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The decision to remove homosexuality from the DSM: Twenty years later

Author: Rubinstein, Gidi

Abstract (Abstract):
A study of the influence that patients' sexual orientation had on their diagnosis is presented. Results suggest that therapists hold liberal attitudes about homosexuality.

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Twenty years have passed since the American Psychiatric Association (APA) voted, in 1973, to remove "Ego-syntonic Homosexuality" from the Diagnostic and Statistical Manual of Mental Disorders (DSM). The present study investigates the influence of the patient's sexual orientation on the therapist's perception of the former's mental health. Four hundred and seventeen Israeli therapists (psychiatrists, clinical psychologists, and social workers) participated in the study, representing a cross-section of professionals in the mental health services in Israel. The measures included a demographic questionnaire and a perceived-severity scale of rating. Participants were assigned case histories where a hypothetical patient was heterosexual or ego-syntonic homosexual. Attributions of severity of mental status were found to differ as a function of sexual orientation of patient. Results are discussed in terms of the latent function of psychotherapy, considering the contrast between the liberal political attitudes and the secular way of life of the therapists on the one hand and their conservatism in the clinical domain on the other hand.

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The Decision to Remove Homosexuality from the DSM: Twenty Years Later*
Twenty years have passed since the 1973 APA decision to remove "Ego-syntonic Homosexuality" from the DSM. The question arises, and is here examined, as to whether and to what extent therapists have indeed removed ego-syntonic homosexuality from their lexicon of disorders.

The diagnostic criteria of "Ego-dystonic Homosexuality" (a category eliminated from the revised edition for reasons discussed below) in the DSM-III are well defined. They include the patient's complaint about absence or weakness of heterosexual arousal, as well as a sustained pattern of homosexual arousal that the individual explicitly states is unwanted and a persistent source of disorder. The strictness of the criteria is evident, for example, from the first differential diagnosis required, which excludes homosexuality that is ego-syntonic. Therapists are warned that a patient's own attitude ("I guess life would be easier if I were heterosexual"), or distress resulting simply from a conflict between a homosexual and society, should not be classified as ego-dystonic homosexuality. Therapists' are also warned not to use this diagnostic category for homosexuals who develop a major depression and may then express self-hatred because of their sexual orientation. The factors that predispose to ego-dystonic homosexuality are, according to the DSM-m, those negative societal attitudes toward homosexuality that have been internalized.(1)

Ego-dystonic homosexuality was eliminated from DSM-III-R(2) because "In the United States almost all people who are homosexual first go through a phase in which their homosexuality is ego-dystonic. Furthermore, the diagnosis of ego-dystonic homosexuality has rarely been used clinically and there have been only a few articles in the scientific literature that use the concept. Finally, the treatment programs that attempt to help bisexual men become heterosexual have not used this diagnosis" (p. 426). Persistent and marked distress about one's sexual orientation should be classified, according to DSM-m-R, as "Sexual Disorder Not Otherwise Specified."

It appears then that psychotherapists appear to hold liberal attitudes toward homosexual orientation, at least on
the ideological and proclaimed level. Martin,(3) for example, expressed a position entirely in accord with that of the APA,(1,2) contending that when the effects of homophobia are partialed out, few differences remain between homosexuals and heterosexuals.

A similar trend appears in the survey of Gartell et al.,(4) about the attitudes of 908 psychiatrists toward lesbians: Almost all (98%) supported legalizing homosexuality between consenting adults; 66 percent objected to the use of psychiatric labels for the diagnosis of homosexuality among women; 87 percent stated that their conception of mental health includes homosexual-adjusted women; and 66 percent denied that homosexuality among women is pathological or defective.

These attitudes are also in accord with the updated psychological literature regarding human sexuality, which suggests that homophobia--rather than homosexuality--is the problem that has to be treated.(5,6) Another trend that leads us to believe that therapists would take stances that are not biased in the direction of treating ego-syntonic homosexuality as a disorder is the evident successful adjustment of homosexuals. Several investigators found that nonpatient homosexuals do not differ from nonpatient heterosexuals in their adjustment,(7-9) or even that homosexuals are better adjusted than heterosexuals.(10,11) The openly liberal attitude of psychotherapists toward homosexuality is not surprising in light of their politically liberal attitudes and secular orientation in the United States(12) as well as in Israel.(13) However, one should keep in mind that the studies suggesting that psychotherapists maintain liberal attitudes refer to the declarative level.

Garfinkle and Morin's(14) study about attitudes of psychologists toward homosexual patients reveals quite a different picture. Forty male and 40 female psychotherapists were asked to rate a hypothetical patient on a semantic differential scale, based on an intake case history, and their concept of the "psychologically healthy person." The psychologists were assigned case histories where the hypothetical patient was a heterosexual or homosexual male or female. The heterosexual patients were rated as significantly more healthy than the homosexual patients (both males and females.) The present study examined the effect of the sexual orientation of a hypothetical male patient upon the severity of mental state as perceived by 417 Israeli psychotherapists. According to the research hypothesis, no difference would be found in the therapists' perception of the mental state of the homosexual and of the heterosexual patient, when the homosexual orientation is clearly presented as ego-syntonic, the declared problem of the two patients being the same. The rationale for the hypothesis relies upon the long time that has passed since the exclusion of ego-dystonic homosexuality from the DSM. This expectation of not finding a difference in the perceived mental state of the two patients is bolstered by the liberal political attitudes and secular orientation of the therapists participating in the study.(13)

METHOD

SUBJECTS

Participation in the study was offered to heads of most of the public psychiatric services in Israel, as listed in official data of the health ministry from June 1989. The study included fifteen mental health clinics, four student counseling centers, two psychiatric hospitals, and eight psychiatric services of general hospitals. Four hundred and seventeen psychotherapists participated in the study: 82 psychiatrists (65 experts and 17 trainees), 222 clinical psychologists (131 experts and 91 trainees), and 113 qualified psychiatric social workers. Thirty-one percent of the therapists were men, and 69 percent were women. The mean age was 9.9 with a standard-deviation (SD) of 9.29. The mean experience was 10.79 years (SD = 8.4) (for social workers, only experience in mental health practice was taken into account). Half of the experts in the three professions were involved in private practice in addition to their work in public mental health services. All the subjects present in the staff meetings in which the questionnaires were administered (see "Procedure") completed and returned their questionnaires.

Some additional characteristics of the therapists, that seem relevant to the research hypothesis, are their
preference (69%) of the psychoanalytic psychodynamic approach, their overwhelming politically left-wing orientation (58.6% supported the three left-of-center political parties, while only 8.5 percent of the Israeli population as a whole supported these parties), and their secular orientation (77% defined themselves as secular, 13.1% as traditional, 9.7% as orthodox, and 0.7% as ultraorthodox.) It is assumed that secular individuals hold less to the viewpoint of homosexuality-as-a-disorder than do the more religious.

The distribution of the subjects by professions and career stage (experts vs. trainees) was very similar to the distribution of professionals in Israel (according to official data of the ministry of health). Although it was not a scientifically representative sample (see "Procedure"), they nevertheless represent a cross section of the public mental health practitioners in Israel.

MEASURES

Demographic Questionnaire
The first page of the questionnaire included questions regarding sex, age, experience as a therapist, professional affiliation (psychiatrist, psychologist, etc.), degree, place of employment (hospital, clinic, etc.), and employment in private practice. Questions regarding the therapist's theoretical orientation (psychodynamic, behavioristic, existential, or eclectic), political party affiliation, and religious affiliation (secular, traditional, etc.) were also included.

Case History
To assess how much therapists attributed the severity of the patient's mental state to his sexual orientation, a structured and detailed case history was presented to each therapist. Prior to giving the hypothetical case history to the 417 participants, we submitted it for comments to six psychotherapists, who were also university lecturers, and had done clinical research. The goal of the study was explained to them and the history was corrected according to their suggestions. The hypothetical case described a 25-year-old unmarried man, who had completed his military service, and had been working since as a bank clerk, persisting at, and progressing in, his job. The problem described was growing obesity due to overeating. He weighed 280 pounds, and his height was 5'8". The psychiatric diagnosis was nervosa bulimia, according to the diagnostic criteria in DSM-III-R(2) and a case history of bulimia appearing in the DSM-III-R Casebook.(15)

Half of the therapists received a version describing the patient as heterosexual, who complained that his appearance considerably reduced his chances to find a spouse, and the other half of the therapists received a version with the patient described as an ego-syntonic homosexual, specifically pointing out that he accepted his sexual orientation, who complained that his appearance considerably reduced his chances to find a male partner. It was stated in both versions that no physiological cause was found for the weight increase, and that there have been no cases of psychiatric history in the family. To avoid the impression that some other problem in an intimate relationship has been involved, it was pointed out (for both patients) that during the military service, when being only slightly overweight, the patient had a continuing relationship with a partner, female or male, respectively.

A Perceived Severity Scale
The usual scales for measuring the mental state of patients rely on information gathered about their behavior. Since the patient's behavior was described in the case history given to the therapists, the customary scales could not be used, and a special scale was developed to measure the perceived severity of the patient's state. The severity of the eating problem, the severity of the mental health in general, the likelihood that medication would be required for treating the patient (in addition to psychotherapy), and the likelihood that hospitalization would be needed were to be rated on a six-point scale, with answers regarding the eating problem and the mental state in general ranging from "not severe at all" to "very severe," and predictions about the likely need for medication and hospitalization ranging from "definitely no" to "definitely yes" (only the ends of the scale were "anchored" with literal descriptions); the higher the score, the higher the perceived severity. Alpha coefficient of the scale was .80, based on the entire sample.
An item regarding the frequency of cases in the therapist's practice (past or present) similar to that described in the case history was also included, and the therapist's response was ranked on a six-point scale ranging from very rare to very frequent. This item was one of the covariants used in the analysis (see "Results").

PROCEDURE
Since cooperation rates of Israeli therapists in response to mailed questionnaires had been less than ten percent,(16) the questionnaires were administered in a group situation during staff meetings. The study was presented to the subjects as an investigation of psychotherapists' attitudes. The questionnaires were administered in the presence of the investigator during the first half of the staff meeting, and a lecture about the research was given by the investigator after the subjects completed and returned their questionnaires. This "package deal" was offered to the heads of the services in order to increase the cooperation prospects of the subjects. It provided the subjects with an opportunity to fill out the questionnaires during work time, and also exerted moderate group pressure for cooperation. Indeed, all therapists present in the staff meetings filled out the questionnaires, although they were given the opportunity to decline participation.

RESULTS
Although the research hypothesis referred to the therapists as a whole, a two-way analysis of variance of the perceived severity by the sexual orientation of the patient and the therapist's sex was carried out. The comparison of response patterns of men and women seemed relevant, even though men were greatly outnumbered by women. Therapists' age and experience, as well as the frequency of a case similar to that described in the case history, were used as covariants in the analysis. Table I presents the means of perceived severity attributed to the patient's mental state by his sexual orientation and by the therapist's sex. (All tables and figures omitted)

The two-way analysis of variance showed statistically significant main effect of the patient's sexual orientation, F (1, 391) = 7.40, p <.01, the homosexual patient's mental state being perceived significantly more severe than that of the heterosexual. This result is opposed to the hypothesis. A significant main effect of the therapist's sex, F (1, 391) = 5.38, p <.05, was also found, men perceiving the mental state of both patients (regardless of their sexual orientation) as significantly more severe than women did. No significant effects of the patient's Sexual Orientation X the Therapist's Sex interaction and of the covariants were found. However, effect size (a measure not influenced by the number of the subjects) was highest among the male therapists, where it was double that of female therapists (see Table I), and approached Cohen's conventionally moderate value of d = .5, although the two-way interaction was not significant. As the standard deviations are relatively small, it seems that the mean differences among patients is attributable to a large number of therapists holding subtle biases rather than to a small number holding rather large biases. Two 2 X 2 chi-square tests confirmed this impression.

One test examined the percentage of therapists' severity ratings for each hypothetical patient falling one and two standard deviations above the mean rating (for the combined sample.) The test was found invalid, as only four therapists who read the homosexual version of the case history fell two standard deviations above the mean. The overall number of therapists falling two standard deviations above the mean is 11 (14.9%), a fact that proves that the mean differences between patients is not influenced by a small number of extreme scores. In yet another chi-square test examining the percentage of therapists' severity ratings for each patient falling below and above one standard deviation above the mean, no significant result was found, X sup 2 (1, N = 173) = .01, ns. Figure 1 compares the distribution of therapists who read the homosexual and the heterosexual versions in terms of standard deviations. As can be seen from Figure 1, the shapes of the two curves do not differ dramatically. The whole homosexual curve is shifted slightly to the right, indicating across-the-board increase in perceived severity relative to the heterosexual case. The effect does not come from the tails of the distributions; rather, it is an accumulation of small biases of a large number of therapists.

The above significant main effects were also found in a two-way analysis of variance (with the same covariants
as well as the therapist's sex) of perceived severity scores by the patient's sexual orientation and the therapist's theoretical orientation. Neither significant theoretical orientation effect nor interaction effects were found. Although the Therapist's Theoretical Orientation X the Patient's Sexual Orientation was not significant, F (2, 376) = 1.69, ns (possibly because of the small number of the non-psychodynamic therapists,) a means comparison by the patient's sexual orientation was carried out within each theoretical orientation (see Table II.) As can be seen from Table II, effect size among the psychodynamic therapists and the existential therapists who perceived the mental state of the homosexual patient as more severe than that of the heterosexual one, were higher than that found among the behavioristic therapists who perceived the mental state of the heterosexual patient as more severe than that of the homosexual.

**DISCUSSION**

Twenty years after the 1973 decision to remove "Ego-dystonic Homosexuality" from the DSM,(1,2) it seems that a sample of therapists, representing (though not scientifically) a cross-section of Israeli mental health professionals, still perceives the mental disorder of a hypothetical ego-syntonic homosexual patient as significantly more severe than that of a heterosexual patient with the same psychiatric diagnosis. The difference in the perceived severity was small but statistically significant. Although the Patient's Sexual Orientation x the Therapist's Sex interaction was not significant, the effect size among men was twice the effect size among women in the sample as a whole. The results are in accord with those of Garfinkle and Morin.(14) They are however contrary to the declared attitudes of psychotherapists regarding gay patients,(3,4) and to the official position of the APA.(1,2) It is also most likely that the results are contrary to the updated psychological literature dealing with human sexuality, which regards homophobia as the problem that should be treated,(5,6) and to findings indicating that nonpatient homosexuals are not less well adjusted than heterosexuals,(7-9) or even, that homosexuals are better adjusted than heterosexuals.(10,11)

Garfinkle and Morin's(14) study was published only five years after the decision of the APA(1,2) to remove Ego-syntonic Homosexuality from the DSM. The data collection of their study was even closer to the 1973 decision. It is therefore natural to assume that the participants of their study were still influenced by the fact that only a short time before homosexuality was still listed as a disorder under Section V, "Personality Disorders and Certain Other Nonpsychotic Disorders," in the DSM. The participants of the present study, on the other hand, filled out the questionnaires nearly twenty years after the decision to remove ego-syntonic homosexuality from the DSM. Moreover, many of them were relatively young therapists, who had never been acquainted with the previous version of the DSM. The attribution of significantly more severe mental state to the ego-syntonic homosexual patient is somewhat surprising in light of the subjects' secular orientation and their overwhelming support (47.0% vs. 4.3% in the Israeli population as a whole) of the Civil Rights Movement, which had initiated the legalization of homosexuality in Israel shortly before the data of the present study were collected. It seems, therefore, that there is a discrepancy between what therapists actually believe in this matter, and what they think that they believe.

In light of the removal of homosexuality from the DSM, as well as the openly liberal social attitudes that therapists usually hold, it is most likely that the vast majority of psychotherapists nowadays would avoid trying to change the sexual orientation of gay patients. It is clear, however, that many serious questions remain as to the level of internalization by therapists, certainly those surveyed, of the 1973 decision. How the disparity between "revealed" and "concealed" attitude can be explained is presently a matter of educated conjecture, and certainly reveals paths for future research. Perhaps the most promising path is the discrepancy between the effect size for those in the psychoanalytic school and those more behavioristically oriented. We need to remember that according to classic psychoanalytic theory, homosexuality, whether ego-syntonic or dystonic, is considered to be a fixation at a particular stage of development, i.e., a disorder needing treatment. The discrepancy between the classic psychoanalytic theory and the APA decision is striking, and may cause some degree of ambivalence among psychoanalytically oriented therapists. This, along with the
questions that this raises as to the treatment offered by these therapists to this clientele, is clearly worth investigating. It should, however, be emphasized that the above speculation regarding effects of therapists’ theoretical orientation is based on nonsignificant differences.

The bias found among male therapists, which is double that of female therapists, raises interesting implications for study as well as for practice. Was this stronger bias attributable to the fact that the hypothetical patient was a man? From a therapeutic point of view, the answer to this question may raise some thoughts as to who should treat whom. From a research point of view, Garfinkle and Morin (14) have already found that male therapists were consistently attributing poorer psychological health to all homosexual patients than were female therapists. It would, however, be interesting to reinvestigate the differences in response patterns between male and female therapists presenting both male and female homosexual patients. Also interesting is the therapists’ own sexual orientation, a challenging variable to look at in subsequent analyses.

It should be noted that the fact that the study was conducted in Israel may influence the applicability of the findings to other countries. The dynamics of stereotypes and beliefs in the Israeli culture is no doubt different from those of other countries. As to what exactly the influence is, and how much of a factor it plays, remains to be investigated. Another reservation should be kept in mind with respect to to the diagnosis of bulimia. It would be interesting to give therapists in future studies a set of vignettes with a different hypothetical diagnosis, thus increasing the possibility of generalizing the findings beyond a specific disorder.

Nevertheless, the facts of disparity between apparent liberalty and found bias speak very loudly, and point out that the degree of therapist internalization of the 1973 APA decision is perhaps less than would be expected.

SUMMARY

Twenty years have passed since the American Psychiatric Association (APA) voted, in 1973, to remove "Ego-syntonic Homosexuality" from the Diagnostic and Statistical Manual of Mental Disorders (DSM). The present study investigates the influence of the patient's sexual orientation on the therapist's perception of the former's mental health. Four hundred and seventeen Israeli therapists (psychiatrists, clinical psychologists, and social workers) participated in the study, representing a cross-section of professionals in the mental health services in Israel. The measures included a demographic questionnaire and a perceived-severity scale of rating. Participants were assigned case histories where a hypothetical patient was heterosexual or ego-syntonic homosexual. Attributions of severity of mental status were found to differ as a function of sexual orientation of patient. Results are discussed in terms of the latent function of psychotherapy, considering the contrast between the liberal political attitudes and the secular way of life of the therapists on the one hand and their conservatism in the clinical domain on the other hand.

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Gidi Rubinstein, Ph.D.
Lecturer, School of Social Work; University of Haifa. Mailing address: 23 Dubnov Street, 64-369 Tel-Aviv, Israel.

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