

3803. WILLS, SUE. "The Psychologist and the Lesbian," **Refractory Girl**, 9 (1975), 41-45.  
While most lesbians have never sought treatment from a psychiatrist, most have suffered because of them through the ripple effect of the sickness theory.

#### G. DSM CONTROVERSY

A prolonged controversy, described in the entries below, led the American Psychiatric Association to abandon its earlier definitions of homosexuality as an illness, while retaining the curious diagnostic category of "ego-dystonic homosexuality." Apart from the outcome, the history of the dispute is revealing for its indication of the major, in some instances perhaps decisive role that political considerations may play in the resolution of what the lay public regards as purely scientific issues.

3804. AMERICAN PSYCHIATRIC ASSOCIATION [APA]. **Diagnostic and Statistical Manual of Mental Disorders [DSM]**. Second ed. Washington, DC: American Psychiatric Association, 1968. 134 pp.

This version of the APA's standard manual, like the first edition of 1952, incorporated the classification of homosexuality as a mental disorder (p. 44). After intense discussion and prodding by gay activists, on December 15, 1973, the APA Board of Trustees voted to remove homosexuality per se from the manual, substituting "sexual orientation disturbance" for those individuals "who are bothered by, in conflict with, or wish to change their sexual orientation." When the third edition, often referred to as "DSM-III," appeared (Washington, DC: APA, 1980; 494 pp.), it was found to include controversial new material defining "Ego-Dystonic Homosexuality" [302.00], pp. 281-83. Hence the continuing debate among those who (1) insist that homosexuality is still "sick" and the definition of DSM-II should not have been changed; (2) defenders of the DSM-III compromise; and (3) those who feel that further liberalization should take place, striking both "ego-dystonic homosexuality" and the paraphilias from the DSM.

3805. BAYER, RONALD. **Homosexuality and American Psychiatry: The Politics of Diagnosis**. New York: Basic Books, 1981. 216 pp.

This excellent book is noteworthy not only for its clear and balanced reconstruction of the discussions that lay behind the APA's 1973 decision, but also for its presentation of the larger issue of psychiatry's saturation with moral and political concerns. See also: Bayer and Robert L. Spitzer, "Edited Correspondence on the Status of Homosexuality in DSM-III," **Journal of the History of the Be-**

**havioral Sciences**, 18 (1982), 32-52.

3806. FERLEMANN, MIMI. "Homosexuality," **Menninger Perspective**, 5 (1974), 24-27.

The APA classification has spurred much dialogue, which may eventually lead to a clearer understanding of homosexuality.

3807. FRIEDMAN, RICHARD F., et al. "Reassessment of Homosexuality and Transsexualism," **Annual Review of Medicine**, 27 (1976), 57-62.

Reviews changes in the DSM during the past quarter century reflecting alterations in views about the relationship between sexual orientation and psychopathology.

3808. HADDEN, SAMUEL B. "Homosexuality: Its Questioned Classification," **Psychiatric Annals**, 6 (1976), 165-69.

Disapproves of the APA's efforts to eliminate the definition of homosexuality as a disease.

3809. SILVERSTEIN, CHARLES. "The Ethical and Moral Implications of Sexual Classification: A Commentary," **JH**, 9:4 (1984), 29-38.

Offers two hypotheses to account for the APA's change in DSM-III: (1) homosexuality is now viable as a lifestyle and therefore has become socially regulated; and (2) the normal is the intractable. Further argues that there is no reason to keep the paraphilias in DSM. See also his: "Even Psychiatry Can Profit from Its Past Mistakes," **JH**, 2 (1976-77), 153-57.

3810. SMITH, JAIME. "Ego-Dystonic Homosexuality," **Comprehensive Psychiatry**, 21 (1980), 119-27.

An attempt to define the developmental stages and character of the purported syndrome. See also his: "Treatment of Ego-Dystonic Homosexuality: Individual and Group Psychotherapies," **Journal of the American Academy of Psychoanalysis**, 13 (1985), 399-412.

3811. SOCARIDES, CHARLES W. "The Sexual Deviations and the Diagnostic Manual," **American Journal of Psychotherapy**, 32 (1978), 414-26.

Argues that the "normalizing" of homosexuality and the consequent revision of DSM reflecting this position will slow scientific progress, produce despair in those with a sexual deviation, and diminish efforts at prophylaxis.

3812. SPITZER, ROBERT L. "The Diagnostic Status of Homosexuality in DSM-III: A Reformulation of the Issues," **American Journal of Psychiatry**, 138 (1981), 210-15.

Describes the controversy surrounding the creation of the DSM-III category of Ego-Dystonic Homosexuality, arguing that the major issue involves a value judgment about heterosexuality rather than a factual dispute about

homosexuality.

3813. STOLLER, ROBERT J., et al. "A Symposium: Should Homosexuality Be in the APA Nomenclature," **American Journal of Psychiatry**, 130 (1973), 1207-16. Summarizes papers on criteria for psychiatric diagnosis, homosexuality as an adaptive disorder, homosexuality and cultural value systems, the gay activist position, findings from fifteen years of clinical research, the question of including heterosexuality in the APA nomenclature, homosexuality as an irregular form of sexual behavior, and sexual orientation disturbance as a psychiatric disorder.

3814. SUPPE, FREDERICK. "Classifying Sexual Disorders: The Diagnostic and Statistical Manual of the American Psychiatric Association," **JH**, 9:4 (1984), 9-28.

Argues that that same criteria that led to the removal of homosexuality per se as a mental disorder require the removal of the paraphilias per se, and that while there is legitimacy for a generalized ego-dystonic category, such ego dystonias are only incidentally sexual. Suggests that the recent classification of sexual disorders is merely the codification of social mores.

#### H. BEHAVIOR THERAPY

This mode has sought to apply conditioning techniques in order to rid the individual of presumably unwanted homosexual impulses. Although behavior therapy has had some success with peripheral problems, such as phobias, it does not seem well suited to effect such a profound change as the altering of sexual orientation. A more appropriate use, employed by a few behavior therapists, would be to adapt the technique to help homosexual persons achieve a better adjustment to their orientation.

3815. ADAMS, HENRY E., and ELLIE T. STURGIS. "Status of Behavioral Reorientation Techniques in the Modification of Homosexuality: A Review," **Psychological Bulletin**, 84 (1977), 1171-88.

Attempts to summarize the critical components of the reorientation programs developed since 1963, examine their outcomes, and discuss possible shortcomings of the procedures currently used.

3816. CALLAHAN, EDWARD J., and HAROLD LEITENBERG. "Aversion Therapy for Sexual Deviation: Contingent Shock and Covert Sensitization," **Journal of Abnormal Psychology**, 81 (1973), 60-73.

Covert sensitization, which provides an imagined aversive

event following imagined sexual behavior, appears to be more effective than contingent shock, which provides a physical aversive event following erection to slides depicting sexually deviant material.

3817. COLSON, CHARLES E. "Olfactory Aversion Therapy for Homosexual Behavior," **Journal of Behavior Therapy and Experimental Psychiatry**, 3 (1972), 185-87.

Describes the use of noxious olfactory stimuli--in particular, ampules of aromatic ammonia--as a relatively simple method for inducing controlled physical aversion.

3818. CONRAD, STANLEY R., and JOHN P. WINCZE. "Orgasmic Reconditioning: A Controlled Study of Its Effects upon the Sexual Arousal and Behavior of Adult Male Homosexuals," **Behavior Therapy**, 7 (1976), 155-66.

Study does not support previous case reports of success with the technique. Aversion therapy produced no change in arousal by deviant stimuli and only slight increases in arousal by heterosexual stimuli.

3819. EARLS, CHRISTOPHER M., and VERNON L. QUINSEY. "What is To Be Done? Future Research on the Assessment and Behavioral Treatment of Sex Offenders," **Behavioral Sciences and the Law**, 3 (1985), 377-90.

With regard to the problem of aggressive men, recommends three directions: the extension and refinement of assessment methods, the further development of treatment techniques, and long-term follow-ups.

3820. FAUSTMAN, WILLIAM O. "Aversive Control of Maladaptive Sexual Behavior: Past Developments and Future Trends," **Psychology**, 13 (1976), 53-60.

Traces the evolution and present status of the application of aversion therapy to homosexuality, fetishism, and transvestism, noting the generally poor outcomes obtained with homosexuals.

3821. FELDMAN, M. P. "The Treatment of Homosexuality by Aversion Therapy," in: Hugh Freeman (ed.), **Progress in Behaviour Therapy: Proceedings of a Symposium**. Bristol: John Wright, 1968, pp. 59-72.

In this early report of the method, Feldman claims that of the 43 patients treated, 25 were rated as "improved" one year later. He concedes that a pretreatment history of heterosexual interest is critical. See also (among other contributions), Feldman and Malcolm J. MacCulloch, **Homosexual Behaviour: Therapy and Assessment** (Oxford: Pergamon, 1971; 288 pp.); as well as Tomi S. MacDonough, "A Critique of the First Feldman and MacCulloch Avoidance Conditioning Treatment for Homosexuals," **Behavior Therapy**, 3 (1972), 104-11; and Sheelah James, "Treatment of Homosexuality," **Behavior Therapy**, 8 (1977), 840-48; 9 (1978), 28-36.