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Neither Scientific nor Democratic

Our society is dominated by experts, few more influential than psychiatrists. This influence does not derive, however, from our superior ethics or goodness nor from any widespread consensus that we are especially admirable. Indeed, the extent to which we are castigated represents the all-too-accurate skewering of our fundamental professional claim: the pretense that because we know something about *what* makes people tick, we are therefore uniquely qualified to tell them *how* to lead their lives. Nonetheless, because Americans have become a nation dependent on experts, the same psychiatrist is at once lampooned and consulted for direction. For better or for worse, mental health professionals exert influence that greatly exceeds the actual wisdom we demonstrate.

In the early years of “gay liberation,” this reality was used for the fledgling gay activists’ advantage. They anticipated that if the influential American Psychiatric Association (APA) could be convinced to redefine homosexuality, the other guilds would follow shortly thereafter and then so would the rest of society. Their plan was implemented with swift and near-total success.

Consider the rapid change. In 1963 the New York Academy of Medicine charged its Committee on Public Health to report on the subject of homosexuality, prompted by concern that homosexual behavior seemed to be increasing. The Committee reported that:

homosexuality is indeed an illness. The homosexual is an emotionally disturbed individual who has not acquired the normal capacity to develop satisfying heterosexual relations.¹

It also noted that:

some homosexuals have gone beyond the plane of defensiveness and now argue that deviancy is a “desirable, noble, preferable way of life.”²

Just ten years later—with no significant new scientific evidence—the homosexual activists’ argument became the new standard within psychiatry. For in 1973 the American Psychiatric Association voted to strike homosexuality from the officially approved list of psychiatric illnesses. How did this occur? Normally a scientific consensus is reached over the course of many years, resulting from the accumulated weight of many properly designed studies. But in the case of homosexuality, scientific research has only now just begun, years *after* the question was decided.

A Change of Status

The APA vote to normalize homosexuality was driven by politics, not science. Even sympathizers acknowledged this. Ronald Bayer was then a Fellow at the Hastings Institute in New York. He reported how in 1970 the leadership of a homosexual faction within the APA planned a “systematic effort to disrupt the annual meetings of the American Psychiatric Association.”³ They defended this method of “influence” on the grounds that the APA represented “psychiatry as a social institution” rather than a scientific body or professional guild.

At the 1970 meetings, Irving Bieber, an eminent psychoanalyst and psychiatrist, was presenting a paper on “homosexuality and transsexualism.” He was abruptly challenged:

[Bieber’s] efforts to explain his position... were met with derisive laughter.... [One] protester to call him a _____. “I’ve read your hook, Dr. Bieber, and if that book talked about black people the way it talks about homosexuals, you’d be drawn and quartered and you’d deserve it.”⁴

The tactics worked. Acceding to pressure, the organizers of the billowing APA conference in 1971 agreed to sponsor a special panel—not on homosexuality, but by homosexuals. If the panel was not approved, the program chairman had been warned, They’re [the homosexual activists] not going to break up just one section.”⁵

But the panel was not enough. Bayer continues:

Despite the agreement to allow homosexuals to conduct their own panel discussion at the 1971 convention, gay activists in Washington fell that they had to provide yet another jolt to the psychiatric profession. . . . Too smooth a transition . . . would have deprived the movement of its most important weapon—the threat of disorder__ [They] turned to a Gay Liberation Front collective in Washington to plan the May 1971 demonstration. Together with the collective [they] developed a detailed strategy for disruption, paying attention to the most intricate logistical details.*⁵

On May 3, 1971, the protesting psychiatrists broke into a meeting of distinguished members of the profession. They grabbed the microphone and turned it over to an outside activist, who declared:

Psychiatry is the enemy incarnate. Psychiatry has waged a relentless war of extermination against us. You may take this as a declaration of war against you. . . . We’re rejecting you all as our owners.⁷

No one raised an objection. The activists then secured an appearance before the APA's Committee on Nomenclature. Its chairman allowed that perhaps homosexual behavior was not a sign of psychiatric disorder, and that the Diagnostic and Statistical Manual (DSM) should probably therefore reflect this new understanding.

When the committee met formally to consider the issue in 1973 the outcome had already been arranged behind closed doors. No new data was introduced, and objectors were given only fifteen minutes to present a rebuttal that summarized seventy years of psychiatric and psychoanalytic opinion. When the committee voted as planned, a few voices formally appealed to the membership at large, which can overrule committee decisions even on "scientific" matters.

The activists responded swiftly and effectively. They drafted a letter and sent it to the over thirty thousand members of the APA, urging them "to vote to retain the nomenclature change."⁸ How could the activists afford such a mailing? *They purchased the APA membership mailing list* after the National Gay Task Force (NGTF) sent out a fund-raising appeal to *their* membership. Bayer comments:

Though the NGTF played a central role in this effort, a decision was made not to indicate on the letter that it was written, at least in part, by the Gay Task Force, nor to reveal that its distribution was funded by contributions the Task Force had raised. Indeed, the letter gave every indication of having been conceived and mailed by those [psychiatrists] who [originally] signed it. . . . Though each signer publicly denied any role in the dissimulation, at least one signer had warned privately that to acknowledge the organizational role of the gay community would have been the "kiss of death."

There is no question however about the extent to which the officers of the APA were aware of both the letter's origins and the mechanics of its distribution. They, as well as the National Gay Task Force, understood the letter as performing a vital role in the effort to turn back the challenge.⁹

Because a majority of the APA members who responded voted to support the change in the classification of homosexuality, the decision of the Board of Trustees was allowed to stand. But in fact only one-third of the membership did respond. (Four years later the journal *Medical Aspects of Human Sexuality* reported on a survey it conducted. The survey showed that 69 percent of psychiatrists disagreed with the vote and still considered homosexuality a disorder.) Bayer remarks:

The result was not a conclusion based upon an approximation of the scientific truth as dictated by reason, but was instead an action demanded by the ideological temper of the times.¹⁰

Two years later the American *Psychological* Association—the professional psychology guild that is three times larger than the APA—voted to follow suit.

How much the 1973 APA decision was motivated by politics is only becoming clear even now. While attending a conference in England in 1994, I met a man who told me an account that he had told no one else. He had been in the gay life for years but had left the lifestyle. He recounted how after the 1973 APA decision he and his lover, along with a certain very highly placed officer of the APA Board of Trustees and his lover, all sat around the officer's apartment celebrating their victory. For among the gay activists placed high in the APA who maneuvered to ensure a victory was this man—suborning from the top what was presented to both the membership and the public as a disinterested search for truth.

Twenty Years Later

The scientific process continues to be affected by political pressure today. In 1994 the Board of Trustees of the APA decided to consider altering the code of ethics. The proposed change (presented by a man who is a prominent and vocal gay-activist psychiatrist and chairman of the APA's Committee on the Abuse and Misuse of Psychiatry) would make it a violation of professional conduct for a psychiatrist to help a homosexual patient

become heterosexual *even at the patient's request*. This is in spite of the fact that one of the association's own professional standards holds that psychiatrists need to accept a patient's own goals in treatment so as to "foster maximum self-determination on the part of clients." The final version read, "The APA does not endorse any psychiatric treatment which is based either upon a psychiatrist's assumption that homosexuality is a mental disorder or a psychiatrist's intent to change a person's sexual orientation." The Board approved the statement and sent it to the APA Assembly—its legislative body—for final approval.

A swift and fierce battle ensued. Enough Assembly members spoke against the resolution, because of its chilling effect on practice, to defeat it prior to a vote. According to APA members closely involved, even the threat of a first-amendment controversy would not deter the activists. But the turning point came when therapists who help homosexuals change—and a large number of *ex-homosexuals*—made it clear that if the resolution passed, they would file a lawsuit against the APA and reopen the original basis on which homosexuality was excluded from the list of diagnoses. With that the activists retreated. Had the change been approved, it would have opened the door to malpractice suits and ethics charges against psychiatrists who help homosexuals change—in accord with their patient's own wishes. Indeed, the chairman of the APA Gay and Lesbian Task Force made it clear that the activists had in their sights not only psychiatrists who undertook reparative therapy, but eventually psychologists, social workers, and even pastoral counselors and ministers.

The APA is not the only guild affected by political pressure. The National Association of Social Workers, which accredits the largest body of mental health practitioners in the country, also continues to be influenced by gay activists. The NASW Committee on Lesbian and Gay Issues has lobbied the NASW to declare that the use of reparative therapies is a violation of the NASW Code of Ethics. The committee issued a paper in 1992 stating that:

Efforts to “convert” people through irresponsible therapies ... can be more accurately called brainwashing, shaming or coercion. . . . The assumptions and directions of reparative therapies are theoretically and morally wrong.¹¹

Of the three major mental health guilds, the NASW is farthest along in the attempt to politicize clinical questions regarding homosexuality.

All of these changes in the definition and classification of homosexuality have occurred in a scientific vacuum. Nonetheless, the small amount of hard-science research that has been conducted has complex yet predictable implications, which are consistent with findings from other areas of behavioral genetics. These studies suggest that a composite of mutually interacting factors influence almost all aspects of human behavior, thoroughly confounding the notion that someone could simply answer the questions “Whence arises homosexuality?” and “What is it?” with the responses “nature” or “nurture,” “normal” or “abnormal.” And these studies neither explain nor even address the role of choice in human behavior. Indeed, they do not because, as we will discuss in greater detail, they cannot.

The Public’s Perception

Recent articles in the media create the mistaken impression that scientific closure on the subject of homosexuality has been or soon will be reached. Such actions as the APA’s 1973 decision and its recent deliberations further reinforce unjustified conclusions in the public mind. Few understand the complexities of good biological research; most would be amazed at the extent that politics has corrupted the scientific process. They depend on the accuracy of the accounts in the popular press.

But the purported scientific consensus that the press touts is a fiction. A good example is Chandler Burr’s article in the March 1993 issue of the *Atlantic Monthly*.¹² He states baldly: “Five decades of psychiatric evidence demonstrates that homosexuality is immutable, and non-pathological, and a growing

body of more recent evidence implicates biology in the development of sexual orientation." In a later *New York Times* opinion piece he states even more flatly that science has long since proven that homosexuality is biological and unchangeable, and that *there is simply no disagreement on this among scientists.*

But *these claims are absolutely not true*, except for the meaningless statement that "biology is implicated in the development of homosexuality." Biology is, of course, "implicated" in everything human. In conducting his research for the *Atlantic Monthly*, Burr interviewed a number of scientists and clinicians who expressed the view that homosexuality is neither genetic nor immutable. He simply did not cite them.

We will see later the falsity of activists' repeated assertions that homosexuality is immutable. They seek to create the impression that *science* has settled these questions, but it most certainly has not. Instead, the changes that have occurred in both public and professional opinion have resulted from politics, pressure, and public relations.

For in response to the explicit efforts of the activists, a mass change of opinion in accepting homosexuality as normal *has* occurred. But it remains unsupported by the very sources the activists manipulate for their own ends. Such "disinformation" seems to arise partly from a deliberate campaign, especially given the willingness of some to use "any means necessary" to convert public opinion. "Any means necessary" is no exaggeration. Eric Pollard formerly belonged to the prominent homosexual organization ACT-UP and founded its Washington, D.C., chapter. In an interview with *The Washington Blade*, a major homosexual newspaper, he stated that he and other group members learned to apply "subversive tactics, drawn largely from the voluminous *Mein Kampf*, which some of us studied as a working model."¹³

In contrast to the widely promoted claims, many eminent scientists disagree with the media's conclusions about the "biology of homosexuality."¹⁴ A scientist who leads one of the nation's largest behavioral genetics laboratories commented that the latest genetics research only means that some tentative, indirect, partial genetic relationship *might* exist, so per-

haps it is worth looking into.¹⁵ *Scientific American's* cover read "The dubious link between genes and behavior." But what is remembered by the general public is the catchy, inaccurate headline in a major newsweekly: "The Gay Gene."

An Uncontrolled Factor

The sociological—not medical or scientific—transformation of the opinion of mental health professionals regarding homosexuality has greatly influenced the current research. Unfortunately, many of those now researching homosexuality explicitly aim at a particular outcome. For instance, Simon LeVay, the San Francisco neuroanatomist who published a widely cited study on the brains of homosexual men, left his position as a neuroanatomist at the Salk Institute in San Diego to found the Institute of Gay and Lesbian Education. Richard Pillard, coauthor of two major twin studies on homosexuality, admits in the very text of one these papers that his research was designed "to counter the prevalent belief that sexual orientation is largely the product of family interactions and the social environment."¹⁶

A series of critical studies started in the 1960s demonstrates that researcher bias in favor of a specific outcome is one of the most important and most commonly uncontrolled factors that distorts any scientific study.¹⁷

Charles Socarides, a psychoanalyst and expert in the field of homosexual treatment, notes that the 1973 APA decision

remains a chilling reminder that if scientific principles are not fought for, they can be lost—a disillusioning warning that unless we make no exceptions to science, we are subject to the snares of political factionalism and the propagation of untruths to an unsuspecting and uninformed public, to the rest of the medical profession and to the behavioral sciences.¹⁶

Still in its infancy, psychiatry remains a far from coherent composite of medicine, art, hard science, amateur philosophy, and secularized spiritual direction. This lack of scientific

rigor—not surprising given the subtlety and complexity of its object of study—may have opened psychiatry to be the first among the professions to political manipulation. But now, over two decades since the APA decision in 1973, numerous “scholarly” treatises seek to “prove” that *all* of science is a racist, sexist, age-ist, Eurocentric, class-based, homophobic endeavor whose primary purpose is to maintain class dominance. The effect of politics continues.