

“We Are Certain of Our Own Insanity”: Antipsychiatry and the Gay Liberation Movement, 1968–1980

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we are taught that we are insane—“silly”—a little “off”—we are “allowed” to be insane. we are certain of our own insanity, convinced of it . . . [but] there has been, always, an embracing of my own insanity—an entire history of ecstatic moments . . . the way to fly is, when you (finally) get to the edge of the cliff . . . you jump off.

—Paula Miriam Murray, *WomanSpirit*¹

ON 15 DECEMBER 1973 THE board of the American Psychiatric Association (APA) voted unanimously (with one abstention) to remove the diagnosis “homosexuality” from the organization’s *Diagnostic and Statistical Manual of Mental Disorders*, a text that has since become the definitive mental illness classification handbook for clinicians and researchers worldwide. The decision was a dramatic reversal of majority psychiatric opinion only a few years previously, when attendees at the 1970 APA convention in San Francisco were appalled by protesters’ disruption of a panel on homosexuality. What the National Gay Task Force (NGTF) described as psychiatry’s great “turnaround” in the intervening three years has been widely attributed to concerted pressure from gay liberation activists, as well as to a more protracted campaign by homophile leaders stretching back nearly a decade. The revision was immediately hailed as a defining moment in gay politics. In their press release, the NGTF proclaimed the resolution

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¹ Paula Miriam Murray, “Lunacy,” *WomanSpirit* (Winter Solstice 1980): 12.

“the greatest gay victory” to date.² In the decades since, this celebratory appraisal has been largely upheld. Writing in 2007, Jack Drescher and Joseph Merlino credited the revision with enabling “unprecedented social acceptance of gay men and women in both public and private arenas.”³ Their remarks speak to the enduring conviction that homosexuality’s emancipation from the registers of mental pathology finally secured the conditions of possibility for gay political intelligibility and struggle.

At the time, however, the flurry of gay press coverage following the vote also captured a less laudatory temperament: an outpouring of sarcasm and indifference. One gay student newsletter in Iowa scoffed, “Utopia at last! . . . [The APA] has waved its magic wand and cleansed us, oh joy, of our dark and horrible sickness.”⁴ Cynicism was palpable in the ensuing reflections on the “instant cure” bequeathed to homosexuals, and interviewees for the LA-based newsletter *Lesbian Tide* evinced a starkly indifferent disposition: “Well, good for them,” one remarked. “It’s nice they’ve finally come around, but who cares? Who needs them?” Another concurred: “I think it’s really nice of them . . . [but] it’s meaningless that they’ve done it, cause like, who cares what category the American Psychiatric Association puts us in?”⁵ In Michigan a feminist newsletter covered the vote under the headline “Too Little, Too Late,” its author reflecting: “My reaction to this piece of news might be compared to that of a woman who has treated her broken leg with her own, and her friends’ home remedies, and who emerges at last from her front door, limping slightly, only to meet the family doctor bustling up the front walk with a jar of aspirin and a few well meant words of comfort.”⁶

Beyond simply registering exasperation at the revision’s belatedness, these comments elicit considerable skepticism about the redemptive power of psychiatric sanction. In fact, press coverage was quick to note that activists did not plan to desist in protesting the APA simply because of the nosological correction. In Ann Arbor, activists responded by swiftly organizing “a conference of gay people vs. mental health oppression” in support of other protests planned for the 1974 APA convention in Detroit.⁷ Even the mainstream gay press acknowledged ongoing wariness toward psychiatry, a wariness that not only persisted in spite of the revision but was actually

² National Gay Task Force, “Psychiatric Turnaround: The Greatest Gay Victory,” press release, 8 December 1973, folder 9, box 123, Frank Kameny Papers, Library of Congress, Washington, DC (hereafter cited as LOC).

³ Jack Drescher and Joseph Merlino, introduction to *American Psychiatry and Homosexuality: An Oral History*, ed. Jack Drescher and Joseph Merlino (New York: Routledge, 2007), 5.

⁴ “Scrunching the Uglies,” reprinted in *Detroit Gay Liberator*, April 1974, 5.

⁵ “Opposition Shrinking: Psychiatrists Get It Straight,” *Lesbian Tide*, 1 June 1974, 10. See also “Gays 15, Shrinks 0: Homosexuality Now Sane,” *Rough Times*, January–February 1974, 17; “An Instant Cure,” *Time*, 1 April 1974, 59; Don Michaels, “Instant Cure,” *Fifth Freedom* 1, no. 2 (n.d.): 5.

⁶ Kay Silk, “Too Little, Too Late,” *Wicce* 1, no. 2 (Early Spring 1974): 1.

⁷ “Gay Conference,” *Ann Arbor Sun*, 3 May 1974, 5.

reinvigorated by it. In a 1977 interview, the *Advocate* highlighted antipsychiatric critic Thomas Szasz's admonition that gay communities not allow their newly legitimized status to seduce them into condoning the larger institution of psychiatry.⁸

This article revisits LGBT organizing with, against, and apart from institutional psychiatry during the 1960s and 1970s, the end of the social movement era. Rather than reviving a triumphant narrative of homosexuality's emancipation from stigma, I chart a more complicated milieu of queer critiques of and capitulations to discourses on mental health, sanity, and psychiatric authority during this time. As historians have begun to detail, activist challenges to psychiatry during this period were hardly restricted to gay organizing. In fact, the *DSM* campaign of the early 1970s occurred on the heels of an array of critiques developed by antipsychiatric, antiracist, feminist, and antiwar activists during the 1960s, all of which targeted psychiatric constructions of mental illness.⁹ As historian Michael Staub has argued, the social movement era thus bears note as a period in which "a significant portion of the populace . . . believed madness to be a plausible and sane reaction to insane social conditions, and that psychiatrists served principally as agents of repression."¹⁰

By the early 1970s, the homosexuality diagnosis had become one of a number of touchstone issues that helped throw the larger regime of psychiatry into crisis.¹¹ That not just homosexuality but also psychiatry was at stake in the revision was acknowledged by activists and professionals alike. As allied professional Judd Marmor noted, "Because we psychiatrists have permitted ourselves to use [diagnoses] indiscriminately and unwisely as a technique of social control of disapproved of behavior, we have made it possible for the Szasz faction to question the entire concept of mental illness."¹² But whereas the antipsychiatry movement, which had gained momentum during the 1960s, had leveraged the homosexuality diagnosis to contest the authority of psychiatry writ large, gay reformers in the early 1970s were more likely to seek psychiatric sanction by affirming and appealing to the discipline's scientific integrity. In contrast to other progressive critiques that increasingly supported social and political theories of affective,

⁸ Dean Gengle, "Healing Words for Political Madness: A Conversation with Dr Thomas Szasz," *Advocate*, 28 December 1977, 37.

⁹ See especially Michael E. Staub, *Madness Is Civilization: When the Diagnosis Was Social, 1948–1980* (Chicago: University of Chicago Press, 2011); Jonathan Metzl, *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2011).

¹⁰ Staub, *Madness Is Civilization*, 10.

¹¹ On psychiatry's legitimacy crisis, see Rick Mayes and Allan V. Horwitz, "DSM-III and the Revolution in the Classification of Mental Illness," *Journal of the History of the Behavioral Sciences* 41 (2005): 249–67.

¹² Judd Marmor, "Homosexuality and Cultural Value Systems: Should Homosexuality Be Classified as a Mental Illness?," paper presented at the 1973 APA Convention in Honolulu, Hawaii, filed in Barbara Gittings correspondence with Frank Kameny, folder 14, box 6, Gittings and Luhusen Papers, New York Public Library, New York (hereafter cited as NYPL).

behavioral, and cognitive difference, declassification advocates construed the homosexuality diagnosis as an outlier error of bad science that could be corrected through improved standards of scientific rigor and impartiality. In fact, occurring at a moment when the militancy and antiauthoritarianism of the revolutionary movements were reaching new heights and when leftist indictments of political, medical, and juridical regimes were becoming increasingly totalizing, the *DSM* campaign was arguably unusual in articulating such a circumscribed and measured critique.

Given this context, I suggest that the campaign to declassify homosexuality in 1973 bears further reflection as a moment that helped enable psychiatry to reassert social and scientific authority by incorporating a previously disavowed form of minority difference. Affirming homosexuality allowed psychiatry to reestablish itself as an impartial expert discourse and a proponent of social diversity at a time when it was being increasingly publicly criticized as moralizing and outmoded. This sanctioning would have lasting effects on LGBT and disability politics as well as on the larger field of psychiatry. As Regina Kunzel has argued, the legitimization of homosexuality during these years was secured through concerted efforts on the part of activists and allied professionals to disaggregate same-sex orientation from other varieties of social deviance, particularly disability.¹³ For *DSM* reformers, establishing homosexuality's essentially "healthy" character required its discursive disarticulation from putatively "unhealthy" conditions like gender nonconformity, criminality, negative affects, and mental illness—all of which were, in these efforts, subsequently reproduced and naturalized as pathological. Building on Kunzel's insights, I argue that this push to consolidate homosexuality as a healthy category of minority citizenship hinged specifically on reinvestments in science and medicine as sources of knowledge about sexuality, investments that arguably broke from the counterepistemologies of the radical Left. Insofar as the antipsychiatry movement constituted, as Michel Foucault suggested, an effort to *demedicalize* madness during this period, the declassification campaign can be read as part of a concomitant push to *remedicalize* madness through the conditional ratification of certain new forms of social identity.¹⁴ The institution of psychiatry itself would also be altered in the aftermath of homosexuality's legitimization: the release of the *DSM-III* in 1980 would bear out reformers' demands for "better science" by emphasizing new standards of empirical rigor and a more precise, symptom-based nosology. Ironically, calls for a more refined diagnostic schema based on research and fact—and not theory or morality—would become one of the forces driv-

¹³ Regina Kunzel, "The Rise of Gay Rights and the Disavowal of Disability," in *The Oxford Handbook on Disability History*, ed. Catherine Kudlick, Kim Nielsen, and Michael A. Rembis (New York: Oxford University Press, forthcoming).

¹⁴ Michel Foucault, *Psychiatric Power: Lectures at the Collège de France, 1973–1974*, ed. Jacques LaGrange, trans. Graham Burchell (New York: Palgrave, 2003), 345–46.

ing the new manual's dramatic proliferation of diagnoses and its move to a more decisively medical paradigm for conceptualizing mental illness. In inciting psychiatry to science, then, the declassification campaign arguably helped elaborate rather than curtail the psychiatrization of human behavior.

And yet, as the less celebratory press coverage suggests, psychiatric recognition was hardly of paramount importance to all LGBT communities at the time. Even when they engaged psychiatry as an interlocutor, many gay activists harbored critiques and aspirations that were quite divergent from those articulated by central players in the declassification campaign. Allegiances to antiracist, feminist, disability, and anticapitalist movements especially helped shape a set of more totalizing repudiations of psychiatric authority. Underscoring the influence of radical feminism, movements for “insane liberation,” antiracist activism, and developments in radical psychoanalytic and Left theory, I argue that, far from disavowing madness, many gay liberation activists moved to embrace it. Building on other leftist appraisals of reason and science as hierarchizing epistemes, they not only claimed insanity as a privileged political position but also elevated the discursive and psychic affinities between psychosis and “deviant” sexuality in particular. In these circles, madness circulated not just as an object of analysis but also as a resource for critique and action; repudiating reason and sanity was often as integral to progressive sexual and gender politics as articulating solidarity with the insane. Thus, rather than building a discourse that engaged professional and liberal constructions of identity, knowledge, and social organization, gay liberation activists turned to tactics that were intensely irrational, disorganizing, and incoherent. Collectively, these more sweeping refusals of psychiatry constitute an important site of coalition in early LGBT organizing. But they also present a genealogy of antirationalist and anti-identitarian sexual politics that, in important respects, anticipated the antinormative and deconstructive mandates that are today widely associated with the designation “queer.”¹⁵ Furthermore, in soldering madness to nonnormative sexuality, these activist cultures arguably offered a larger set of challenges to liberal and state-sanctioned models of minority identity by positing sexual deviance as a force that usefully destabilized and eroded familiar forms of selfhood and sociality. Drawing from antipsychiatric and psychoanalytic understandings of psychosis and sexuality as fundamentally desubjectivizing phenomena, these critiques used deviant sex and

¹⁵ Heather Love has traced a related genealogy of “queer” through postwar deviance studies, which included critics associated with the antipsychiatry movement like Erving Goffman. Inasmuch as these critics also shaped the gay liberation movement’s diffuse and anti-identitarian critiques of stigma and social marginality, these activist cultures arguably share in Love’s queer genealogy of deviance (even though activists eschewed postwar researchers’ claims to empiricism and professionalism). Indeed, gay liberation offers an early instance of the transposition of deviance from strictly descriptive to prescriptive registers characteristic of queer critique in the 1990s. See Heather Love, “Doing Being Deviant: Deviance Studies, Description, and the Queer Ordinary,” *differences* 26, no. 1 (Spring 2015): 74–95.

cognition—in other words, madness—to subvert dominant models of social and psychic organization. Thus, against the push to consolidate homosexuality as a stable and self-contained minority identity, radical gay men and lesbians advanced an antitaxonomical sexual politics, one that posited sexuality not so much as a social structure but as a social solvent.

A GAY SCIENCE: *DSM* REFORM AND THE PSYCHIATRIC (RE)CONSTRUCTION OF HOMOSEXUALITY

Although the *DSM* revision campaign culminated during the post-Stonewall years and is often credited to gay liberation efforts, there were notable distinctions between the critiques and tactics of declassification activism and those that otherwise typified the gay liberation movement. The central figures in the push for *DSM* revision—including Franklin Kameny of the Washington, DC, Mattachine Society and Barbara Gittings and Kay Tobin Lahusen of the Philadelphia Daughters of Bilitis—identified more strongly with the older, less confrontational homophile movement. They generally eschewed the militant repudiations of social norms prioritized by organizations like the Gay Liberation Front (GLF), which had been formed in New York in 1969 in the wake of the Stonewall riots. In the final years of the campaign, Kameny and Gittings were joined by Ronald Gold and other members of the New York Gay Activists Alliance, a group that had split from the GLF over its prioritization of coalitional politics in order to focus on “single issue” gay reform goals.¹⁶ Privately, Kameny and Gittings condemned the revolutionary posturing, counterculturalism, and allegiances to antiracist, anticolonial, and radical feminist struggles that characterized many gay liberation groups, and they worried that the new gay militancy would undermine the gains of homophile reform efforts.¹⁷ While many GLF chapters privileged confrontational tactics and solidarity with other movements and only infrequently made interlocutors of mainstream institutions, activists working for *DSM* reform had been attempting to build constructive dialogue with the APA for almost ten years. They understood reasoned, professional exchange to be their final goal, and they believed that sympathy for gay issues would be secured by encouraging more informed and rational discussions about homosexuality within the APA and beyond. Nonetheless, Kameny and his allies recognized that gay liberation’s institutional strength offered a valuable resource to the campaign they had been developing since the early 1960s. And because homophile and gay liberation activists could agree on a broadly critical disposition toward psychiatry, organizing around

¹⁶ See Terrence Kissack, “Freaking Fag Revolutionaries: New York’s Gay Liberation Front, 1969–1971,” *Radical History Review* 62 (1995): 104–34.

¹⁷ Kay Tobin Lahusen to Foster Gunnison, 9 December 1969, folder 1, box 4, Kameny Papers, LOC; Frank Kameny to Kay Tobin Lahusen and Barbara Gittings, 3 October 1972, folder 1, box 4, Kameny Papers, LOC.

the APA produced alliances between factions that otherwise often clashed, both ideologically and in their preferred organizing tactics.¹⁸

By 1974 the most publicized encounters between gays and psychiatrists had perceptibly shifted in tenor, suggesting Kameny's success in maneuvering coverage away from militant repudiations of institutional authority and toward a program for institutional reform.¹⁹ Initial gay liberation actions tended to produce antagonisms and disruptions—they were arguably more successful in interrupting psychiatric conversations than joining or modifying them. Protesters at the 1970 APA conference in San Francisco, for instance, simply shut down the homosexuality panel with “screamed and shouted obscenities,” accusing attendees of sadism, barbarism, and torture.²⁰ Even when the convention chair offered to cede the floor, activists refused the invitation to enter a reframed conversation and instead reinvigorated their heckling.²¹ While the organizers apparently considered the protest a success, some voices in the gay press received it as counterproductive to improving official and popular opinion. Underscoring the incoherence and affective excesses of the event, a reporter for the *Detroit Liberator* bemoaned the protest as a “tantrum” in which “dialogue stopped, progress stopped,” and gay liberation surrendered itself to “the ranks of self-perpetuating fringe groups.”²² And indeed, bearing out the journalist’s concerns, psychiatric responses to initial gay demonstrations reflected these refusals of legitimizing tactics: conference attendees in San Francisco summarily dismissed protesters as maniacal and schizophrenic.²³ One scandalized audience member quoted by the *Washington Post* assessed an anonymous feminist protester, somewhat less clinically, as a “paranoid fool and a stupid bitch.”²⁴

Kameny and other declassification advocates regarded these disruptive tactics as unsavory and even risky but ultimately effective in securing the media attention and pressure needed to instigate more “sober and professional” engagements.²⁵ Following initial actions in 1970, declassification advocates leveraged their new publicity as an opportunity to speak with, rather than intervene against, psychiatric authorities. In 1971, 1972, and 1973 gays would appear at APA conventions not just as protesters but

¹⁸ Kameny and other reform-oriented activists thus participated in GLF actions, including the 1971 APA convocation. See Dudley Cleninden and Adam Nagourney, *Out for Good: The Struggle to Build a Gay Rights Movement in America* (New York: Simon & Schuster, 2001), 203–5; and Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (New York: Basic, 1981), 83, 102.

¹⁹ See also Herb Kutchins and Stuart A. Kirk, *Making Us Crazy: “DSM,” the Psychiatric Bible, and the Creation of Mental Disorders* (New York: Free Press, 1997), 65.

²⁰ “Homosexuals Disrupt Psychiatrists’ Parley,” *New York Times*, 15 May 1970, 38; and James Spaulding, “Homosexuals Berate Psychiatrists,” *Milwaukee Journal*, 15 May 1970, 4.

²¹ Stuart Auerbach, “Gays and Dolls Battle the Shrinks,” *Washington Post*, 15 May 1970, A1.

²² Raymond Warner, “Our Movement and the APA,” *Detroit Liberator*, July 1970, 7.

²³ Auerbach, “Gays and Dolls Battle the Shrinks.”

²⁴ *Ibid.*

²⁵ Bayer, *Homosexuality and American Psychiatry*, 120.

also as official participants offering alternative expertise on homosexuality. In addition to making sanctioned appearances at major professional gatherings, declassification advocates amplified an educational campaign they had been building since the 1960s, writing prolifically in medical and popular presses in an effort to bring the public a more balanced and sympathetic understanding of same-sex sexuality. By spreading awareness about the true nature of homosexual identity, they believed, popular and medical opinion alike would come to view the *DSM* diagnosis as a simple medical error in which outdated cultural values had overpowered objective scientific thinking.

Central to reformers' efforts to build a revisionist psychiatric discourse was the meticulous clarification of what homosexuality was *not*. As Kunzel has argued, gay activism in the years leading up to the revision vote increasingly cleaved to a set of normalizing discourses that sought to "sever the associative connection between mental illness and homosexuality."²⁶ Importantly, these "distancing moves" hinged not just on normative affirmations of health and sanity but also on *empirical* claims about homosexuality's "representative" characteristics. Activists mobilized recurrent appeals to scientificity and methodological rigor because, they believed, empirical analysis would redeem homosexuals by producing more *accurate*, delineated understandings of homosexuality itself. Through scientific research, professionals would come to apprehend homosexuality as an ontologically discrete social formation that was distinct from the pathologies with which it had been erroneously associated in the past. In place of groundless "stereotypes" that posited continuities between homosexuality, vice, and deviance, a more scientific understanding could construct these associations not just as politically harmful but as objectively incorrect—as taxonomic errors. *DSM* reformers thus embarked on a larger epistemic project that sought to alleviate social stigma by reinvigorating sexuality as an object of science.²⁷ Thus, reformers did not so much have to argue that psychiatrists alter their values, just that they better adhere to their own research standards.²⁸ Reformers were so committed to the ultimate authority of scientific method and its redemptive efficacy that Kameny often invoked his own scientific credentials—an astronomy PhD—as manifest proof of his expertise on the homosexuality diagnosis. That his training had focused on the study of celestial bodies rather than human ones was, apparently, immaterial—what

²⁶ Kunzel, "The Rise of Gay Rights," 11. (Page citations to this essay are based on an unpublished document in the author's possession.)

²⁷ It should be noted that postwar US activists were by no means the first to leverage science as a resource for gay rights; indeed, as Robert Beachy points out, sexology and scientific classification were integral to early German homosexual reform efforts. See Beachy, "The German Invention of Homosexuality," *Journal of Modern History* 82, no. 4 (December 2010): 801–38.

²⁸ As Frank Kameny and Barbara Gittings avowed, "Psychiatry can become our major ally" ("Gay, Proud, and Healthy," folder 8, box 122, Kameny Papers, LOC).

mattered was that his ability to think like a scientist established the credibility of his position on sexuality.²⁹

In accordance with these efforts to produce more taxonomically precise sexual knowledges, “homosexuality per se” became an especially widely used turn of phrase amongst gay activists and allied professionals.³⁰ This designation sought to circumscribe understandings of homosexuality, stripping it of wrongful associations with behavioral and personality types that were peripheral to same-sex object choice. By disarticulating homosexuality “per se” from gender nonconformity, for instance, activists could construe more damning images of homosexual gender variance as a simple confusion of diagnostic categories.³¹ As Barbara Gittings reassured audiences in a 1966 interview, “There is no evidence that homosexuals wish to cross-dress any more than heterosexuals do. In fact, most transvestites are heterosexual, and they even have their own organizations. Transvestism is a fundamentally different phenomenon from homosexuality and must not be confused with or correlated with homosexuality.”³² In Gittings’s rendering—which conjured a somewhat different vision of gay publicity than did the men who donned dresses for initial APA protests—not only were most homosexuals not cross-dressers, but most cross-dressers were not homosexual.³³ Similarly, responding to popular associations of homosexuality with transsexuality, Gold emphasized in a 1973 speech that being gay involved no uncertainty about one’s gender or body and that he knew of “very few gay men who are . . . ‘frightened’ of their genitals.”³⁴ Gold even suggested that existing cases of gay effeminacy could be attributed to the emasculating effects of stigma and that gay men might be able to better achieve normative gender roles if they were afforded greater social acceptance.³⁵ In this view, correcting the nosology of homosexuality might actually help treat the symptoms of

²⁹ Franklin Kameny, “Gay Liberation and Psychiatry,” *Psychiatric Opinion* 8, no. 1 (February 1971): 20–21.

³⁰ See, for example, Kameny and Gittings, “Gay, Proud, and Healthy”; Frank Kameny, “Does Research into Homosexuality Matter?,” *Ladder* 9, no. 8 (1965): 16–17; Robert Spitzer, “Position Statement on Homosexuality and Civil Rights,” 15 December 1973, folder 5, box 123, Kameny Papers.

³¹ Although they did not cite them explicitly, in belaboring distinctions between homosexuality and gender nonconformity, *DSM* reformers echoed sexological taxonomies of sexuality and gender identity. See, for example, Magnus Hirschfeld, *The Transvestites: The Erotic Drive to Cross-Dress*, trans. Michael Lobardi-Nash (Buffalo, NY: Prometheus Books, 1991), originally *Die Transvestiten* (Leipzig: Spohr, 1910); Harry Benjamin, *The Transsexual Phenomenon* (New York: Julian Press, 1966).

³² Barbara Gittings, “Comments by Barbara Gittings on British Broadcasting Corporation Film, ‘Homosexuality in Men and Women,’ ” October 1966, folder 35, box 1, Barbara Gittings Papers, Lesbian Herstory Archives, Brooklyn, New York (hereafter cited as LHA).

³³ Warner, “Our Movement and the APA.”

³⁴ Ronald Gold, “Stop It, You’re Making Me Sick,” paper delivered at the APA convention, 9 May 1973, Honolulu, Hawaii, 5, box 35, psychiatry subject file, Morty Manford Papers, NYPL.

³⁵ Ibid., 7.

transvestism. By emphasizing that atypical gender expression had no intrinsic relation—or even correlation—to sexual object choice, the depathologization of homosexuality was secured through a repackaging of gender nonconformity.

Appeals to scientific method were likewise key in disaggregating homosexuality from criminality, pathologized affect, and mental disability. Activists were quick to point to what they considered a vital “sampling error” in existing studies: with the exception of Evelyn Hooker’s work, prior research generally drew from individuals already in psychiatric treatment and, secondarily, from incarcerated populations.³⁶ Maladaptive qualities, it was argued, could be expected from mental patients and prisoners but could not be correlated to homosexuality “per se.” In these critiques, “health” and “happiness” were not simply endorsed as ideals but cited as the empirically dominant characteristics of the gay populace. In a 1974 *People* magazine interview, for instance, Judd Marmor invoked new data proving that only “a small group of the terribly disturbed . . . are extremely promiscuous” and that homosexuals were generally “indistinguishable from heterosexuals” and actually “tended to be” conservative.³⁷ The panel hosted by Gittings and Kameny at the 1971 APA meeting was pointedly titled “Lifestyles of Non-patient Homosexuals,” and activists circulated leaflets attesting to gays’ “proud and healthy” constitutions.³⁸ Beyond stipulating “pride” as the compulsory affect of LGBT justice, this critique put activists in the unusual position of having to argue that, as a group, homosexuals were uniquely impervious to their own oppression. Rising to the occasion, Gittings went so far as to mobilize American exceptionalism as a possible basis for gay psychic fortitude: “I must emphasize that homosexuals in the United States have in general a much more positive outlook, as contrasted with the fatalistic, often negativistic, views expressed by some of the English homosexuals. . . . Perhaps American homosexuals have in general more self-esteem because of the socio-political concepts in our heritage: the ideas that all men are created equal, that they are entitled—as a matter of right, not privilege—to ‘life, liberty, AND THE PURSUIT OF HAPPINESS.’”³⁹ Reformers were remarkably successful in aligning homosexuality with health, happiness, and functionality by convincing professionals to reconsider the empirical basis for evaluating homosexuality *per se*. Then a PhD student in psychology, Charles Silverstein wrote in his position statement to the APA’s Nomenclature Committee that the failures of “objectivity” in previous research might be ameliorated by a newer study that focused on a more “representative”

³⁶ Kunzel, “Rise of Gay Rights,” 11; Charles Silverstein, “Statement by Charles Silverstein to the Nomenclature Committee of the American Psychiatric Association,” 8 February 1973, 3, psychology subject file #11100, LHA.

³⁷ Barbara Wilkins, “Judd Marmor: Straight Talk on Homosexuals,” *People*, 8 July 1974, <http://www.people.com/people/archive/article/0,,20064245,00.html>.

³⁸ Kameny, “Does Research,” 16.

³⁹ Gittings, “Comments,” 2–3.

sample population: not prisoners or mental patients but college students.⁴⁰ That the psychic vitality of this new group might have been equally a function of particularities in social standing garnered no comment—the college educated were simply posited as a better source of knowledge than the incarcerated, who were construed as anomalous by definition.

Notably, invoking the methods of medical science to differentiate homosexuality from mental disorder generally required reformers to affirm medical understandings of disability. Two decades previously, homophile activists had actually experimented with a disability model of gay politics. In 1948 Harry Hay likened the impetus of gay movement building to Alcoholics Anonymous, declaring that “androgynes of the world” would prove that “physiological and psychological handicaps need be no deterrent in integrating 10% of the world’s population towards the constructive social progress of mankind.”⁴¹ By the mid-1960s, however, associations with disability had moved from being regarded as politically useful to politically deleterious. As Gittings insisted, “I must emphasize that there is *no parallel* here with groups like Alcoholics Anonymous.”⁴² Instead, declassification activists naturalized disability as a self-evident state of deficiency in order to explain why psychiatric diagnosis was intolerable; as Gold put it, “Nothing is more crippling than thinking you’re an emotional cripple.”⁴³

But while physical disability provided a rhetorical foil for activists, questions of psychological capacity were far more prominent in debates over homosexuality’s clinical status. In fact, the controversy over the homosexuality diagnosis was able to reach such heights of publicity in part because the APA had never had cause to reach consensus on a standardized definition of mental illness.⁴⁴ This omission was seized by advocates to throw into question the defensibility of the homosexuality diagnosis, and it fueled efforts to distinguish “homosexuality *per se*” from the truly mentally deficient.⁴⁵ In the years surrounding the revision vote, homosexuality helped incite a set of larger contestations over how to properly delineate psychiatric disorder.⁴⁶ In the course of these debates, disability was, in a very literal way, newly produced and sanctioned.⁴⁷ It was during this time that Robert

⁴⁰ Silverstein, “Statement,” 4.

⁴¹ Harry Hay, “Preliminary Concepts: International Bachelors’ Fraternal Order for Peace and Social Dignity, Sometimes Referred to as Bachelors Anonymous,” in *Radically Gay: Gay Liberation in the Words of Its Founder*, ed. Will Roscoe (Boston: Beacon Press, 1995), 64–65.

⁴² Gittings, “Comments,” 3.

⁴³ Gold, “Stop It,” 3.

⁴⁴ See Hannah Decker, *The Making of “DSM-III”: A Diagnostic Manual’s Conquest of American Psychiatry* (New York: Oxford, 2013), 155.

⁴⁵ See Willard Gayline, “In Matters Mental or Emotional: What’s Normal?,” *New York Times*, 1 April 1973, 14, 54; “The Issue Is Subtle, the Debate Still On: the APA Ruling on Homosexuality,” *New York Times*, 23 December 1973, 109.

⁴⁶ Decker, *The Making*, 155.

⁴⁷ Gayline, “In Matters Mental or Emotional.” See also Kunzel, “The Rise of Gay Rights,” 4.

Spitzer, then a junior member of the APA's Committee on Nomenclature who had spearheaded revision efforts within the profession, proposed a dual criteria: to qualify as a mental disorder, a condition must either be a source of subjective distress or somehow impair social functioning. Building on Spitzer's proposal, declassification advocates emphasized images of homosexual capacity that tied homosexuality to productivity and vocational fitness, helping to fuse psychic and economic vitality. Marmor, for instance, noted that many gays "function responsibly and honorably often in positions of highest trust."⁴⁸ A sympathetic piece in a medical newsletter echoed Marmor's vision of self-reliant, productive homosexuality: "Gay people can be happy. . . . [T]hey can function as contributing members of society without psychiatric help."⁴⁹ Casting gays' sex lives as epiphenomenal to their identities as workers and consumers, Daughters of Bilitis founder Del Martin told the audience of the "Lifestyles of Non-patient Homosexuals" panel: "We are really just like any other people in society. We get up in the morning and go to work or school, we watch the boob tube or go to movies, . . . we have hobbies or go in for sports, we shop at the super market and do our housework and all the other humdrum things that make up American life today. And sometimes we make love. We don't spend all our time in bed any more than other people do, however."⁵⁰ The APA's announcement following the revision vote would ultimately affirm these messages, clarifying that "homosexuality, *per se*, implies no impairment in judgment, stability, reliability, or general social or vocational capabilities."⁵¹

Interestingly, critiques of the diagnosis often openly acknowledged discrimination against the mentally ill. As Gold wrote, "To be viewed as psychologically disturbed in our society is to be thought of and treated as a second class citizen. . . . [T]ake the damning label of sickness away from us."⁵² Reformers even implicitly acknowledged recent critiques that had leveled broader indictments against the mental health professions: a flyer at the 1972 APA conference alluded to growing wariness regarding psychiatric expertise, conceding that, "for better or worse, psychiatry and psychiatrists are authority figures in society today."⁵³ But while critiques of the larger repressive function of psychiatric diagnosis had clearly not escaped gay reformers, this did not generate recognition of mental illness itself as a politically determined category, nor did it produce a sense of shared interest with other communities targeted as deviant. Kameny even acknowledged and refused potential objections to his distinction between homosexuality

⁴⁸ Judd Marmor, "A Psychiatrist Says It's Nonsense to Call Homosexuals Sick," *Los Angeles Times*, 12 June 1973, C7.

⁴⁹ "Homosexuals: To Cure, Not Convert," *Medical Dimensions* 1, no. 1 (March 1972): 48.

⁵⁰ Del Martin, "Remarks to APA at 'Lifestyles of Non-patient Homosexuals' Panel," 6 May 1971, reprinted in *Sisters* 2, no. 7 (July 1971): 17.

⁵¹ Spitzer, "Position Statement."

⁵² Gold, "Stop It," 3.

⁵³ Kameny and Gittings, "Gay, Proud, and Healthy."

and disability: “It can be argued, of course, that to be ill, sick, defective, or otherwise ‘less than whole’ is not only consistent with minority status, but, in fact, may be the basis for minority status. This is a weak argument, at best.”⁵⁴ Instead, as Kunzel has observed, Kameny and others asserted the impossibility of fighting “two battles” at once—of working to counter the stigmatization of both homosexuality and mental disability—and they made a “pragmatic decision to organize around a single axis of oppression.”⁵⁵ But beyond prioritizing “single issue” tactics, these claims constructed unhealth as ontologically incommensurate with political engagement: the rights-bearing subject promulgated by reformers took nondisabled status as a *sine qua non*. Indeed, gay advocates established the impetus for declassification by insisting that disability could never properly serve as the basis of a program for equality: “We cannot declare our equality and ask for acceptance,” Kameny asserted, “from a position of sickness.”⁵⁶ In this respect, the campaign’s constitution of homosexuality as a “social minority” hinged upon a concerted depoliticization and remedicalization of mental illness. To this day, the perceived incommensurability between disability and political subjectivity remains common amongst LGBT advocates. As Henry Minton noted of the *DSM* revision in 2002: “Removing the official stamp of illness enabled gay people and their supporters to establish a legitimate foundation for communication. . . . [S]upporters of homosexual rights were free to speak in their own voice.”⁵⁷

Eventually, gay advocates successfully pressured the APA to remove homosexuality from the *DSM-II* in December 1973. However, the campaign’s lasting effects on the institution of psychiatry would not be fully realized until the release of the *DSM-III* in 1980, which saw the most dramatic reworking of the manual to date. Spitzer, whose leadership in the revision campaign had earned him national professional repute, drew from the controversy to insist on the need for a more empirically based, standardized, and diagnostically precise paradigm that would restore the field’s integrity after the “public embarrassments” of the debates over homosexuality. In fact, the declassification campaign fit conveniently into Spitzer’s prior professional interests in establishing psychiatry more decisively as a medical science.⁵⁸ In 1974, immediately following the vote, Spitzer convened the *DSM-III* task force and used his leadership to push through revisions that placed

⁵⁴ Franklin Kameny, untitled document (n.d.), 6, folder 14, box 6, Gittings and Lahusen Papers, NYPL.

⁵⁵ Kunzel, “Rise of Gay Rights,” 6.

⁵⁶ Kameny, “Does Research,” 17.

⁵⁷ Henry L. Minton, *Departing from Deviance: A History of Homosexual Rights and Emancipatory Science in America* (Chicago: University of Chicago Press, 2001), Kindle edition, Kindle locations 3985–88.

⁵⁸ Mitchell Wilson, “*DSM-III* and the Transformation of American Psychiatry,” *American Journal of Psychiatry* 150, no. 3 (March 1993): 404. See also Kutchins and Kirk, *Making Us Crazy*, 68–70.

unprecedented emphasis on research-based, biological, and medical approaches to mental illness. Accordingly, the *DSM-III* has since been recognized as a watershed in psychiatry's medicalization since the 1970s and, as historians have argued, a major step away from social and environmental understandings of mental pathology.⁵⁹ As Rick Mayes and Allan Horwitz write, the third edition revolutionized the field, "radically transform[ing] the nature of mental illness."⁶⁰ With the *DSM-III*, American psychiatry broke from its dominant theoretical paradigm of the postwar period: psychoanalysis. In so doing, the manual distanced the field from the psychoanalytic emphasis on talk therapy, the view of symptoms as secondary expressions of underlying causes, and it displaced one of the most problematically unscientific centerpieces of psychoanalysis, the unconscious, which stipulated that mental illness was rooted in a domain of the psyche that could not be directly observed.⁶¹ And whereas postwar psychiatry had favored the universalizing Freudian view that neurosis is present in everyone, the creation of highly specified diagnostic criteria drawn from symptom-based, empirical research sought to better equip psychiatry to definitively identify and categorize the mentally ill.⁶² This move to more decisively construct mental illness as a proper object of scientific research also created the first opportunities for large-scale clinical trials that could satisfy FDA requirements for psychopharmaceuticals. Psychiatry's medicalization during this period thus also secured the conditions of possibility for the growth of the pharmaceutical industry and preference for pharmacological over therapy-based treatment.

Although the homosexuality debates were by no means the only force driving efforts to redirect psychiatry toward a more "scientific course"—innovations in neuroscience and the growing influence of private insurers on treatment models were especially important—Spitzer's strategies for pushing through this new medicalization were gleaned significantly from the declassification debates.⁶³ The *DSM-III*, for instance, saw the incorpo-

⁵⁹ As Mitchell Wilson has written, "The *DSM-III* is commonly declared to be the most significant factor in promoting what has been called the 'remedicalization' of American psychiatry" since the postwar period. Wilson and others contrast the *DSM-III* to earlier professional emphasis on "psychoanalytic and sociological thinking" ("DSM-III and the Transformation," 399–400). See also Mayes and Horwitz, "DSM-III and the Revolution," 250; Staub, *Madness Is Civilization*, 194; and Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: Wiley, 1998), 301–2.

⁶⁰ Mayes and Horwitz, "DSM-III and the Revolution," 258, 250.

⁶¹ As Jonathan Metzl writes, "The implicit assumption [amongst *DSM-III* supporters] was not merely that biology had rescued psychiatry from its own biases, but that it had done so by denaturing the previously essential divide between unconscious and conscious" (*Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs* [Durham, NC: Duke University Press, 2003], Kindle edition, Kindle locations 1065–67).

⁶² Mayes and Horwitz, "DSM-III and the Revolution," 256; Wilson, "DSM-III and the Transformation," 400.

⁶³ Shorter, *A History of Psychiatry*, 301.

ration of the general definition of mental illness first proposed during the homosexuality campaign: a condition “typically associated with either a painful symptom (distress) or impairment in one or more areas of functioning (disability).”⁶⁴ Disputes around homosexuality also contributed to the manual’s elevation of diagnosis itself as a scientific practice. Alluding to the controversy, especially to allegations that the diagnosis had been based in limited, poorly controlled studies, the manual authors remark that “over the last decade, there has been growing recognition of the importance of diagnosis. . . . In the past, new classifications of mental disorders have not been extensively subjected to clinical trials before official adoption.”⁶⁵ But by moving to more precise diagnostic criteria—supported by “an increased commitment in our field to reliance on data as the basis for understanding mental disorders”—the *DSM-III* mobilized scientific method to insulate its authority from future legitimacy crises.⁶⁶ Finally, the heightened prioritization of diagnosis meant that the *DSM* itself, as the definitive diagnostic text of the field, attained unprecedented professional status with the release of the third edition: the new manual transformed, as Mayes and Horwitz write, a “little-used mental health manual into a biblical textbook.”⁶⁷ Ironically, the declassification campaign eventually helped expand and enshrine the authority of the very text that gay reformers initially sought to critique.

In the end, gay advocates had proven themselves remarkably successful in enjoining psychiatry to science. By the end of the decade, declassification efforts became part of a larger institutional push to refine psychiatry as a scientific discourse, contributing to the more elaborate psychiatrization of human behavior inaugurated by the *DSM-III*.⁶⁸ If prior manuals had unscientifically invoked “vague and capricious concepts,” as Gittings claimed, the staggering array of new diagnoses enumerated by the *DSM-III* promised clinical precision and incontrovertibility.⁶⁹ Not only was the final validity of mental pathology affirmed through this diagnostic refinement, the varieties of behavior subject to diagnosis proliferated. The prodigious size of the new manual alone—four times longer than the *DSM-II* and with eighty-three new diagnoses—suggests that, in the end, revision efforts did not so much temper the purview of psychiatric scrutiny as help stimulate its expansion. Furthermore, psychiatry’s incitement to diagnosis was especially visible in the *DSM-III*’s treatment of gender and sexuality: the total number of paraphilias grew, a new section on “psychosexual dysfunctions” was added

⁶⁴ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: Third Edition* (Washington, DC: APA, 1980), 5–6.

⁶⁵ Ibid., 1, 4.

⁶⁶ Ibid., 1.

⁶⁷ Mayes and Horwitz, “*DSM-III* and the Revolution,” 263.

⁶⁸ See Shorter, *A History of Psychiatry*, 301; Metzl, *Prozac on the Couch*, Kindle locations 1061–65; Mayes and Horwitz, “*DSM-III* and the Revolution,” 258–59; Wilson, “*DSM-III* and the Transformation,” 404.

⁶⁹ Barbara Gittings, “Politics of Mental Illness,” *Sisters*, June 1971, 13.

that instituted diagnoses of inhibitions in sexual desire and performance, and the third edition introduced the first major section on gender identity disorders.⁷⁰ Rather than “depathologizing” sexuality, as the revision is often memorialized today, the campaign might instead be read as facilitating a more nuanced psychiatrization of sexual and gender difference.

In the end, the insistence that homosexuality’s redemption from stigma depended upon its affirmation by science would thus yield mixed results. Appeals to scientific expertise secured political intelligibility for homosexuality by affirming the medicalization of other social pathologies, taxonomizing them as extrinsic not only to “homosexuality *per se*” but also, more broadly, to the domain of politics. These efforts, further, eventually worked to bolster the epistemic and institutional authority of the regimes from which they sought sanction; they helped to establish psychiatry’s more incontrovertibly impartial and scientific status by the end of the decade. And yet, within the context of 1970s social unrest, asserting that homosexuality indexed a social minority status and *not* an illness was not an inevitable, nor, it might be argued, even a particularly intuitive claim. In fact, rather than simply clarifying homosexuality as a “sociological” problem instead of a “medical” one, *DSM* reform might instead be credited with helping to create that very distinction.⁷¹ Accounting for the scope of contestations around sexuality and psychiatric authority during this time requires us to turn our attention to a divergent set of queer critiques that emerged alongside *DSM* reform, critiques less aligned with a minority politics of recognition and more invested in experimenting with possibilities that lay beyond liberal models of political participation and intelligibility. Building on allegiances to feminist, antiracist, and antipsychiatry movements, these more totalizing critiques appearing in the early 1970s not only point to genealogies of queer coalition that would more directly resist state and medical authorities, they also present alternative imaginings of the basic epistemic registers of sexuality. Progressive activists worked to wrest non-normative sexuality back from scientific expertise, elevating rather than disavowing its socially unassimilable, disorganizing qualities. If the *DSM* campaign, in other words, constituted a move to rationalize and scientize homosexuality, the gay liberation movement also saw a counterpolitics to psychiatrization: a push toward intensely antirationalist sexual trajectories.

THE PORE WAR: MADNESS AND THE GAY MILITANTS

In contrast to the claims of *DSM* reformers, many progressive activists during the 1960s and early 1970s had explored social and psychological marginality not as exclusive but rather as mutually constitutive—even equivalent—categories. As Staub has argued, New Left factions often prioritized solidarity

⁷⁰ American Psychiatric Association, *Diagnostic and Statistical Manual*, 261–81.

⁷¹ Kameny and Gittings, “Gay, Proud, and Healthy.”

with the insane, and madness was widely considered both an important issue in its own right and a useful metaphor for thinking through what was wrong with society generally. By the early 1970s, it was not uncommon for feminist and antiracist critics to theorize psychosis both as an effect of oppression and as offering a privileged perspective on it.⁷² For many radicals, what made insanity politically valuable was precisely that it was opposed to and excluded by professional knowledges; as David Cooper, introducing the English translation of Foucault's *Madness and Civilization* in 1964, would write, madness signaled a "lost truth."⁷³

The move to disavow madness and endorse its medicalization thus arguably placed declassification activists in a vexed relationship with other Left critiques that were working to countermand the medicalization of dissent and difference. Drawing from critics as disparate as Betty Friedan and Frantz Fanon, antiwar, feminist, and black power movements all identified the therapeutic professions as accomplices in the subjugation of women, people of color, and the Third World.⁷⁴ Deploying a social minority model of homosexuality as a legitimating strategy, however, required *DSM* reformers to assert that psychiatry actually affirmed and supported *other* oppressed groups. Whether earnest or simply tactical in these portrayals, reformers cast psychiatry as a proponent of multiculturalism in order to then demand that homosexuals receive the equitable treatment supposedly afforded to women and other minorities. Quoted in a 1972 psychiatric newsletter, Kameny asserted, "Would the black man who approaches a therapist with feelings of guilt because of white society's rejection of him be taught to conform to what society wants . . . ? Of course not! He would be given a course in black pride."⁷⁵ Glossing over the fact that outraged feminists had demanded \$1 million in reparations at the very same conference only a few years previously, a speaker at the 1973 American Psychological Association complained that psychology had seen "none of the work done for Gays that [had] been done for blacks and women."⁷⁶ When revision activists acknowledged racism, they tended to deploy it as a rhetorical foil: by casting racism as a vestige of psychiatry's less enlightened past, reformers hoped to establish antihomosexual bias as similarly outmoded. When gay psychiatrist John Fryer spoke anonymously at the 1972 APA convention, for instance, he likened being a closeted therapist to what he called "Nigger Syndrome." Appealing to a liberal consensus around race, Fryer sought to

⁷² Staub, *Madness Is Civilization*, 119–38.

⁷³ David Cooper, introduction to *Madness and Civilization*, by Michel Foucault, trans. Richard Howard (New York: Routledge, 2001), vii.

⁷⁴ Ibid. On critiques of psychiatry in antiwar and feminist movements, see Staub, *Madness Is Civilization*; on civil rights and black power movements, see Metzl, *The Protest Psychosis*.

⁷⁵ "Psychiatrists Blast Colleagues' Prejudice against Homosexuals," *Psychiatric News*, 7 June 1972, 6.

⁷⁶ "The Association of Gay Psychologists: The History," *Newsletter of Psychologists for Social Action* 7, no. 1 (January 1975): 5.

garner sympathy for gay professionals by comparing them to the plight of “the black man with light skin who chooses to live as a white man.”⁷⁷

The surge of organizing by and for the mentally ill, which gained momentum during the same years, offers a particularly stark counterpoint to the declassification campaign. Adapting antipsychiatric critiques to the militant identity politics of the revolutionary movements, these efforts included the founding of the Portland Insane Liberation Front in 1970, the Mental Patient’s Liberation Projects in New York and Boston in 1971, and the creation in 1972 of the Network Against Psychiatric Assault in San Francisco, out of which Women Against Psychiatric Assault would be formed in 1975.⁷⁸ Whereas *DSM* reformers urged professionals to better differentiate between “social” and “medical” issues, ex-patient activists generally refused this distinction. As Sherry Hirsch, writing for *Madness Network News*, stated plainly, “Mental illness is not a medical issue. It’s a social issue.”⁷⁹ And while *DSM* reformers cited the impossibility of building civil rights claims from a position of disability, disability advocates had been working to achieve precisely that with the passing of the 1973 Rehabilitation Act, the first piece of legislation to recognize mental disability as a federally protected category.⁸⁰

This growth in antipsychiatric and “mad pride” organizing profoundly impacted many of the “revolutionary”-identified queer activist cultures that emerged during the post-Stonewall years. Because they shared commitments to the repudiation of “normalcy” and its institutions of enforcement, antipsychiatric critiques that challenged the normalization of sanity and politicized social deviance became important resources for gay liberation’s antiassimilationist and antinormative mandates.⁸¹ In the 1960s thinkers like Szasz and Foucault had linked the medicalization of homosexuality to psychiatry’s historical roots in religious authority, and gays were quick to mobilize this line of thinking to discredit the “rational” basis of insti-

⁷⁷ Quoted in David Scasta, “John E. Fryer, MD and the Dr H. Anonymous Episode,” in Drescher and Merlino, *American Psychiatry and Homosexuality*, 23.

⁷⁸ On the psychiatric survivors movement, see Linda J. Morrison, *Talking Back to Psychiatry: The Psychiatric Consumer/Survivor/Ex-patient Movement* (New York: Routledge, 2005); and Judi Chamberlin, “The Ex-Patients’ Movement: Where We’ve Been and Where We’re Going,” *Journal of Mind and Behavior* 11, no. 3 (Summer 1990): 323–36.

⁷⁹ Sherry Hirsch, “Violence in the Streets,” in *Madness Network News Reader*, ed. Sherry Hirsch et al. (San Francisco: Glide Publications, 1974), 137.

⁸⁰ Kim E. Nielsen, *A Disability History of the United States* (Boston: Beacon Press, 2012), 165–66.

⁸¹ As Tim Dean and Christopher Lane note, antipsychiatry’s influence on early gay politics is more visible in the European context, which did not have the immediate “ethnic minority” referent that US activism did. See Tim Dean and Christopher Lane, “Homosexuality and Psychoanalysis: An Introduction,” in *Homosexuality and Psychoanalysis*, ed. Tim Dean and Christopher Lane (Chicago: University of Chicago Press, 2001), 18.

tutionalized homophobia.⁸² During the same months that *DSM* reformers prepared for the APA's vote, Foucault returned to the topic of madness with his 1973 Collège de France lectures on "psychiatric power" while he worked to finalize his first major work on sexuality. In the United States, activists echoed some of the basic insights Foucault was developing at this time. In 1972, for instance, GLF member Steve Dansky produced a paper critiquing the analyst-analysand relationship as a contemporary incarnation of the Christian confessional.⁸³ Hearkening to theorists like Cooper, Gilles Deleuze, and Félix Guattari, who positioned psychosis specifically against the machinations of capitalism, gay activists turned to nonnormative sexuality as a strategy for countering the atomizing experience of a hyperorganized industrial society.⁸⁴ Gay print media prolifically cited Szasz's indictments of the "myth" of mental illness, and GLF chapters circulated reading lists that paired critiques of labor alienation with R. D. Laing's *Politics of Experience*.⁸⁵ Quoting radical therapist Claude Steiner, the New York GLF announced that "paranoia is a state of heightened awareness" and "schizophrenia is an experience saner than normality."⁸⁶ New York's Flaming Faggots collective followed suit, averring that "the expression of political awareness is called madness by the patriarchy, but . . . can be recognized as revolutionary sanity by the oppressed."⁸⁷ Beyond simply reiterating antipsychiatric critiques, gay activists centered and explored the discursive and phenomenological affinities between psychosis and deviant sexuality in particular. Likening the psychic split of the schizoid to the dual life of the closeted gay, for instance, New York's Red Butterfly collective observed that "anyone growing up gay in America learns to develop a mildly schizophrenic personality style."⁸⁸ Rather than working to disaggregate homosexuality from associations with mental illness, these activists emphasized homosexuality's continuities with madness, positing both as politically productive models of fractured existence.

In line with antipsychiatric critiques, progressive lesbians and gay men often espoused far more totalizing refusals of psychiatric authority than was characteristic of *DSM* revision efforts. Recognizing, as Foucault put it, that "power relations were the *a priori* of psychiatric practice," activists

⁸² See Thomas Szasz, *The Manufacture of Madness* (New York: Harper and Row, 1970); Michel Foucault, *History of Madness*, trans. Jonathan Murphy and Jean Khalfa (New York: Routledge, 2006), 88.

⁸³ Steven Dansky, "God, Freud, Daddy, and Us Faggots," *Faggotry*, 1972, 11.

⁸⁴ David Cooper, *The Language of Madness* (New York: Penguin, 1980); Gilles Deleuze and Felix Guattari, *Anti-Oedipus: Capitalism and Schizophrenia*, trans. Robert Hurley (New York: Penguin, 2009).

⁸⁵ *Gay Liberation Front Bulletin*, 6 January 1970, 1.

⁸⁶ "Announcements," *Come Out!* 1, no. 7 (December–January 1970): 6.

⁸⁷ Flaming Faggots, "Thirteen Principles of Revolutionary Effeminism," *Flaming Faggots Pamphlet* 2 (Winter/Spring 1973): 3.

⁸⁸ Red Butterfly Cell, "Gay Oppression: A Radical Analysis," n.d., Pagan Press Books, <http://paganpressbooks.com/jpl/TRB-GO.HTM>.

emphasized racism, sexism, and imperialism as integral to psychiatric knowledge, and they located discourses on sexuality within this frame.⁸⁹ Gay protesters at the 1970 APA conference, for instance, condemned a panel focusing on Native American suicide as “business as usual” because it failed to address the genocidal legacies of settler colonialism.⁹⁰ These more systemic and comparative critiques often construed psychiatry as impervious to reform. In a statement delivered at the Black Panthers’ Revolutionary People’s Constitutional Convention, members of the Chicago GLF proclaimed that “the American medical profession is irrelevant to the needs of oppressed people. . . . [B]ecause psychiatrists emphasized ‘adjustment’ and conformity rather than liberation, because they tell us to become good citizens rather than good revolutionaries, because they favor individual solutions rather than social change, we recognize that they are not the helpers of homosexuals or any oppressed people, but serve as our oppressors.”⁹¹ In addition to deexceptionalizing psychiatric discourse on homosexuality, these critiques were also noteworthy in their sidelining of nosology altogether, rarely citing specific diagnoses or the *DSM* itself as concerns. In presenting their demands to the Eastern Psychological Association, for instance, the Boston GLF did not reference diagnosis at all, instead issuing a declaration of allegiance to women and people of color and indicting the conference presenters’ racism before even introducing gay political grievances. Their demands—offered with the caveat that anything short of immediately disbanding the profession amounted to compromise—likewise displaced gay identity politics. They called for an end to sexism, for the deinstitutionalization of the mentally ill, and the abolition of coercive treatments like electroconvulsive therapy and psychosurgery.⁹²

Refusals of rational and scientific knowledges were not just articulated by lesbian and gay critics but, by all appearances, actually instituted by them as well. Activists offered brazenly hyperbolic testimonies to the ravages of psychiatric repression and control, circulated theories about “mind control” technologies under secret development at psychiatric facilities, and likened American psychiatry’s genocidal function to the Holocaust.⁹³ Perhaps internalizing the dictum that paranoia offered a privileged kind of insight, activists attributed debatable powers of manipulation and control to the profession, and some singled out psychosurgery as a “final solution” to the social problems posed by women and gays.⁹⁴ In San Francisco, gay

⁸⁹ Foucault, *Psychiatric Power*, 345.

⁹⁰ Gary Alinder, “Confrontation I: San Francisco,” *Gay Flames* 6 (n.d.): 2.

⁹¹ Chicago GLF, “Working Paper for the RPCC,” *Gay Flames Pamphlet* 13 (n.d.): 6.

⁹² “Gay Male Liberation Confronts Psychology,” *Rough Times* 2, no. 7 (June 1972): 3.

⁹³ Barbara Roberts, “Psychosurgery: The ‘Final Solution’ to the ‘Woman Problem,’” *Lesbian Tide*, December 1972, 12; Bill Cutler, “The Edge of the Knife: Psychosurgery Comes to Michigan,” *Gay Liberator* 24 (February 1973): 4; and Gay Activists Alliance–SF, “Dachau: CMF Vacaville” flyer, GAA Scrapbooks, folder 2, box B, Raymond Broshears Papers, GLBT Historical Society, San Francisco.

⁹⁴ Roberts, “Psychosurgery,” GAA-SF, “Dachau” flyer.

activist Raymond Broshears penned exposés of psychiatrists who were using surgery and behavior modification on the incarcerated and institutionalized, averring that the clinicians “should be tried with mass murder” for their sadistic experiments on human subjects.⁹⁵ Broshears also speculated on alliances between neurosurgeons and law enforcement, citing use of psychosurgery to placate “ghetto rioting” and “radical political dissent” and to carry out political assassinations.⁹⁶

But while these more hyperbolic indictments were certainly prominent amongst predominantly gay male groups, perhaps the most consistent and vocal excoriations of the therapeutic professions were articulated by lesbian feminists. Over the course of the 1960s, women’s liberation had grown increasingly forceful in its challenges not just to mental health but to “patriarchal” medicine writ large, and these critiques importantly shaped lesbian responses to psychiatric authority after the Stonewall riots. By 1972, when Phyllis Chesler’s widely circulated *Women and Madness* was published, the book did less to break new ground in lesbian critiques of mental health than it did to affirm existing beliefs that madness was a preferred affective and epistemic response to patriarchy. Some lesbian feminists regarded Chesler’s study as regressively heteronormative, noting that she focused on straight women who slept with their therapists. As one reviewer complained, “Not only does Phyllis Chesler not have any new theory about lesbians, she has no new facts.”⁹⁷ Rarely invoking the *DSM* and only sporadically acknowledging professional organizations, lesbian writings mirrored radical gay male critiques in concentrating on broader systemic considerations of the politics of health, affect, and sanity rather than on diagnosis. Some derided declassification efforts as a pointless exercise in proving homosexuality’s commensurability with a heterosexual order that lesbians refused. As one activist put it, “Dykes walk around a world that assaults us, that we are not only not accepted by, but that we refuse to accept, that we defy and are determined to destroy. We hate the existing order and it hates us. THIS CAN DRIVE A WOMAN CRAZY!”⁹⁸ Detailing varieties of “reformist” politics from which lesbian feminism distanced itself, a member of the separatist collective the Furies summarized, “More traditional groups take a defensive position: ‘lesbians are not sick or perverted. We are as good citizens as you are.’ . . . [Reformers] spend a good deal of time refuting the homosexuality-as-sickness arguments.”⁹⁹

Dissatisfaction with mental health reform was also registered in lesbian organizing, which eventually made gay reformism itself a new object of

⁹⁵ Raymond Broshears, “Brain Drain: Psychosurgery,” *Gay Crusader*, June 1974, 4; Raymond Broshears, “Psycho Surgical Murders,” *Gay Crusader* 2, no. 3 (December–January 1974).

⁹⁶ Broshears, “Psycho Surgical Murders.”

⁹⁷ Laurel, “Women and Madness: A Review,” *Amazon Quarterly* 1, no. 2 (February 1973): 57.

⁹⁸ Maricla Moyano, “Movement Madness,” *Tribade* 1, no. 1 (May 1977): 9.

⁹⁹ Mary-Helen Mautner, “Gay Reformism: Almost but Not Quite,” *Furies* (January–February 1973): 13.

protest. At the 1974 APA panel on homosexuality in Detroit, which featured Gittings and Kameny as speakers, several dozen lesbians and allied “faggots” from the area infiltrated the audience and engaged the presenters. Initially, negotiations seemed like they would be resolved amicably enough: activists threatened to shut down the session unless an all-lesbian panel was substituted for the planned one, and despite Kameny’s insistence that he could “speak for” gay women (which lesbians derided as arrogant and offensive), the moderator agreed to cede two panel seats in compromise. Privately, however, the protesters had decided that they would seize the stage anyway after delivering their remarks. In a scene recalling the deliberate anarchy of early GLF protests, Joan Dixon, a participant reporter for *Lavender Woman*, described the ensuing pandemonium: “About fifteen angry dykes leaped onstage. The moderator was shocked and declared the workshop over. Some shrinks obediently started filing out of the room. We hadn’t honored the agreement, the moderator said. Right, said Rachel, WE LIED! Kameny started a long obnoxious monologue but a dyke seized the microphone and flung it away. A man from the audience ran up looking like he was about to sock the dyke. . . . Several women in the audience screamed at the two most vocal dykes calling them crazy.”¹⁰⁰ Determining that they lacked the strength to hold the stage, the protesters then retreated to a nearby bar. Upon exiting, Dixon noted, “the scene deteriorated into men talking with men about men, which is what we had predicted would happen if men spoke.”¹⁰¹ Interestingly, *Lavender Woman*’s coverage provides no indication as to the content of the protesters’ critiques beyond the panel’s underrepresentation of women. Their remarks before claiming the stage are referenced only in their affect and ad hoc quality—a “fiery speech” drafted the preceding night—and Dixon reports at greater length on the bedlam and the protesters’ later discussions among themselves than on any commentary that occurred within the official space of the panel.¹⁰² As a whole, and particularly given the group’s apparent good spirits about the action, the account suggests that the articulation of a cogent critique within a sanctioned venue had never been a primary goal of the intervention.

While radical lesbians often participated in alternative forms of self-work like consciousness raising and cocounseling, support for feminist mental health efforts existed alongside deep-seated skepticism as to whether any therapy could truly be lesbian affirming. As an interviewee in *Long Time Coming* noted, therapists are “still shrinks, even if they may be pro-gay, pro-feminist, or gay or feminist themselves. Especially if they’re male. And even women who go through the traditional training tend to be indoctrinated.”¹⁰³ Accordingly, while recognizing the often truly devastating experience of mental illness, many lesbian feminists rejected institutional treatment ap-

¹⁰⁰ Joan E. Nixon, “Lesbians Confront Shrinks,” *Lavender Woman*, June 1974, 3.

¹⁰¹ Ibid.

¹⁰² Ibid.

¹⁰³ “Alternatives,” *Long Time Coming*, January 1975, 18.

proaches. Writing for the separatist newsletter *Tribade*, activist Maricla Moyano commented: “We know male science is generally not valid: that putting women in psychiatric prisons is wrong, that the psychiatric profession itself is an arm of the patriarchal, capitalist, reactionary state.”¹⁰⁴ In developing alternative strategies for managing psychological distress, activists explored alternatives to normative rehabilitation, proposing instead the creation of supportive spaces where community members could safely go to “freak out.”¹⁰⁵ Others eschewed institutional treatment because they understood the medicalization of madness as an effort to suppress women’s unique spiritual faculties. A writer for *Country Women* suggested that the most effective treatment for mentally ill women was simply to claim the magical talents that patriarchy attempted to pathologize as delusion: “I learned to celebrate my powers, celebrate my fantasies, and listen to my voices. . . . If that had happened to me [sooner] I need never have been sick.”¹⁰⁶ Like R. D. Laing, radical feminists emphasized the indeterminacies between insanity and nonnormative religiosity, both of which they extolled for their sublations of rational thought. One author speculated that “women in mental institutions are one-way shamans,” and she applauded feminist shamanism for its ability to effect the “dismemberment (of the conscious or cultural body)” through the “disintegration of . . . familiar personal identity.”¹⁰⁷ Other activists expressed concern that reform efforts to secure more affirming therapy would simply become new grounds for institutional expansion. As Tanya Temkin, an attendee of an antipsychiatry conference in 1976, remarked:

The benefit of this flood of neo-professionals into the women’s community is questionable beyond the already clichéd observations that therapy, in whatever form, channels women’s anger into individualistic solutions rather than collective strategies and perpetuates the classist bias of valuing verbalization at the expense of action. More perniciously, it obscures the fact that the presence of “feminist” therapists (and their expanding, newly created clientele), does not really confront the issues of the day-to-day abuses of women confined in mental hospitals. . . . [P]sychiatry can comfortably absorb, or at least tolerate, this new glut of professionals on the therapeutic market without being forced to alter its practices of degradation and torture of women, which are inextricably a part of the basis of institutional psychiatry.¹⁰⁸

¹⁰⁴ Moyano, “Movement Madness,” 8.

¹⁰⁵ “Taking Control: Feminist Alternatives to Mental Institutions,” *Off Our Backs*, December 31, 1975, 10.

¹⁰⁶ Ahni, “Struggle for Rebirth,” *Country Women* 19 (March 1976): 15.

¹⁰⁷ Mara Meshak, “Dreams and the New Shamanism,” *WomanSpirit* 2, no. 6 (Fall Equinox 1975): 8.

¹⁰⁸ Tanya Temkin, “Conference versus Psychiatric Oppression,” *Off Our Backs*, 30 September 1976, 24.

Like the disordered protests of mendacious “angry dykes” and gay male liberationists, Temkin’s indictment of “verbalization” over “action” evokes a broad aversion not just toward the privileging of ideology but also toward the fetishization of language itself as a mechanism of either social or psychic “talking cure.” Moreover, her critique emphasizes psychiatry’s aptitude for incorporating minority difference; indeed, Temkin suggests that in marketizing difference, thereby building a larger, diversified “clientele,” psychiatry at once revitalizes itself and further discursively elides the populations that it most destructively targets and controls.

Temkin’s concern for the “day-to-day abuses” faced by the institutionalized underscored another disparity between lesbian feminist critiques of mental health and the *DSM* revision campaign: while declassification advocates normalized a populace of happy, functioning homosexuals, lesbian activists advanced an imagined community that did not just include but prioritized the insane. They often embraced dysfunction and maladaption, positing affective and cognitive deviance as central to lesbian experience. Identifying psychic injury as a systemic effect of racism, sexism, and homophobia, the Combahee River Collective’s foundational statement of black lesbian feminism avowed, “We are damaged people merely by virtue of being Black women.”¹⁰⁹ Moyano affirmed that “probably every Lesbian-Feminist community has been faced with the problem of what to do about women who have ‘freaked out,’ had a sudden emotional breakdown, or women who are in an apparently permanent state of being ‘flipped out.’”¹¹⁰ Lesbian periodicals routinely dedicated special issues to mental health experiences, highlighting contributors’ often harrowing testimonies of institutionalization.¹¹¹ Like gay liberation groups that protested the chemical castration of sex offenders, these critiques eschewed identity-based grievances in favor of a focus on the broader regulation of sexuality and gender within carceral and medical institutions. Accordingly, lesbian and gay activists often claimed allegiances with the very sexual criminals that *DSM* reformers disavowed as “nonrepresentative.”¹¹² Drawing from leftist critiques of the prison system, they theorized the asylum and prison as equivalent institutions. Women Against Prison, for instance, emphasized the asylum’s carceral function along with its role in repressing political protest. Indicting the use of civil commitment measures to indefinitely extend sentences, they noted that “once [an inmate’s] status shifts from prisoner to mental patient, their political behavior is regarded as ‘crazy.’”¹¹³

¹⁰⁹ Combahee River Collective, “The Combahee River Collective Statement,” in *Homegirls: A Black Feminist Anthology*, ed. Barbara Smith (New Brunswick, NJ: Rutgers University Press, 2000), 266, 269.

¹¹⁰ Moyano, “Movement Madness,” 8.

¹¹¹ See, for example, Lorraine Swinger, “Mental Health: A Lesbian’s Story,” *Lavender Woman*, April 1975, 4–5; see also testimonials in *Long Time Coming*, January 1975.

¹¹² “Koncentration Camp for Gays,” *Gay Flames Bulletin*, 14 December 1970, 3; “Chris: Gay Prisoner in Bellevue,” *Gay Flames Bulletin*, 14 November 1970, 1.

¹¹³ “NYWAP,” *Off Our Backs*, 31 March 1975, 19.

In contrast to the images of adjustment, happiness, and pride circulated by declassification advocates, lesbian feminists advanced a very different affective politics of liberation: anger, madness, and rage were the privileged countenances of lesbian radicalism, at times invoked as the distinguishing qualities of lesbianism itself. Even before the Stonewall riots, Valerie Solanas's highly publicized shooting of Andy Warhol in 1968 had rocketed her *SCUM Manifesto* to fame, establishing the figure of the unhinged, "angry street dyke" as central to radical feminism and infusing lesbian politics with a vision of messianic gynomania. As Victoria Hesford notes of the manifesto, Solanas's rage eroded political order and coherence, "punctur[ing] through the decorum of acceptable political speech, revealing an irrational, furious, and outraged underside to feminism's rational calls for social justice and political equality."¹¹⁴ In her treatise, Solanas rallied misanthropes, lunatics, and sex deviants to destroy patriarchal society: as she affirmed to Ti-Grace Atkinson, SCUM "is for whores, dykes, criminals, and homicidal maniacs."¹¹⁵ In the manifesto's hyperbolic inversion of gender roles, Solanas apportioned to women not the "positive" male qualities typically reappropriated by feminists but the irrational masculine capacity to destroy, loot, and kill. The "impatient . . . nasty, violent . . . thrill-seeking, free-wheeling, arrogant females" summoned to SCUM's mission were a nightmarish antithesis to the rational, self-contained subject of liberal modernity, their refusals of self-governance and restraint abetted by chaotic, unrepressed affect.¹¹⁶

Solanas's declarations of unbridled fury would reverberate through lesbian activism in the years to come. As the Radicalesbians collective famously proposed in 1970, "A lesbian is the rage of all women condensed to the point of explosion."¹¹⁷ As a founding document of US lesbian feminism, the "Woman-Identified Woman" statement exemplified lesbians' rejections of legitimizing appeals to reason and emotional balance, instead positing a distinctively "lesbian" affective intensity that threatened to detonate familiar structures of self and society. Against the properly integrated, coherent subject of psychiatry, Radicalesbians theorized the lesbian as "in a state of continual war with everything around her, and usually with herself," appropriating the antipsychiatry movement's soldering of disorganized personhood with heightened political awareness. The Radicalesbians demanded an epistemology of the psyche that would not simply permit but prioritize anger as a politically superior emotion. Burdened as it was by "the failure of liberalism as an ideological perspective," psychotherapy, in their estimation, could never offer this. As one Radicalesbian complained of her therapist in

¹¹⁴ Hesford, *Feeling Women's Liberation*, 100.

¹¹⁵ Quoted in Breanne Fahs, *Valerie Solanas: The Defiant Life of the Woman Who Wrote SCUM (and Shot Andy Warhol)* (New York: Feminist Press, 2014), Kindle edition, Kindle location 119.

¹¹⁶ Valerie Solanas, *SCUM Manifesto* (1967; New York: Verso, 2004), 70.

¹¹⁷ Radicalesbians, "The Woman-Identified Woman," *Come Out!* 1, no. 4 (June–July 1970): 12.

the group's statement on mental health, "He would say 'It's all right to be angry.' But he wouldn't say my anger was Right On."¹¹⁸

The politicization of pathologized affects like rage was but one example of how, in exceeding the claims of declassification advocates, progressive lesbians and gay male activists theorized deviant sexuality in ways that even more radically subverted the subject of psychiatry. Radical lesbians, in fact, rejected *DSM* reformers' assertion that homosexuality was as valid as heterosexuality—they insisted, often quite forcefully, on lesbian superiority. Expressing frustration with the increasing availability of "feminist" therapy providers, a contributor to *Off Our Backs* remarked that while therapists were indeed willing to validate her sexuality, they would not endorse her conviction that "lesbianism is a *better* alternative for women." She continued, "I would like to see some lesbian feminist therapists who admit that they believe that lesbianism is more constructive than heterosexuality and work from that premise."¹¹⁹ Writing for *Radical Therapist*, Martha Shelley echoed this view of lesbian superiority, observing, "If hostility to men causes lesbianism, then it seems to me that in a male-dominated society, lesbianism is a sign of mental health."¹²⁰ Shelley's remarks elicited growing feminist support during this time for "political lesbianism," that is, the view that lesbianism represented the only means of constructing an intimate and sexual life in accordance with a feminist politics. In a sense, advocates of political lesbianism moved to reclaim psychoanalytic theories of homosexuality as a symptom: not a vestige of familial pathology, however, but a viable adaptive response to patriarchy. In contrast to *DSM* reformers who sought to establish their assimilability to the social order by producing homo- and heterosexuality as equivalent, separatists elevated lesbianism for its potential to produce wholly different forms of social and sexual organization. Rejecting views of sexuality as inborn or static, they called forth a more mercurial sexual self, one that could divest from normative social structures and reconstruct affiliations in previously unimaginable ways.

Indeed, as calls for elective lesbianism and self-eroding rage both evoke, perhaps one of the most dramatic interventions made by lesbian and gay activists was their exploration of nonnormative sexuality as corrosive to familiar social and psychic structures. In her 1972 poem "Monster"—a feminist reappropriation of Freud's reading of Medusa that anticipated Hélène Cixous's famous 1975 essay, "The Laugh of the Medusa"—Robin Morgan echoed lesbian theorizations of the disorganized self as both an effect of patriarchy and an aspirational state. Speaking to an imagined patriarchal power, she reflected: "You've already taken me away from

¹¹⁸ Radicalesbians, "Lesbians and the Health Care System" (1971), psychology subject file #11060, LHA.

¹¹⁹ Carol Anne Douglas, Tacie Dejanikus, and B. Evgenia, "How Feminist Is Therapy?," *Off Our Backs*, 30 September 1976, 3.

¹²⁰ Martha Shelley, "Lesbianism," *Radical Therapist* 1, no. 3 (August–September 1970): 9.

myself / with my only road back to go forward / into more madness.” Sounding much like Solanas, Morgan offered a vision of feminist struggle as a contestation over the apertures of the self, invoking the antirationalist state of psychedelic experience: “This is a pore war, I thought once, on acid.”¹²¹ Against reformers’ efforts to use scientific knowledge to consolidate homosexuality as a coherent category of minority citizenship, radical lesbians and gay men experimented with unreason as an antidote to liberal paradigms of social and subjective stability. In this view, the revolutionary value of homosexuality was that it was inimical to trajectories of self-integrated subject formation, and thus it harbored a disruptive potential that might countermand the reproduction of the social order. As the French activist Françoise d’Eaubonne succinctly put it, in this view, gay politics was “not a question of integrating homosexuals into society, but of disintegrating society through homosexuality.”¹²²

In these anarchic reimaginings of sexual deviance, theorists associated with antipsychiatry and radical psychoanalysis played especially important roles in shaping activist thought. Herbert Marcuse, who had famously linked sexual repression and labor alienation in *Eros and Civilization*, held particular appeal for the movement’s numerous gay Marxists, who named Marcuse’s writings “basic food for any seriously revolutionary homosexual.”¹²³ As Kevin Floyd has recently observed, Marcuse spoke powerfully to activists’ interest in mining nonnormative sexuality as an antithesis to dominant social orders: “Marcuse dialectically embraced the psychoanalytic configuration of unrepressed homosexuality as a direct threat to the progress of civilization, reversing the conservative Freudian narrative from infantile polymorphous sexuality to the mature repression civilization requires.”¹²⁴ Additionally, although many of their writings would not be translated until the late 1970s, French intellectuals like Foucault, Deleuze, Guattari, and Guy Hocquenghem were highly regarded by French and US gay radicals alike. Works in French theory during this time recurrently aligned deviant sexuality with the irrational, chaotic, and interruptive, and particularly with the dissolution of identity and structures of capitalism. As such, they provided important theoretical fodder for US activists’ desire to disorganize and dismantle society through homosexuality.¹²⁵ Deleuze,

¹²¹ Robin Morgan, “Monster,” in *Monster: Poems* (New York: Vintage, 1972), 84.

¹²² Quoted in Michael Sibalis, “Gay Liberation Comes to France: The Front Homosexuel d’Action Révolutionnaire (FHAR),” papers from the George Rudé Seminar, vol. 1 (2005), 274, <http://www.h-france.net/rude/2005conference/Sibalis2.pdf>.

¹²³ Jerald Moldenhauer, “Marcuse and the Gay Revolution,” *Body Politic*, September 1972, 2.

¹²⁴ Kevin Floyd, “Rethinking Reification: Marcuse, Psychoanalysis, and Gay Liberation,” *Social Text* 19, no. 1 (Spring 2001): 107–8.

¹²⁵ This activist enthusiasm for the socially disorganizing valences of nonnormative sexuality thus arguably anticipated the so-called antisocial turn of queer theory that emerged in US scholarship during the 1990s and early 2000s—a body of critique that, like gay

Guattari, and Hocquenghem elevated homosexuality, transsexuality, and schizophrenia alike because they pointed to possibilities for subject and social formation that evaded the Oedipal model—in so doing, they located the subversive potential of nonnormative gender and sexuality in their developmental proximity to psychosis.¹²⁶ Hocquenghem, who was influential in French gay liberation, was an ardent critic of gay reformers' appeals to official, rational knowledges. In a 1978 piece for *Semiotext(e)*, he warned against the “respectabilization and neutralization” that would occur by integrating homosexuality into the epistemes of law and science. While declassification advocates had promoted images of happy, healthy, professional, and gender-conforming gay citizens, Hocquenghem invoked these very qualities as portending the demise of gay radicalism. The new assimilated emblem of gay reformism, he feared, would appear “with a mustache and briefcase, without complexes or affectation,” and would “experiment not with fist-fucking or flagellation, but with the cool good sense of sexological magazines.”¹²⁷ Posed against the penetrative bodily techniques of fisting and sadomasochism, in Hocquenghem’s reading, homosexuality’s domestication by scientific expertise threatened to nullify its capacity to literally perforate the self.

But even before the translation of major published works, US radicals’ zeal for the antirationalist dimensions of French theory could be witnessed in the 1975 “Schizo-Culture” conference organized at Columbia University. Conceived by Sylvère Lotringer’s *Semiotext(e)* collective and loosely focused on critiques of the asylum and prison, the event sought to bring post-1968 French scholarship to American audiences, thereby “narrow[ing] the gap between radicalism, philosophy, and art on both sides of the Atlantic.”¹²⁸ The conference proved wildly popular, if also exemplary of the era’s chaotic politics, as clashes between participants seemed at times to overpower formal intellectual exchange. Over three days, the event drew not only preeminent scholars like Deleuze, Guattari, Foucault, and Jean-François Lyotard but thousands of local activists from black power, feminist, gay, and mental patients’ liberation movements, all convened around the organizers’ declaration to “deal with madness not in a clinical way, or as an individual experience of dissociation, but as an extreme phenomenon capable of revealing the effects and limits of capitalism.”¹²⁹ The conference attempted

liberation activists, drew from psychoanalytic conceptions of sexuality as inimical to systematizing regimes of language and subject formation. See Leo Bersani, *Homos* (Cambridge, MA: Harvard University Press, 1996); and Lee Edelman, *No Future: Queer Theory and the Death Drive* (Durham, NC: Duke University Press, 2004).

¹²⁶ Guy Hocquenghem, *Homosexual Desire*, trans. Daniella Dangoor (Durham, NC: Duke University Press, 1993), 131; and Deleuze and Guattari, *Anti-Oedipus*, 78, 85.

¹²⁷ Guy Hocquenghem, “We All Can’t Die in Bed,” reprinted in *Schizo-Culture: The Book*, ed. Sylvère Lotringer (Los Angeles: Semiotext(e), 2013), 31–32.

¹²⁸ Sylvère Lotringer, “Introduction to Schizo-Culture,” in *Schizo-Culture: The Event*, ed. Sylvère Lotringer and David Morris (Los Angeles: Semiotext(e), 2013), 11.

¹²⁹ *Ibid.*, 15.

to systematically place French philosophers in conversation with US activist leaders. Gay radicalism witnessed an unprecedented bicontinental pairing when radical feminist Ti-Grace Atkinson shared a panel with Félix Guattari. Their encounter was tense: Guattari's presentation was prematurely terminated by feminist hecklers who felt the male presenters were monopolizing the stage.¹³⁰ “Schizo-Culture” also introduced English-speaking audiences to Foucault's new project on homosexuality in a paper titled “We Are Not Repressed.” Perhaps fittingly, given the conference's focus on paranoid and psychotic knowledges, Foucault was driven from his own question-and-answer session when the audience was stirred to uproar by an attendee accusing him of working for the CIA.¹³¹ Apparently rebounding from his tumultuous reception—along with another altercation involving Atkinson's contingent, who charged him with not caring about women—Foucault rejoined the conference at a roundtable on prisons and asylums alongside R. D. Laing, ex-patient leader Howie Harp, and lesbian Weather Underground member Judy Clark.¹³²

Even with its skirmishes between participants, the conference highlighted the intense discursive affinities between madness, sexuality, and radical politics in this historical moment. A number of workshops sought to enhance critiques of reason among US activists by putting gay and feminist organizers into conversation with recent antirationalist French theory. One workshop, “Feminist Theory, Feminist Practice,” promised to “compare the different directions that feminism as an intellectual movement has taken in France and America” in hopes of “developing an analysis that provides an alternative to the ‘objective,’ scientific production of knowledge.”¹³³ And conversely, among the conference's featured scholars, the politics of sexuality emerged as central to critical deconstructions of sanity and reason. Conference organizers publicizing the event characterized the new French intellectualism as a “revolution in desire,” borrowing a phrase that gay liberationists had helped popularize in France.¹³⁴ In his keynote address, Lyotard lauded the work of “aborted women, homosexuals, prostitutes,” and other outsiders for “utiliz[ing] the discourse of spontaneity, of unsociability, of madness, of the libido” to undermine dominant regimes. Characterizing social deviance as “regions forsaken by thought,” Lyotard cast gay and feminist activism as models of a radical critique that was at once sexually and epistemologically polymorphous, mercurial, and disruptive.¹³⁵

¹³⁰ David Morris, “Schizo-Culture in Its Own Voice,” in Lotringer and Morris, *Schizo-Culture: The Event*, 219.

¹³¹ Lotringer, “Introduction to Schizo-Culture,” 22.

¹³² Morris, “Schizo-Culture in Its Own Voice,” 217.

¹³³ “Feminist Theory, Feminist Practice” flyer, folder 31, box 9, Sylvère Lotringer Papers and Semiotext(e) Archive, Fales Library, New York University, New York.

¹³⁴ “Press Release: Schizo-Culture, a ‘Revolution in Desire,’” folder 24, box 9, Lotringer Papers, Fales Library.

¹³⁵ Jean-François Lyotard, “On the Strength of the Weak,” trans. unknown, folder 31, box 9, Lotringer Papers, Fales Library.

The “Schizo-Culture” conference thus especially highlighted the intertwined roles of sexuality and psychosis in fomenting self- and society-shattering visions of radical politics toward the end of the social movement era. But as the writings of lesbian feminists and gay liberation critics demonstrate, US activist cultures had already been exploring the discursive imbrications of madness and nonnormative sexuality since the preceding decade. Both anticipating and, eventually, expanding on the innovations of French theorists, American lesbian and gay activists ardently cast the patriarchal and heterosexist order of the family as a prime target of homosexual negation. Notoriously, the *SCUM Manifesto*’s dramatic concluding scene offers a scathing, parodic account of Oedipal annihilation at the hands of SCUM: “The sick, irrational men, those who attempt to defend themselves against their disgustingness, when they see SCUM barreling down on them, will cling in terror to Big Mama with her Big Bouncy Boobies, but Boobies won’t protect them against SCUM; Big Mama will be clinging to Big Daddy, who will be in the corner shitting in his forceful, dynamic pants. Men who are rational, however, won’t kick or struggle or raise a distressing fuss, but will just sit back, relax, enjoy the show and ride the waves to their demise.”¹³⁶ In Solanas’s vision, the redemption of (female) humanity occurs not just through the obliteration of capitalist, heteropatriarchal family organization—elsewhere promulgated through acts of destruction like “looting” and “couple busting”—but through SCUM’s complete eradication of self-possession, an affront to the subject that would finally secure patriarchy’s downfall. Solanas’s apocalyptic prophecy offers men a choice between two scenes of abjection: the father’s humiliating incontinence and the “rational” men who passively submit to their own extermination.

Writings like Solanas’s may thus be located within a larger milieu of antipsychiatric, psychoanalytic, and other radical activist theorizations of deviant sexuality as a site of social and subjective rupture, one achieved through deviant sexuality’s concerted repudiations of order, progress, and coherence. In privileging affective force over ideology, self-loss over identity, and disorder over reform, these works evince a distinctly anarchic vision of the political possibilities of nonnormative gender and sexuality. Moreover, this vision of an unruly, self- and society-eroding queerness stands in contrast to narratives of this period as a time of gay identity consolidation, a time when gay communities were finally released from their stigmatization as “disordered” and territorialized as a social minority group. Against trajectories that sought to lend legitimacy and coherence to homosexuality through appeals to scientific authority, progressive lesbian and gay activists theorized nonnormative gender and sexuality as inimical to hierarchizing and systematizing professional regimes. At their most provocative, these efforts not only challenged more mainstream reform projects of this period

¹³⁶ Solanas, *SCUM Manifesto*, 80.

but also arguably deployed sexuality in ways that put pressure on contemporary scholarly distillations of modern sexuality as an apparatus that confers coherence and organization onto the subject. By linking sexuality and psychosis as sites of fractured personhood, activists posited homosexuality as impelling toward a more deindividuated, ego-less state.

The privileging of the 1973 *DSM* revision campaign as inaugurating homosexuality's "depathologization" thus not only risks eclipsing a set of more ardent queer challenges to respectability and institutional authority but also obscures a more complex milieu of activist engagements with sexuality, mental illness, and unreason during this time. The discursive alignment of homosexual desire with mental deviance was hardly the exclusive property of homophobic psychiatry—this association was seized by critics who believed that there were basic and invaluable resonances between psychotic and homosexual experience. And within these radical deployments of sexuality and madness, we can also locate an important set of allegiances between LGBT activism and antiracist, anticapitalist, feminist, and disability politics at the end of the social movement era. These genealogies of coalition shared a broad commitment to the revolutionary potential of the undisciplined and antiprofessional knowledges of social outcasts and outsiders; indeed, they evinced a remarkable optimism that in undoing knowledge itself, wholly different forms of existence might be imagined.

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