

“We Are Not Ill”

A history and analysis of LGBT pathologization

This article aims to partially document and critically examine the ways in which selected LGBT groups have been perceived as mentally maladjusted or deficient by the field of psychology, a process known as “pathologization.” This was accomplished by comparing and contrasting the different ways in which the psychological sciences have attempted to conceptualize various LGBT groups, such as through the creation of formal diagnoses (ex. Sexual Orientation Disorder). This comparison included examples relevant to both historical and modern contexts, documenting the journey LGBT groups have made on the road to societal and clinical normalization. The results of this analysis showed that there are striking commonalities in how groups with diverse forms of gender and sexual expression have been described by psychology, often with the ultimate conclusion that claims a need to “treat” such groups. Additionally, progressive psychological research movements were also included and helped highlight the ways in which psychology has attempted to reverse this “pathologization” at a more systemic level. This research is significant as a demonstration of the power that psychological labels have and their relation to discriminatory practices and equal rights movements.

Acknowledgements: The author wishes to sincerely thank Michael Palamarek (Glendon Gender and Women’s Studies Program and Sexuality Studies Program) for his contributions and guidance pertaining to this study.

Keywords: Pathologization, LGBT, homosexual, bisexual, asexual, transgender

When revisiting previous conceptualizations in psychology, it is apparent that the difference between sexuality and pathology was often unclear regarding how the dominant stream of psychology has historically viewed members of the LGBT community. The distinction between what constituted a legitimate set of sexual and gender identity markers was often overlapping with what was considered a maladaptive affliction that required treatment and correction. This phenomenon,



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referred to as “pathologization,” broadly refers to the medicalization and diagnostic cataloguing of an otherwise harmless occurrence. In the latter half of the 20th century, however, pathologization has been used to specifically refer to medical or psychological problematization (Leibert, 2014). This ambiguity between true pathology and merely variance from heteronormativity is ever-changing. While it has been addressed substantially for some LGBT groups, there are some others which have had their status abandoned and are thus left in a clinical and societal limbo.

This article examines how the distinction between sexuality and pathology has changed over time and how this pattern of evolving reconceptualizations may be consistent with current pathologies that might ultimately be revealed to be misconceptualized. In order to establish a baseline for what constitutes a reconceptualization of the sexuality–pathology distinction, I chose to examine firstly the historical context of homosexuality. Homosexuality stands out as the foremost example of a pathologization of a sexual identity, due to its substantial documentation in the *Diagnostic and Statistical Manual (DSM)*. The DSM was, and still is, considered to be the primary handbook for practicing psychologists, a point which will be elaborated on further in the Introduction and Historical Analysis sections. The analysis and historical context of this specific group serves as an anchoring point from which subsequent analyses may be drawn and compared. This provides us with a useful contextual lens which can be used to view where other LGBT groups currently reside on the pathology-sexuality spectrum. As such, potential pitfalls and misconceptualizations may be more readily visible when using the precedent set by the history of homosexuality. However, it should be explicitly stated that such comparisons are intended to be drawn only as a point of speculation and not as an implication that all the mentioned LGBT groups must follow the same path that homosexuality has taken. Instead, it is stressed that these comparisons are made solely as the basis of a larger model which may allow for more groups to be examined and analyzed.

The structure of the article will follow a comparison model beginning with how homosexuality had been conceptualized in the DSM. After providing a timeline that marks the evolution from pathology to a formally acknowledged identity, other groups will be compared. Firstly, a comparison with the pathologization of bisexuality reveals some pitfalls in psychology regarding an inability to conceptualize sexuality beyond a gay–straight binary. Next, a comparison with the pathologization of asexuality highlights problems in the DSM regarding how certain criteria which aim to mark pathology do not sufficiently distinguish themselves from sexual identities. A third comparison addressing the experiences of transgender individuals reveals some practical obstacles involved with the depathologization of certain labels regarding how these terms and diagnoses interact with the ability to be approved for medical treatments. Finally, the pathologization of sexual behaviours is detailed in order to re-emphasize this link between certain diagnostic labels and

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their influence on other areas, in this case child custody cases. There will also be a discussion of current initiatives in psychology that are actively working to depathologize such groups. Lastly, the conclusion will reiterate the importance of separating personal identity from psychological pathologization.

LITERATURE REVIEW

The types of materials examined in this literature review were twofold. Firstly, original sources of psychological research or associated materials that engaged in the pathologization of LGBT groups were of great interest. The benefits of being able to directly observe how psychology traditionally conceptualized these groups helped provide a direct account of which groups had been adequately documented and which were left relatively unexplored. Secondly, materials that critiqued these original sources were also desired. Such materials helped to provide a basis for how contemporary psychologists were retroactively attempting to reconcile perceived misconceptualization, and helped to elucidate why certain gaps in the literature existed for certain LGBT groups, such as a failure to consider identities which may be misconstrued as a diagnosis. Sources of both varieties were found, but the critical literature was more often selected, as this work already contained relevant entries from the original sources being referenced, thereby circumventing the need for direct consultation with the source materials in most cases.

HISTORICAL CONTEXT: HOMOSEXUALITY AND PATHOLOGIZATION

The most heavily documented LGBT group from the pathologization literature were homosexuals, with a comprehensive timeline for their pathologization provided by Silverstein (2009). Silverstein's article covers the gradual removal of homosexuality as a mental illness from the DSM spanning from its initial release, the DSM-I (1952), until the release of the DSM-III-R (1987). The DSM's goal is to provide a comprehensive list of mental illnesses coupled with their respective symptoms and treatments in order to aid psychologists and psychiatrists in providing care and diagnoses. As such, gay rights activists in the early 1970s organized to have the classification of homosexuality removed from the DSM since, in their eyes, psychiatrists were "one of the 'gate-keepers' of society's attitudes" (p. 161). Silverstein provides a detailed perspective of this movement towards depathologization, as he was personally responsible for presenting the primary proposal to the American Psychiatric Association (APA)'s Nomenclature Committee in the hopes of removing the diagnostic label of "homosexual" (LGBT Center NYC, 2019).

It should be noted that some gay rights activists were willing to accept the psychiatric illness model of homosexuality as a preferable alternative to the societal condemnation of homosexuals based on a perceived immorality (Drescher, 2015). Others, however, rejected this notion and fundamentally disagreed with the illness

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model as it was seen as an essential element of the morally oriented opposition to homosexuality and not a true alternative. It was this dissenting activist group which, in the wake of the 1969 Stonewall riots in New York City, disrupted multiple APA annual meetings in 1970 and 1971. Ultimately, these activists hoped that the removal of this diagnostic label would help set a precedent for the removal of other legislative restrictions at the state level that banned homosexual activities or prevented homosexuals from receiving equal access to professional certification (Silverstein, 2009).

On February 8, 1973, the APA was approached by an activist committee representing the New York City Gay Activist Alliance that put forward a motion for the removal of homosexuality as a disorder. This motion was adopted on December 15, 1973, and homosexuality was officially declassified retroactively in the DSM-II (1968). However, in its place the new classification of Sexual Orientation Disorder was introduced, with new parameters. Under this new classification only some homosexuals were said to require treatment while others did not, with little elaboration. The introduction of the DSM-III (1980) elaborated on this previous reconceptualization by introducing the terms “ego-syntonic” and “ego-alien” homosexuality.

These new labels were meant to classify which homosexuals required professional treatment (ego-alien)—and as such were classified as suffering from a mental illness—and which did not require such treatment (ego-syntonic). Despite the introduction of these new terms, the actual treatment plan for ego-alien homosexuals was left deliberately ambiguous. This ambiguity was presumably left up to the client and therapist to parse, with treatment options varying from attempting to develop an ego-syntonic sexuality to trying to change the client’s sexual orientation entirely. This new model came with criticisms as it appeared to be a surface level change that still allowed for the usage of conversion therapies and the related insurance reimbursements for such treatments (Drescher, 2015). The legitimacy of this decision, however, was seen as justified by the APA due to the option for both heterosexual and homosexual groups to undergo treatment. Finally, the introduction of the DSM-III-R in 1987 marked the removal of Ego-Dystonic Homosexuality entirely. Instead, Sexual Disorder Not Otherwise Specified took its place, described as “persistent and marked distress about one’s sexual orientation” (p. 161). The central point worth noting about this new diagnosis was its applicability to any sexual orientation, not just homosexuality. However, whether this reconceptualization was applied in good faith as opposed to an implied or covert pathologization is unclear. For instance, some psychiatrists retroactively label the evolution of these terms as a series of political compromises, rather than an honest attempt to understand whether homosexuality truly aligned with the definition of a psychiatric disorder (Drescher, 2015).

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The history of pathologization regarding the place of homosexuality in the DSM not only provides one of the best kept records of the history of the pathologization of a sexual identity, but also helps to provide insight into how a process of reconceptualization may change the ways in which psychology views its subject matter. The constant revision of homosexuality in the DSM demonstrates how the phenomena studied by psychology are not stable and immovable entities, but instead are social constructions that are subject to change and fluidity. As such, psychology's classification systems are not beyond the influence of an external socio-political context. This sentiment is echoed by Silverstein towards the conclusion of his article:

The activist committee did not discuss the implications that followed from the argument that religion and morality are the foundations of psychiatric theory and practice concerning sexual behavior. We did not want to open that can of worms. We were fighting for our rights as gay people and had no intention to argue for the broadening of the boundaries of acceptable sexual behavior that would have invariably led to increased opposition by conservative professionals, as well as frightening away those who sided with us. (pp. 161–162)

Considering the history of homosexuality detailed here, we are now able to approach the topic of how other sexualities and forms of gender or sexual expression are also subject to these same processes of pathologization. The groundwork laid by the history of homosexuality in the DSM can be used as a litmus test of pathologization for other sexualities and forms of gender or sexual expression which may have their own subordination illuminated more readily by this additional context.

PATHOLOGIZATION BEYOND HOMOSEXUALITY

After exploring the literature more deeply in order to gain a better understanding of how pathologization has affected homosexual individuals, there were still many questions left unanswered. Primarily, there is seemingly less information available with a focus on how pathologization has affected other LGBT and minority groups. This section is dedicated to exploring in greater depth the limited materials which were found regarding these groups. Ideally, this will allow us to attain a greater understanding of how this pathologization phenomenon might be applied to other non-heteronormative groups as well. However, it should be explicitly stated that this is far from a comprehensive list of the materials relevant to these less explored groups. The groups which were selected all have histories that highlight different deficiencies in the ways that psychological conceptualizations operate.

Firstly, bisexuals occupied a unique place in the literature regarding how their pathologization manifested. According to an analysis of psychology textbooks by Barker and Langdrige (2008), there is a strong emphasis on sexuality as a

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deterministic quality not based in the individual's agency whatsoever. Many of the sources they cite reiterate the position that sexuality is "not a choice" and as such often look towards perspectives such as biological determinism to justify their viewpoints. Barker and Langdridge note that this argument downplays the potential role of free will and politically chosen identities, despite the "not a choice" argument traditionally being used as a means of countering prejudice rhetoric and supporting equal rights advocacy. This context has created a landscape where psychologists are encouraged to conceptualize sexuality in dichotomous terms. As such, the existence of a more varied array of sexualities beyond the gay-straight binary introduces doubt regarding the current negligence of influences which occur later in life and of personal agency. This discrepancy has led to the frequent exclusion of bisexuality from academic study, which is reflected in the few references to bisexuals and bisexuality found by Barker and Langdridge in their analysis. As such, this has led to the labelling of bisexuality as the "silenced sexuality" due to its apparent exclusion from the literature (Barker & Langdridge, 2008).

Asexuals occupied a similar space of negligence and absence in the theoretical frameworks of the literature. Chasin (2014) outlined a wide variety of challenges facing the asexual community, including its pathologization, via an examination of documented asexuality within the current literature. Included was a discussion centring on the current ambiguity between the sexual orientation of asexuality and the pathological affliction of Hypoactive Sexual Desire Disorder (HSDD), defined by the DSM-IV-TR (2000) as a lack of sexual desire paired with distress or interpersonal difficulties. Chasin discusses at length the troublesome nature pertaining to the potential confusion between asexuality and HSDD. The first detrimental component of the DSM's definition is that the criteria listed are likely to be entirely applicable to asexual individuals. Firstly, the majority of asexual individuals do not possess sexual desires. Secondly, Chasin believes that there are several reasons why asexuals would frequently be subject to both distress and interpersonal difficulties. One reason he cites is that asexuals live in a world which has been crafted to be intrinsically sexual. As such, Chasin states that diagnosing asexual persons with HSDD due to "liv[ing] in a world that is inhospitable to asexual people is not only complicit in the persecution of asexual people but actively reinforces it" (p. 173). Additionally, asexual persons are described as more likely to be victims of interpersonal difficulties due to the higher potential for being involved in intimate relationships where one party insists on having sexual interactions in which the asexual partner does not wish to be involved.

Finally, Chasin explores how the pathologization of asexual individuals may be incentivized by clinicians and pharmaceutical companies. This relationship is centred upon the potential to market highly profitable drugs such as Viagra to individuals who possess low sexual desire. The intersectionality between gender and sexuality is considered a reinforcing factor here, with asexual men experiencing

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social pressures connected to the stereotype of men “always being in the mood.” Simultaneously, Chasin cites several feminist sources which claim that Pfizer, the parent company of Viagra, has been looking for a way to market itself to women more effectively after its success with the male market. Potentially, the exploitation of asexual women via pathologization could be one avenue for pharmaceutical companies to break into an untapped market. This incentivized erasure and misunderstanding of asexuality has led Chasin to label asexuals as “missing sexuality,” eliciting a related, yet distinct, status in comparison to the labelling of bisexuals as a “silenced sexuality.”

Transgender individuals have had a history of pathologization which has mirrored that of homosexuals particularly closely, a topic explored in depth by Drescher (2010). Drescher’s article was written in anticipation of the release of the DSM-V in 2013 and draws heavily on the political groundswell surrounding transgender individuals at that time. During that period there was an ongoing conversation centring on whether the formal diagnosis of Gender Identity Disorder (GID) present in the DSM-III-TR should be brought into the not-yet-released DSM-V, a debate reminiscent of the 1973 meeting between the New York City Gay Activist Alliance and the APA.

Many argued that the pathologization of gender variant behaviours was wrong and akin to the pathologization of homosexuality. Others argued that the diagnosis was too important to remove due to its importance in helping transgender individuals gain access to medical and surgical care such as hormone replacement therapy. This point refers to the specific relationship psychological diagnoses have with health insurance providers who often require these labels before approving financial aid for the treatments which their clients seek. Without this label, many transgender individuals fear that they will be trading progressive depathologization for financial abandonment. Again, this situation has many parallels to the previously mentioned division in ideals for gay activists of the 1970s who differed on whether the illness model was an appropriate conceptualization. One of the more practical ramifications of the APA’s decision to maintain the illness model through the diagnostic label of “ego-alien” homosexuality present in the DSM-III was that it could have been potentially used for insurance claims for conversion therapy treatment (Drescher, 2015). Ultimately, the DSM-V did include a diagnostic label for transgender individuals under the classification of Gender Dysphoria.

Drescher also discussed how psychology’s previous conceptualizations of non-heteronormative groups often resulted in amalgamations of varying groups lumped into a single category (2010). For instance, it was common practice for psychologists and psychiatrists to refer to transgender individuals as homosexual instead of transgender. This particular false equivalence was due to an inadequate distinction between gender expression and sexuality, leading to “homosexual” being used as a catch-all term which could include trans individuals. Drescher cites the sex

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reassignment surgery of trans woman Christine Jorgensen in 1952 as a groundbreaking moment in the separation of gender identity and sexuality for psychology, along with many other fields. However, the recognition of this distinction did not prevent psychologists from condemning treatments such as sex reassignment surgery for many years due to a belief that transgenderism was primarily founded in delusions (Drescher, 2010). The acknowledgement of the gender identity and sexuality distinction, coupled with the simultaneous belief that trans individuals were suffering from delusions, led to the introduction of their own distinct DSM classifications. In the DSM-III, Gender Identity Disorder of Childhood (GIDC) was introduced as well as transsexualism for adults and adolescents. This historical context is what introduced trans individuals to the pathological conceptualizations of the APA and is also the foundation upon which an ongoing diagnosis is still featured in the DSM today.

Sexual behaviours were not excluded from psychology's pathologization, either (Wright, 2018). Prior to the release of the DSM-V, the DSM had included several classifications for bondage, domination, submission, and sadomasochism (BDSM), fetishes, and cross-dressing. As a result, the stigmatization of these groups was facilitated to the point where these activities had been cited in dozens of child custody cases. In the United States, the National Coalition for Sexual Freedom (NCSF), an organization dedicated to activism for sexual activities between consenting adults, received over 800 reported instances of cases where an individual's engagement in such sexual practices was cited in a child custody battle (Wright, 2018). In response, the NCSF launched the DSM-5 Revision Project campaign in 2008 to report these instances directly to the APA in an attempt to educate the organization on the importance of the issue. The long-term goal of this campaign was to encourage the APA to declassify these activities in order to reduce the legitimacy of bringing forward these sexual behaviours in court cases, alongside the hope of generally greater destigmatization.

FUTURE DIRECTIONS AND CURRENT INITIATIVES

As it stands, psychology has played a major role in the conceptualization of LGBT individuals for both the academic and general communities. Unfortunately, this has led to some troublesome situations where communities and identities have been forsaken by the pathological categories in which they have been placed. Cognizant of this fact, some progressive psychologists have made many attempts to reconcile the harmful effects of this pathologization. Sungur and Gunduz (2014) conducted an extensive comparison of various DSM editions and found that the current DSM-5 has made several improvements in how it conceptualizes sexual dysfunctions. Included in the list of improvements was an overhauled conceptualization of sexual response cycles and how they relate to gender. To elaborate, sexual cycles had previously been constructed linearly with a desire, arousal, and orgasm sequence. The current

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DSM has abandoned this model in favour of a more flexible version which allows for greater acknowledgement of sexuality that manifests outside of this rigid structure. Additionally, there has been greater consideration paid to how this cycle may differ as a factor of gender, where one sex may perceive sexuality and its stages differently compared to another. Also, the greater emphasis on distress as a key factor to disorder has been lauded for its attempt to consider more closely the state of the individual prior to concluding that a pathological disorder is present (Sungur & Gunduz, 2014). However, as we discussed earlier in regard to asexuality, distress is not sufficient in and of itself as a marker for pathology.

Barker and Langdrige, mentioned previously in relation to their work on bisexuality, have also made strides in depathologizing psychology through their project *Queering Psychology*. This initiative aims to destabilize traditional understandings of gender and sexual binaries and identities at large in order to foster a greater level of understanding of what truly underlies these terms. The major influences for this project are cited as HIV/AIDS activism as well as second-wave feminism. Other authors previously mentioned also included ideas and concepts that are key to understanding how to move forward. In the context of his article on the pathologization of homosexuality, Silverstein criticized psychiatric diagnosis as being practiced as a form of moral judgement and not as an objective measure. This point tied into another criticism from Silverstein on the influence of Judeo-Christian values pertaining to how this moral position was determined and, subsequently, how diagnoses were shaped. Finally, Chasin also included some additional criticism in his previously mentioned paper. In the context of asexuals, Chasin discusses how clinicians primarily focus on the lack of sexual desire as the main symptom to address for HSDD. Alternatively, Chasin suggests that clinicians instead focus on alleviating the distress associated with sexual encounters without attempting to change the level of arousal. This proposal could be a more apt way of incorporating an asexual-compatible component to the diagnostic process.

CONCLUSION

The pathologization of LGBT individuals via psychology's history of diagnostic classification has created a precarious ecosystem. In this setting, the legitimacy of officially mandated pathologies is delicately intertwined with social ramifications for the involved parties. There is a massive responsibility placed on the shoulders of psychologists and psychiatrists to approach these potentially harmful labels with the caution and forethought that they require. This article has explored the ways in which psychology has both failed and succeeded in ensuring accurate representation over negligent pathologization. The only hope moving forward is that psychology will learn from the deficiencies of previous pathologizing models and listen to those they represent when they speak up and say: "We are not ill."

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