

Sawbones 189: Conversion Therapy Part 1

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Clint: Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to Sawbones: a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Sydnee, welcome to the program.

Sydnee: Well, thank you, Justin.

Justin: It's our show.

Sydnee: Yeah.

Justin: I'm not technically welcoming you to it, I guess.

Sydnee: How are doing, Justin?

Justin: I'm well. How are you? Because you don't look super happy.

Sydnee: Well, Justin, I'm not gonna lie to you. This is gonna be, maybe, a rough one.

Justin: Okay.

Sydnee: Okay. So, as many of you probably are already aware, it's Pride month.

Justin: Hooray!

Sydnee: Which is a month that we celebrate— well, we should every month, but a month to really focus on how we should celebrate the LGBTQ community.

And I think that that's a time for a lot of happiness and joy, but it's also important for us to remember the history of the persecution of the LGBTQ community, especially in this country, and to kind of go through, as a medical professional, my— not my personal role in that, but my profession's role throughout that history. Specifically focusing on kind of the origins and the current incarnation of what we think of conversion or 'reparative' therapy.

So, I think that that merits not just one, but two episodes, because there's a lot to talk about. And I think it's important for us to talk about, because only by understanding this stuff are we going to be able to stop it. Since it's still going on.

So, if that is something that may be triggering for you, this episode, and actually the one we'll record next, may be one, may be ones that you wanna skip.

Justin: We have a wide variety of other offerings. We encourage you to check our "putting weird holes in your body" department.

Sydnee: [laughs]

Justin: It's upstairs. It's lovely. But uh, okay. I'm ready. And I'm gonna have lots of jokes, so don't worry. They probably won't be related to the topic at hand. But I'll try to... my best.

Sydnee: That's fair. You know, it fits into the Sawbones theme of really ridiculous, misguided stuff that was done in medical history. Its just, it's harder since this is also incredibly harmful and horrific, and just terrible.

Justin: And with that said, let's get going.

Sydnee: [laughs] So, first of all, thank you to everybody who suggested this topic. Jennifer and Kimberly and Mike and Sarah sent us emails, and then I know we've gotten a lot of tweets and Facebook posts and things suggesting that, for a long time, that we should do this, but specifically right now. So—

Justin: We should also address, at the top, and maybe this might have something to do with the reason we haven't covered the topic before, is that Sydnee and I are both, like, straight people and we're, uh, I think we had some trepidation about taking on a topic like this.

Because, you know, we don't necessarily wanna tell another community's story, but we also don't wanna not tell it. So, we are doing our best, as straight people, to communicate this to you all, and I hope you'll be, um, I hope we do justice to it.

Sydnee: Exactly. We'll do our best.

Justin: We'll do our best.

Sydnee: So, as we know, sexuality and sexual preference, as well as gender, for that matter, is a spectrum and always has been. And same sex relationships have been observed throughout human history. And not just human history. In many other facets of the animal kingdom.

And we know this, and we've known this for a long time. And we understood it and accepted it as perfectly fine. Until we didn't.

Justin: [laughs quietly]

Sydnee: And in the second episode I'll get into more like, kinda, the religious roots of that. But for now, let's just accept that there was a period of human history where this was fine, and then we decided it wasn't.

And what started was kind of the criminalization of the practice. Before we get into the medical aspects, we first just criminalized any kind of sexual intercourse that wasn't... basically heterosexual, vaginal penetrative sex.

Justin: All the positions, I'm assuming, were still okay?

Sydnee: Depending on where you were.

Justin: Yeah, it was state by state, it varied.

Sydnee: Yeah, really. Decriminalization of same-sex intercourse probably didn't really start until post-revolutionary France. Of course it was France.

Justin: France!

Sydnee: I love you, France. They— where it was just kind of conveniently left out, like, after the Napoleonic era. It just kinda, they didn't talk about it in the law anymore.

But the real interest in the subject of, do we need to do anything about same-sex relationships? Is there anything to say about it other than, I mean, what had been said so far, which was just either "put these people in jail," or in horrible cases, "let's kill these people," what else could we say about it?

And this really came into play in the late 19th century, as we were beginning to spend a lot more time talking about mental illness. So, this was the first time when we began to understand that maybe sometimes people committed crimes related to an underlying psychiatric illness that would make them unable to make what we would consider, you know, basic right and wrong decisions.

Justin: Mm hmm.

Sydnee: So, the idea that somebody would be unfit to stand trial is just blossoming.

Justin: Okay

Sydnee: And under that umbrella came same-sex relationships. LGBTQ. This was a good thing in the sense that it—

Justin: Whoa, Sydnee shocks the world!

Sydnee: No, I don't mean— [laughs] No!

Justin: With her unorthodox views on sexualities!

Sydnee: No, I don't have that view. What I mean— [laughs]

Justin: Sawbones grinds to a halt as world shudders at surprisingly— sorry, go ahead, Syd.

Sydnee: This seemed like a good thing initially because it moved this— it moved these relationships out of the realm of the criminal world and into, basically into the psychologist's office, right?

All of the sudden we have doctors who are saying, "Well this isn't, you know, deviant maybe. This is a disorder."

Justin: Okay.

Sydnee: And so, we need to do something about it. There were a lot of, many German psychologists, a lot of this thinking came out of Germany, who were kind of studying the idea that maybe what— they called it "sexual inversion", was some kind of genetic trait. And they would refer to it as some sort of psychosexual hermaphroditism.

Where it wasn't an anatomical hermaphroditism, it was a psychosexual one, and so you were drawn to express the, what they considered the opposite gender traits, very stereotypically speaking.

And so, then you would display these other sexual tendencies and there were a lot of progressive thinkers in Germany who were actually saying, "You know what? This is probably fine. This is probably just a variant that we're not recognizing. Like, some people do this. Other people do the other thing. No big deal, it's probably fine." Obviously, that was a minority view at the time.

Justin: Sure.

Sydnee: And that challenged the predominant belief among a lot of physicians in the 1920s that same-sex attraction was some kind of birth defect. That it was just something that, I mean, maybe you could cure medically or maybe you couldn't, but you were born with, but it was a defect.

Physicians were concerned about it, but they really didn't know what to do about it until Viennese endocrinologist Eugen Steinach attempted a procedure where he took the testicles from a male guinea pig and transplanted them into a female guinea pig, then he began to record results that the female guinea pig began demonstrating some what were traditionally thought of as male characteristics, like mounting behavior and things like that.

So, from that, they started to posit the theory that maybe these traditional sexual behaviors and, stemming from that, gender roles came from testicles.

Justin: ... Sure. Okay. Yeah, take a shot in the dark. Why not.

Sydnee: So, maybe we could fix it with surgery.

Justin: Maybe it was just a boss female guinea pig who knows what she wants and wants it now, you know what I mean? Maybe it had nothing—it wasn't even testicle-related at all.

Sydnee: [laughs] Well, I think you're seeing a lot of assumption that it is simply a testicle that makes a man, or simply testosterone that makes a man, when obviously we know that things are a lot more complicated than that.

Justin: Yeah. Also, please remember that as we judge this person, and rightly we should, [holding back laughter] also remember that they had to go home and look their spouse or significant other in the face and tell them what they did that day.

And a lot of days, that was cut the balls out of guinea pigs. So that's like, their whole—and put them in other guinea pigs, and that was like their whole day, also. But okay, back to judging them.

Sydnee: No, okay. And I think it's very fair that we judge him for this. He did a lot of other things in endocrinology that were actually really good medical advances. I'm not gonna get into that, though, because what he did next was, he partnered with a surgeon to transplant testicles from straight men into gay men to try to fix them.

Justin: You messed up!

Sydnee: Yeah.

Justin: Like, you don't get to be in history any more. I'm sorry.

Sydnee: Yeah. So, the results were subjective. They basically, after it was over the two doctors went, "It was a success! It's great. They're very masculine now. They're over there grunting and burping and scratching themselves, total success."

Justin: "Super masculine."

Sydnee: "Trust us. Don't talk to them or anything."

Justin: Yeah.

Sydnee: "But it was great."

Justin: "Don't ask them who they'd enjoy having sex with for sure, cause that one we haven't worked out the kinks of. But it seems to have gone well, other than that."

Sydnee: [laughs] No. Actually, this was not a success, even though initially they thought there was some hope for it. They— the human body rejects things that aren't tissue compatible, so there was rejection of these testicular transplants, and these were huge medical problems.

And so it was a complete failure, and obviously should never have been attempted to begin with. So, nobody was convinced by that. Nobody thought that was the way to go.

So, some, like Freud— Freud plays a role in this story. Sigmund Freud. I don't know if there's another Freud that anybody just refers to as Freud. But there you go. Began to believe that since it was a mental illness, maybe this is treatable not really by some sort of surgery or medication, but by therapy. You know, psychoanalysis, especially hypnosis.

He was a big fan of hypnosis. And initially he kind of promoted this idea, made it popular among a lot of other psychiatrists and psychologists, which was very harmful, of course, because he was Freud, his ideas were thought to be very grand and influenced many people. But he later changed his mind about it.

Justin: Oh yeah?

Sydnee: Yeah. He later said that he thought, you know what? Same sexual attraction, same-sex attraction is probably fine, and generally, most of us are born bisexual anyway. And we really don't develop a defined sexual orientation until puberty.

And he did, he did tie same-sex attraction to certain, what he would think of as like, childhood traumatic events or repressions or those kinds of things, but he basically said that you can be well-adjusted and be gay, and it's fine. And he stated that as far back as 1935.

Not only did he say it's not a disorder, but he said you shouldn't try to treat it. Mainly 'cause you can't. There was actually a really famous letter he wrote to a patient's mother who wrote him first and said, "Please cure my son," and she described her son, and he writes back this letter and

says, "I take it from your letter that your concern is that your son is gay." He wouldn't have used that word at the time, he would have said "homosexual".

"I believe you think your son is homosexual, and let me tell you, this is fine, you know, and there's nothing I can do about it. And there's nothing anybody can do about it. So, let it go."

Justin: Fixed! The end. Okay, Freud has spoken, folks. That's gonna do it for us here on Sawbones—

Sydnee: Now, this was not the final word.

Justin: Ah.

Sydnee: Even his daughter, I don't really talk much about her in here, but even Freud's daughter, who was a famous psychoanalyst as well, she actually kind of said, "You know what? We really shouldn't use that letter as what he truly believed."

Because she went on to practice, like, hypnosis and therapy to try to "fix", I'm using that with air-quotes, "fix" gay people.

Justin: Yeah, we're using a lot of air quotes. The fingers are flyin' here, folks.

Sydnee: Yeah.

Justin: Just assume, [laughs] if you think it sounds like we should be using them, we probably are.

Sydnee: So, the conservative American culture that followed World War II changed any of this kind of progressive thinking that maybe was starting to happen. Any of these thinkers who were saying, "You know, maybe this is fine, maybe we were wrong to criminalize this, maybe we should embrace everybody."

We got this very kind of stereotypical definition of gender roles in this country after the war. The family unit was supposed to be a man and a woman and, whatever, 2.5 children and a dog and white picket fence and, you know, traditional gender roles were strictly enforced and society was very rigid.

And all of the psychoanalysts and psychiatrists and psychologists and all these people who came of age in this era came into this atmosphere as well, and followed these same beliefs and applied them to sexual orientation.

So, many psychiatrists in the 1950s and 1960s felt that any, you know, same-sex attraction ran contrary to the natural order of things. And they saw Freud as kind of a pessimist. He just didn't know how to fix it, so he said it can't be fixed. But not because it isn't a problem, just because he wasn't smart enough to figure it out.

They thought there *were* smart enough to figure it out. So, you start to see these psychiatrists, one was Samuel Hadden, who was a psychiatrist in Pennsylvania, who started bringing groups of gay men together who were seeking conversion. People who, because of the oppressive society that they were living in, felt that they were wrong, inherently, as people, and began to seek out these doctors to help them, and this psychiatrist would bring them together to, like, share and interpret each other's dreams, talk about their feelings, and what he considered their neuroses.

And he talked about how, over time, they would begin to cast aside their "flamboyant clothes and mannerisms" and they would get married to women.

Justin: [laughs] Done!

Sydnee: And there you go.

Justin: "We start with the clothes. Day one."

Sydnee: Start with the clothes.

Justin: "All your cool clothes that look rad and all of you look fantastic, please take those off."

Sydnee: "And go get married to a woman."

Justin: "Go get married to a woman. That's step two. Doesn't matter which woman, guys, that's the way it works over here for straight people."

Sydnee: [laughs]

Justin: “We just pick the first one we see and go for it.”

Sydnee: There were other psychiatrists who joined this kind of belief that if we just talk to people, you know, we could kind of account for whatever caused them to be gay.

There was that thought, that something in their past, something in their psychological history, would give you a clue as to what caused this and then you could, you know, quote-unquote “fix” it. So, psychiatrists, Socarides and Bieber. Not that Bieber. A different Bieber. I have no—

Justin: Different Bieber. Maybe a distant relative?

Sydnee: I have no reason to think that. I knew you were gonna say that. [laughs]

Justin: Get at me, Biebs. Let’s talk it out.

Sydnee: But they spoke out prominently in the media. So, these psychiatrists are being interviewed and this was being published in newspapers and magazines, that same-sex attraction is just this maladjustment that’s born of childhood trauma, and we can correct it. We can fix it. It might take a while, but you send somebody to a psychiatrist and it takes a long time, but eventually we will fix it.

And so you see these people, I actually read this really emotional account from one man who sought out a psychiatrist to try to help him, as a young man, because, I mean, he was desperate. He thought that he was broken. He thought he was wrong.

And he— it’s this very complex relationship, even now, he talks about, with this psychiatrist who tried to do all this therapy and convert him to a straight man. It never really worked. He was always unhappy.

And today, the psychiatrist has apologized and said, “Everything I did was terrible and I’m so sorry and I can’t believe I did this harmful thing, and I’ve ruined your life and I’m the worst person on earth,” and it’s this really complex relationship, because this patient says, you know, “Yeah, it was wrong, but like, I asked you to and I wanted you to and society made me think this,” and you know, “I have this close relationship so I don’t hate you for it even though it was this terrible thing that was being done.”

And I don't know, you get all these really complex accounts of this kind of period. Because a lot of this, right now, is just talking. A lot of what we're talking about, at first, was just sitting with somebody and talking. And then a lot of— oh, I have to mention that there was a neurologist at this point who said that you could cure it by riding a bicycle for a long time. I have to throw that out there. [laughs]

Justin: Now, I don't understand— no, that doesn't make sense.

Sydnee: No. I don't know how that worked, but a lot of men rode a lot of bicycles for a while and... that was it. They got really well-developed calves. But a lot of terrible things start happening now, as we move away from just talking.

Justin: Well, normally this is the part where I'd be like, "Go, go on, tell me more, I can't wait to hear more." But I don't actually. But we still have to. So, let's take a break, real quick.

Sydnee: Let's go to the billing department.

Justin: The blessed relief of commercialism. Let's go!

[ad break]

Justin: Alright Syd, before I so rudely interrupted you, things were about to get worse.

Sydnee: That's right. So, we move on from this era of, you know, kind of the classic, like Freud, like, psychoanalyst with the leather couch and, you know, kind of telling the story of the relationship with your parents and your dreams and whatnot to some really, um, aggressive approaches in the psychiatry and psychology world.

One was called confrontational therapy. This was developed by Dr. Bergler. This involved— basically the way you would confront your patient was to yell horrible things at them, in hopes that they will stop being gay.

So, call them names, tell them they're worthless, tell them they should die, tell them everybody hates them, tell that they're broken and they're sick and disgusting. And the thought was this would foster some shame and guilt, and this would motivate you to change.

Justin: It's so idiotic— I mean, you can't even give these people a pass of, like, "Well, it was a different time, we didn't—" shut up, because, like, they, people who were doing this were seeking out your treatment. Like, right? I assume. Right?

Sydnee: Yeah, a lot of these—

Justin: A lot of these people weren't being conscripted into it, right?

Sydnee: No, well—[sighs] There were people who sought this treatment for sure, but you have to understand, and I probably should preface with this, there are many of the things I'm gonna talk about that were done to children. Adolescents, young men and women whose parents were seeking help for them.

Justin: I think my point stands that society at the time was already doing a pretty bang up job of this. Like, right? You know what I'm saying.

Sydnee: Yes.

Justin: Like, this guy sounds like— man, it's going to be hard not to curse on this one, Syd. Go ahead.

Sydnee: And it's almost like at the time, this, specifically Dr. Bergler, was very opposed to the research that had just come out from Dr. Kinsey, who was actually really ahead of his time and progressive when it comes to LGBTQ issues, and basically said "This is fine and I don't understand why—why are we trying to fix this? This is not an illness. And please everybody stop what you're doing." Which was adding a lot of fuel to the fire of the very beginnings of the gay rights movement.

And this really made this Bergler guy angry and he, I guess, his therapies just got worse and worse. And a lot of other therapists and psychiatrists followed suit, and came up with increasingly horrible ways of trying to stop people from being gay.

So, that could include things like electric shock therapy, electric convulsive therapy, you could apply shocks to the hands or the genitals or the head.

A lot of this would be accompanied by, like, having your patient recount a same-sex experience they had, or fantasy they had, or movie they saw,

or something like that, as a way of trying to apply a negative stimuli so that you would be averse to it.

Aversion therapy was very popular at this time in general. Castration was attempted. Female genital mutilation was done. Bladder washings were done.

Justin: [quietly] Like a douche?

Sydnee: No.

Justin: Okay.

Sydnee: No. That's not a bladder washing.

Justin: I'm sorry. I'm not a doctor.

Sydnee: That's okay. No. That's a different orifice.

Justin: Okay. Oh, okay, got it.

Sydnee: Yeah.

Justin: Yeah, yeah, yeah.

Sydnee: Bladder.

Justin: Sorry, sorry. Got it, for sure.

Sydnee: Where the pee is.

Justin: Super sorry.

Sydnee: Yeah. There were a lot of places, not just in the US, this was actually done in the UK too, where you would give people drugs, emetics, things that would make you puke, after you were exposed to what they would consider, like, gay materials. So, they would show you a picture of a gay couple and then try to induce vomiting, to try to connect that reaction to gay behavior.

Justin: This is obviously disgusting and hugely troubling, so— this whole list has just been the pits, so let's do just a quick sidebar.

The way Sydnee has that line written in her notes is, "Drugs that would make you puke when exposed to gay materials," and I was sitting here freaking out, like, "What pill is this? Are you kidding me? There's a pill that makes you puke when exposed to gay materials?"

Sydnee: No. [laughs]

Justin: "That's impossible, Sydnee, that doesn't make sense!" I was questioning the authenticity of the entire endeavor!

Sydnee: No, my outline has just enough words in it that *I* know what it means. That's all it ever is.

Justin: Okay, sorry.

Sydnee: That's alright. We know, we've talked about on our lobotomy episode before that lobotomies were done for all kinds of horrible reasons, and obviously same-sex attraction was among them.

Things like strychnine, cocaine, they tried to induce insulin shock in some patients, basically give them so much insulin that they became very hypoglycemic and went into shock.

There was a drug called metrazol that has since been removed from the market because it gave people these horrible, like, back-breaking spasms when they took it. It was used for other psychiatric illnesses as well, but this too.

And if all that failed, some were advocates of just beating somebody until they agreed not to be gay anymore. Because that's in any way a medical treatment.

Justin: Has ever been effective treatment for anything, ever.

Sydnee: For anything, ever. What helped to turn this tide was really the gay rights movement. I would, you know, I would love to say that these psychiatrists and psychologist and therapists realized that what they were doing was absolutely horrific on their own, but it really was outspoken gay rights leaders, with the assistance of the minority of social workers and psychiatrists and psychologists who were progressive and forward-thinking who agreed with them, who began to, you know, right the course of history.

Things happened like Hadden, the psychiatrist I mentioned earlier who kinda started the talk therapy, was invited to speak at a rally which was put on by Janus, which was a huge gay rights organization based out of Philadelphia.

And basically, once he got there to start talking, they just eviscerated him. Shouted him down and, you know, called him out on every one of his lies and every one of his pieces of data that weren't data, and everything.

Demonstrations like these that were so prominent and news-worthy led to more people in the medical and, you know, psychology world kind of questioning the prevailing wisdom of the day, and beginning to think that maybe we're going about this wrong.

Because we're harming—obviously, this is causing harm. And if a treatment is doing more harm than good, we need to take a step back and see, is this treatment appropriate, and why are we doing it, and have we made the correct diagnosis?

And in this case, there is no diagnosis at all. So, they began— there was a small group that began to wonder, is there a way to do sexual orientation affirming therapy that would have better results for these patients?

Justin: How do you mean?

Sydnee: Meaning to tell people that it's okay to be gay.

Justin: Oh, well there's a radical idea.

Sydnee: Yeah. That maybe that would be a better way to go. What really helped with this was, in 1956, Dr. Evelyn Hooker. So, she presented a groundbreaking study that caught the attention of a lot of people in the medical world.

She had not set out in her career to kinda stake her claim, make her name, studying, you know, issues related to LGBTQ patients, but early on in her career she gave a lecture to some of her students where she was working after she had gotten her PhD, and one student came up to her after a lecture and said,

"Listen, Dr. Hooker, I am gay and I want you to study me. I want you to come with me and meet my other friends who are also, you know, part of

the gay, lesbian, community and I want you to learn about us and talk with us, and if somebody will study us and show that this is not a problem, that we are happy, healthy, well-adjusted people, just as normal as anyone else, then maybe this will go— you know, maybe this will help. Maybe this science could help show people that they're wrong."

So, she spent a ton of time hanging out with people from a community that, by the way, she had had no contact with before. So, kind of opening her eyes. And interviewing and assessing her new friends.

And then she went and applied for a grant. Said, you know what? All these interviews aren't gonna mean anything. I need science. I need a grant to do a study. I need a real study with hard data to show people.

So, she applied for a grant. It was a huge— it was the longest of shots that she was gonna get a grant to do a study to prove that gay people are not maladjusted in some way, because that was not the prevailing thought. Especially among people in the government who were approving grants.

Justin: Right.

Sydnee: But the story is that she was incredibly charming in person and she went for her interview and just charmed the heck out of the guy, and he eventually agreed to give her the grant.

Justin: [laughs]

Sydnee: So, she got it, and she set up an experiment with 60 men. Half of them were gay and half of them were straight. And she subjected them to a series of psychological evaluations, including, it was this time, a Rorschach test. And the Rorschach test, by the way, was supposed to be, like, the most sensitive to tell a gay person from a straight person.

Justin: [laughs]

Sydnee: Yeah. You could always tell by the Rorschach test.

Justin: The Rorschach will give it away every time.

Sydnee: So, after she gathered her profiles from all these tests, she submitted them anonymously to three other psychologists. So, she just

handed them a stack of 60 profiles with no names on them. They don't say whether the subjects were gay or straight.

And said, "You need to decide two things: who is more well-adjusted among all these people, and find the gay men." [laughs] "Who's gay and who's straight?"

They couldn't do any of it. They could tell no difference, of course, we know this, we know this now. There was no difference between the gay men and straight men.

You can't tell by psychological evaluation because it's not a psychological problem, and there is no difference in how adjusted or maladjusted they are because it's not a disorder. It's not an illness. So, she presented this in 1956, and this was explosive.

Justin: You know what? I had a temptation— I would say fleeting temptation, when we were talking about some of the more monstrous medical practices, to try to couch that in the fact that, like, it's— you know, it was science following the lead of society. Science had convinced itself that this was an— society was convinced it was an issue, and it was science trying to find a fix.

But I think the reason that that doesn't fly is that this is where the science should have started. Like, you can't— it is a failure, society aside, it is a failure of science that this did not start with, you know, ethnography, and this sort of study before "fixing" it, quote-unquote, again, sorry, was even part of the equation.

Sydnee: You're exactly right. It's unfortunate, because that's not the way science works. Science seeks truth, no matter how uncomfortable that truth might be for any given person in any time in history.

And that was not how the science started. The science finally got there. Following this study, this led to more grants, more research, this had a huge impact on the changes to come.

And this gave a lot of ammunition when it came to gay rights activists and groups who were able to cite these studies and these findings and say this is why, you know, politicians and lawmakers, this is why this is wrong. This is why this discrimination is evil and wrong.

And then, of course, in 1969, the Stonewall riots drew national attention to the issue, and the importance of the medical profession standing up and saying it is not a pathology to be gay. It is not an illness.

This was supported by, in 1969, the Dorian Society of Seattle founded the Dorian Counseling Service for Homosexuals, which was the first counseling center to focus on sexual orientation affirming therapy, meaning that you were gonna see a therapist who was gonna tell you, "Listen, I know what society says. They're wrong. You're fine. There's nothing wrong with you. You're not broken, you're not sick, this is just who you are. And it's gonna take us maybe a while for everybody to get there, and you might need the support of a therapist to help you deal with society, but you are fine."

In 1972, what also helped with this was Dr. John Fryer, who was a psychiatrist who appeared in disguise as Dr. H. Anonymous at the annual meeting of the American Psychiatric Association, and sat up on a panel in front of all his fellow doctors and said, "I am gay and I am a psychiatrist."

He was terrified to reveal his identity. He thought he would come under violence and nobody would ever see him again as a doctor, and he would lose his license.

But the idea that, you know, among their peers were, you know, fellow members of the LGBTQ community, and they were being persecuted by their fellow doctors for no good reason, this really moved a lot of the other psychiatrists.

So, finally, as a result of all this, in 1973 homosexuality as a diagnosis is removed from the DSM-II, which is like the psychology, psychiatry bible of diagnoses. It's where they list all the different, you know, kinds of different psychiatric illnesses and diagnoses.

But, but, hidden somewhat in the diagnosis that they added was "ego-dystonic homosexuality". So, initially, in 1973, they take that out, that's a huge landmark moment, but they put in this diagnosis of ego-dystonic homosexuality, which means "You're gay and we're fine with that, we don't have a problem, that's not a problem, but you're really depressed about it and we think that's a problem, and so we wanna diagnose you with this."

But this was still, like, a weapon used against the LGBTQ community, because it still put the problem, the diagnosis was on the person instead of society. The person was the problem.

Justin: Well yeah, it's not a diagnosis, because broadly speaking you're talking about a country and a time when it was still incredibly hostile to homosexual people.

Sydnee: Exactly. So, this is not a real diagnosis.

Justin: Right.

Sydnee: This is, again, putting the blame on the victim instead of on society. And this diagnosis was used as a weapon for a long time in conversion therapy.

It was removed from the DSM because of this in 1987, but it does still remain in the World Health Organization International Classification of Diseases. You can still find this as a diagnosis.

In 2013, the DSM-V, the next generation of this, added Gender Dysphoria, which still exists. And while that's a whole other topic, not really the topic of this show, this is really similar in regards to gender as ego-dystonic homosexuality was to orientation.

Because it's basically saying a transgender person who is not happy or comfortable with being transgender because of society, and so we give them this diagnosis. Instead of saying no, the problem is that we have a society that discriminates against transgender individuals. And that's still in there.

Justin: [sighs]

Sydnee: The short story on all of these efforts to convert gay people is that they lead to depression, anxiety, self-destructive behavior, things like drugs abuse, homelessness and suicide. And also, they don't work at all. Any of this stuff that I just named. It only had negative consequences, and it invariably does not work. And it is rejected by the medical profession pretty much en masse today.

Justin: Well. So, we're done here. Gosh, I thought this was gonna take two weeks, but...

Sydnee: Justin, I wish we were done.

Justin: Okay. Well, that sounds ominous as all get out, but...

Sydnee: [laughs] There is another— even as the medical community was finally starting to get its act together, there was another movement that would raise its ugly head and continue these harmful therapies. And we'll talk about that in part two.

Justin: Alright. Well, folks, thanks for hanging in there with us. Again, I just wanna— I'm really concerned about this. I just wanna make it clear from my perspective, like, I know that I did jokes and stuff because that's the show we do, and I just really hope— we're not experts in this stuff, so we're trying to do our best to say the right things and not do more harm. And we're doing our best, so um...

Sydnee: Right. I know that, we've said this before, we avoid topics like this sometimes on the show because our show's supposed to be funny. And there's nothing funny about this. And we're not pretending that there is.

But I do think it's important history, and I think, again, if we don't remember and understand where we came from, we are in danger of going back there.

Justin: Yeah. And I don't mean to make light of it by doing jokes either, it's just, it's that or scream at the top of your lungs for a half hour, so, you know, it's kind of up to you. It's your choice.

That's gonna do it for us, thank you to our sponsors, thanks to MaximumFun.org for having us on there. This week I will recommend a new show called Reading Glasses that was just added to the network, and it's about books. Which, I'm just gaga about them.

Sydnee: I like them too.

Justin: Are you a fan? You a fan?

Sydnee: Yeah. Open `em up.!

Justin: So, go check out Reading Glasses. The very first episode has Sara Benincasa on it and you can go listen to it, so go get it wherever fine podcasts are distributed. Thank you to The Taxpayers for the use of their

song “Medicines” as the intro and outro of our program, and thanks to you for listening. We will see you next week, but until that time, my name is Justin McElroy.

Sydnee: I’m Sydnee McElroy.

Justin: And as always, don’t drill a hole in your head.

[theme music plays]

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