



The Psychology of Sexuality and Gender – the history of LGBTQ research in psychology.

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Note: Some of the language presented here may be archaic – it is used in the context of the time and does not necessarily reflect the authors opinion.



The Psychological Society of Ireland's Policy on Equality and Inclusive Practice states that diversity amongst clients is to be expected and respected.

(PSI, 2016)



PSI code of Ethics - The main document pertaining to issues of professional conduct in Ireland, this document upholds 4 basic tenets of:

Respect
Competence
Responsibility
Integrity

Ethical Principle 1 – Respect

“Psychologists should respect individual, cultural and role differences, including (but not exclusively) those involving age, disability, education, ethnicity, gender, language, national origin, race, religion, sexual orientation, marital or family status and socio-economic status” (BPS 2006)



LGBTQ psychology is a branch of psychology that is affirmative of LGBTQ people. It seeks to challenge prejudice and discrimination against LGBTQ people and the privileging of heterosexuality in psychology and in the broader society. It seeks to promote LGBTQ concerns as legitimate foci for psychological research and promote non-heterosexist, nongenderist and inclusive approaches to psychological research and practice. It provides a range of psychological perspectives on the lives and experiences of LGBTQ people and on LGBTQ sexualities and genders.



The first social movement to advance the rights of homosexual and trans people was established in Germany in 1897. The Scientific Humanitarian Committee was founded by a medical doctor, Magnus Hirschfeld (1868-1935), and an openly homosexual lawyer, Karl Heinrich Ulrichs (1825-1895), among others, and adopted the motto “justice through science” (Kitzinger and Coyle, 2002).



Ulrichs and Hirschfeld developed the theory of a third, intermediate, sex between women and men (which included people who identify as trans, intersex, lesbian, gay and bisexual). Ulrichs introduced terminology in 1864 and 1865 to describe a natural “migration of the soul”, a woman's soul in a man's body and vice versa (Oosterhuis, 2000).



Although Ulrichs refined his typology to acknowledge that not all male-bodied people who desired men were feminine and that people varied in relation to who they desired, their preferred sexual behaviour (passive, active or no preference), and their gender (feminine, masculine, or in between), the **gender inversion theory** of homosexuality was to be his lasting contribution to sexology. The theory was developed by Hirschfeld and was to influence the work of other leading sexologists (Bullough, 2003).



Recent reappraisals of Hirschfeld's contributions to sexology suggest that, although his ideas were more or less ignored in the English speaking world for the second half of the twentieth century, his conceptualisation of sexuality and gender was perhaps the most radical to emerge from early sexology (Brennan and Hegarty, 2007; Bullough, 2003).

Richard Freiherr von Krafft-Ebing (1840-1902), an Austro-German psychiatrist, and one of the world's leading psychiatrists of his time, is generally regarded as the "founding father" of sexology. His major work, *Psychopathia Sexualis* (first published in Germany in 1886; it was translated into English and published in the US in 1939), challenged the view that "sexual perversion" was a sin or a crime, and instead presented it as a disease.





The first edition of the book proffered 45 case histories of sexual ‘perversion’ (including what we would now call male homosexuality, lesbianism and trans).



The book had an enormous impact: in many ways, it had the effect of creating homosexuality as a biological feature that humans may exhibit and as a consequence added more force to the argument that science, and more specifically psychiatry, could explain human sexuality with more accuracy than the anachronisms of religion.



As Michel Foucault would later write of Krafft-Ebing's work in *The History of Sexuality*:

"Claiming to speak the truth, it stirred up people's fears...Involuntarily naïve in the best of cases, more often intentionally mendacious, in complicity with what it denounced, haughty and coquettish, it established an entire pornography of the morbid, which was characteristic of the fin de siècle society."



Dutch historian Harry Oosterhuis (2000), the author of an excellent book on Krafft-Ebing, argues that Krafft-Ebing died supporting the homosexual rights movement and viewing homosexuality as compatible with mental health.

V. Clarke, S.J. Ellis, E. Peel & D.W. Riggs. Lesbian, Gay, Bisexual, Trans & Queer Psychology: An Introduction.



Henry Ellis's volume on homosexuality, *Sexual Inversion* (first published in Germany in 1896 and published in England the following year; see Ellis and Symonds, 2007), presented homosexuality as a biological anomaly, akin to colour blindness.



Ellis's work further contributed to the construction of homosexuality and trans as distinct categories (the later distinction between transsexualism and transvestism was first promoted by an US-based doctor, Harry Benjamin [1885-1986] who challenged the prevailing orthodoxy about the treatment of transsexualism in his book *The Transsexual Phenomenon* [1966] and developed the contemporary Standards of Care for the treatment of transsexualism and Gender Identity Disorder).



Ellis, along with Edward Carpenter ([1844-1929] an open homosexual and socialist reformer), founded the British Society for the Scientific Study of Sex Psychology in 1914, a scholarly scientific organisation that was also committed to social change. The Society focused on public education and sponsored public lectures and produced a variety of pamphlets on sexuality.

Freud on homosexuality

Homosexuality and bisexuality are often viewed as forms of “arrested psychosexual development” in psychoanalytic theory and there has been a lot of debate about what Freud really thought about homosexuality. Sympathetic commentators have pointed out that Freud was a supporter of homosexual law reform, which suggests that he viewed homosexuality as compatible with mental health (Abelove, 1993). However, many of his followers used and developed his ideas in support of a pathologising model of homosexuality, including advocates of conversion therapy



“A very considerable measure of latent or unconscious homosexuality can be detected in all normal people. If these findings are taken into account, then, clearly, the supposition that nature in a freakish mood created a “third sex” falls to the ground” (1953: 171).

Early sexologists are hugely important in the historical development of LGBTQ psychology for a number of reasons:

They established sexuality and gender identity as legitimate foci of scientific investigation.

They developed many of the concepts and language that we use today.

They challenged the prevailing orthodoxy regarding sexual and gender diversity.

They established sexuality and gender identity as central to individuals and to human existence.

They enabled the voices of sexual and gender “deviants” to be heard.

They viewed scientific research and social activism as compatible endeavours.



It has been widely argued that the most significant impact of the work of first wave sexologists was the popularisation within western culture of the idea that we all possess an innate sexual orientation that organises our sexual behaviours.

In the words of the French post-structuralist theorist, Michel Foucault (1978: 43):

Homosexuality appeared as one of the forms of sexuality when it was transposed from the practice of sodomy onto a kind of interior androgyny, a hermaphroditism of the soul. The sodomite had been a temporary aberration; the homosexual was now a species.



Although doctors in the US had studied and wrote about variant sexuality for as long as European sexologists had (see Terry, 1999), it wasn't until the 1950s and the work of Alfred Kinsey (1894-1956) and colleagues that the scientific study of sexuality was truly established in the US.



Kinsey, a biologist and an expert on the gall wasp, founded the Institute for Research in Sex, Gender and Reproduction at Indiana University in 1947, now called the Kinsey Institute for Research in Sex, Gender and Reproduction.



Kinsey's methods and findings have generated a huge amount of controversy (Ericksen and Steffen, 1999). In terms of his contributions to LGBTQ psychology, he challenged the notion that homosexual behaviour was relatively infrequent. Kinsey found that many people have had same-sex sexual experiences and people's sexual preferences could change over the course of their lifetime. Fifty per cent of the (heterosexual identified) men and 28 per cent of the women in his studies had had same-sex sexual experiences. Furthermore, 38 per cent of the men and 13 per cent of the women had had orgasms during these experiences



A number of researchers, including the feminist sexologist Shere Hite, who published the ground-breaking book *The Hite Report: A Nationwide Study of Female Sexuality* (1976), criticised the emphasis on sexual behaviour and the neglect of the meanings that people give to their experiences in Kinsey's work.



Researchers at the Kinsey Institute have undertaken wide-ranging research on sexuality since Kinsey's death in 1956, including a ground-breaking study of nearly a 1,000 gay men and lesbians in San Francisco, beginning in 1968, by the psychologist Alan Bell and the sociologist Martin Weinberg. The study resulted in two books – *Homosexualities* (Bell and Weinberg, 1978) and *Sexual Preference* (Bell et al., 1981).

The Pathologisation and De-pathologisation of Homosexuality

Kinsey demonstrated that homosexuality was far more widely practised than previously assumed and for this reason could be regarded as “normal” sexual behaviour. However, at the time the Kinsey reports were published most psychiatrists and psychologists regarded homosexuality as “abnormal”.



In 1952, the American Psychiatric Association decided to include homosexuality in the second edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM). As Kitzinger and Coyle note (2002: 1): lesbians and gay men were characterised as the sick products of disturbed upbringings... Psychology textbooks routinely presented material on lesbians and gay men under headings implying sickness (for example, “sexual deviation” or “sexual dysfunction”).



Many psychologists and psychiatrists attempted to treat homosexuality and to convert LGB people (especially gay men) into heterosexuals. Psychotherapy was one of the most common treatments (Bohan, 1996).

Numerous forms of behaviour therapy were also used such as aversion therapy (associating electric shocks or nausea-inducing substances with homosexual stimuli) and orgasmic reconditioning (associating heterosexual stimuli with masturbation). Other, more extreme, treatments included the use of hormones such as oestrogens (to decrease “abnormal” sex drive) or androgens (to increase “normal” sex drive), castration and clitoridectomy, and even lobotomies.

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An entry (of one form or another) remained in the DSM until 1987 (homosexuality also remained in the World Health Organisation's International Classification of Diseases, a diagnostic manual used widely outside of North America, until 1993).



Two years after the removal of homosexuality from the DSM, the American Psychological Association (APA) adopted the official policy that:

“homosexuality, per se, implies no impairment in judgement, stability, reliability, or general social or vocational capabilities”.



The APA also urged “all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations” (Conger, 1975: 633).



Mainstream psychology sub-disciplines such as education, work and leisure, lifespan development, parenting, health and so on – simply ignored LGBTQ+ altogether, as though lesbians, trans and gay men never attended school, didn't have jobs or leisure activities, didn't grow up or grow old, never had children, never got ill and so on. In psychology – dealing with staple topics

By leaving queer identities out of the “everyday” psychology of people and only including them as examples of sexual and gender deviance, mainstream psychology provided a highly distorted image of the lives and well-being of LGBTQ+ people.



Homosexuality and trans were widely regarded as distinct entities by the early 1970s; however, research on trans was often incorporated under the umbrella of research on homosexuality. Including both homosexuals and trans people in the same sample, as Green did, was unusual. More common were comparisons of the psychological adjustment and gender roles of samples of lesbians and transwomen (McCauley and Ehrhardt, 1978), and of gay men and transmen (Roback et al., 1978).



A dichotomous heterosexual/homosexual model of sexuality constrained the development of research on bisexuality. In early gay affirmative research, bisexuality was often stigmatised as “a passing phase” and bisexuals were presented as confused about their sexuality or “in denial” about their homosexuality and seeking to avoid the stigma associated with a fully realised lesbian or gay identity (see, for example, Cass, 1979).



Most early gay affirmative research was conducted in the US, and there was very little European research offering positive images of gay men and lesbians until the 1960s, and then just a handful of instances (affirmative research on homosexuality began even later in Australasia).



In the UK progress was slow but in 1981, John Hart and Diane Richardson published *The Theory and Practice of Homosexuality*. They were critical of the male bias in existing research and were careful to distinguish differences in the experiences of gay men and lesbians. They also emphasised the importance of acknowledging the political implications of theories of homosexuality. The publication of this text marked the early beginnings of a **critical psychology** approach to lesbian and gay issues.



A Lesbian and Gay Psychology Section was finally established in the BPS in 1998 after nearly a decade of campaigning and four rejected Section proposals.

BPS procedures require a membership ballot before new Sections are formed 1,623 members voted against the formation of the Section (1,988 voted for it) – this was the biggest “anti” vote in any comparable ballot in the history of the BPS.

Psychologists in the US have developed guidelines for avoiding heterosexist bias in research (see Chapter 3), for inclusive psychology curricula (APA, 1998), and for unbiased psychotherapeutic practice with gay men and lesbians (Garnets et al., 1991).



Diversity within LGBTQ communities: Research has tended to focus on the experiences of gay men and lesbians who live in urban areas (often major gay centres such as New York, San Francisco, London and Sydney), and have access to the commercial “gay scene” and gay and lesbian communities. Most research participants also tend to be younger, white, middle-class, highly educated, professional, and able-bodied. This means that there are significant gaps in our knowledge about the lives of BTQ people, and LGBTQ people who experience both heterosexism and social marginalisation relating to race, culture, gender, old age, disability, rural isolation, social class and poverty.