



Review Article

Nosological Status of Homosexuality

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Abstract

In 1973, the second edition of Diagnostic and Statistical Manual by the American Psychiatric Association (APA) had removed homosexuality as a diagnosis. This step changed the perception about homosexuality and facilitated the change of attitude of public towards it (from illness to normal variant of sexuality). Multiple controversies and arguments have occurred throughout the history about the nosological status of homosexuality as an illness entity. This review shall describe its status in different classificatory systems before and after 1973 along with an overview of the multiple socio-political factors that resulted in de-classification of homosexuality from the classificatory systems in psychiatry.

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Introduction

Up until the latter half of the 20th century, homosexuality was predominantly considered as a pathological illness and all the concerned professionals including physicians and mental health professionals were either trying to cure or change homosexuality (Jack Drescher, 2010). Following which a paradigm shift started happening in the understanding of homosexuality from it being a crime, disease or a sin to a normal variant, which was fueled by the removal of homosexuality by the American Psychiatric Association (APA) from

its second edition of its Diagnostic and Statistical Manual (DSM) in 1973 and subsequent World Health Organization accepting it as a normal variant in 1992, removing it from ICD-10 Classification of mental and behavioural disorders (Sadock, Sadock, & Ruiz, 2000).

This review shall describe the status of the diagnosis of homosexuality in different classificatory systems before and after 1973 along with an overview of the multiple socio-political factors that resulted in de-classification of homosexuality from the classificatory systems in psychiatry.

Historical Classification

Karl Menninger in his book titled, "The Vital Balance" had described in great detail the early psychiatric classificatory systems and had mentioned that the homosexuality was first mentioned in the works of Caelius Aurelianus, who had translated the Soranus' treatise to Latin (Menninger, Mayman, & Pruyser, 1963). Ancient Greeks were more accepting on their views of homosexuality which was evident in the prevalent practice of homosexuality among the public. Further eminent personas like Hippocrates, Plato in their descriptions of Mental Illness had not described or mentioned about homosexuality (Simon, 1978). What had to be considered is the fact that historically homosexuality was considered as an abomination or a crime enforced predominantly by religious bodies which attracted punishment and at times even death. Such practices had continued till the first half of the 19th century (Bayer, 1987). Even though there were other notable mentions about homosexuality by different persons during the first part of 19th century, the actual scientific study of homosexuality began with the publication of the first edition of Kraepelin's 'Compendium'. Kraepelin mentions about certain 'States of psychological weakness' in which he had enlisted 'idiocy, cretinism, feeble-mindedness' and 'conträre Sexual empfindung' (Menninger et al., 1963). Other notable authors to study homosexuality during the same period were Richard von Krafft-Ebbing, Jean Martin Charcot,

Magnus Hirschfeld, Paul Moreau and Havelock Ellis. While some authors like Ellis were of the opinion that homosexuality was natural, the advent of psychoanalytic study on sexuality by Freud had put forth the opinion that "Heterosexuality is the normal endpoint of psychosexual development."

It has to be noted that despite of Freud himself not considering homosexuality as an illness, the idea that homosexuality was abnormal conquered over the contrary opinion. The supremacy of this view maintained homosexuality in the psychiatric nosology up until the 20th century (Bayer, 1987).

Evolution of the Nosological Status in DSM

The first edition of DSM was published by APA in 1952. The DSM was developed based on different American system of classification that existed in the 20th century. The Standard classified nomenclature of disease included homosexuality under psychopathic personality in 1935 (Bayer, 1987).

Homosexuality was included as a diagnosis in DSM-I (1952) under the spectrum of 'Sexual Deviation'[code 52.2], within the category of 'Sociopathic Personality Disturbances'[code 52] (American Psychiatric Association, 1952). Sexual Deviation was defined as a diagnosis that was, 'reserved for deviant sexuality which is not symptomatic of more extensive syndromes, such as schizophrenia and obsessional reactions'. This

umbrella term incorporates all those cases that are previously included under 'psychopathic personality with pathologic sexuality'. The diagnosis includes a spectrum of deviant sexual behaviours, such as homosexuality, paraphilias, (including sexual assaults) (Bayer, 1987). DSM I considers homosexuals to be ill, as they have non-conformity with the prevailing socio-cultural milieu major determinant of pathology was the pattern of behaviour and not the psychological discomfort/distress.

DSM-II in 1968 reclassified homosexuality under 'personality disorders and certain other non-psychotic mental disorders' which included homosexuality, fetishism, paedophilia, transvestism, exhibitionism, voyeurism, sadism, masochism, and 'other sexual deviations' [code 302.0] (American Psychiatric Association, 1968). Subsequently DSM-II classification became a central focus of the Gay Liberation movement's attack on psychiatry. In December 1973, after the vote of the Board of Trustees of the APA, the 7th reprint of DSM- II removed homosexuality as a diagnosis. This change was consequent to lesbian and gay activism (e.g: Matachinesociety), and its pressing for efforts within the American Psychiatric Association (Jack Drescher, 2010). This sparked a debate about what constitutes a mental disorder and the APA's Nomenclature Committee concluded that "they [mental disorders] all regularly caused subjective distress or were associated with generalized impairment in social effectiveness of

functioning" (Spitzer, 1981). Hence the committee came to an agreement that homosexuality by itself is not a mental disorder. It was replaced by a category called 'Sexual orientation disturbance' which was defined as 'individuals whose sexual interests are directed primarily towards people of the same sex and who are either disturbed by it, in conflict with, or wish to change their sexual orientation' (Spitzer, 1981).

One has to take into consideration that this diagnostic change did not immediately stop the pathologization of homosexuality. This was reflected in the development of DSM III (American Psychiatric Association, 1980), in which it was debated about including a diagnosis for homosexuals who are anguished about their sexual orientation. This paved the way for the diagnostic category of Ego-dystonic homosexuality for which the diagnostic criteria were (Mendelson, 2003),

- A. The individual complains that heterosexual arousal is persistently absent or weak and significantly interferes with initiating or maintaining wanted heterosexual relationships.
- B. There is a sustained pattern of homosexual arousal that the individual explicitly states has been unwanted and a persistent source of distress.

The diagnosis of Homosexuality was dropped in the DSM-III-R which was published in 1987. There was

however a diagnosis termed as 'Sexual Disorder Not Otherwise Specified' which described 'persistent and marked distress about one's sexual orientation' (Jack Drescher, 2012). DSM-IV (American Psychiatric Association, 1994), which was published in 1994 had further changed the nomenclature of the major group into, 'Sexual and Gender Identity Disorders' and DSM-IV-TR (American Psychiatric Association, 2000), however retained the diagnosis of Sexual disorder not otherwise specified [code 302.9] which had the same description as DSM-III-R. It was proclaimed that these categories exist to legitimize the sexual “conversion” therapies for those individuals who had homosexual orientation yet were distressed and also desired to

change their sexual orientation (Jack Drescher, 2010; Spitzer, 1981).

Finally DSM 5 (American Psychiatric Association, 2013) does not mention homosexuality or disorder of sexual orientation under any parent category or as a separate diagnosis (J. Drescher, 2015).

However, it has to be agreed that the deletion of “homosexuality” from the DSM of disorders will change the outlook of the society towards it as well as help in protecting the rights of individuals with homosexual orientation (Jack Drescher, 2012).

The following table provides a complete description about the evolution of nosological status of homosexuality through the different editions of DSM (J. Drescher, 2015).

Edition	Year	Parent Category	Diagnosis
DSM-I	1952	Personality Disorders Sociopathic Personality disturbance [code 52] Sexual Deviation	Homosexuality (Nonconformity to Existing cultural Norms)
DSM-II	1968	Personality Disorders Sexual Deviation	Homosexuality[code 302.0] (Maladaptive Patterns of Behaviour)
DSM-II (Sixth Print)	1973	Personality Disorders Sexual Deviation[code 302]	Sexual Orientation Disturbance[code 302.0] (interests are directed primarily toward people of the same sex and who are either disturbed by, in conflict with, or wish to change their sexual orientation)
DSM-III	1980	Psychosexual Disorders[code 302] Other Psychosexual Disorders	Ego Dystonic Homosexuality[code 302.00]
DSM-III-R	1987	Psychosexual Disorders	Sexual disorders not otherwise specified
DSM-IV	1994	Sexual and Gender Identity Disorders	Sexual disorders not otherwise specified [code 302.9]
DSM-IV-TR	2000	Sexual and Gender Identity Disorders	Sexual disorders not otherwise specified[code 302.9]
DSM-5	2013	None	None

The International Classification of Diseases

Homosexuality had also gone through different changes in various editions of ICD. ICD 6 published in 1948 was the first description to include a classification of Mental Disorders. The reason for the same was the ICD being a classification for mortality before ICD-6 (Organisation, 1948) and Mental disorders including sexual disorders were not considered as a cause for mortality (Jack Drescher, 2012). Homosexuality was categorized in the Chapter, 'Mental, Psychoneurotic and Personality disorders' and under the sub category of 'Pathologic Personality', further sub classified into 'Sexual Deviation' [320.6]. ICD-7 (World Health Organisation, 1957) published in 1955 continued to classify homosexuality under the same category (J. Drescher, 2015).

Stengel's Report paved the way for the development of 'Glossary of mental disorders and guide to their classification' which was published in 1974 and was to be used along with the eighth revision of ICD (Stengel, 1959). The glossary had a category called 'Sexual Deviation' under the group 'Neuroses, personality disorders and other non-psychotic mental disorders' which included homosexuality along with transvestitism, fetishism, exhibitionism, sadomasochism and bestiality (Mendelson, 2003). Similarly ICD 8 (World Health Organisation, 1968) published in 1965 removed the subcategory of 'Pathologic Personality' and categorized homosexuality as a

'Sexual Deviation'[code 302] (Mendelson, 2003). Homosexuality continued to be grouped along with other paraphilias even in the ICD-9 (Organisation, 1975), which was published in 1975. ICD-9 renamed the Sexual Deviation as 'Sexual Deviation and Disorders'[code 302] but was categorized under the same group as in ICD-8. The 1973 decision by DSM did influence the authors of ICD-9 who had rationalized the reason for retaining the diagnosis of homosexuality by describing: "The limits and features of normal sexual inclination and behaviour have not been stated absolutely in different societies and cultures but are broadly such as serve approved social and biological purposes". ICD-9 (World Health Organisation, 1975) also stated the one has to code homosexuality 'whether or not it is considered a mental disorder' (Mendelson, 2003).

A greater impact of APA's removal was seen in ICD-10 (Organization, 1992) published in 1992, which had included 'Psychological and behavioural disorders associated with sexual development and orientation' among the 'Disorders of adult personality and behaviour' [code F66] which had included 'Sexual maturation disorder, 'Ego-dystonic sexual orientation' and 'Sexual relationship disorder'. These changes echoed more the DSM-III changes than the DSM-II-R changes by claiming ICD- that 'Sexual orientation by itself is not to be regarded as a disorder'.

During the revision process for ICD-11, WHO had created a Working

Group on the Classification of the Sexual Disorders and Sexual Health (WGSDH), who were tasked with reviewing the literature and evidence related to diseased categories related to sexuality. The Working Group had recommended that 'these categories' be deleted entirely from ICD-11 following which the Beta Version of ICD-11 had removed the diagnosis of homosexuality (Cochran et al., 2014).

Other Classificatory Systems

Homosexuality as a separate disease entity was eliminated from DSM in 1973 and in 1975, ICD-9 had also agreed upon the decision of DSM and excluded homosexuality from the list of mental disorders. The third edition of Chinese Classification of Mental Disorder (CCMD), had described that 'homosexuals are not patients suffering from mental diseases' (C. P. Association, 2001). However, homosexuality is retained as a diagnosis in the CCMD, with specific mention that only homosexuals who are distressed about their orientation should be classified as having a mental disorder (Lee, 2001).

Conclusion

With the change in time and cultural attitudes, the concept of mental disorders has been changed too. This review has highlighted the changes in the nosological approaches towards homo sexuality over the past 30 years. Homo sexuality has evolved from being considered an 'abomination' during the 18th and 19th century to a normal

variant of Sexuality. The decisions taken by APA has also influenced the marriage rights of persons with same sex orientation. Barring one classificatory system, all the other major classificatory systems do not categorize homosexuality as a mental illness. This deletion was a result of combination of political pressure, human rights movements and the lack of concrete scientific basis for classifying homosexuality as a mental disorder. The removal of the diagnosis of homosexuality has paved the way for the shift in the focus from causation and treatment of homosexuality to focusing on the mental health needs of the target population.

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