Queer History, Mad History, and the Politics of Health

Regina Kunzel

American Quarterly, Volume 69, Number 2, June 2017, pp. 315-319 (Article)

Published by Johns Hopkins University Press
DOI: *https://doi.org/10.1353/aq.2017.0026*

Queer History, Mad History, and the Politics of Health

Regina Kunzel

Among the central themes of the eclectic field of mad studies is a critique of psychiatric authority. Activists and academics, from a range of positions and perspectives, have questioned psychiatry's normalizing impulses and have privileged mad-identified knowledges over expert ones. One of the most successful assaults on psychiatric authority was launched by gay activists in the 1960s and early 1970s, resulting in the removal of homosexuality from the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) in 1973. But if that event marked an inspirational victory against psychiatric power, it was also, as Robert McRuer notes, "a distancing from disability."[1] Revisiting this history through analytic lenses offered by disability and mad studies defamiliarizes familiar historical narratives and unsettles the critique of psychiatric authority, especially when countered by claims to health.

Psychiatry's reign over sexual and gender variance was pervasive throughout much of the twentieth-century United States. Jonathan Katz denounced psychiatric treatment as "one of the more lethal forms of homosexual oppression" and documents the use of lobotomy, electroconvulsive shock, aversion therapy, and psychotherapy to treat homosexuality.[2] Beginning in the 1950s, and with increasing assertiveness in the 1960s and 1970s, gay activists and some dissident psychiatrists worked to sever the association between mental illness and homosexuality. The psychologist Evelyn Hooker set out to study what she termed "normal" homosexuals" and in 1957 demonstrated that the psychological profile of gay men not in psychiatric treatment was indistinguishable from that of a comparable group of heterosexual men.[3]

A decade after Hooker began to debunk the notion of homosexuality as a mental disorder, the effort to distance homosexuality from the stigma of mental illness became the defining project of the emerging gay rights movement. The person most closely associated with that position was the homophile activist Frank Kameny. To Kameny, the claim to health was a grounding political move, necessary to the political intelligibility of gay people. "The entire homophile

movement is going to stand or fall upon the question of whether homosexuality is a sickness," Kameny wrote, "and upon our taking a firm stand on it.'"[4]

By 1970 gay activists were engaged in an intense battle with the APA. Activists boldly disrupted the group's annual meetings, "zapping" sessions on aversion therapy and psychoanalysis. A 1971 petition to the APA titled "We Are the Experts on Homosexuality" echoed the disability principle of "nothing about us without us" in its authors' insistence on claiming expertise over their own lives.[5] "We cannot play the role of a passive battlefield across which the 'authorities' fight out the question of our sickness," activists proclaimed. "In the last analysis, WE are the authorities, and it is up to us to take an active role in determining our own status and our own fate."[6] Increasingly, that fate seemed to hang on insisting that gay men and lesbians were healthy.

It is clear what was gained by such claims. Kameny did not underestimate the extent to which the "sickness theory" undergirded larger structures of stigma, discrimination, and criminalization. The removal of homosexuality from the *DSM* in 1973 was celebrated as an activist victory and has been since claimed by historians as a social justice milestone. But the insights of disability and mad studies invite us to reconsider such claims. Among those insights is that health is not just a desired state or a self-evident good but an ideology that mobilizes a set of norms, prescriptions, and hierarchies of worth.[7]

Returning to some key moments in the story of activist efforts to align homosexuality with health illuminates those unspoken norms and exclusions. Hooker explicitly distanced her research subjects from criminalized populations and from people in psychiatric treatment, identifying (and valorizing) her subjects as "non-patient, non-prisoner homosexuals" (a formulation repeated, with admiration, by historians). Employment and lack of an arrest record were also criteria for participation in Hooker's studies.[8] Gender normativity, too, was part of Hooker's understanding of "normal" homosexuality: she emphasized that many such men were involved in long-term relationships not organized around masculine and feminine roles. Hooker was hardly alone in yoking healthy homosexuality to broader cultural norms and values. The title of the panel organized by gay activists at the 1971 meeting of the APA, "Lifestyles of Non-Patient Homosexuals," spoke powerfully of their desire to distinguish healthy gays from sick ones.

The norm most readily tied to gay claims to health, although less easily recognizable as such, was *happiness*. While the insistence on happiness can be understood as a revolutionary act against the then-dominant cultural narratives that linked homosexuality to misery, or as a canny strategic response to

assumptions of its impossibility, it could also have perverse effects. As Abram J. Lewis writes, activists' insistence on gay psychic fortitude put them "in the unusual position of having to argue that, as a group, homosexuals were uniquely impervious to their own oppression."[9] While happiness, like health, is easily naturalized into a transparent good, Sara Ahmed reminds us that it often reinscribes culturally valorized norms and supports social hierarchies. Ahmed urges us to consider "how claims to happiness make certain forms of personhood valuable."[10] By extension, of course, claims to gay happiness rendered other, less "positive" forms of queer affect less valuable.

Viewing this history through the critical lens of disability studies allows us to see the norms and values that attach to health; it can also illuminate the distancing moves and exclusions that so often accompanied such claims. Many activists made the claim for recognition not simply by arguing that homosexuals were not sick but by arguing that *most* of them were not. Their most common tactic was to criticize the sampling methods used by psychiatrists, observing that their assumptions were based on people in psychiatric treatment—a group unrepresentative of homosexuals as a whole. In other instances, gay activists characterized health in temporal terms, as part of a forward-looking gay modernity. In this formulation, "self-hating" or "masochistic" people in psychiatric treatment were atavistic holdovers of an antiquated past, unable or unwilling to hop on the bandwagon of gay happiness and health. Efforts to align *gay* with the norms of *health* redrew the definitions of the modern gay and lesbian in opposition to the anachronistic "homosexual," aligning the former with gender normativity, putative whiteness, economic stability, monogamy, and other forms of national belonging, and the latter with sickness and trauma.

Among the exclusions effected by gay claims to health was the further distancing of homosexuality from gender nonnormativity: people who would come to identify as transgender were excluded from the happy, healthy future championed by gay activists. The removal of homosexuality from the *DSM* in 1973 depended partly on disaggregating homosexuality from gender variance and on rhetorically appealing to the distinction between transsexuality and homosexuality. The third edition of the *DSM*, published in 1980, was both the first not to include an entry for "homosexuality" and the first to name a new diagnosis: "Gender Identity Disorder."[11] As Eve Kosofsky Sedgwick observes, "This is how it happens that the *de*pathologization of an atypical sexual object-choice can be yoked to the *new* pathologization of an atypical gender identification."[12]

The strategy of attempting to attain rights and respect by distancing one's own group from associations with disability and mental illness was far from

unique to the gay rights movement. Both disability and queer studies scholars have detailed the ways in which stigmatized groups have struggled to be recognized as normal, legitimate, or human by distinguishing themselves from the even more stigmatized. Disability often serves as the border separating reasonable from unjust forms of discrimination. "While disabled people can be considered one of the minority groups historically assigned inferior status and subjected to discrimination," Douglas Baynton writes, "disability has functioned for all such groups as a sign of and justification for inferiority." This tactic, he proposes, "tacitly accepts the idea that disability is a legitimate reason for inequality, [and] is perhaps one of the factors responsible for making discrimination against people with disabilities so persistent and the struggle for disability rights so difficult."[13]

Kameny apprehended the exclusionary effects of an antisickness position when he wrote,

> Properly or improperly, people ARE prejudiced against the mentally ill. Rightly or wrongly, employers will NOT hire them. Morally or immorally, the mentally ill are NOT judged as individuals, but are made pariahs. If we allow the label of sickness to stand we will then have <u>two</u> battles to fight—that to combat prejudice against homosexuals per se, and that to combat prejudice against the mentally ill—and we will be pariahs and outcasts twice over. One such battle is quite enough."[14]

Here, Kameny articulated the pragmatic decision to organize around a single axis of oppression. His words also suggest an awareness of the stigmatizing dynamics that Erving Goffman described in moments of "mixed encounter," when, as Jonathan Metzl describes, an "affirmation of one's own health depends on the constant recognition, and indeed the creation, of the spoiled health of others."[15]

It is difficult to be "against health," as Metzl has observed.[16] But disability and mad studies help us understand health not simply as an assertion of pride over stigma but also as a project in normativity and exclusion. I hardly mean to dismiss the importance of the assault on psychiatry's classification of homosexuality as a mental illness. But that project required distancing queer people from a long history of injury and illness, disavowing certain pasts, and disentangling "gay" from the most stigmatized subjects. Those disavowals were central to the historical project of depathologizing "gay"; they also persist in the histories we write and the subjects we include, and exclude, in the project of queer history. Health's naturalized status as a positive good inclines us, often unwittingly, toward histories of what activists termed "non-patient

homosexuals." This familiar story in LGBT history, reframed and defamiliarized through disability and mad studies, inspires us to ponder the histories, subjects, politics, and angles of vision we might have lost in the effort to distance ourselves so vociferously from people positioned as "patients," and in the name of claiming health.

Notes

1. Robert McRuer, "Shameful Sites: Locating Queerness and Disability," in *Gay Shame*, ed. David Halperin and Valerie Traub (Chicago: University of Chicago Press, 2009), 184.
2. Jonathan Katz, *Gay American History: Lesbians and Gay Men in the U.S.A.* (New York: Avon, 19767), 197.
3. Evelyn Hooker, "Reflections of a Forty-Year Exploration: A Scientific View on Homosexuality," *American Psychologist* 48.4 (1993): 450; Hooker, "The Adjustment of the Male Overt Homosexual," *Journal of Projective Techniques* 21.1 (1957): 18–31.
4. Quoted in John D'Emilio, *Sexual Politics, Sexual Communities: The Making of a Homosexual Minority in the United States, 1940–1970* (Chicago: University of Chicago Press, 1983), 163.
5. Barbara Gittings, preface to *American Psychiatry and Homosexuality: An Oral History*, ed. Jack Dresher and Joseph P. Merlino (New York: Harrington Park, 2007), xvi.
6. "Positive Policy," *Eastern Mattachine Magazine* 10.4 (1965): 23.
7. See Jonathan Metzl, "Why against Health?," in *Against Health: How Health Became the New Morality*, ed. Jonathan Metzl and Anna Rutherford Kirkland (New York: New York University Press, 2010), 1–2.
8. Evelyn Hooker, "Male Homosexuals and Their 'Worlds,'" in *Sexual Inversion: The Multiple Roots of Homosexuality*, ed. Judd Marmor (New York: Basic Books, 1965), 92; Hooker, foreword to *Lesbianism: A Study of Female Homosexuality*, by David H. Rosen (Springfield: Thomas, 1973), viii.
9. Abram J. Lewis, "'We Are Certain of Our Own Insanity': Antipsychiatry and the Gay Liberation Movement, 1968–1980," *Journal of the History of Sexuality* 25.1 (2016): 92.
10. Sara Ahmed, *The Promise of Happiness* (Durham, NC: Duke University Press, 2010), 11.
11. See Lewis, "'We Are Certain of Our Own Insanity,'"; and David Valentine, *Imagining Transgender: An Ethnography of a Category* (Durham, NC: Duke University Press, 2007), 55.
12. Eve Kosofsky Sedgwick, "How to Bring Your Kids Up Gay: The War on Effeminate Boys," *Social Text*, no. 29 (1991): 21.
13. Douglas Baynton, "Disability and the Justification of Inequality in American History," in *The New Disability History*, ed. Paul K. Longmore and Lauri Umansky (New York: New York University Press, 2001), 34, 51.
14. Franklin Kameny, "Does Research into Homosexuality Matter?" *Ladder* 9.8 (1965): 16–17.
15. Metzl, "Why against Health?," 5.
16. Jonathan Metzl and Anna Rutherford Kirkland, eds., *Against Health: How Health Became the New Morality* (New York: New York University Press, 2010).