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## EFFECTING SCIENCE, AFFECTING MEDICINE: HOMOSEXUALITY, THE KINSEY REPORTS, AND THE CONTESTED BOUNDARIES OF PSYCHOPATHOLOGY IN THE UNITED STATES, 1948–1965

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Despite the well-documented intensive battle between Alfred Kinsey and American psychiatrists around the mid-twentieth century, this paper argues that Kinsey's work, in fact, played a significant role in transforming mental health experts' view of homosexuality starting as far back as the late 1940s and extending all the way through the mid-1960s. After analyzing the way in which Kinsey's work pushed American psychiatrists to re-evaluate their understanding of homosexuality indirectly through the effort of clinical psychologists, I then focus to a greater extent on examples that illustrate how the Kinsey reports directly influenced members of the psychiatric community. In the conclusion, using a Foucauldian conception of "discourse," I propose that in order to approach the struggle around the pathological status of homosexuality in the 1950s and the 1960s, thinking in terms of a "politics of knowledge" is more promising than simply in terms of a "politics of diagnosis." Central to the struggle was not merely the matter of medical diagnosis, but larger issues regarding the production of knowledge at an intersection of science and medicine where the parameters of psychopathology were disputed in the context of mid-twentieth-century United States. © 2008 Wiley Periodicals, Inc.

### INTRODUCTION

On March 30, 1948, the first day of a three-day annual conference sponsored by the American Social Hygiene Association at the Pennsylvania Hotel in New York City, a group of scientists and academic experts held a panel discussion on the groundbreaking volume by Alfred Kinsey and his associates, *Sexual Behavior in the Human Male* (Kinsey, Pomeroy, & Martin, 1948). The voices of two prominent figures in the group—Margaret Mead and Jule Eisenbud—were given the most attention in the *New York Times* coverage the following day, when the conference itself shifted to a discussion on the religious and educational aspects of Kinsey's study. According to the *New York Times*, Margaret Mead, a psychoanalytically oriented anthropologist, criticized Kinsey for omitting "the most important aspect of the sexual problem, 'its emotional meaning,'" and "for handling the subject of sex 'as an impersonal, meaningless act'" ("Speakers," 1948, p. 27). Contrary to the concerns raised by many sociologists and statisticians of the time, psychiatrist Dr. Eisenbud admitted that he had no problem

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with the statistical methods employed by Kinsey and his colleagues, but he criticized Kinsey on the ground of “ignoring the most firmly established percept of psychiatry . . . ‘that the major determinants of the behavior of an individual, and especially sexual behavior, are largely unconscious’” (“Speakers,” 1948, p. 27). In scrutinizing Kinsey’s work, both Mead and Eisenbud targeted his statistical findings because numbers, they contended, fail to capture the dynamic and developmental nature behind one’s sexual motivation.<sup>1</sup>

With respect to the discussion of homosexuality in particular, historians of sexuality have generally depicted the mental health profession in the United States prior to the mid-1960s as a monolithic field that pathologized homosexual behavior. Indeed, a majority of psychiatrists, like Eisenbud, and particularly those who were psychoanalytically inclined, rigidly viewed homosexuality as a psychological disturbance that combined an inner masochistic tendency with a psycho-adaptational fear of the opposite sex (Bieber, 1965; Bieber et al., 1962; Bergler, 1956; Caprio, 1954; Greenson, 1964; Rado, 1949, 1956; Socarides, 1960; Wilbur, 1965).<sup>2</sup> Since it was a problem of psychosexual development, mental health experts argued, homosexuality could be cured through psychotherapy or behavioral treatments such as electroshock therapy and aversive conditioning (“Treatment,” 1953).<sup>3</sup> In 1952, with the American Psychiatric Association’s publication of its first official listing of mental disorders, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-I), homosexuality was officially classified as a psychopathology in the United States. As mental health professionals gained increasing cultural authority in the postwar era, they worked closely with legal and political officials to associate male homosexuality with the concept of “sexual psychopath” and portrayed homosexuality with an image of “menace” that threatened national security (D’Emilio, 1989; Freedman, 1989).

It was within this conservative sociopolitical context of mid-twentieth-century America fostered by the Cold War and anticommunist McCarthy campaigns that Alfred Kinsey and his collaborators published their *Sexual Behavior in the Human Male* (Kinsey, Pomeroy, & Martin, 1948) and *Sexual Behavior in the Human Female* (Kinsey et al., 1953).<sup>4</sup> In both volumes, by providing statistical findings of the prevalence of homosexual behavior in American society, Kinsey explicitly challenged the mental health profession’s description of homosexuality as a psychological illness. Given the context, many historians have correctly documented that among the critics of Kinsey’s work, the most vociferous were the psychiatrists,

1. For the first book review of *Sexual Behavior in the Human Male* that appeared in the New York Times, see Rusk (1948). For the first public criticism of the first Kinsey report on statistical and sociological grounds in the New York Times, see Kaempffert (1948). The publication by the American Statistical Association that evaluated the statistical methodology employed in *Sexual Behavior in the Human Male* is Cochrane, Mosteller, and Tukey (1954). For Kinsey’s own discussion on the success of his book, see “Scientists” (1948). For a report on the second day of the conference sponsored by the American Social Hygiene Association, which focused on the religious and education aspects of the Kinsey report, see “Effects” (1948). For a report on Kinsey’s first public defense of his book that specifically responded to the criticisms raised by psychiatrists in the opening session of the 38th annual meeting of the American Psychopathological Association, see “Dr. Kinsey” (1948). For the papers delivered at the meeting, see Hoch and Zubin (1949). For reports on women Catholic groups’ criticism of Kinsey’s study, see, for example, “Kinsey report” (1948); “Mrs. Luce” (1948).

2. According to historian Nicholas Edsall (2003), “such views not only went largely unchallenged for nearly two decades—at least among analysts—but hardened over time” (p. 245). Similarly, Kenneth Lewes (1988) observes that “Kinsey’s effect on this [psychoanalytic] discourse [of homosexuality] was minimal” (p. 140).

3. For a historical account of biological psychiatric treatments in the United States throughout the first half of the twentieth century, see Braslow (1997). See also Pressman (1998); Shorter & Healy (2007); Valenstein (1986).

4. On the background to the Kinsey studies, see Pomeroy (1972). For secondary analyses that situate Kinsey’s work in the larger historical context of sex research in the United States, see, for example, Bullough (1990, 1994, Chaps. 6 & 7); Irvine (2005, Chap. 1); Krich (1966); Minton (2002, Chap. 7); Morantz (1977); Rosario (2002, Chaps. 4 & 5); Terry (1999, Chap. 9). See also Pauly (2000). Terry (1997) offers a historical analysis of the reciprocal influence between scientific research on homosexuality and homosexual subjectivity.

especially the psychoanalytic group.<sup>5</sup> In addition to the failure to take into consideration the unconscious and dynamic nature of sexual experience, psychiatrists and psychoanalysts dismissed Kinsey's attempt to normalize homosexuality by arguing that statistical findings of the prevalence of a specific sexual behavior could not constitute sufficient grounds for establishing its normality. Based on their clinical experience, many psychotherapists insisted that homosexuality was neither normal nor desirable and could be cured even though, according to Kinsey's findings, it may be somewhat prevalent.<sup>6</sup>

Despite the intensive battle between Kinsey and American psychiatrists prior to the mid-1960s, this paper argues that Kinsey's work, in fact, played a significant role in transforming the mental health experts' view of homosexuality starting as far back as the late 1940s and extending all the way through the mid-1960s.<sup>7</sup> In order to navigate the influence of the Kinsey reports on the American mental health profession, it is important for historians to acknowledge the heterogeneity within the profession itself. At the most fundamental level, the scientific discipline of psychology needs to be separated from the medical establishment of psychiatry. This distinction is critical because some of Kinsey's impact on American psychiatrists in the 1950s and the 1960s was filtered through the work of clinical psychologists. After analyzing how Kinsey's work might have compelled American psychiatrists to re-evaluate their understanding of homosexuality *indirectly* through the effort of clinical psychologists, I will then focus to a greater extent on examples that illustrate how the Kinsey reports *directly* affected certain members of the psychiatric community. In the conclusion, using a Foucauldian conception of "discourse," I propose that in order to approach the struggle

5. For an account of how psychoanalysis dominated the American psychiatric practice from the late 1940s to the late 1960s, see Shorter (1997, pp. 170–181); Alexander and Selesnick (1995, pp. 181–265); Zaretsky (2004, Chap. 11). Mical Raz (2008) offers a more nuanced perspective on the relationship between psychosurgery and psychodynamic approaches during the same period.

6. For the psychiatrists and psychoanalysts' criticisms of Kinsey's work, see, for example, Bergler (1948); Bergler and Kroger (1954); Brill (1954); Bychowski (1949); Lanval (1953). Specifically, for criticisms of the Kinsey reports that focused on the "emotional aspect" of sex, see, for example, Kegel (1953); Mead (2001). For related critical evaluations of the Kinsey reports, see Geddes (1954); Geddes and Curie (1948). There were, of course, notable exceptions such as the psychoanalytically oriented psychologist Erich Fromm's (1948) positive review of the first Kinsey report. For a secondary account of the psychoanalysts' attack on Kinsey, see Terry (1999, Chap. 9). Morantz (1977) provides a secondary analysis of the criticisms that focused on the issue of female sexuality.

7. In fact, prior to the publication of Kinsey's studies, a psychiatrist named George Henry, along with a group of biological scientists, social scientists, and physicians, also studied homosexuality by implementing both the interview method and the questionnaire method. This group, founded in New York City in 1935, was called the Committee for the Study of Sex Variants. The committee members, under the supervision of Henry, combined both an "objective" framework and "subjective" case evaluation techniques in studying homosexuality, including extensive physical examinations, nude photography, X-ray studies, and tracings of genitals and nipples. A majority of the research done by the group culminated in George Henry's *Sex Variants: A Study of Homosexual Patterns* (first published in 1941), a compilation of 40 subject case studies of lesbians and another 40 of homosexual men. Although Henry and his committee members interviewed their subjects in much greater depth than did Kinsey's research group, his sample was small and obviously skewed: It only comprised homosexual subjects. Also, at its inception, the committee viewed homosexuals, or "sex variants," as fundamentally different from normal heterosexual persons, so the interviews were already conducted with some biases on the part of the interviewer. Furthermore, after the study, Henry (1948) maintained his traditional psychiatric assumptions: The "study and classification [of sex variants] can be done most efficiently by a psychiatrist who has specialized in sexual psychopathology" (p. 1025), a kind of statement that was made by Kinsey's psychiatric critics and Kinsey himself would reject. On the other hand, according to historian Vern Bullough (1994), "Ultimately, [Henry's] study turned out not to be the dispassionate study he had set out to do, because he became deeply involved with his clients and occasionally even expressed skepticism about standard psychiatric assumptions," something in line with what Kinsey did, except that Kinsey attacked the psychiatric establishment's effort to pathologize homosexual behavior much more explicitly and vigorously (p. 166). Thus, in Henry's work, one can already sense a kind of dissonance that would later surface in the battle between Kinsey and his psychiatric and psychoanalytic critics. On the committee, see Minton (1996, 2002, pp. 33–121); Terry (1999, Chaps. 6 & 7).

around the pathological status of homosexuality in the 1950s and the 1960s, thinking in terms of a “politics of knowledge” is more promising than simply in terms of a “politics of diagnosis.” Central to the struggle was not merely the matter of medical diagnosis, but larger issues regarding the production of knowledge at an intersection of science and medicine where the parameters of psychopathology were disputed.

Implicit in my intention to demonstrate that the Kinsey reports actually transformed American psychology and psychiatry is the contention that historians’ frequent exclusive association of the Kinsey reports with gay collective actors (or group identity/consciousness formation) is insufficient in accounting for the achievements of the gay rights movement in the United States. Rather than simply assisting the “forging [of] a group identity” among gay people after World War II, as suggested by John D’Emilio (1998, pp. 33–37) and other historians of sexuality, Kinsey’s studies in fact *directly influenced* the scientific and medical experts themselves, in terms of their opinions on homosexuality in particular. Accordingly, treating the American Psychiatric Association’s 1973 decision to declassify homosexuality as one of its listed mental disorders as a key accomplishment of the gay rights movement, the impact Kinsey made on the decision was not merely that, as Ronald Bayer has argued in *Homosexuality and American Psychiatry* (1981), his publications represented “scientific evidence” that “permitted the [gay] homophile movement to charge psychiatry with a betrayal of the norms of objectivity” (p. 65). More substantially, Kinsey’s findings directly propelled some mental health authorities to develop alternative theories that reconsidered the pathological status of homosexuality. Prior to the mid-1960s, one of the underappreciated contributions of the Kinsey reports, I argue, was that it aroused suspicion within the mental health profession, especially among certain clinical psychologists and medical doctors, about the profession’s diagnosis of homosexuality as abnormal and pathological.

#### EFFECTING SCIENCE

The most striking evidence of Kinsey’s influence on clinical psychologists is an article by Robert Ross (1950), a psychologist at Long Beach State College, that appeared in the *Journal of Abnormal and Social Psychology* two years after the publication of the first Kinsey report.<sup>8</sup> In his study, Ross wanted to reproduce Kinsey’s data by using an alternative method of measurement—an anonymous questionnaire, which he administered to 95 single male college students, with a mean age of 21 years and 4 months. Ross compared his findings with the results of Kinsey’s research group and with the results obtained three years earlier by another psychologist, Frank Finger (1947; see Table 1).<sup>9</sup> From Table 1, it is clear that Ross, Finger, and Kinsey all had impressively similar findings on three specific types of sexual behavior—masturbation, homosexuality, and intercourse. “The most striking characteristic of Table 1,” Ross (1950) commented in his article, “is the consistency of all the percentages compared; no difference between them is significant at the 5 per cent level of confidence” (p. 754). Ross’s comparison of his own findings with the findings of Kinsey and Finger led him to conclude that “it appears possible to reproduce Kinsey’s data with quite different experimental techniques” (1950, p. 755). Focusing on the employment of different research approaches to yield common quantitative findings regarding sexual behavior, Ross’s paper

8. For additional studies prior to the mid-1960s that also supported Kinsey’s findings, see, for example, Kronhausen and Kronhausen (1960).

9. Similar to Ross, Finger gave an anonymous questionnaire to 111 college students and published his results one year before the publication of Kinsey’s report on male sexual behavior.

TABLE 1. Percent of single college males reporting sex behavior indicated

	Mean Age	N	Reporting Masturbation	Reporting Homosexuality	Reporting Intercourse
Ross	21.3	95	94.8	26.3	50.5
Kinsey	21	1,980	92.0	28.5	49.1
Finger	19.4	111	92.8	27.0	45.0
Kinsey	19	2,565	90.0	26.6	38.0
Ross	21.3	95	90.0–95.0	25.0–30.0	48.0–53.0
Finger	19.4	111	92.8	27.0	45.0
Ross	20.8	79	94.5	25.3	44.3
Kinsey	20.5	2,337	91.1	27.4	44.4
Finger	20.0	111	92.8	27.0	45.0

Note: From “Measures of the Sex Behavior of College Males Compared with Kinsey’s Results,” by Robert T. Ross, 1950, *Journal of Abnormal and Social Psychology*, 45, p. 754.

reflects a trajectory of psychology in the 1950s that attempted to distance itself as an objective scientific discipline away from the subjective medical establishment of psychiatry.

The issue of using objectivity as the most fundamental measurement of a discipline’s proximity to “science,” however, becomes difficult to discern when one considers the fact that many clinical psychologists themselves had a psychoanalytic background at a juncture in time when clinical psychology and psychiatry shared similar duties within the mental health profession. For instance, Albert Ellis, who received a doctorate in clinical psychology in 1947, believed that psychoanalysis was the most effective method of treatment upon his graduation from Columbia University. By the mid-1950s, however, Ellis began to discontinue the orthodox psychoanalytic approach to clinical intervention, developing his own renowned Rational Emotive Behavioral Therapy (REBT). Ellis (1957, 1958, 1959) reoriented his clinical psychological practice mainly because he felt that psychoanalysis, both as a form of theoretical intervention and as a type of clinical practice, no longer represented an adequate approach to understanding the human mind.<sup>10</sup>

10. Ellis’s REBT approach differs from the traditional psychoanalytic and object-relations approaches in that it emphasizes less the patient’s past psychosexual experiences and more the patient’s present sustenance of certain psychological disturbances, attempting to reveal the individual’s underlying illogical ideas, irrational beliefs, and unreasonable attitudes rather than focusing on the disclosure of his or her unconscious drives and feelings. The distinction between psychoanalytic theory and object-relations theory has never been entirely consistent and stable, for the latter has been considered by many as one type of the former. Less contentious, however, is the idea that over the course of twentieth century object-relations theory has really emerged out of traditional psychoanalysis, which concerns itself to a greater extent with theorizing the libido drives. Object-relations theorists, on the other hand, argue for the importance of the self’s relationship with the object as fundamental to the intrapsychic structure of the ego’s organization. In other words, for object-relations theorists, the inner world of object relations is as important as, if not more than, the external world of interpersonal relationships. While most psychoanalysts contend that external relationships are results of drive discharge, object-relations theorists argue that external relationships are foundational to the functioning of psychic structure. Nonetheless, it is worth remembering that even the father of orthodox psychoanalysis, Sigmund Freud, had contributed to the development of object-relations theory when, for instance, he differentiated the concept of “sexual object” from the concept of “sexual aim” in his *Three Essays on the Theory of Sexuality* (2000; originally published in 1905). Other key figures in the establishment of object-relations theory include Melanie Klein and W. R. D. Fairbairn. The consolidation of many concepts in object-relations paradigms also owes something to Jean Piaget’s work in child cognitive psychology. Secondary literature on the sophisticated history of object-relations theory is extensive, since many of the books written by object-relation theorists and psychoanalysts themselves review the intertwining and overlapping origins of these two psychodynamic schools of thought. Among others, see, for example, Grotstein and Rinsley (1994); Horner (1984, esp. Chap. 1); Segal (2004). For Ellis’s own comparison of his REBT approach and the clinical interventions adopted by other established psychotherapists, see Ellis (1960, pp. 228–236).

Interestingly, having abandoned psychoanalysis at least to a significant extent, Ellis rigidly adhered to a psychoanalytic interpretation of homosexuality when he wrote the introduction to Donald Webster Cory's book *The Homosexual in America* in the early 1950s. In this introduction, Ellis (1951) explicitly stated his disagreement with Cory's suggestion that exclusive homosexuality was not a problem: Ellis contended that exclusive homosexuality was indisputably a symptom of neurosis, an interpretation in line with Freudian psychoanalytic theory. By 1953, when he published an article in the *International Journal of Sexology* that defended Kinsey's two volumes on sexual behavior, Ellis (1953) still maintained that "Dr. Kinsey fails to distinguish between males and females who engage in *some* homosexual behavior, and who may be as emotionally healthy as anyone in our society, and those who are *exclusively* homosexual, and who are (in my clinical experience) invariably emotionally disturbed individuals" (p. 71). However, in the same paragraph, Ellis confessed: "whether my interpretation of Kinsey's data on homosexuality . . . is more accurate than his own interpretation is, at present, *impossible* [italics added] to say" (p. 71).<sup>11</sup> This example of the process by which Ellis became uncertain about his own interpretation of homosexuality in writing an article that praises Kinsey's work suggests that the Kinsey reports, by the mid-1950s, impelled certain clinical psychologists to question their view of homosexuality that was initially shaped by their psychoanalytic training and instigated a larger struggle among psychologists around defining their discipline based on the criterion of objectivity critical to any scientific discipline.

As a part of a general effort to define their discipline around the mid-twentieth century, clinical psychologists concerned themselves with exploring the social psychology of human behavior in addition to studying mental health through a clinical lens. The first study to analyze the group behavior and the social psychology of male homosexuals was presented in *The Journal of Psychology* by Evelyn Hooker (1956), then a clinical psychologist at UCLA.<sup>12</sup> In the article, Hooker cited both psychologist Gordon Allport's book *The Nature of Prejudice* (1954), which explained the traits of racial minority group members as the products of victimization, and Kinsey's defense of his "concepts of normality and abnormality in sexual behavior" at the 38th annual meeting of the American Psychopathological Association held in 1948 (Kinsey et al., 1949).<sup>13</sup> By linking their works, Hooker (1956) suggested that "many of the other traits of which Allport speaks, such as the strengthening of in-group ties, protective clowning, or identification with the dominant group and hatred of himself and his own group, are found in the homosexual group as well as in other minorities" (p. 219). Throughout her paper, Hooker outlined the complexity of intergroup dynamics between the dominant heterosexual majority and the homosexual minority, involving components such as prejudice and intergroup conflicts, and the intragroup pressures one would experience from being a member of a homosexual group.

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11. For Ellis's earlier review of Kinsey's study on male sexual behavior, see Ellis (1948). Besides Ellis, the renowned psychologist Erich Fromm (1948), whose approach was also very much oriented in psychoanalysis, similarly wrote a positive review of the first Kinsey report. The writings of Ellis and Fromm therefore demonstrate a notable social scientific reorientation of psychologists, who began to move away from traditional psychoanalytic understandings of human sexuality in the aftermath of the publication of Kinsey's research group.

12. For a secondary analysis of Hooker's work, see Bayer (1981, pp. 49–53). However, Bayer and I approach this piece of work differently. Bayer (1981) writes, "The appearance of Hooker's work in the mid-1950s was of critical importance for the evolution of the homophile movement. Her findings provided 'facts' that could buttress the position of homosexuals who rejected the pathological view of their condition" (p. 53). I argue that such an interpretation of the process by which the American Psychiatric Association arrived at its 1973 decision to de-pathologize homosexuality overemphasizes the role of the homophile movement and under-appreciates the influence of Kinsey's studies on Hooker's work specifically as well as on the work of other mental health professionals in general.

13. Hooker and Ziemba-Davis (1990) later remarked: "I [Hooker], too, owe a great debt of gratitude to Alfred Kinsey without whom I would have had neither the courage to pose my questions nor the knowledge to frame them in the manner in which I did" (p. 399).

Situated in the larger sociopolitical context of her time, Hooker's study provides evidence for the view that, in addition to the formation of a minority "consciousness" among homosexual persons ostensibly outside of the mental health profession, theories were developed *within* the profession that began to conceptualize homosexuals as a victimized social minority group.

Perhaps more well known than her work on the group psychology of male homosexuals is a series of two studies that Hooker published in the *Journal of Projective Techniques* in 1957 and 1958. Administering traditional psychoanalytic techniques such as the Rorschach and the Thematic Apperception Test (TAT), Hooker (1957, 1958) provided experimental evidence showing that the psychological performance of normal homosexual men and that of normal heterosexual men did not differ significantly. Moreover, the clinical assessments of homosexuality based solely on the Rorschach results were inconsistent among professionally trained Rorschach judges. Participating in a symposium that discussed the problem of validity with projective techniques, Hooker (1959) concluded that she was not disturbed by the fact that projective techniques "are not demonstrably valid means for diagnosing homosexuality." She continued: "In fact, I am rather encouraged by this, because I hope it will force us to re-examine the much over-simplified picture we have had" (pp. 280–281). One of Hooker's major contributions went beyond merely urging psychologists to re-examine the uses of projective techniques for diagnosing homosexuality: She demanded that other mental health professionals re-consider their entire enterprise that had intentionally neglected the "normal" homosexuals and failed to develop a more sophisticated, comprehensive, and useful picture of this specific group of individuals.

In the very same article, Hooker (1959) cited Kinsey and agreed with his criticism of "the fallacy of assuming that a homosexual is an individual who has engaged in a homosexual act" (p. 279).<sup>14</sup> This awareness among mental health experts of the ambiguity in defining homosexuality as an identity or a form of behavior was, in fact, one of the primary concerns raised by Dr. Judd Marmor, Hooker's colleague at UCLA. Marmor, a professor of psychiatry and the past president of the Southern California Psychoanalytic Institute and Society, represents one of the key figures responsible for transforming psychiatric thinking about homosexuality by endorsing the works of clinical psychologists like Hooker that adopted an "objective" standpoint.

#### AFFECTING MEDICINE

Having collaborated closely with Hooker, Marmor devoted an entire edited volume to shedding some light on the problem of homosexuality—*Sexual Inversion* (1965). The book was a collection of essays written by biological scientists, social scientists (including Hooker), and prominent clinical psychiatrists such as Sandor Rado, Robert Stoller, and Irving Bieber. In his introduction to the book, Marmor at the outset did not entirely reject the idea that homosexuality was a disease. This was confirmed in an interview conducted by Eric Marcus (2002) with Marmor several decades later, in which Marmor reflected upon his own evolving perspective of homosexuality: "The first time I heard Dr. Evelyn Hooker state that homosexuality was not an illness, I wasn't prepared to go all the way. I was sympathetic to what she was saying and felt we were taking a lot for granted that we didn't understand, but I still had a feeling that it was a developmental deviation" (p. 180). Despite his reservations,

14. In both of his volumes, Kinsey undermined the category of "homosexual" as an identity and believed that it would be more accurate for people to speak only of homosexual acts. See Kinsey, Pomeroy, and Martin (1948, pp. 616–617 & 657); Kinsey et al. (1953, pp. 446–447); Kenen (1997, p. 207); Robinson (1976, p. 67).

in the introduction to his book, Marmor (1965) acknowledged that the definition of homosexuality was one of the main difficulties underlying any discussion of homosexuality within the mental health profession (p. 1). Specifically, psychiatrists' frequent conflation of homosexual identity and homosexual behavior generated an unfocused definition of homosexuality that provided a vulnerable dimension in psychiatry for which large-scale statistical studies such as those conducted by Kinsey's research group were able to challenge.

As somewhat captured in Ronald Bayer's book *Homosexuality and American Psychiatry* (1981), Marmor's own etiological theory of homosexuality involved a careful scrutiny of the theory of constitutional bisexuality and a cautious incorporation of the model propounded by the behavioral psychologists of his time (pp. 60–64). The theory of universal inborn bisexuality originated from Freud's *Three Essays on the Theory of Sexuality* (2000) and posited the idea that an innate bisexuality existed in the early stage of an individual's psychosexual development.<sup>15</sup> While the theory dominated the American psychiatric and psychoanalytic thinking of sexuality in the early twentieth century, the hormonal experimentation conducted on animals by Eugen Steinach in Europe, alongside the discovery in endocrinology and biochemistry around the 1920s and the 1930s that men have various quantities of female hormones and women have various quantities of male hormones, provided the theory a biological grounding.<sup>16</sup> Emphasizing the biological version of the theory of universal bisexuality, for instance, physician Harry Benjamin was able to introduce the concept of "transsexualism" to American medicine and sexology around the 1950s and to justify sex reassignment surgery as a legitimate medical intervention for treating transsexuals.<sup>17</sup>

The theory of universal bisexuality, on the other hand, did not enjoy such popularity for explaining homosexuality. After Sandor Rado published his influential article, "A Critical Examination of the Concept of Bisexuality" (1940), many American psychoanalysts and psychiatrists, including most of the psychoanalysts in Marmor's edited volume, began to reject the Freudian theory of inborn bisexuality, adopting Rado's account that viewed homosexuality

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15. This is a gross oversimplification of the origin of the theory of universal human bisexuality. As Joanne Meyerowitz (2002) has noted, the "true" originator of the theory was disputed even among the sexologists themselves around the turn of the twentieth century (p. 25). Both Magnus Hirschfeld and Otto Weininger, for instance, self-claimed to be the originator of the theory of constitutional bisexuality. For a fuller account, see also Sulloway (1979, pp. 223–233). On Hirschfeld, see Wolff (1986). On the significance of the life and work of Otto Weininger in the conceptual emergence of modern selfhood in Europe, see Sengoopta (2000).

16. On Steinach's work, see Benjamin (1945). For the history of sexual hormonal research, see Ooudshoorn (1994) on the connection between the laboratory and the industrial sector and Sengoopta (2006) on the relationship between the laboratory and the clinical domain.

17. Benjamin was the key figure to introduce European sexual science to experts and the public of the United States. Having previously collaborated with Magnus Hirschfeld and studied under Eugen Steinach, Benjamin became the main endocrinologist and physician of Christine Jorgensen, the first American male-to-female transsexual to undergo sex-reassignment surgery in Denmark and received great notoriety as a result of mass media publicity upon her return to the United States. Both Benjamin and Jorgensen used the theory of bisexuality to explain her condition and justified her sex-change surgery based on the idea that transsexuals were simply extreme versions of a universal bisexual condition. For some of Benjamin's publications on transsexualism in scientific and medical journals, see Benjamin (1953, 1954, 1977). For Benjamin's letter to the editor of the *Journal of the American Medical Association* to clarify his theory of transsexualism, see Benjamin (1955). For the original article that Benjamin responded to in his letter, see Worden and Marsh (1955). For secondary analyses of Benjamin's work, the case of Jorgensen's sex-change surgery, and a general history of transsexuality in the United States, see Meyerowitz (1998, 2002). For the argument that advancements in medical technology provided the precondition for the emergence of modern transsexualism and the concept of gender, see Hausman (1995). For an account of the historical process by which sexologists came to distinguish "transsexualism" from the general rubric "contrary sexual sensation," see Rosario (1996). For how Kinsey viewed transvestism and transsexuality, see Meyerowitz (2001).



as an adaptation of a fear of the opposite sex.<sup>18</sup> Influenced by Rado, Marmor (1965) did not think that the psychogenic theory of bisexuality offered a sufficient explanation of homosexuality (pp. 9–10). Kinsey (1941), incidentally, also expressed his disagreement with the hormonal explanation of homosexuality in the early 1940s, thus refuting the biological theory of bisexuality. Together, both Marmor and Kinsey dismissed theories of bisexuality with either a biological or a psychogenic orientation as compelling explanations of homosexuality.

However, unlike Rado, neither Marmor nor Kinsey viewed homosexuality as an adapted phobia of heterosexual object choice. Instead, they viewed sexuality as a product of learning shaped by socio-cultural influences, a behaviorist concept that emphasized the potential for a behavior to be “learned and conditioned” rather than developed psychodynamically in the limited early childhood experience. Giving psychoanalysis some credit for acknowledging humans’ capacity to learn and develop, Kinsey wrote that “Freud and the psychiatrists, and psychologists in general, have correctly emphasized the importance of one’s early experience, but it should not be forgotten that one may continue to learn and continue to be conditioned by new types of situations at any time during one’s life.” The problem with psychoanalytic theory for Kinsey was precisely its tendency to “minimize the importance of all except childhood experiences in the development of adult patterns of behavior” (Kinsey et al., 1953, p. 643).

As a psychiatrist, Marmor adopted a similar view and suggested that humans could modify their behavior through the processes of learning and conditioning beyond childhood, the developmental stage to which traditional psychoanalysts often confine their investigation of sexual drive. Marmor (1965) wrote in the introduction to his *Sexual Inversion*: “The direction these drives take in human beings and the objects to which they become attached are subject to enormous modifications by learning. It is precisely this fact that gives human beings their remarkable adaptability” (p. 10). Therefore, irrespective of their dissimilar interpretations of the clinical status of homosexuality due to their differences in professional standpoint, one as a clinician and the other as a scientist, Marmor’s theoretical understanding of homosexuality significantly resembled Kinsey’s.

Though uncertain as to whether homosexuality was indeed a mental disorder, Marmor appreciated Evelyn Hooker’s studies that revealed no significant difference in psychological performances between normal homosexuals and heterosexuals. With respect to the clinical diagnosis of homosexuality, Marmor (1965) attributed the opposition between the stance of Hooker, who denied the pathological status of homosexuality, and the position of other psychiatrists, such as Bieber, who maintained that homosexuality was the antithesis of “a happy life,” to the possibility that “traditional psychoanalytic concepts about the characterological defects of homosexuals are based on a skew sampling of homosexuals and may not accurately represent the spectrum of personalities present in the total homosexual population” (p. 16).<sup>19</sup> Caught between the compelling question of scientific objectivity raised by Hooker and the significant level of subjectivity expected from any physician in making a medical assessment, Marmor’s application of concepts such as “skew sampling” and “the total homosexual population” in re-evaluating the clinical status of homosexuality signified an endorsement of the concept of normality that was defended by Kinsey and his research group.

18. For examples of other psychoanalytically oriented psychiatrists’ rejection of the Freudian theory of bisexuality and endorsement of Rado’s adaptational view, see Stoller (1965); Bieber (1965). A psychiatrist from London, Charles Berg (1956), though he stated that “homosexuality is not a disease, nor even a clinical entity,” still maintained that homosexuality was an “impairment of heterosexual potency” in an article that appeared in the *American Journal of Psychopathology*. On the influential role that Rado played in the American psychoanalytic movement, especially in New York, see Roazen and Swedloff (1995).

19. For Hooker’s contribution in Marmor’s edited volume, see Hooker (1965).

In the paper cited by Hooker in her 1956 study of the social psychology of male homosexuals, Kinsey argued that “current concepts of normality and abnormality in human sexual behavior represent what are primarily moral evaluations. They have little if any biologic justification” (Kinsey et al., 1949, p. 32). For Kinsey, since his statistical data were collected based on a broad sampling of the total American population, the finding of high frequencies of homosexual behavior in the nation should force anyone who viewed such behavior as “abnormal” to rethink the boundaries between normality and abnormality. Logically, psychiatrists were one of Kinsey’s major targets: “Current theories on sexual perversions are too largely based on the select group of persons who go to clinics for help” (Kinsey et al., 1949, p. 28). In response to Kinsey at the same annual meeting of the American Psychopathological Association, psychiatrist David Levy (1949) was convinced by Kinsey and warned his medical colleagues about their clinical definition of normality:

Kinsey’s findings are naturally disturbing to an analyst when he finds a discrepancy between his assumed norms and the supposedly true norms. True, the finding that a certain item of behavior is more frequent than you supposed does not mean that it is not a neurotic symptom in any particular individual. Nevertheless, the possibility that some of your subjectively social values may be illusory calls for a critical reevaluation. It may mean recasting a number of other ideas you have worked with on the basis that they are generally accepted social values. You begin to wonder about the particular segment of the population represented by yourself and your patients, out of which your world of social values, your clinical norms of values and behavior have been derived. It is a jolt, but it is also an important corrective of those “norms” that may represent arbitrary and dogmatic standards. (p. 205)

Instigated by Kinsey’s work, Dr. Levy’s dissatisfaction with the traditional clinical understanding of sexual normality featured precisely the kind of critical reflection that later prompted both Hooker and Marmor to arrive at the position that argues for the removal of homosexuality from the American Psychiatric Association’s official listing of mental disorders (see Marmor, 1972).

While having reservations about Kinsey’s attack on the clinical concept of normality, other psychiatrists were more willing to recognize Kinsey’s criticism of the concept of sublimation. For example, with respect to the disagreement between Kinsey and medical experts on the criterion of normality, psychiatrist Robert Knight (1948) expressed his concern with Kinsey’s own definition of sexual norm:

Kinsey cites [the] high incidence [of homosexual behavior] as a challenge to the contention that homosexuality is evidence of psychopathic personality. This is a strange statement in relation to a disease with high incidence, and would be more recognizable as flagrantly unscientific if the common cold . . . were substituted for homosexuality in this piece of reasoning. (p. 67)

Though not entirely convinced by Kinsey’s criticism of the clinical definition of normality, Knight (1948) acknowledged that Kinsey’s challenge to the concept of sublimation was more credible: “The evaluation of the data in respect to the theory of sublimation is another major excursion into the field of psychiatry, and here Kinsey has put his finger on a glaring theoretical weakness in former psychiatric theory. . . . Kinsey rightly criticizes this view as being unscientific and unsupported by clinical or statistical evidence” (pp. 68–69).

In the end, although Knight defended the usefulness of the concept of sublimation in psychotherapy by showing that Kinsey had overlooked theoretical revisions of the concept in the psychoanalytic and psychiatric literature, Knight (1948) concluded that “Psychiatrists

will, along with all clinicians and students of human behavior, find [Kinsey's] statistics of tremendous value" (p. 70). Furthermore, Knight (1948) offered a positive outlook on the prospect of potential collaborations between Kinsey and psychiatrists by recommending that "several competent psychiatrists . . . be included in the research team in the future work on the project. It is to be hoped that a fruitful and mutually complementary type of collaboration would then ensue" (p. 70).<sup>20</sup>

There is also evidence of Kinsey's influence on the way psychiatrists viewed the move on the part of political elites and state agencies to identify and eliminate suspected "moral perverts" from within the government during the 1950s McCarthy era. In 1955, the Group for the Advancement of Psychiatry (GAP) cooperated with governmental agencies to produce their Report No. 30, *Report on Homosexuality with Particular Emphasis on This Problem in Government Agencies*. In the introduction to this report, the members of GAP who authored the article cited the statistical frequencies of homosexual behavior in American society reported by Kinsey. After reviewing the history, definition, etiology, treatment, and military and other federal investigation of homosexuality, GAP (1955) concluded that

inflexible application of the rules now in effect in most Government agencies, including the Armed Services, in many instances results in injustice. Investigations are prone to turn into "witch hunts" which may involve individuals who have innocently associated with homosexual persons. . . . In the governmental setting as well as in civilian life, homosexuals have functioned with distinction, and without disruption of morale or efficiency. Problems of social maladaptive behavior, such as homosexuality, therefore need to be examined on an individual basis, considering the place and circumstances, rather than from inflexible rules. (p. 6)

This commentary coming from the GAP psychiatrists suggests that while some have depicted the 1950s as a decade in which psychiatric and governmental forces intensively collaborated with one another during the social upheavals after the war, this view could not, in fact, sufficiently account for instances when members of the psychiatric community, in relying on Kinsey's statistical findings, were critical of the anticommunist federal persecutions.<sup>21</sup>

The impact of Kinsey's work extended beyond how homosexuality was portrayed in the medical discourse and the political sphere. Many psychiatrists who were concerned with the legal aspect of sexual behavior also welcomed Kinsey's work. Dr. Oliver Spurgeon English (1953), the head of the Department of Psychiatry at Temple University Medical School, for example, drew directly from Kinsey's statistics in an attempt to de-condemn homosexuality:

Persons participating in homosexual behavior come from all walks of life and live responsible lives. Proof of this can be seen in the fact that more than one-third of those interviewed by Kinsey had histories of homosexuality. This means that we must not too quickly condemn homosexuals as being a small group of "psychopathic personalities"

20. Incidentally, Robert Knight was reported by the *New York Times* as one of the leading psychiatrists in the nation who attacked the "indiscriminate use of 'strong-arm' methods of psychotherapy such as electro-shock, injections of sodium amytol and lobotomy," most of which were indeed used by psychiatrists at one point or another to cure homosexuality (Freeman, 1948).

21. On the view that psychiatric and governmental forces collaborated intensively to tighten the public sphere of homosexuality in the early Cold War era, see D'Emilio (1989, 1998); Freedman (1989); Johnson (2004). See also, among others, D'Emilio and Freedman (1988, Chap. 12); Faderman (1992, Chap. 6); Kaiser (1997, Chap. 2); Stein (2000, Chap. 4); Terry (1999, Chap. 11). For more insightful analyses of the role of "experts" in the evolving context of American public policy on homosexuality, see Bérubé (1999, esp. Chap. 6); Canaday (2003); Friedman (2005); Stein (2005); Turner (1995). The classic study on how the public ideal of Cold War containment was directly mapped onto the private realm of family life in postwar America is May (1999). For the 1960s, a period during which the present paper concludes its focus, see Bailey (1999).

or “perverts.” We must realize that homosexual behavior runs through our whole social structure to a much larger degree than ever supposed. (pp. 56–57)

Subsequently, with respect to the “cure” or “treatment” of homosexuality, English (1953) argued that “condemnation, incarceration, and other punishments never have cured a homosexual and never will. The more humane the medical profession becomes in considering this problem and investigating more thoroughly its causes and cure, the better it will be for all society” (p. 59).<sup>22</sup> To be sure, English (1948) noted that one of the things mental health experts could do in light of Kinsey’s data was the “elimination” or “prevention” of homosexuality; nonetheless, he insisted that “The second thing we should do is to accept the homosexuals that are now present in our society, to help them, and to try to make their lives as complete, satisfying, and constructive as possible” (pp. 111–112). These prescriptive commentaries coming from English (1948) reveal the significant degree to which he found Kinsey’s scientific effort appealing, as reflected in his remark that “Kinsey neither condemns nor condones homosexuality. He merely tells us the incidence of homosexuality and many other facts about it” (p. 111).

Perhaps the most impressive evidence of Kinsey’s influence on psychiatrists who dealt with the legal aspect of sexual behavior is in the work of Karl Bowman, president of the American Psychiatric Association from 1944 to 1946, who also conducted four years of research on sexual deviation for the state of California from 1951 to 1954.<sup>23</sup> When Bowman first started his research on sexual deviation in California, he visited Kinsey in Indiana to clarify his suspicion about Kinsey’s work. In an interview conducted in 1968, Bowman recollected:

When I first read some of [Kinsey’s] work and his claims of what he found I was a very doubting Thomas. How did he know what the facts were? All of us in psychiatry knew how many times we had been misled by what our patients had told us. . . . When I first was put on the job by the order of the State of California to carry out a sex research with an initial \$100,000 appropriation, I decided I would like to go and visit Kinsey and see how he was doing and find out what I could that would be helpful to me. Accordingly, I wrote to him and received a cordial invitation. I was treated in the most friendly fashion when I arrived at the University of Indiana and I sat down to discuss with him. Kinsey immediately said, “If you want to know how we conduct our study, the only real way of finding out is to volunteer to be interviewed for the sex research.” I confess I hadn’t thought of that and I rather gulped for a moment or two and then agreed that he was perfectly right. This was the way to find out. I would learn how patients felt when interviewed and things like that. So, I accordingly went to this interview. (“Reminiscences,” 1968, p. 99)

Indeed, the above personal reflection can be confirmed in Bowman’s own article, “The Problem of the Sex Offender,” published in the *American Journal of Psychiatry* in 1951, in which Bowman even included the famous 1935 letter that Freud wrote to an American mother: “During a recent visit I made at the University of Indiana, Professor Kinsey gave me a letter Freud had written to an American mother, with permission to use it as I saw fit. . . . I think it gives an excellent summary of Freud’s ideas and is a most human and interesting document” (1951, p. 252). As many historians of sexuality such as Henry Abelove (1993) have noted, this letter from Freud is a central piece of evidence documenting that Freud himself

22. For a secondary analysis of this particular article, see Rosario (2002, p. 118).

23. Karl Bowman was also one of the committee members of the Committee for the Study of Sex Variants, which was founded in 1935 under the supervision of psychiatrist George Henry. See n. 7.

actually viewed homosexuality with a much less pathologizing perspective than his American contemporaries and followers.<sup>24</sup>

After his visit to Indiana, when asked to offer advice on the laws governing homosexual behavior, Bowman appropriated Kinsey's well-known sexual liberalism, in which Kinsey approved of any sexual behavior that involved consent and not coercion. In the 1968 interview, Bowman recalled his experience offering suggestions to the legislature in California:

Later when I had done much careful study on homosexuality I made a recommendation that the state should follow the example of most countries in this world, as exemplified in the French law known as the Code Napoleon, that *any sex acts carried out in private by two willing adults without physical harm to either one would not be a crime* [italics added]. This recommendation apparently got nowhere. ("Reminiscences," 1968, p. 19)

Bowman's willingness to incorporate significantly, if not entirely, Kinsey's liberal view with respect to homosexual behavior was evident in his 1956 coauthored (with Bernice Engle) publication, "A Psychiatric Evaluation of Laws of Homosexuality," in the *American Journal of Psychiatry*. The article ended with recommendations for changes in both substantive and procedural laws. Under the section on procedural laws, Bowman advised that the laws should be modified so that "consenting adults have the right to indulge in private in any type of nondangerous sex act. Eventually the public becomes ready to apply this idea to all acts—homosexual as well as heterosexual" (Bowman & Engle, 1956, p. 583).<sup>25</sup> One can infer with confidence from Bowman's work on the legalization of sexual behavior—in addition to other psychiatrists' reconsiderations of the clinical concept of normality, the theoretical concept of sublimation, and the political aspect of homosexuality—that Kinsey's studies provided a central impetus for members of the psychiatric community to re-evaluate their original diagnosis and understanding of homosexuality as a psychological aberration.

#### CONCLUSION: BOUNDARIES OF PSYCHOPATHOLOGY AND THE POLITICS OF KNOWLEDGE

The above exposition of the ways in which some American psychologists and psychiatrists, informed by Kinsey's findings, had inaugurated doubt about the pathological status of homosexuality requires a reassessment of how others like Ronald Bayer have narrativized the contested, evolving clinical understanding of homosexuality. In his book, Bayer (1981) presented the works of Kinsey, Hooker, and Marmor as three *unique* "challenges to the psychiatric orthodoxy" (Chap. 2). I have illustrated how Kinsey's work, in fact, played a significant role in creating an opportunity for the emergence of dissenting voices inside the mental health profession to contest the dominant depiction of homosexuality as a clinical psychopathology. In this process: (1) Clinical psychologists increasingly envisioned themselves as a group of mental health experts different from the psychiatrists; (2) some psychiatrists became alert to the problematic assumptions inherent in their own clinical conceptualization of "normality"; and (3) certain members of the psychiatric community who were also interested in the legal aspects of sexuality came to embrace Kinsey's liberal conception of sexual behavior and began to encourage a less hostile social environment in the United States. Thus, Kinsey's work not

24. The historian and philosopher of science Arnold Davidson (2001) has also historicized and very carefully analyzed Freud's view of homosexuality as presented in the *Three Essays*: "what we ought to conclude, given the logic of Freud's argument and his radically new conceptualization . . . is precisely that cases of inversion can no longer be considered pathologically abnormal" (p. 79).

25. Like Kinsey, Bowman did not deem sex-reassignment surgery favorable for the treatment of transsexuals (Bowman & Engle, 1957). For Kinsey's view, see Meyerowitz (2001).

only generated various welcoming responses from within the mental health profession—it in fact transformed the profession’s view of homosexuality to a considerable extent prior to the mid-1960s. By extension, Kinsey’s, Hooker’s, and Marmor’s works, distinct in their own right as described by Bayer, more importantly reinforced one another and aggregated into a system of “discourse” in which “power and knowledge are joined together” (Foucault, 1990, p. 100).

It is precisely through tracing the formation of various discourses that one can conceive a “politics of knowledge” in order to carefully navigate how boundaries of psychopathology were contested in mid-twentieth-century America. According to Michel Foucault’s (1990) “Rule of the Tactical Polyvalence of Discourses,” discourses are “tactical elements or blocks operating in the field of force relations; there can exist different and even contradictory discourses within the same *strategy*; they can, on the contrary, circulate without changing their *form* from one strategy to another, opposing strategy” (pp. 101–102). My analysis has demonstrated that even among mental health practitioners there existed two *forms* of discourse, and precisely due to the identical type of expertise with which they were engaged, the two discourses existed within the same general *strategy* of medical science. One was the discourse of pathologization among psychoanalytically oriented psychiatrists such as Irving Bieber and Edmund Bergler, who harshly criticized Kinsey’s work and believed that homosexuality was a disease that could be cured through psychotherapy (e.g., Bieber, 1965; Bieber et al., 1962; Bergler, 1956; Caprio, 1954; Greenson, 1964; Rado, 1949, 1956; Socarides, 1960; Wilbur, 1965). The second discourse was constructed among those psychologists and psychiatrists who, influenced by Kinsey’s work, raised suspicion about the pathological status of homosexuality.<sup>26</sup> The former discourse insisted upon the promise of following the traditional clinical method of devising and reinforcing a set of “assumed” norms based on subjective evaluations of patient case studies; the latter discourse emphasized the importance of adhering to an objective framework as mental health science confronts a set of “true” norms without the contamination of moral value biases. Though presented within the same strategy, in terms of the institutionalization rather than the ideological orientation of clinical intervention, the two discourses developed in opposition.

In fact, around the same time after World War II, a third discourse employing a decidedly different strategy from the previous two also took shape: It was a discourse established by gay collective social actors outside the mental health establishment that explicitly challenged those experts who viewed homosexuality as a psychological illness (and thus this third discourse existed in the same *form* as the second one). The relation between these social actors and the Kinsey reports has been documented by many historians as a basic relation in which Kinsey’s statistics merely functioned as a piece of scientific evidence, around which gay people could demand that the mental health profession recognize their sexuality as “normal,” while forging a collective identity and consolidating a political group consciousness (Bayer, 1981, p. 65).<sup>27</sup> However, such a general understanding of the relationship among gay social actors, the Kinsey reports, and the psychologists and psychiatrists’ changing view of homosexuality is incomplete when one realizes how some of the experts themselves,

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26. To be sure, besides Kinsey, there were other sources of dissent regarding the medial model of homosexuality within the group of experts, most notably Clara Thompson (1947), who was often cited by Hooker and other like-minded thinkers. Thompson was closely associated with Harry Stack Sullivan, whose views also varied with establishment thinking. On Sullivan, see VandeKemp (2004).

27. As many others have noted, some of the gay activists were well aware of the growing dissent within the mental health establishment and sought support from dissidents (e.g., Hooker) in their efforts to de-pathologize homosexuality (Minton, 2002; Rosario, 2002).

in dialogues with one another, had already autonomously started to modify their understanding of homosexuality by referring to the Kinsey reports.

Culminating in the American Psychiatric Association's decision to remove homosexuality from its list of mental disorders in 1973, the politics of knowledge around the clinical status of homosexuality can be further elucidated in the example of mass opinion change. In "Lesbians and Gays and the Politics of Knowledge," political scientist Alan Yang (2001) exposed the weakness of John Zaller's dominant top-down model of mass opinion change. According to Zaller's (1992) model, the central force that animated the mass media's shift from depicting homosexuals as mentally ill to framing them as a social minority was the 1973 APA decision, implying that the psychiatric experts had complete, autonomous control over how the mass public changed their view of homosexuals, demonstrating an "elite domination of public opinion" (Epilogue). Relying on Bayer's work, Yang (2001) revised Zaller's top-down model, arguing that "the objects of elite discourses [such as gay collective actors] may also be the conscious agents of change of these same elite discourses, altering the media information environment and, ultimately, public opinion" (p. 345). However, treating the APA's 1973 decision as a major achievement of the gay rights movement, if Zaller failed to capture the dimension of influence from the gay collective social actors (the third discourse) in the changing mass opinion about homosexuality, both Bayer and Yang also failed to capture the heterogeneity of the group that they simply labeled "elites/experts" (e.g., the competing first and second discourses that I described above). To be more explicit, since both Bayer and Yang overlooked, or at least under-acknowledged, certain crucial disagreements between scientists and medical doctors and even among medical experts themselves (especially with respect to their view of the collective social actors), Bayer and Yang in fact could not provide a sufficient understanding of the politics of knowledge that recognizes various interrelated contours of resistances that had potentially developed *within* the oversimplified "elites/experts" group, as demonstrated in this paper, irrespective of the collective actors' intervention.

Given that Kinsey's work had directly influenced many scientific and medical experts, particularly with respect to their view of homosexuality, it is therefore unconvincing to perceive the psychiatric decision to remove homosexuality from the DSM purely as a result of gay activists' pressure, as Bayer and Yang tended to emphasize. In fact, to reiterate, under the impact of the Kinsey reports, medical authorities themselves were already developing alternative interpretations of homosexuality that began to reassess its clinical understanding. Accordingly, the 1973 decision to de-pathologize homosexuality was the product of a combined effort from both inside and outside the mental health profession, *with each side having some degree of agency in shaping the decision*. Despite their apparent differences, the three "tactical polyvalent" discourses—that of the conservative psychiatrists, that of the progressive mental health professionals, and that of the gay collective social actors—shared one common character: the social use of the homosexual body as an instrument for exercising power and producing knowledge. The politics of knowledge around the contested boundaries of psychopathology in mid-twentieth-century America, therefore, critically featured overlapping and divergent modes of the discourses that were incited by the Kinsey reports at three different levels, three unique loci for the transformation of power into knowledge and knowledge into power, in competition for *the* cultural authority to speak about homosexuality.

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