

Interview with Robert L. Spitzer: Homosexuality and the Reality of Change



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Robert L. Spitzer, M.D., is Professor of Psychiatry and Chief of the Biometrics Research Department at the New York State Psychiatric Institute in New York City, USA. He has achieved international recognition as an authority in psychiatric assessment and the classification of mental disorders. Dr. Spitzer was at the center of the 1973 American Psychiatric Association's (APA) decision to remove homosexuality from its list of mental disorders, the DSM (Diagnostic and Statistical Manual).¹

Talking to former homosexuals at the 1999 APA annual meeting resulted in Dr. Spitzer's new interest in studying the effectiveness of sexual reorientation therapies.

Dr. med. Christl R. Vonholdt (CRV), Germany Institute for Youth and Society interviewed Professor Spitzer in New York, on the 29th of February, 2000.

CRV: In 1973 the word homosexuality was removed from the APA's list of mental disorders, the DSM. Dr. Spitzer, were you the chairman of the DSM when this happened?

RS: No, I was not the chairman. I wrote a position paper. I was a very junior member of the taskforce. It was called the "Taskforce on Nomenclature and Statistics". I had met with some gay activists who insisted on meeting with our committee.

CRV: Can you tell us more about the history?

RS: These gay activists met with me and insisted that they have an opportunity to talk to our committee because they found out that I was on this committee which dealt with the nomenclature. I arranged to have them meet with the committee. They made their presentation which, of course, was that homosexuality should be removed, that there was no scientific evidence etc. When they left the meeting, the head of the committee turned to me and said: "You got us into this mess. Now you'll get us out of it. You come up with some kind of a proposal". So I organized a symposium. It was held in Hawaii at the annual meeting in May 1973. At that symposium, we had different viewpoints for and against removing homosexuality.

I then became convinced that it would be useful to remove it and wrote a position paper which the committee then adopted.

CRV: Why did you think, at that time, it would be good to remove homosexuality from the list of disorders?

RS: Well, I think there were many considerations. First of all, the way the issue had been drawn. The people who believed that it was a disorder and should stay that way were pretty much insisting that as a homosexual you could never be happy, that this was a very serious mental illness and represented a very severe disturbance in personality.

Members of the committee and other people thought that this was not the case, that there were many homosexuals who were quite satisfied with their condition, who did not want to be helped. They were being pressured and unfairly forced into treatment they did not want. So the compromise - and it was actually a compromise - was to say that homosexuality, by itself, is not a mental disorder. However, if it was ego-dystonic, if the homosexual was bothered, he then was entitled to treatment and it would still be considered a mental disorder. So homosexuality itself was removed but when it was ego-dystonic, it remained. In 1987 even that was removed, but that is a different story.

What I think is important to recognize is that both sides of this controversy - and it was very bitter - believed that they had science on their side. The group that was allied with me and with the gay activists believed that it was prejudice that had kept homosexuality as a mental disorder. On the other hand, those who wanted it to remain, predominantly psychoanalytic clinicians, were convinced that we were only responding to gay activists' pressure. I think there was also a feeling in the homosexual community that in order for them to do better in terms of civil rights, they had to overcome this obstacle and that as long as psychiatry labeled homosexuality a mental

disorder, they could never go and demand their full civil rights. So that became part of their political agenda.

CRV: I see some inconsistencies here. It is one thing to call a neurosis a neurosis - whatever type of neurosis, and still have people with a neurosis who will say: "I personally don't feel I have a neurosis and I feel happy", yet one should still not take the word neurosis from the list of emotional disorders. Is there not a difference between what homosexuality is or what neurosis is and what people themselves feel about it. Was that not all mixed in together?

RS: I think you could make that argument. I'm not interested in re-examining the 1973 decision although I am now in a very awkward position because I seem to be now on the other side since I am exploring whether therapy can actually be helpful to those homosexuals who want to change.

CRV: You are doing a study at the moment with people who claim that they have changed. Can you tell us more about this study?

RS: Well, the study has really only finished its pilot phase. I have interviewed about 30 people. Most of them are men and come from a very religious orientation. Most of them are primarily motivated by conflict between their religion and their sexual behavior and that has driven them into seeking change. Many of them have had therapy with mental health professionals. Many of them have not had any formal therapy but have been involved in ex-gay ministries. I have interviewed them. We have a very detailed questionnaire, it takes about thirty to forty minutes. On the telephone we examine their previous sexual behavior - but it is not limited to the behavior. We also are very interested in their arousal, their sexual attraction, their sexual fantasies.

What we are really studying is whether there are some individuals who benefit

We have been impressed that for many of them, substantial changes have been made from homosexual to heterosexual. They feel they have greatly benefited from that. Most of these individuals are married now - married men who are now more comfortable in that kind of life.

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from this [therapy] or not. The study will not answer how frequently this happens. The reason we think it is a useful study is that the gay activists have pretty much convinced everybody that it [change] never happens. So that is why we are interested in first seeing whether it happens at all. So far we have been impressed that it does seem to happen. What we hope to do in the future is to have a much larger sample and also get more individuals who are not motivated primarily by religious concerns. That is actually interesting because when I went into psychiatry in the 1960s, it was very common to have homosexual men come for therapy. It had nothing to do with religion, they just wanted to overcome their homosexuality. It may be that with the gay acceptance and gay affirmative therapy that more recently it is only people or predominantly people motivated by religious conflict who want to make the effort to change.

CRV: What is the role of science, generally speaking? You said that in 1973 both sides claimed that science was behind them.

RS: Definitely. Everybody wants science on their side now. I get very angry letters primarily from homosexuals who accuse me of fraudulent research. What I am now doing is research that they are very much upset by.

CRV: What role does science play in answering questions of what is healthy, what is unhealthy, what is normal, what is not normal ?

RS: In 1973 there was no accepted definition of what is a mental disorder in the first place. We were all kind of struggling. I won't try to defend what I said in 1973. I have written about defining mental disorder and it is more complicated than I would have argued in 1973. If you asked me what is my current view of what a mental disorder is, I would say there are two concepts. This is not original with me. I borrowed very much from a colleague of

mine, Jerry Wakefield, and he has written mainly in the psychology literature on defining mental disorder. This is what he says: "The notion of a mental disorder has two components. Number one is the notion of a dysfunction. Something that is inside the organism is not working. That something is something that evolution has built in. Number two, as a result of that dysfunction the individual is harmed in some way that society says: 'This is something that is serious and you are entitled to the patient role.'"

So he would argue that the first question is a factual question: is there something not working? The second is more a value question: whether society thinks that harm is something that wants to allow somebody to assume the patient role. If you apply that argument to homosexuality, I think you can argue that homosexuality, at least obligatory homosexuality, must be a dysfunction because we are built in to be programmed heterosexually. Although some people do not even accept that argument. Even if you would accept that argument you would have to say: okay, what does society say about somebody who can only function homosexually? I think you could argue that society now has a very different view than it had 20-30 years ago. Now there is, you know, gay adoption and what not. So maybe it is not that big a deal and therefore we do not want to call it a disorder.

So, if you had pushed me to re-examine the 1973 definition, that is what I would argue. I would say, it is still not a disorder but I intuitively think that something is not working.

CRV: Can you tell us a little bit more about the study that you are doing?

RS: First of all, we are limiting the study, not in the pilot phase but in the actual study, to people who have had a therapist. This could be a mental health professional or it could be a pastoral counselor. We do not want to study people who just had a religious ministry that they were in. That would be number one. Number two:

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although we will ask them questions about what they discussed in their therapy, what they thought was helpful, how they explained their own homosexuality, that is not the focus of the study. What we are really interested in, is what their sexual orientation and behavior was prior to therapy and what it currently is. We go into that in great, great detail: how and when did they first become aware of sexual feelings - homosexual, heterosexual, fantasies, masturbation... There are about a hundred questions.

Of course, all of these people by definition feel this has been a positive change. In fact, that is one of the criticisms that people have made of the study: you are always studying people who are happy! We are doing that because people have argued that nobody changes.

It is interesting that in most therapies the issue is how helpful is it? Is it 60%, 40%, 30%, 10% helpful? This is the only therapy where the critics say it is never helpful - zero. Because they say it's zero, we think it is useful to even study 50 or 100 people and show whether it ever happens.

I do not know if you have heard about the television program "20/20". They interviewed me and I indicated the preliminary results of my study.

CRV: It challenges the view of the gay activists.

RS: Oh yes, absolutely, that is why I get a lot of hate mail.

CRV: It seems as if when somebody says "change is possible", the response is automatically: "This is violence and anti-gay prejudice". What would you say to this?

RS: I think what people will say - and they are probably right - is that this will be used to pressure gays to go into therapy. It will be used by the people who are bigoted. There is this strange connection between whether you think this therapy is useful and whether you are for the civil rights of homosexuals.

The gay activists believe that if they could convince everybody that they can never change, then they would be in a better position to argue for gay civil rights. I am for gay civil rights.

CRV: What do you mean by "gay civil rights"? Are they not special rights, for example the "right to marry"?

RS: Oh, leave aside marriage.

CRV: It is a big topic at the moment.

RS: Yes, and I have to give some thought to that. What I mean by civil rights is they could live in any place they want, that there would not be anti-sodomy laws.

They believe that they are in a better position to argue for that, if they can convince everybody: "Once you are gay, you can never change."

My study will say: maybe you can change but I am still for civil rights. The gay community is concerned that my study will be used against them. I do not know what I can do about that.

CRV: I see two things going on in our society. One is of course: nobody should be discriminated on behalf of his or her sexual orientation. I fully agree with this. However the other side of the message that goes into our society is: all sexual orientations and all sexual behaviors are the same, all are equally valid. I do not agree with this. I am also questioning the effect of this message on our youth. How do you deal with this problem?

RS: It is not easy and I do not know that I have any suggestions. I do not want people who are gay to hate themselves and feel terrible. On the other hand, if you honestly asked me - I'm glad they didn't ask me on "20/20". I was afraid they were going to ask me: what would you do if your adolescent boy tells you he is homosexual. What advice would you give? They didn't ask me that.

CRV: What advice would you give?

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I was afraid they were going to ask me: what would you do if your adolescent boy tells you he is homosexual. ...The honest answer would be, I guess, I would hope that he would be interested in changing and if he would be, that he would get some help.

RS: The honest answer would be, I guess, I would hope that he would be interested in changing and if he would be, that he would get some help. If he really were not interested in changing, I would hope I would not pressure him.

CRV: Let's go back a step, what role does science play in giving orientation to a society? Does not science presuppose an orientation which one gets from religion or from other value-systems?

RS: Science is supposed to answer factual questions. I guess it does not provide values. It would be nice if science could do that, for example answer questions like: what would be the impact of "gay marriage"? But it is all speculation.

CRV: Some things we only learn three generations later. Then sometimes it is too late.

RS: Right. I'm sure many people blame the AIDS epidemic partly on the 1973 decision. Some people would say the 1973 decision encouraged gay promiscuity.

CRV: It gave the message out to society that there is nothing wrong with homosexual behavior.

Do you think that because of the APA's 1973 decision to remove homosexuality from the list of disorders, people who wanted help for change were neglected and forgotten?

RS: That's an interesting question. I think there is no doubt that many gays will certainly say that they had benefited from the 1973 decision.

How many gays from the other side who could have been helped? I do not know how common it is for gays to really be able to change. I mean, we will see how easy it is for me to find subjects in this study. So far it has not been that easy. It has mainly been these people from ex-gay ministries.

CRV: What about the issue of the American Psychiatric Association, to make the

offering of treatment for change, unethical?

RS: I think this is absurd. It is ridiculous. Speaking to these few people, they clearly have benefited from that therapy. To say that this is unethical, I think that is ridiculous.

¹ Spitzer, R.L., A Proposal About Homosexuality and the APA Nomenclature: Homosexuality as an Irregular Form of Sexual Behavior, and Sexual Orientation Disturbance as a Psychiatric Disorder: A Symposium. Should Homosexuality be in the APA Nomenclature?, *Am J Psychiatry* 1973; 130:1207-1216.