task to be undertaken before the diagnosis of true sexual deviation can be made.

Parenthetically it should be pointed out that many individuals with sexual deviations may be in many other ways highly developed both ethically and intellectually.

The sexual deviation itself neutralizes warring intrapsychic forces so that very often, these individuals are able to attain a high degree of personal development. Thus, with the exception of a sexual deviation, they may appear upon superficial examination to be without psychopathology except when subjected to penetrating investigation of their defensive system.

Historical Review

By spring 1973 the A.P.A. Committee on Nomenclature and Statistics was seriously considering the removal of homosexuality from the DSM II without consultation with the psychiatrists and psychoanalysts who had long labored in this area of clinical research, and held opposing views.

A Symposium held in Hawaii on May 9, 1973 was entitled "Should Homosexuality Be in the A.P.A. Nomenclature?" As a member of this panel, I presented the conclusions of the eleven-member Task Force on Homosexuality appointed in 1970 by the New York County District Branch of the A.P.A., of which I was chairman.

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In April 1972, after two years of intensive work, the members of the Task Force had unanimously agreed upon the following conclusions as regards male homosexuality:

- *Homosexuality arises experientially from a faulty family constellation.*
- *It represents a disordered sexual development not within the range of normal sexual behavior.*
- *There is a continuity and severity of pathological parent-child relationships in the background of all homosexuals studied to an extent not found in the comparison groups.*
- *The majority of the mothers of homosexuals interfered with the development of their sons' peer group relationships, heterosexual development, assertiveness, and decision-making. The fathers of homosexuals were demasculinizing.*

The New York County District Branch Task Force on Homosexuality concurred without question that societal rejection damages those who are rejected. However, if all criminal discrimination were to stop today and the punitive laws against homosexuals were repealed immediately – as indeed our Task Force recommended – the homosexual's inner anxieties would still not be eliminated.

At this meeting I further stated that current proposals to place homosexuality in a group of other sexual disorders such as premature ejaculation, retarded ejaculation and so forth, under the heading of "sexual dysfunction," would damage scientific knowledge. The sexual dysfunctions themselves are disturbances in the standard male-female coital pattern (a separate diagnostic entity both symptomatically and developmentally). Thus the immutable distinction between the sexual *deviations* and the sexual *dysfunctions* could not be semantically blurred without incurring formidable scientific chaos.

In addition, the view held by the Nomenclature Committee that in homosexuality there are no clinical symptoms, no course of development, and no effective treatment was in direct opposition to the Task Force's position on this issue, as well as to numerous other psychiatric and psychoanalytic contributions offered.

Spitzer's and Kinsey's Pivotal Roles

One of the two reasons for the removal was an official position paper prepared by Dr. Robert Spitzer (Chairman, Nomenclature Task Force on Homosexuality, A.P.A.) for the Board prior to its decision. According to an article in *Psychiatric News*, "It was essentially upon the rationale of Dr. Spitzer's presentation that the Board made its decision." This paper in essence repeated Kinsey's earlier assertion that homosexuality did not meet the requirements of a psychiatric disorder since it "does not either regularly cause subjective distress or [is] regularly associated with some generalized impairment in social effectiveness or functioning."

In essence and by direct implication, this action officially declared that homosexuality of the obligatory type was a normal form of sexual life. Henceforth, the only "disturbed" homosexual is one who is disturbed that he is homosexual. He is to be considered neurotic only if unhappy. A referendum was demanded on this issue by 243 psychiatrists, members, and fellows of the A.P.A.

It was a credit to psychiatrists in general that in the referendum (marred by hidden lobbying by homosexual activists) held months later, more than 3700 psychiatrists (40% of the bare majority who voted) in the United States believed that there were no legitimate scientific reasons for the A.P.A.'s change in fundamental psychiatric theory. Only a handful, however, have continued to work for the reversal of this decision.

Aftermath

The removal of homosexuality from the DSM II was all the more remarkable when one considers that it involved the out-of-hand and peremptory disregard and dismissal not only of hundreds of psychiatric and psychoanalytic research papers and reports, but also of a number of other serious studies by groups of psychologists, psychiatrists, and educators over the past seventy years (the Group for the Advancement of Psychiatry Report, 1955; the New York Academy of Medicine Report, 1964; the Task Force Report of the New York County District Branch A.P.A. 1970-72). It was a disheartening attack upon psychiatric research and a blow to many homosexuals who looked to psychiatry for more help, not less.

"Subjective Distress" Can Never Be the Defining Characteristic of a Disorder

That the politicizing of homosexuality could have far-reaching effects on other theoretical and clinical concepts dealing with sexual conditions and the psychoanalytic view of them was quickly borne out. Revisions in the third edition of the DSM were proposed that would have further damaging effects on our understanding, research, and therapy of the remaining sexual deviations. The proposal made before the Assembly of the A.P.A. on May 3, 1975 made it a requirement that any sexual condition, in order to be termed a disorder, must "coexist with distress." For example, a fetishist must experience distress to be considered as having a disorder.

A wave or protest both from individual psychoanalysts and psychoanalytic societies in this country greeted this proposal. It was obvious that this requirement ran counter to everything we know dynamically about mechanisms involved in these serious disturbances. For example, the enactment of any perversion helps keep the individual in equilibrium and neutralizes anxiety. It has been uncon-

sciously specifically fashioned for this purpose. Therefore, the presence or absence of anxiety cannot be an adequate criterion to use when determining whether the condition is a disorder or not. Some of the most severely disturbed pedophiliacs have had no anxiety because of their constant enactment of the pedophilic act.

Furthermore, this proposal disregarded the following:

- The presence of a specific need, desire, compulsion, or other symptom formation may so circumscribe pathology, that a patient may appear to be functioning well in every other aspect of his life;
- Fully developed neurotic symptoms can *mask* illness as well as express it;
- The mechanism of perversion results in producing an ego-*syntonic* symptom, namely, one which allays and neutralizes anxiety.

"Disadvantage" as a Criterion for Disorder

In 1976, the Nomenclature Committee introduced the concept of "disadvantage" into the rationale for declaring a condition a "disorder." But the view that the homosexual of the obligatory type is at no "social disadvantage" is a denial of the realities which surround us when one considers that a society governs the behavior of its members from birth to death through its laws, mores, and other institutions.

A human being is born with responses which constitute his mammalian heritage (a product of evolution). He is then introduced into a web of social institutions, a product of cumulative tradition, which constitute his cultural heritage. The two, mammalian and cultural heritage, lead man to his sexual pattern – heterosexuality.

Heterosexuality has a biological and social usefulness. It creates the family unit and allows men and women to live together under conditions where there is likely to be the least amount of fear, rage and hate. It furthermore regulates this relationship through a series of laws, penalties and rewards.

The Nomenclature Committee's present understanding and conceptualization of the sexual deviations was printed in the Newsletter of the American Psychoanalytic Association. Thus the "general principles" which are guidelines for declaring the sexual deviation "disorders" are:

- subjective distress;
- impairment in social functioning;
- intrinsic disadvantage.

These principals, when examined closely as to their use and meaning, represent beliefs and concepts which are largely *in direct opposition* to dynamic concepts, psychoanalytic theory, and our growing clinical understanding of these conditions. If generally accepted, they could have far-reaching negative effects. Finally, it was conceded that it was "a foolish provisional approach" to insist that a sexual disorder could only be termed a disorder if it "coexisted with distress."

Are Sadism and Voyeurism Truly "Arousal Disorders"?

The conditions referred to such as exhibitionism, voyeurism, sexual sadism, etc. are listed under the heading of "sexual arousal disorders," a phrase commonly used and understood to refer to those disturbances of performance in the standard male-female coital pattern. In fact, all sexual disorders are "sexual arousal disorders" in that there is a disturbance attendant to the achievement of orgasm. However, the sexual deviations owe their special configuration to earlier preoedipal disturbances not usually found in simple sexual arousal disturbances commonly represented by premature ejaculation, retarded ejaculation, etc. The former are usually due to object-relations conflicts, in contrast to the latter, which are usually the result of structural conflicts.

Even more disconcerting however is the reason given for listing exhibitionism, voyeurism, fetishism, etc. as disorders, namely, that they place the "individual at an intrinsic disadvantage since no society can generally tolerate such behavior." Not only is the concept of "disadvantage" not a psychoanalytic one, but it is evident that disorders are now to be dependent upon social definition, giving little or no credence to the unconscious psychopathological determinants in the production of these serious sexual conditions.

Lastly, it is ironic that one of the main reasons put forth by those in favor of removing homosexuality from the DSM 2 was that it should not be considered a disorder because of negative societal attitudes towards it and therefore should be removed from our nomenclature!

"Normalizing" the Sexual Deviations is Scientific Folly

Prior to 1973, the Diagnostic and Statistical Manual had made valuable contributions our comprehension of the sexual deviations so that clinical research was beginning to fathom their ineluctable secrets. The "normalizing" of homosexuality and the consequent revision of the DSM reflecting this position cannot help but slow scientific progress, produce despair in those with a sexual deviation, and diminish efforts at prophylaxis based on sound principles of causation and treatment. ■