

August 1974

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John F. Harvey

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Recommended Citation

Harvey, John F. (1974) "The Controversy Concerning Nomenclature Vis-A-Vis Homosexuality," *The Linacre Quarterly*: Vol. 41: No. 3, Article 8.

Available at: <http://epublications.marquette.edu/lnq/vol41/iss3/8>

The Controversy Concerning Nomenclature Vis-A-Vis Homosexuality

John F. Harvey, O.S.F.S.

Last December 16th the Washington Sunday Star carried the headline, "Victory for Homosexuals," because the previous day the Trustees of the American Psychiatric Association by unanimous vote with two abstentions and four absentees, ruled that

Father Harvey is the president of De Sales Hall School of Theology and professor of Moral-Pastoral Theology. He has worked and taught in the field of Pastoral-Moral Theology for over 25 years. His publications are numerous, particularly in the field of homosexuality.

Father Harvey's article contemplates the changes that have and will accrue from the recent APA decision regarding homosexuals.

"homosexuality" shall no longer be listed as a "mental disorder" in its official nomenclature of mental disorders, the *Diagnostic and Statistical Manual of Mental Disorders (DSM-II)*. In the revised manual the category of homosexuality is replaced by "sexual orientation disturbance," which is described in this fashion: "This is for individuals whose sexual interests are directed primarily toward people of the same sex and who are either bothered

by, in conflict with, or wish to change their sexual orientation. This diagnostic category is distinguished from homosexuality, which by itself does not constitute a psychiatric disorder. Homosexuality *per se* is a form of sexual behavior and, with other forms of sexual behavior which are not by themselves psychiatric disorders, is not listed in this nomenclature."¹

When this statement was formulated last June, its author, Dr. Spitzer, foretold that the gay community would draw the conclusion that psychiatry had at long last recognized that homosexuality is as normal as heterosexuality. We know now that is exactly the way the community has responded. As Ronald Gold, communications director of the National Gay Task Force, expressed it, "We have won the ball game."² Franklin E. Kameny, a lifelong spokesman, added "This is going to make a big change in public attitudes."³

In Dr. Spitzer's statement, however, he observed that in removing homosexuality *per se* from the nomenclature the APA was only recognizing that by itself homosexuality does not meet the criteria for being considered a psychiatric disorder. "We will

in no way be aligning ourselves with any particular viewpoint regarding the etiology or desirability of homosexual behavior.”⁴

Reasons for the New Category

Several reasons were given for creating the new category, sexual orientation disturbance. The first is that the label would apply only to those homosexuals who are in some way bothered by their sexual orientation, and who may come to the psychiatrist for help. If a homosexual accepts his orientation and shows no generalized impairment in social effectiveness, he will not be labeled as sick. Thus the APA has replied to the charge that by labeling people they act as agents of social control — a thesis of Thomas Szasz (*Myth of Mental Illness*).

A second reason for the change of nomenclature is to remove any justification for the denial of civil rights to individuals whose only crime is that their sexual orientation is to members of the same sex. In the past homosexuals have been denied civil rights in many areas of life on the score that they suffer from a mental illness, and that it is necessary for them to demonstrate their competence and reliability in spite of their homosexuality. This does not mean the APA approves the irrational denial of civil rights to individuals who do suffer from true psychiatric illness.

This revision in the nomenclature provides the opportunity of finding a homosexual free of psychiatric disorder, and allows the psychiatrist to focus on a

mental disorder whose central feature is conflict about homosexual behavior. Dedicated doctors who have devoted themselves to helping homosexuals unhappy with their lot are encouraged to continue doing so.

As we have read in the press, the resolutions of the Board of Trustees in December led to a referendum of the members of APA, in which the majority supported the Trustees' statement, but a minority of roughly forty percent did not support it. (5854 members approved; 3810 opposed; 367 abstained; *Washington Post*, April 9, 1974). One of its principal opponents, Dr. Irving Bieber, pointed out that while he does not regard homosexuality as a mental illness, he sees it as a developmental abnormality, and feels that it should be so listed in the *Manual*. It might be called 'heterosexual dysfunction' or 'heterosexual inadequacy.' The new terminology assumes that only homosexuals who are bothered about their orientation and seek treatment have a psychiatric problem. Likewise Dr. Bieber is concerned about the effect of this resolution on prophylaxis. A pre-homosexual child is easy to identify; and if the child and parents are treated early, there is a good chance that such a child will develop normal heterosexual responses. "The decision distorts the relation between homosexuals and therapy. Now it appears that those homosexuals whose potential for the restoration of heterosexual functioning

is minimal will not be designated as having a 'sexual orientation disturbance.' This does disservice to potential patients, especially children and their parents, who will be led to believe that homosexuality is simply another alternative life style."⁵

Before discussing the effects of these resolutions it should be stressed that no one has challenged the second resolution which deplored all public and private discrimination against homosexuals in such areas as employment, housing, public accommodation and licensing.

I believe that the second resolution will be far more beneficial than the first in terms of long term advancement of the rights of the homosexual. One does not have to agree with various analyses of the etiology and nature of homosexuality in order to work for the full recognition of his person. No matter what view one takes on the morality of homosexual acts, one can respect the homosexual person, and insist that his human rights be respected. The Task Force on Homosexuality in October 1969, reporting to the National Institute of Mental Health, recommended that there be "a reassessment of current employment practices and policy relating to the employment of homosexual individuals with a view toward making needed changes. . . . Discrimination in employment can lead to economic disenfranchisement, thus engendering anxiety and frustrating legitimate achievement motivation."⁶

The Task Force admitted that some homosexuals might not be suited for certain jobs, but this is not the same as a policy of general disqualification of homosexuals. In 1969 the Task Force was concerned whether sensitive positions would be denied homosexuals because of the threat of blackmail; during the intervening five years the growth of the Gay Liberation Movement and several United States District Court decisions in San Francisco and Washington, in which the Civil Service Commission's dismissals of persons known to be homosexual were overthrown, have lessened the power of blackmail.⁷ In the past blackmail had been used on many prominent persons,⁸ but with the shift of public attitude following upon the above events and the APA change of nomenclature, it is likely that blackmail will become a rare phenomenon.

Effect on Legislation

As a result of the change in nomenclature, various civil rights bills pending in urban and state legislative assemblies will have a better chance of becoming law. At the risk of oversimplification, these bills include the right of the homosexual not to suffer discrimination in applications for employment, housing, and public accommodations. Since homosexuality is no longer classified as a mental illness, it cannot be adduced as a reason for refusing employment to a homosexual. If one argues in a particular case that the condition of homosexuality impedes the person from quality performance, he must show the

nexus beyond reasonable doubt. On the other hand, change in nomenclature and even changes in civil laws will not dissipate overnight the plethora of prejudices against homosexuals.

It is not known whether the change in nomenclature will lead to homosexuals seeking the same legal protections for their "marriages" as heterosexuals possess. "In *Baker vs. Nelson*, the Minnesota Supreme Court held that the State statute concerning marriage did not authorize issuance of a license to two persons of the same sex and that the statute so construed did not violate the U. S. Constitution. An appeal to the U. S. Supreme Court was dismissed."⁹ At this writing there is little hint that the homosexual community in general will press for such rights in the near future.

From perusal of letters to the editor in the *Psychiatric News*, (official newspaper of the APA) it is safe to say that there is much dissatisfaction with the change in nomenclature and no disapproval of the resolution concerning discrimination against homosexuals. Like Bieber, several psychiatrists (William Green, Dallas, Texas; and Doris Milman, Brooklyn, N. Y.) fear that this ruling will encourage the "sexually untried adolescent boy" to enter the gay life without real knowledge of his options.¹⁰ "At a critical juncture in his psychosexual evolution he is subjected to ambiguity where he needs direction, to uncertainty where he needs definition, to abdication of responsibility where

he needs a fixed point of reference. My concern is less for the adult homosexual than for the adolescent whose options are still open."¹¹

I agree with this judgment on the basis of pastoral experience.¹² The conscientious homosexual will avoid inducing an adolescent into his own way of life, but gay literature does not distinguish between adolescents and adults, and its impact, together with the need of the adolescent to identify with a group, may cause him to give himself over to a gay way of life. I believe that the APA Board has subordinated the welfare of this vulnerable segment of the population to vocal pressure groups and civil rights romantics. The pious references to 'consenting' adults fail to take into account the large numbers of confused adolescents whose first homosexual seduction is by a middle-aged man."¹³

No matter how psychiatric manuals describe homosexuality, the moralist must see the same kind of behavior in a different perspective. It is necessary to review the difference between the analysis of actions in themselves and the evaluation of the motivation and freedom of the person acting. The former is regarded as objective morality, and the latter is called subjective, or the analysis of subjective responsibility. Surely, into this latter analysis psychological considerations enter. From the objective morality viewpoint it is difficult to see how the controversy concerning nomencla-

ture affects the widely held conclusions of Catholic moralists. As long as the basic principles of Christian sexual morality are derived from the Church's teaching on marriage, there is no way of justifying homosexual actions. The only way to justify such actions is to reject the principles of sexual morality more recently reaffirmed in Vatican II's statement on marriage¹⁴ and in *Humanae Vitae*.

If, on the other hand, we view the homosexual conditions in terms of the person's moral knowledge, emotional history, and degree of freedom, then the present controversy does impinge upon the evaluation of subjective factors. Many will be inclined to believe that the removal of homosexuality from the category of mental illness means that homosexual behavior is as normal as heterosexual behavior and therefore regarded as morally good. It is just a different form of natural behavior. One should be allowed to fulfill his sexual needs, hetero-, homo- or bisexual. Legalization of adult, consensual private acts of homosexuality will tend to confirm this view. Although I am not opposed to such legalization, it does have the bad effect of giving the impression that something is morally good because legally permitted. There is still another element of confusion. The mere fact that one has a *natural* impulse to some form of sexual action does not make the act good. The natural impulses to commit masturbation, fornication, and adultery

do not confer moral goodness.

Nonetheless, I have noted that many homosexuals who belong to gay groups *seem* convinced that they have a right to lead a gay life. I am not convinced that they are convinced about the rectitude of their behavior because they protest too much. On several occasions when I have opposed their point of view I have met with strong hostility, not only verbally, but in gay newsletters.¹⁵ A former gay journalist, now advocating a chaste way of life for homosexuals, said that whenever he organized panels in the past he made sure they were stacked in one direction. Many gay persons do not want to hear the other side of the question. In my opinion I do not believe that such individuals incur grave personal guilt for homosexual behavior. They have rationalized themselves into the seeming conviction that they have a right to a different form of sexual expression, but they are not really at ease deep within themselves.

The Moralist's Responsibility

This possible form of good faith, however, does not excuse the moralist from responsibility to teach the immorality of homosexual acts. At the same time he will note that homosexual actions are frequently of diminished responsibility. There are many degrees of compulsion found in homosexual acts, just as there are in heterosexual acts. Any counselor who has listened to the counselee's account of "cruising" with its consequent promiscuous pattern of behavior realizes that

one is dealing here with obsessive-compulsive behavior. *Sometimes*, however, such persons do have moments of freedom when they can stop the build up of fantasy which leads to cruising and action. Call this moment, if you will, the moment of truth. If they accept the insight that they can turn back to some other activity and self-control, they will be able to lead a chaste life, perhaps with some relapses; but if they ignore the promptings of conscience, they slip back into the compulsive pattern, and are in some manner responsible for their behavior. But if the homosexual lacks insight into himself, believing or wanting to believe he has no freedom, he is not likely to give up a way of life which gives him some satisfaction, not unmixed with guilt and loneliness.

These reflections are a summary of introspective interviews with homosexuals who would be classified as having a "sexual re-orientation disturbance," while other homosexuals who consider themselves normal remain without such insight. This is one of the ironies of the new nomenclature. Those seeking insight into the nature of their homosexual tendencies are given a new category in psychiatry while those who seek no self knowledge are regarded as mentally healthy.

The changed nomenclature is both a blessing and a curse. A blessing in the sense that it allows the homosexual to assert his dignity as a human being; and a curse in the sense that it confuses

both the young and those who are *not* satisfied to remain overt homosexuals.

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