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THE CONSTITUTION OF QUEER IDENTITY IN THE 1972 APA PANEL, “PSYCHIATRY:  
FRIEND OR FOE TO HOMOSEXUALS? A DIALOGUE”

By

DUSTIN VERN EDWARD SCHNEIDER

B.S., Rocky Mountain College, Billings, Montana, 2010

Thesis

presented in partial fulfillment of the requirements  
for the degree of

Master of Arts  
in Communication Studies

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Communication Studies

## The Constitution of Queer Identity

Chairperson: Dr. Sara Hayden

This thesis offers a rhetorical criticism of two speeches delivered from a 1972 panel at the American Psychiatric Association (APA): Franklin Kameny's "Gay, Proud and Healthy" and John Fryer's "I am a Homosexual." Both speeches seek to challenge heteronormative constructions of homosexuality through the construction of a positive homosexual identity. Kameny's speech uses an extensive set of metaphors to deconstruct the sickness theory of homosexual, challenge the role psychiatrists should play in society, re-conceptualize sexuality, and empower homosexual identity. Fryer's speech enacts a constitutive rhetoric through the use of consciousness raising strategies and a collective coming out narrative which creates a motivated subject position. Both speeches worked as part of a larger movement to try and delist homosexuality as a mental disorder.

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## Table of Contents

Acknowledgements .....	iv
<b>Chapter 1</b> .....	<b>1</b>
<b>Historical Background</b> .....	<b>3</b>
<b>Homosexuality and Psychiatry</b> .....	<b>6</b>
<b>Homophile Activism and Gay Rights</b> .....	<b>13</b>
<b>The 1972 Panel, “Psychiatry: Friend or Foe to Homosexuals? A Dialogue”</b> .....	<b>23</b>
<b>Conclusion</b> .....	<b>29</b>
<b>Chapter 2</b> .....	<b>31</b>
<b>Heteronormativity</b> .....	<b>34</b>
<b>Critique</b> .....	<b>36</b>
<b>Literature Review</b> .....	<b>38</b>
<b>Methods in Particular</b> .....	<b>44</b>
<b>Constitutive Rhetoric</b> .....	<b>48</b>
<b>Chapter 3</b> .....	<b>59</b>
<b>Deconstructing the Sickness Model</b> .....	<b>59</b>
<b>Challenging Psychiatry</b> .....	<b>64</b>
<b>Re-Conceptualizing Sexuality</b> .....	<b>72</b>
<b>Empowering the Homosexual</b> .....	<b>76</b>
<b>Chapter 4</b> .....	<b>85</b>
<b>I am a Homosexual</b> .....	<b>86</b>
<b>Coming Out and Consciousness Raising</b> .....	<b>87</b>
<b>Validation and Empowerment</b> .....	<b>95</b>
<b>Conclusion</b> .....	<b>100</b>
<b>Chapter 5</b> .....	<b>103</b>
<b>Communication and Homosexual Protest</b> .....	<b>104</b>
<b>The 1972 Panel</b> .....	<b>109</b>
<b>Future Directions</b> .....	<b>117</b>
<b>Appendix A</b> .....	<b>119</b>

**Appendix B** ..... 126  
**References** ..... 130

## Chapter 1

The construction of homosexuality in the United States is unique in that it has been primarily constituted within a medical context. Foucault (1990) distinguished between two broad traditions of sexuality: “ars erotica” and “scientia sexualis” (p.67). Ars erotica refers to truths about sexuality derived from pleasure whereas scientia sexualis refers to truth regarding sexuality derived through the ritualization of scientific inquiry (p.58). Knowledge regarding sexuality in the United States has been primarily produced within scientific discourses. Although these productions carry the label of being “science,” a casual reading of early inquiries into sexuality reveals a clear relationship between understandings of sexuality and the larger values of western cultures.

Far from benign inquires, research into sexuality became institutionalized within psychiatric circles and ritualized through medical practice. These institutions and rituals formed the basis for repressive political actions targeted at homosexuals in the United States; albeit, the pathologization of homosexuality created many problems for homosexuals, the pathologization of homosexuality also provided the structures necessary for resistance to occur. These resistive acts deployed a counter-discourse regarding sexuality that would come to define contemporary homosexual identity. This thesis is an inquiry into two of these resistive acts in an effort to understand both the historical origins and the contemporary constructions of homosexual identity.

In particular, this thesis explores a set of speeches that were delivered in front of the American Psychiatric Association (APA) during a 1972 protest action. Dr. Franklin Kameny’s “Gay, Proud, and Healthy” and Dr. John Fryer’s “I am a Homosexual” were delivered on the precipice of the historical de-listing of homosexuality from the Diagnostic and Statistical Manual



for Mental Disorders 3<sup>rd</sup> Edition (DSM-III). Both artifacts are prime texts for analysis because of the prominent roles the rhetors played in the homophile and gay rights movements and because of their resistant efforts to de-list homosexuality from the DSM. The participation of activist voices in a panel discussion facilitated by psychiatric experts is significant because the efforts of the activists directly address the power/knowledge couplet articulated by Foucault. These speeches do more than just constitute a particular homosexual identity; these speeches seek to change the very fabric of power relations in the United States at the time. Due to the unusual nature of activists participating in matters of science, these speeches warrant closer examination because they provide a stark contrast between the accepted power relations at the time, and the power relations the activists sought to introduce. The historical significance of the speeches and the rich substance of their content make them prime candidates for rhetorical analysis. These two artifacts raise several interesting questions about the construction of homosexuality in the United States during the historical de-listing of homosexuality from the DSM-III. This thesis investigates the following:

- How did Kameny and Fryer constitute contemporary homosexual identity?
- How did contemporary homosexual identity form in reaction to its pathologization?
- What issues did Kameny and Fryer seek to resolve?
- What rhetorical strategies did Kameny and Fryer use to liberate homosexuality from the sickness model?
- What tensions did Kameny and Fryer negotiate during the 1972 APA convention?
- What role did the protests play in the APA's 1973 decision to delist homosexuality from the DSM-III?

- How did the collective symbolic acts of the panelists come together to reconstitute homosexual identity?

Through my analysis, I argue the following: Kameny's speech uses a variety of metaphors to deconstruct the medicalization of homosexual identity as well provide a positive, affirming interpretation of sexuality that makes room for marginalized sexualities. Fryer's speech also advocates for a re-examination of the "sickness theory;" however, Fryer brings attention to the important issues facing homosexuals as well as the stigmatization of homosexual identity. Fryer uses a coming out narrative to embark on a consciousness raising effort that constitutes a homosexual subject that refutes the sickness theory as well as encourages activism among homosexual psychiatrists. Although each of these constructions is unique, both are firm responses to the medicalization of homosexual identity.

In order to develop this thesis, I present five chapters. The first chapter provides a historical backdrop covering the development of a medicalized homosexual identity as well the efforts to resist a medicalized homosexual identity. Chapter two covers the theoretical approaches utilized in this thesis beginning with a critical interpretation of the speeches followed by the specific concepts used to unpack the two artifacts. Chapter three offers a metaphoric analysis of Kameny's "Gay, Proud, and Healthy;" similarly, Chapter four offers a rhetorical analysis of Fryer's "I am a Homosexual." Chapter five concludes the thesis and explores the implications of this research.

## **Historical Background**

Homosexuality as a behavior has always existed; however, homosexuals were not always viewed as a particular type of person<sup>1</sup> (D’Emilio, 1983, p. 10). In the seventeenth and eighteenth centuries homosexuality was considered a behavior that anyone could practice (D’Emilio, 1983, p. 10). Practicing homosexuality did not make a person “homosexual” per se. The association between homosexual behavior and identity originated from the work of sexologists from the late nineteenth century who conceived of homosexuals as particular types of people with a mysterious physiology that made them different from society at large. Once psychoanalysis became popular in the early to middle twentieth century, homosexuality was re-conceptualized as a stage of arrested cognitive development rather than an alternative physiology. The shifting perspective introduced by psychoanalysis suggested that homosexuals were a particular type of patient afflicted with an illness that could be treated and cured. All of the research done on homosexuality seemed to confirm the belief that homosexuality was an illness because researchers were pooling tainted subjects from hospitals and prisons. It was not until sociological sampling methods were used in the mid twentieth century that psychiatrists realized that there existed a population of well-adjusted homosexuals. The suggestion of a healthy homosexual was met with much opposition within the psychiatric community because it challenged strongly held beliefs about the assumed pathology of homosexuality; however, a few committed psychiatrists shared and presented the sociological research helping to change the minds of their colleagues (Bayer, 1981, p. 41-2). These constructions raised important issues concerning reparative therapy

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<sup>1</sup> Here, “homosexuality” refers to the behavior of one person having sex with another person of the same-sex stripped of its cultural meaning and context. A “homosexual” is a particular type of individual existing within a culture and context. For example, a person can engage in homosexual behavior, but not be considered a homosexual. The distinction is important because the contrast allows for a discussion of “homosexual identity” as a cultural phenomenon and “homosexual identity” as a material reality.

and the institutionalized stigma of homosexuality; a stigma that many homosexuals believed and internalized.

As perspectives of psychiatry grew, so did a unique homosexual culture. Following World War II, homosexuals began to congregate in large coastal cities forming some of the first major gay districts in the United States. These cities formed a strong bohemian counter-culture which often included private and public acts of homosexuality throughout the night. As sexuality became pathologized, the members of the counter-culture engaging in homosexuality became homosexuals. The homosexual identity label became a strong organizing principle for the homosexual community and society at large. During the era of McCarthyism, the homosexual identity label became a way of identifying enemies of the state. Homosexuality became a threat to the United States on par with communism. As a result, homosexuals became the target of violent social and police crackdowns. From the new oppression, homosexuals began to form a political identity that sought to change the second class status of homosexuals in the United States. The emerging political consciousness identified the problems of the medical context of homosexuality and substituted the phrase “homophile” for homosexual to resist the medical context of their identity. Homophile activists began working to change the medical context which eventually led them to target the APA in organized protests (Bayer, 1981, p. 102).

The culmination of these two major historical developments informed the protests against the APA in 1970, 1971, and 1972. Within medical discourses, concerns relating to the nature of homosexuality as deviation from a presumed heterosexuality emerged. Closely related to the nature of homosexuality, concerns about reparative therapy also emerged. Within the homosexual community, concerns about political activism, employment discrimination, social stigmatization, homosexual voice, and the desire to be like other social movements emerged. To

establish this historical context, this section first begins by discussing the development of the medical model of homosexuality and the shifting perspectives that set the stage for the 1972 panel discussion. Next, this section discusses the emerging homosexual political consciousness and key themes that arose as a homosexual community sought to define itself. Finally, this section describes the protest efforts against the APA as well as provides an in-depth description of the artifacts under examination.

### **Homosexuality and Psychiatry**

Foucault (1990) states that through scientific inquiry into sexual behavior, homosexuals become constituted in contemporary society. Foucault (1990) speaks to the connection between medical inquiry and homosexual identity writing, “The nineteenth-century homosexual became a personage, a past, a case history, and a childhood, in addition to being a type of life, a life form, and a morphology, with an indiscreet anatomy and possibly a mysterious physiology” (p. 43). Through medical examinations of sexual behavior, homosexuality became more than a behavior; it became a behavior performed by a particular *type* of person: a homosexual. Foucault (1990) even suggests the exact moment in time when contemporary homosexuals were constituted into being, claiming it occurred with the publication of Westphal’s essay on “contrary sexual sensations” in 1870 (p. 43). As the proliferation of medical discourse developed, confessional methods produced knowledge of “homosexuality” as an identity that became a deviation from a presumed heterosexuality.

Contemporary homosexual identity began as an invention of the early sexologists. Psychologist Henry Minton (2002) provides a thorough historiography of the early social sciences that developed models for studying homosexuality. Minton (2002) tells us that the first sexologist to deal with the issue of homosexuality was Karl Heinrich Ulrichs who published a

series of monographs from 1864-79 on the subject (p. 11). Ulrichs, a homosexual himself, suggested that homosexuality was biologically based, concluding that homosexuals should be treated equally in legal and social spheres (p. 11). Homosexuals were then first conceived of as being biologically different, but psychically no different from heterosexuals. Although homosexuals and heterosexuals behaved differently, the two groups of people were still the same in terms of their identity. Ulrichs' work provided the first structured inquiry into the origins of homosexual desire and from his work, others would develop different models.

Although Ulrichs was the first to write on the subject of homosexual desire, the field of sexology did not become formalized until 1906 when Iwan Bloch proposed a new scientific interdisciplinary-field that used, "biological, psychological, cultural, social and historical data" as a means of understanding human sexual behavior (Minton, 2002, p. 11). From this, others like Magnus Hirschfeld started the first journal of sexology in 1908 and the Institute for Sexual Science in Berlin in 1919 (Minton, 2002, p. 11).

From Ulrichs' original writings, medical doctors became interested in the issue of homosexuality. Westphal, who Foucault (1990) credited with the creation of the contemporary homosexual (p. 43), published a report entitled "contrary sexual feeling" in 1870 which led to the development of the massive tome *Psychopathia Sexualis* in 1886 by Richard von Krafft-Ebing (Minton, 2002, p.12). *Psychopathia Sexualis* represented a significant study in the field of sexology. The medical text contained hundreds of case-studies describing all known forms of sexual deviance and used a biological model to explain them. As Minton (2002) observes,

Sexology's legacy for homosexual rights was a mixed bag. On the one hand, it offered a promise in terms of naturalizing homosexuality as a biologically based or developmentally determined variation of human sexuality. It therefore followed

that homosexuals should be accorded equal rights. Indeed, medical specialists generally supported homosexual rights activists in campaigning for a repeal of the penal laws against homosexuality. On the other hand, biologizing and pathologizing homosexuality established a distinct medical classification, akin to the categorization of physical and mental diseases. (Minton, 2002, p. 12)

The debate about the nature of homosexuality had already firmly rooted itself in the earliest medical discussions. Sexologists were also very conscious of the political implications their conceptions about the nature of homosexuality played. Harry Oosterhuis (2002) revealed that Krafft-Ebbing worked hard to balance the views of clients that felt empowered by their homosexuality with clients who were plagued by their sexual orientation. Sexologists, often working in concert with homosexuals to advocate for equality, developed biological theories of homosexual desire that made homosexuals a specific type of subject separate from heterosexuals. Biological theories bring essentialized notions of homosexuality; however, not all homosexual subjectivity is biological and the development of the sickness model produced a knowledge that navigated the tensions of essentialized notions versus subjective experience. Although sexologists first conceived of homosexuals as biologically different, later works would begin to suggest that homosexuals possessed different cognitive and personality structures highlighting their deviance from heterosexuality.

Krafft-Ebing's work remained highly influential and established a biological theory of homosexuality, which predominated until the development of the psychoanalytic model introduced by Sigmund Freud. Freud's cognitive approach dominated psychiatry. As Minton (2002) writes, "Psychological explanations became increasingly popular with the appearance of Sigmund Freud's writings on sexuality in the early 1900s . . . he viewed homosexuality as a form

of arrested psychosexual development” (p. 12). Freud’s theories postulated that homosexuality arose from a child’s failure to develop “normal” heterosexual desires. His theories tended to focus on parent-child relationships, suggesting that strong dominant mothers and passive submissive fathers could explain the development of male homosexuality. Freud’s contributions to psychoanalytic theory constituted a significant body of literature that would be used to train generations of therapists and researchers throughout the twentieth century. Freud’s perspectives are particularly significant because they uniquely focused research efforts on *treating* homosexuality. Whereas previous sexologists assumed a biological malformation (an untreatable condition), Freud assumed a psychological stage of arrested development, which could be adjusted and fixed with therapy. For the first time, a large-scale concentrated effort focused on the treatment of homosexuals through reparative therapy.

Underlying assumptions about the pathological nature of homosexuality remained firmly in place until researchers began using participatory methods of research. One of the most significant scientific works that challenged the development of the sickness theory came from a psychologist by the name of Evelyn Hooker. In 1944, Hooker, like most psychologists of her time, unquestioningly accepted the pathologization of homosexuals. Minton (2002) comments that in the beginning, Hooker knew little about homosexual populations: “In fact, she had uncritically accepted the pathological textbook characterizations she used in her teaching” (p. 220). Although she knew little about homosexual populations, she soon unknowingly developed many friendships with members of the homosexual community.

Through the development of her friendships and interactions within the community, Hooker began to question the widely held assumptions about homosexuality. One of her first friendships developed between her and a former student named “Sammy” who she would later



learn was a homosexual (Minton, 2002, p. 220). Sammy later introduced Hooker to his partner and invited Hooker to Thanksgiving Dinner in San Francisco (Minton, 2002, p. 220). While there Hooker had many experiences with the homosexual community, which sparked her interest in the subject of homosexuality. As Minton (2002) writes, “She [Hooker] did not accept the prevailing view that homosexuals were maladjusted because no one had actually studied the issue” (p.223). Hooker realized that in order to study homosexual populations, it was first necessary to use valid measures of adjustment to actually determine whether homosexuality led to impairment.

Using her connections within the homosexual community, Hooker was able to compile a study that compared homosexual and heterosexual men. Hooker tested the two groups of men using widely accepted projective psychological tests and had the tests interpreted by three international experts in projective assessment (Minton, 2002, p. 227). Hooker’s results revealed two things: (1) she showed that two-thirds of both heterosexual and homosexual men scored either average or above average in terms of functioning and (2) that psychologists were not able to guess better than chance in trying to predict a person’s sexuality (Minton, 2002, p. 227). She first presented her results in 1956 during the annual American Psychological Association conference and later published her results in the *Journal of Projective Techniques* in 1957 (Minton, 2002, p 228-9). These results proved controversial because they offered an affirming interpretation of homosexuality.

Hooker’s research contradicted many of the assumptions held by psychoanalysts of the time including Irving Bieber. Bieber’s research on the etiology of homosexuality was well respected in the field because it contained a large sampling size and it confirmed theories that postulated, “homosexual patients had a significantly greater incidence of a ‘close-binding-

intimate' mother who favored her son over her husband, and a father who was detached and hostile" (Minton, 2002, p. 232-3). Bieber's research was often cited and informed the work of many psychoanalysts; however, Hooker's research challenged many of its underlying assumptions which led to strong reactions by the supporters of Bieber's research. A study group was formed to evaluate the validity of Hooker's research. As Minton (2002) describes, the study group led to a "bitter debate" between supporters of homophile activists like Hooker and the study group comprised of Charles Socarides, Reuben Fine, and Toby Bieber (Irving Bieber's wife) (p. 234). Socarides' study group defended the pathological model arguing for many of the assumptions that Hooker sought to challenge in her work.

The debate would continue until 1973 when the APA's committee on nomenclature voted to remove homosexuality from the DSM. The decision to de-list homosexuality was met with strong opposition and was brought before the APA general body for a vote in 1974. Fifty-eight percent of the general body favored the decision while thirty-seven percent opposed (Bayer, 1981, p. 148). The conflict between Hooker's research and Bieber's study group throws into stark contrast the relationship that exists between doctor and patient as well as researcher and subject. The conflict is more than a debate about valid research; the debate is a power-struggle about what counts as knowledge and whose voices should be heard. The traditional psychoanalysts embodied in Bieber's study group view psychiatrists as the experts on sexuality with homosexuals having a secondary knowledge about their condition. This differs from Hooker's research which fundamentally affirmed the homosexual subject position by drawing from socio-cultural samples rather than prison and asylum populations. Because the "expert" debate about homosexuality focused in on these issues of power, Kameny's and Fryer's speeches

work as interventions that fundamentally seek to change existing power structures throughout society.

Although most consider 1973 to be the date homosexuality was removed from the DSM, it was not removed, but replaced with “ego-dystonic homosexuality” which pathologized homosexuality only if the individual feels subjective psychological distress over their condition. Effectively, the change “cured” millions of homosexuals who did not perceive of themselves as sick. The changes in the diagnostic criteria reveal the internalized homophobia still experienced by many at the time in addition to the interpretive nature of psychiatry. Long-time lesbian activist Barbara Gittings bragged in an interview, “When the vote came in, there was a wonderful headline in one of the Philadelphia papers, ‘20 Million Homosexuals Gain Instant Cure.’ And there a picture of me and a little interview. It was a front-page story. I was thrilled. We were cured overnight by a stroke of the pen” (Marcus, 1992, p. 225). The delisting of homosexuality from the DSM not only “cured 20 million homosexuals,” it eliminated the justifications and barriers that were used to prop up discrimination in many areas of public life. As Gittings argued, the elimination of the sickness label allowed the movement to directly confront the real issues associated with homophobia:

The problem with the sickness label is that it’s supposedly scientific and is therefore not subject to dispute. You can argue with people who say you’re immoral because you can say that there are so many kinds of morality. There are no absolutes. Now that people don’t have the sickness label, they’re coming out with more basic reasons for being against us: “I don’t like you.” “I don’t like the way you live.” “I think you’re immoral.” “I think you’re rotten.” All of that is more honest than this “you’re sick” nonsense. (Marcus, 1992, p. 225)

The sickness label had been used as a prop to justify forms of harassment and discrimination. With the sickness model removed, homosexual rights activists could now argue more effectively for equal treatment. The vote to remove homosexuality from the DSM-III clearly had dramatic implications for the gay rights movement and for queer identity as a whole.

Changing the sickness label resulted from several epistemological shifts within the psychiatric community. What counted as knowledge changed from the period of the early sexologists through the rise of psychoanalytic models culminating in sociological perspectives like those championed by Hooker. Sexologists heavily relied on confessional models of medical practice which intricately tied homosexual behavior to homosexual identity. The epistemology of confessional models privileged the voices of homosexuals and fostered a relationship between medical practitioners and “sexual deviants” that shared in the creation and development of the knowledge surrounding homosexuality. This epistemological framework changed with the development of psychoanalysis. In psychoanalytic models, the psychoanalyst became the expert and the homosexual became the target of efforts to alleviate an arrested psychosexual development; homosexuals were no longer experts to be consulted. Knowledge regarding the condition of homosexuality was held by highly trained experts. Hooker’s research was not only significant because of the results it yielded, it was also significant because the research methodology and sampling represented a new epistemological framework for producing knowledge regarding homosexuality. Homosexuals had greater voice and representation in the production of the knowledge surrounding their creation.

### **Homophile Activism and Gay Rights**

The sickness theory played a key role in the development of the contemporary homosexual. D’Emilio (1983) provides a thorough historical account of the development of early

historical communities, tracing the social awakening of homosexuality as a larger group of people existing within a community rather than just individuals.

The outbreak of World War II raised awareness of homosexuality. Same-sex sexual encounters were not uncommon between men on the front lines and women at home working in factories. These homosexual encounters led individuals identifying as gay and lesbian to be aware that there were numerous people who shared their same-sex feelings and attractions. D'Emilio (1983) observes that with World War II, "Families endured prolonged separations, divorce and desertion occurred more frequently, and the trend toward greater sexual permissiveness accelerated" (p. 23). Greater sexual permissiveness in conjunction with close, sex-segregated environments led to a greater exploration and realization of same-sex sexual behavior.

Upon the conclusion of World War II, many homosexuals returning from the battlefield, not wanting to lose the connections with their same-sex partners, began to congregate in coastal cities forming the first "gay districts." Referencing a number of individuals who had developed homosexual relationships during the war, D'Emilio (1983) writes,

The return of peace could neither undo nor immediately halt these changes.

Vining, for instance remained in New York, and Lisa Ben in Los Angeles.

Excited by "how open" gay life was in San Francisco when he passed through during the war, Bob Ruffing settled there after his discharge from the navy.

Rather than return to Iowa, Pat Bond also sank roots in San Francisco, along with many of the other women ejected from the WACS [Women's Army Corps].

During the day she worked in a factory alongside other lesbians and at night participated in the subculture of lesbian bars. (p. 31)

Emerging communities in places like New York, San Francisco, and Harlem raised social consciousness of homosexuality. As people “returned” to their previous lives or “stayed” to embrace the emerging homosexual culture, divisions about assimilationist and radical ideologies also emerged.

The awakening of a homosexual community began to cause problems in a culture dominated by heteronormative assumptions. Although these emerging communities helped to solidify homosexual identity, they also made homosexuals an easier target for police raids and acts of violence. The mere mention of a person socializing in gay districts carried harsh penalties for a person’s home or work life. D’Emilio (1983) writes, “As the anticommunist wave in American politics rose, it carried homosexuals with it” (p. 41). With the rise of McCarthyism, homosexuals fell under increasing pressure from police raids, job terminations, public exposure and the shame associated with the stigma of homosexuality. Police harassment was common and could be spurred by any number of events, including political accusations of police “laxity” on gay bars or publicized criminal cases of homosexuality (D’Emilio, 1983, p. 49). Overall, more than a thousand homosexuals per year lost their jobs in the late 1940s and early 1950s (D’Emilio, 1983, p.44). Homosexuals in the military lost their jobs at a rate nearly twice the national average (D’Emilio, 1983, p. 45). The discrimination and targeting of homosexuals gave rise to the development of homophile organizations in the early 1950s dedicated to combating harassment with police raids, employment discrimination, and stigmatization at the forefront of their agendas.

These early homophile organizations played a vital role in the raising of homosexual political consciousness. According to D’Emilio (1983) the Mattachine Society, founded in 1951, “marked the beginning of what would grow into a nationwide effort” (p. 58). Henry Hay and

four other gay men founded the Mattachine Society drawing from their experiences in the Communist Party to organize their activities. D'Emilio (1983) describes the Mattachine Society's organization writing, "Its secret, cell-like, hierarchical structure was inspired by the experience of Hay, Rowland, and Hull in the Communist Party" (p. 63). Through this organizational strategy, the founders of the Mattachine Society developed a radical ideology that reconceived homosexuals as a repressed minority rather than a set of sexual deviants. D'Emilio (1983) observes,

Out of their discussions an analysis gradually emerged of homosexuals as an oppressed cultural minority. Individuals, they argued, drew their identity from their participation in heterosexual nuclear families where they learned a 'socially predetermined pattern' for human relationships... Their definition of homosexuals as a minority "unaware" of its existence put the founders on more familiar ground and suggested to them an initial course of action. (p. 65)

These initial formulations of identity by the founding members of the Mattachine Society would have dramatic impacts on homosexual identity. The founding members would eventually extend their analysis to make observations about the larger systemic forces that led to the oppression of their newly conceived homosexual minority. Eventually more members would be drawn to the Mattachine Society and their discussion groups. The discussion groups grew to such a level that they had to divide the discussions into multiple groups and regions which eventually spread through Southern California. As the Mattachine Society spread, they eventually started publishing *ONE* magazine, which at its peak sold 2,000 copies per month (D'Emilio, 1983, p. 73). *ONE* magazine became a mouthpiece for the various ideologies in the homophile movement to spread throughout the United States.

Although the Mattachine Society started to grow, its communist origins became a problem. As more members became involved, a new group of members began to ideologically sever from the radical origins of the Mattachine Society. The new group believed that the ties from the Communist Party should be completely severed in favor of a transparent organization that cooperated with society rather than operating against it in secrecy. The group also outright rejected the notion of homosexuals as a minority group, favoring instead the notion that homosexuality was a deviation of heterosexuality. In May of 1953, the original founders of the Mattachine Society relinquished their leadership to allow elected regional leaders to take control (D'Emilio, 1983, p.80). The new leadership rejected, "the notion of a homosexual minority, they took the contrary view that 'the sex variant is no different from anyone else except in the object of his sexual expression'" (D'Emilio, 1983, p. 80). D'Emilio (1983) argues that the change in leadership had dramatic impacts for the Mattachine Society. D'Emilio (1983) writes, "The impact of the new leadership's perspectives hit the discussion groups first. Initially conceived by Hay as places to forge homosexuals and lesbians into a cohesive, self-respecting, and self-conscious minority, they became under Burns [one of the newly elected leaders] individualistic in tone, a 'means of therapy' for distraught homosexuals" (p. 82). The new leadership brought with it a distinctive assimilationist ideology that characterized homosexual identity not only as individualistic instead of communal, but sick instead healthy.

The difficulty of the assimilationist positions were that homosexuals themselves were actively seeking reparative therapy in order to assimilate into society. The assimilationists' conceived of homosexual identity as it was entrenched in psychiatric models. The sickness model came to define homophile activists. The assimilationist shift in the Mattachine Society led to an overall decline in the membership over the next few years that would paralyze the



organization and leave it dependent on the opinions of psychiatrists willing to speak before the group (D'Emilio, 1983, p. 87). In May of 1954, only forty-two members attended Mattachine societies in Southern California; a staggering decline from the thousands thought to have previously attended the meetings (D'Emilio, 1983, p. 86).

The assimilationist tone persisted throughout the early homophile movement and would remain so until Franklin Kameny became involved in the Mattachine Society. Kameny, a Harvard educated astronomer fired from his government job for being a homosexual, appealed his termination all the way to the Supreme Court where his writ of certiorari was denied and deferred to the lower court's decision (Tobin and Wicker, 1975, p. 93). Kameny's experience in the legal sphere was invaluable because it forced him to articulate a strong ideology and set of arguments and perspectives that would carve out the homosexual community as a minority instead of a group of pathological individuals. Feeling that he had exhausted his legal means of recourse, Kameny founded the Mattachine Society of Washington (MSW), a splinter cell organization from the original Mattachine Society, which now had separate organizations all around the country. The MSW was based on Kameny's then-radical ideology that conceived of homosexuals as a healthy minority (Marcus, 1992, p. 98). Kameny coordinated with other Mattachine Societies and his influence grew. Many other activists including Barbara Gittings credited Kameny with influencing their radical perspectives. Gittings describes Kameny, stating, "Frank was a fantastic man. He was a big influence on me because he had such a clear and compelling vision of what the movement should be doing and what was just" (Marcus, 1992, p. 120). More members in different homophile organizations found themselves being influenced by radical perspectives, rejecting the shame and guilt associated with the individualized sickness perspectives associated with homosexuality.

Radical and assimilationist ideologies within the homosexual community are significant because they paralleled psychiatric positions on the sickness model. The corollary of a radical ideology is a healthy homosexual whereas the corollary of an assimilationist ideology is an unhealthy homosexual who is a deviation from their heterosexual counterpart. Having psychiatrists adopt either a radical or assimilationist ideology would also make them adopt a view of homosexuals as healthy or ill respectively. The larger socio-political climate of the 1960s had a dramatic effect on the development of the homophile movement. D'Emilio (1983) writes, "The homophile movement did not, of course, remain untouched by the radical politics of the 1960s. Here and there one could detect evidence of a new outlook, a desire to push beyond the civil rights integrationist orientation that made up the militant wing of the movement" (p. 227). The radical militancy within the homophile movement continued to increase until it finally erupted on June 27, 1969 in what became known as the Stonewall riots.

The Stonewall Inn, located in Greenwich Village, contained a small basement bar that catered to members of the homosexual community. Police officers conducting a routine raid attempted to arrest the patrons of the bar. As the police officers were loading patrons into the paddy wagons, some of the patrons began to resist and chaos erupted. The patrons began tossing beer bottles and loose change at the officers. In the confusion, the officers became trapped in the bar. The angry mob began battering the door of the Stonewall Inn with an uprooted parking meter and eventually started the bar on fire. The officers in the bar, although shaken, survived. As reinforcements arrived, the riots continued throughout the night and the following days. Evidence of the homophile desire to be considered a social movement emerged as evidenced by the comparisons with the civil rights movement. The phrase "gay power" appeared in graffiti all across the neighborhood and many minority groups within the neighborhood joined the rioting in

solidarity. As the riots subsided, homophile magazines and newspapers began to “memorialize” Stonewall as “the first gay riot in history” (D’Emilio, 1983, p. 232).

From the Stonewall riots, two important organizations emerged. The first was the Gay Liberation Front (GLF), which took its name from the Women’s Liberation Front (Bronski, 2011, p. 210). The GLF contained a diverse group of young members who embraced a wider interpretation of liberation, declaring its solidarity with “Women’s liberation, Black Power, antiwar and labor groups” (Bronski, 2011, p. 211). The scattered focus and excessive attention devoted to other causes led to a schism within the GLF, and a splinter group named the Gay Activist Alliance (GAA) formed. Historian Michael Bronski (2011) writes, “This new organization [GAA] would, according to its constitution, focus only on achieving civil rights for gay people, ‘disdaining all ideologies, whether political or social, and forbearing alliance with any other organization’ (p. 211). The GAA became famous for its “zap tactics” which were, “high-profile public confrontations of people and institutions that promoted antihomosexual sentiments- which garnered enormous attention” (Bronski, 2011, p. 211). Despite the ideological differences of the GLF and GAA, they largely worked together until the GLF disbanded in 1972 (Bronski, 2011, p.211). During the period from 1970 to 1972, the GAA and GLF focused their demonstrative efforts on a wide variety of issues including psychiatry’s labeling of homosexuality as an illness. The GAA’s and GLF’s focus on psychiatrists led to the protests of the APA in 1970, 1971 and 1972.

### **Protests Emerge**

Between 1970 and 1972, the APA became the target of organized protest efforts in an attempt to change the political situation of homosexuals. The first disruption took place during May of 1970 in San Francisco when a group of feminists and members of the GAA and GLF

interrupted two events at an annual APA convention using zap tactics (Bayer, 1983, p. 102). Zap tactics are a unique style of disruptive protests. According to Williams and Retter an article from *The Advocate*, a popular gay and lesbian magazine at the time, summarizes typical zaps against the APA as interrupting speeches, seizing microphones and demanding that, “We are going to reconstitute this session into small groups, with equal numbers of GLF members and members of your profession. We’re going to be talking about what you as psychologists are going to do to clear up your own fucked minds... This is what we’re going to be doing. Anybody who can’t dig it, we ask you to leave” (2003, p. 121). This example of a typical zap gives some insight into the tone that pervaded protests that used zap tactics.

One zap targeted Irving Bieber who was labeled as “Public Enemy Number One” by the GAA for his work on “close-binding mothers” and “detached, rejecting fathers” (Bayer, 1981, p. 102; Glass, 2002). The problems created through the pathologization of homosexuality and the reparative therapy that followed were evident in the protests. The GLF, GAA, and feminists stormed the meeting “dressed rather fantastically, with feathers in their hats as though they were going to attend some costume ball” (Glass, 2002). The costumes of the activists reflected their agenda of embarrassing the psychiatrists into submission. As one protester stated, “We were not polite. We were not quiet. We were not asking for favors. We were just trying to delegitimize their authority and we felt they were oppressing us and here was finally a chance to talk back to them” (Glass, 2002). During Bieber’s speech, he was subject to “derisive laughter” and name-calling. One protester called Bieber a “motherfucker,” going on to say “I’ve read your book, Dr. Bieber, and if that book talked about black people the way it talks about homosexuals, you’d be drawn and quartered and you’d deserve it” (Bayer, 1981, p. 103). According to Bayer (1981) the zap left Dr. Bieber upset (p. 103). Rather than picketing, marching or writing letters, the groups

resorted to direct-action tactics that challenged the psychiatrists instead of catering to psychiatrists' authority.

The second zap by the GAA and GLF in May of 1970 targeted Nathaniel McConaghy who discussed the use of aversive conditioning therapy in the treatment of homosexuality. "Shouts of 'vicious,' 'torture,' and 'Where did you take your residency, Auschwitz?'" greeted the speaker" (Bayer, 1981, p. 103). Resisting the lack of voice, the protesters demanded the right to speak at the convention. The chair of the panel ended the meeting in an attempt to control the protesters and "pandemonium ensued" (Bayer, 1981, p. 103). Many of the psychiatrists left demanding refunds while others called protesters names like "maniac" and "bitch" (Bayer, 1981, p. 103). Although the second zap in May of 1970 did not go as planned, it raised awareness of the discontent of certain groups within the homosexual community.

The zaps in May of 1970 led to an important alliance between Kent Robinson, a psychiatrist sympathetic with the homophile movement, and the protesters in 1971. Through this alliance, Robinson was able to advocate for the protesters and get them their own panel entitled "Life-styles of Non-Patient Homosexuals" for the next APA convention in 1971 (Bayer, 1981, p. 106). Informally, members of the homosexual community coined the panel "Lifestyles of Impatient Homosexuals" reflecting their increased urgency (Marcus, 1992, p. 222). Robinson had reluctantly agreed to chair and asked Kameny to join the panel. Kameny was recommended to Robinson by many of the protesters because he was a key member of the homophile movement. Although the panel granted the protesters some legitimacy and voice within the convention, Kameny felt that disruptive tactics were still a vital component to the delivery of their message. Kameny, feeling the MSW was too conservative, decided to ally himself with the more militant

GLF. Despite being given the opportunity to speak, the activists led by Kameny continued with their disruptive tactics in conjunction with the panel discussions.

In 1971, while storming the convocation of fellows at the APA convention, Kameny interrupted the meeting shouting, “Psychiatry is the enemy incarnate. Psychiatry has waged a relentless war of extermination against us. You may take this as a declaration of war against you” (Bayer, 1983, p.105). Fist-shaking psychiatrists, infuriated by the invaders, compared the activist tactics to those of Nazi stormtroopers. The tone and mood of intimidation produced by this encounter pervaded the convention from that point (Bayer, 1981, p. 105). Bayer (1981) attributes these statements to the anti-war movement taking place at the time; however, they were characteristic of the rhetoric that Kameny used throughout his protests against the APA (p.105).

### **The 1972 Panel, “Psychiatry: Friend or Foe to Homosexuals? A Dialogue”**

Kameny’s rhetoric and strategies continued to develop finally culminating in the protest activities against the APA convention in Dallas in 1972. By far, this series of protests was the least militaristic relative to the previous APA protests. The protest actions in 1972 represent a different strategy than the zap tactics previously used. Kameny’s and Fryer’s rhetorical acts show that other strategies were used in the process of delisting homosexuality from the DSM. No longer working with the GLF, Kameny worked with Barbara Gittings to occupy a booth entitled, “Gay, Proud and Healthy: The Homosexual Community Speaks” and to participate in a panel entitled, “Psychiatry: Friend or Foe to Homosexuals? A Dialogue” at the 1972 Dallas convention (Marcus, 1992, p. 222-3). The booth “Gay, Proud and Healthy: The Homosexual Community Speaks” featured Kameny and Gittings standing before pictures of loving homosexual couples calmly discussing topics of homosexuality with psychiatrists who would approach them

(Kameny talking, NYPL Digital Gallery, 1972). It was at this exhibition area that Kameny and Gittings distributed a two-page flyer by the same name to psychiatrists who inquired about the booth; however, the tactics used in the panel presentation by Kameny and Gittings diverged tremendously from the passive tactics used at the booth. While Kameny's speech during the panel reflected his personal militant tone, Gittings' speech largely introduced the star of the panel, Dr. H. Anonymous as well as speaking on behalf of numerous other homosexual psychiatrists too afraid to come out to the APA.



**Figure 1. Gittings, Kameny, and Dr. H. Anonymous on panel #2 (1972)<sup>2</sup>**

The above photograph was taken by Kay Lauhsen (Barbara Gittings' Partner) in 1972 during the presentation of the panel at the Dallas Convention of the American Psychiatric Association. The panel, "Psychiatry: Friend or Foe to Homosexuals: A Dialogue" featured five speakers. The

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<sup>2</sup>Barbara Gittings and Kay Tobin Lahusen gay history papers and photographs collection. Manuscripts and Archives Division. The New York Public Library. Astor, Lenox, and Tilden Foundations.

photograph features the three homosexual panelists. All three panelists are seated behind a rectangular table in an elegant venue at a professional conference. Featured to the left is Barbara Gittings. Her name tag identifies her as such and indicates that she is from “Philadelphia, PA.” Her name tag is also printed on the sanctioned letterhead from the APA. Gittings’ appears well groomed and in the typical female fashion of the time. The most notable feature of Gittings’ physical presentation is the absence of notable features. Her appearance blends her into the general population making her indistinguishable from the other women of her time. It would be difficult for someone looking at Gittings to know that she identifies as a lesbian woman.

Featured in the center of the photograph is Franklin Kameny. His name tag reads, “Franklin Kameny, Ph.D.” and identifies him as being from Washington, D.C. His nametag also appears on the official letterhead of the APA. Situated just above his name tag is a small, circular-shaped button that reads, “GAY IS GOOD.” Although the button is fairly pronounced, it would be unintelligible unless the reader was in close proximity to Kameny. His appearance, like Gittings’, is also unremarkable. He is wearing a nice fitting three piece suit typical of male professional fashion at the time.

To the far right is Dr. Henry Anonymous (Dr. H. Anonymous). Dr. Anonymous is not wearing a nametag. The only indication of his name comes from the printed program at the convention. Dr. Anonymous is wearing what can only be described as a grotesque rubber mask, wig and large suit. We know from retrospective interviews of Gittings and Dr. Anonymous that the rubber mask was a mask of Richard Nixon that Dr. Anonymous’ partner had made up to be unrecognizable. Dr. Anonymous’ suit is actually an oversized costume that was selected to hide the physical stature of the person beneath the costume. Dr. Anonymous is also speaking into a microphone that disguises the voice of the speaker. Every effort was taken to hide the individual



beneath the costume. The most remarkable feature of Dr. Anonymous was that he was there at all given the stigma associated with homosexuality and the potential professional repercussions of his discovery.

Bayer (1981) provides a detailed record of the events based on tape recordings that were provided to him; unfortunately, in a communiqué with Bayer he stated that he no longer possessed the tape recordings. An exact transcript of what was said cannot be generated; however, based on Bayer's (1981) description, artifacts from archives and publications of particular speeches a rhetorical collection can be assembled.

According to Bayer's (1981) report, five speakers were assembled by Kent Robinson: Frank Kameny, Barbara Gittings, Dr. H. Anonymous, Robert Seidenberg and Judd Marmor (p. 109). According to the account, Kameny spoke first and his,

presentation was not very different in content from the brochure [*Gay, Proud and Healthy*] he had prepared for the gay booth at the convention. More importantly, after an expected denunciation of his most prominent psychiatry antagonists, he evidenced an understanding of the extent to which the profession was divided, reaching out to those who might ally themselves with the homosexual struggle. 'We do not want psychiatry as our foe, nor do we want any other foes'. (Bayer, 1981, p. 109)

Kameny's speech during the panel discussion closely mirrored the rhetoric found in the flyer entitled "Gay, Proud and Healthy" (Bayer, 1981, p. 109). The flyer *Gay, Proud and Healthy* (1972), authored by Kameny, works as a rhetorical artifact that represents Kameny's rhetoric against the APA throughout the duration of the protests, including his subsequent speech during the panel discussion.

The next panelist to speak was Gittings whose speech differed from Kameny's. According to Bayer (1981) Gittings', talk was of a very different character. After asserting that it was not her purpose to "scold" the psychiatric profession, a talk "well done and very properly done" at the 1971 convention, she went on to discuss the existence of the hidden minority of homosexual psychiatrists. Quoting extensively from the remarks of those whom she had met, she drew a portrait of psychiatrists who lived anguished lives, terrified at the prospect of professional ruin because of exposure. Like Kameny, Gittings ended with an appeal for serious and ongoing discussions, stressing, however, the importance of a new understanding between gay psychiatrists and their professional colleagues. "This year you are being offered an antidote [to the poisoned climate created by psychiatric orthodox]- invitations to open up dialogue with members of your own profession who are gay- to help, no longer to hurt. Gay is proud and gay is loud and gay is getting louder outside and inside the profession. What are *you* going to say in the dialogue that *we* are ready to enter into." [emphasis in original] (p. 109)

Bayer's (1981) summary and direct quotations of Gittings' speech are all that remain of her rhetorical contributions to the panel discussion. A huge collection of Gittings' work exists at the New York Public Library; however, at the time of this writing no known notes, outlines or transcripts of her speech exist, making it unlikely that an artifact to examine Gittings' contributions can be found.

Gittings' speech was followed by Dr. H. Anonymous who would later reveal himself to be Dr. John E. Fryer. Fryer later published the transcript of his speech for dissemination. As

Bayer (1981) describes the event, “By far the most dramatic event of the panel was the address of Dr. Anonymous” (p. 109). The reason for the “dramatic” characterization on Bayer’s part was because Dr. H. Anonymous had carefully disguised himself so his identity would remain unknown. Gittings invited Fryer to join the panel after Gittings’ partner, Kay Lahusen, pointed out that Gittings’ panel consisted of psychiatrists and gays, but they needed someone who was both. As Gittings recounts,

I made a number of calls, but nobody was quite willing to be that public. They all feared damage to their careers. Finally, I talked with this one man who said, “I will do it provided that I am allowed to wear a wig and a mask and use a microphone that distorts my voice,” And that’s what he did. He was listed in the program as “Dr. Henry Anonymous” which is what he requested...It went off marvelously! The house was packed. Naturally, I think the anonymous psychiatrist was the main reason the house was packed (Marcus, 1992, p. 223).

Later in the interview, Lahusen comments that Kameny was against the mask in favor of a more open, direct approach; however, Gittings rebuts that after the panel Kameny agreed “it was a great gamble” (Marcus, 1992, p. 223). Perhaps what was most significant about the speech was not that it was done in disguise, but that it was done at all. As Gittings recounted, it was very difficult to find someone to do the speech. Fryer agreed to do the speech after careful thought and consideration (Scasta, 2003, p. 79). Bayer (1981) observed that “His [Fryer’s] attire not only seemed to protect his own identity, but perhaps more importantly was designed to stress that he spoke not only for himself, but for all homosexual psychiatrists” (p. 110). The costuming was not only revealing of the tremendous pressure facing gays and lesbians at the time, its very

performance was an articulation of gay and lesbian identity. According to Fryer in Glass (2002) Fryer received a standing ovation for his speech.

Dr. H. Anonymous' speech marked the end of the gay participants, which left the two remaining psychiatrists. Both psychiatrists, "responded by echoing the criticism of their profession, providing evidence that the gay cause had powerful and articulate allies within the APA" (Bayer, 1981, p. 110). Dr. Seidenberg compared the changing attitudes toward religious groups with the changing attitudes toward homosexuality urging his colleagues to reconsider their homophobic beliefs. Dr. Marmor presented much of his own work on the subject singling out Socarides whom he accused of attacking homosexuals (Bayer, 1981, p. 110-1). Of these speeches given, the pamphlet authored by Kameny, *Gay, Proud and Healthy* and the speech given by Dr. H. Anonymous, *I am a Homosexual*, are the rhetorical artifacts under examination in this analysis. These speeches have been selected because of their availability and because of the fact they were delivered by activists.

## **Conclusion**

The 1972 protests against the APA are more than a footnote in history; they are a commentary of the issues facing all homosexuals at the time. From the medicalization of sexuality, important issues relating to the nature of homosexuality arose. What was homosexuality and how did it come to be? Biological perspectives marginalized homosexuals just as much as cognitive perspectives; however, biological perspectives had the benefit of acceptance of an untreatable medical condition whereas cognitive perspectives focused on reparative therapy. Both perspectives conceived of homosexuality as an illness leading to an internalized homophobia as many homosexuals believed in their own pathology.

With the cultural development of homosexual communities, significant issues convening the political condition of homosexuals emerged. Issues focusing on employment discrimination, police entrapment, and social stigma moved to the forefront of the homophile movement. A strong desire to be considered a social movement on par with the civil rights movement also emerged moving many homosexuals to action. Each of these issues plays out in the discourse of the 1972 APA protests and has implications for the power relations within the United States.

## Chapter 2

Despite the fact that homosexuality no longer appears in the DSM, the pathologization of alternative sexualities still plays a prominent role in contemporary culture. In the 2012 political climate, assumptions about the pathological nature of homosexuality frequently informed political positions. Michele Bachmann, a former GOP candidate for the 2012 presidential race, made several overt references to her belief that homosexuality is an illness. Throughout her candidacy for the GOP nomination, she was criticized for owning a clinic that specialized in the treatment of homosexuality; similarly, GOP candidate Rick Santorum publicly stated his view that the Supreme Court's decision banning sodomy laws should be overturned. Often, the term "normal" is substituted for "sick." Claims about the "normalcy" of heterosexual sex, heterosexual marriage, or heterosexual attraction imply the "abnormality" of homosexual sex, homosexual marriage, or homosexual attraction. It would appear that heteronormative assumptions play a powerful role in contemporary political discourse in the United States. Understanding the discourse produced during the decision to de-list homosexuality elucidates how the United States came to conceptualize sexuality.

Many organizations still utilize aversive therapy techniques in an attempt to cure homosexuality. The National Association for the Research and Therapy of Homosexuality (NARTH) actively works to proliferate scientific literature, often times taken out of context, which "proves" homosexuality is an illness that can be treated despite the overwhelming rejection of this perspective by mental health professionals. Other organizations use spiritual techniques as a way to "cure" homosexuals. The organization Exodus International has a website which features a map of the United States that invites users to find a local organization near them that will treat their homosexuality (exodusinternational.org, 2012). Robert Spitzer, the

psychiatrist championing the sickness model during the 1972 panel discussion recently retracted his work and “apologized” to the gay community for his work in reparative therapy (Carey, 2012). The apology has put the “old debate” about the sickness model back into the public sphere. The information provided in this thesis works as a counter-response to the discourse supporting the sickness model and reinforces the movement to renounce this theory.

The newest edition of the DSM “came out” in May of 2013. The homepage of the website dedicated to the development of the DSM-V opens, “Publication of the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in May 2013 will mark one the most anticipated events in the mental health field” (dsm5.org, 2012). Although homosexuality, ego dystonic or otherwise, is not listed in the DSM anymore, recent debate has left some feeling that other diagnoses like Gender-Identity Disorder (GID) just reproduce homophobic assumptions because of its reliance on socially constructed diagnostic criteria. Zucker and Spitzer (2005) provided a defense of GID’s historical origins suggesting that it was developed using generally accepted criteria for determining mental illness. Although this debate is beyond the scope of this thesis, the following analysis draws attention to issues of diagnosis and heteronormativity. Given the development of the DSM-5, a critical historical inquiry will inform contemporary debates. Understanding the origins and controversies of these positions will help us to better articulate contemporary positions and navigate the complexities of such issues.

Lastly, because the gay rights movement is still taking place in many forms, it is important to identify leaders that have had an influence on the movement. Communities frequently use leaders as a means of solidifying their values, goals, and identity. In the Civil Rights Movement Martin Luther King, Jr. came to symbolize peaceful acts of protests and civil disobedience as an ideal for demonstrators to follow; subsequently, Malcolm X became a leader

who embodied the Black Power movement that advocated militant self-defense and confrontational disruption strategies. The gay rights movement has few, if any, symbolic movement leaders. Placing the spotlight on influential members within the gay rights movement helps to provide a foundation for on-going movement. Both Kameny and Fryer have emerged as significant contributors to the development of the gay rights movement, particularly in light of their recent deaths. Fryer's obituary in *The New York Times* (2003) read, "When Dr. Fryer, wearing a baggy suit, a rubbery mask and a huge wig and using a microphone that distorted his voice, spoke at the association's meeting in Dallas, it was a dramatic moment in the gay rights movement, and it helped change psychiatrists' attitude toward homosexuality" (Clendinen, 2003). Similarly, Kameny's obituary in *The Washington Post* (2011) opened stating, "Frank Kameny, 86, a persistent and often brash activist who was one of the leading figures of the gay rights movement in the Washington area and in the nation, was found dead Oct. 11 at his home in Northwest Washington" (Weil and Langer, 2011). Kameny's death fell on National Coming Out Day and his obituary used it as an opportunity to help memorialize him as a leader in gay rights movement. Examining Kameny's and Fryer's rhetoric and the strategies they used helps to explain why they achieved the notoriety they have while also making available to contemporary gay rights activists a history of two early gay rights leaders.

As a backdrop for the analysis in this thesis, I begin with a discussion of heteronormativity, its definition and its role in psychiatric discourse. I then move on to a discussion of Barbara Biesecker's (1992) notion of critical rhetoric to stake out understandings of power and resistance. These discussions are then focused in the existing literature to review other findings on hegemonic constructions of sexual behavior in the United States. These theoretical concepts provide an interpretation of the constructions of sexuality prior to 1972 as



well as the implications of the speeches delivered in 1972. Lastly, I review theoretical understandings of metaphor, constitutive rhetoric, coming out narrative, and consciousness raising to situate the more specific analysis in this paper.

### **Heteronormativity**

As already seen in the previous chapter, one of the central issues culminating in the debates is the development of heteronormativity and the role it played in psychiatric discourse. Heteronormativity refers to the assumed normalcy of heterosexual sex. Battles and Hilton-Morrow (2002) define heteronormativity writing, “Heteronormativity refers to the discourses and practices by which heterosexuality is constituted as natural and compulsory norm, against which homosexuality is defined as its binary, and hence, negative opposite” (p. 103). This definition of heteronormativity situates the analysis in this thesis because the presumed naturalness of heterosexuality informed political decisions and scientific research, particularly at the time. Both Kameny and Fryer seek to challenge heteronormative assumptions used to justify labeling homosexuals as sick. In fact, the pathologization of homosexuality by psychiatrists is just one manifestation of heteronormative assumptions in society.

Heteronormative assumptions significantly informed the works of early sexologists that constituted contemporary homosexual identity. Krafft-Ebing’s *Psychopathia Sexualis* provides an example of how heteronormative assumptions informed scientific research. Krafft-Ebing writes,

The propagation of the human race is not left to mere accident or the caprices of the individual, but is guaranteed by the hidden laws of nature which are enforced by a mighty, irresistible impulse. Sensual enjoyment and physical fitness are not the only conditions for the enforcement of these laws, but higher motives and

aims, such as the desire to continue the species or the individuality of mental and physical qualities beyond time and space, exert a considerable influence. Man puts himself at once on a level with the beast if he seeks to gratify lust alone, but he elevates his superior position when by curbing the animal desire he combines with the sexual functions ideas of morality, of the sublime, and the beautiful... If man were deprived of sexual distinction and the nobler enjoyments arising therefrom, all poetry and probably all moral tendency would be eliminated from his life. (Krafft-Ebing, 1906, p.1)

From this passage, we can see several themes emerging that operationally define heteronormativity. From Krafft-Ebing's perspective, sexuality exists as a mechanism ensuring the survival of the human race. Krafft-Ebing's characterization of sexuality as a survival mechanism is monolithic, obscuring other potential functions of sexuality. According to Krafft-Ebing, sexual drive is a mysterious force extending from the "natural laws" of the universe. Behind these statements is also the assumption that the sexual inhibitions are in place to protect the morality of man. Human beings, when losing the inhibitions that control their sexual behavior, become "evil" and lose all morality. The goal for people then is to tame these bestial urges through morality. From this perspective, codes of morality are more than standards of conduct, they are the essential feature of human sexuality and are necessary to protect people from challenging natural law which threatens our survival.

These heteronormative assumptions manifest themselves in the pathologization and treatment of homosexuality in 1972. Examining the discourse from this time and tracing its changes and manifestations provides us with an opportunity to examine heteronormative assumptions as well as opportunities for resistance and change. As we look at heteronormative

assumptions, we are looking at a powerful discourse that connects morality with survival and social constructs with natural law. The assumptions underlying heteronormativity have larger implications than understanding the plight of homosexuals. The assumptions underlying heteronormativity reveal how our discourses about sex, sexuality, and gender define how we should act in relation to one another in order for us to survive, or so the theory goes.

### **Critique**

I offer a theoretical perspective in order to explain how I believe the speeches at the convention function as a response to heteronormativity as well as how they resist heteronormativity from within. Here, I use Michel Foucault as interpreted by Barbara Biesecker (1992) because of Biesecker's explanation of what Foucault's ideas have for rhetoric in particular. I focus on a discussion of power and resistance.

Foucault offers a divergent understanding of power. Rather than a set of repressive acts and controls, power enables action through the production of discourse. As Biesecker (1992) writes,

On this reading of Foucault, power names not the imposition of a limit that constrains human thought and action but a being-able that is made possible by a grid of intelligibility. Power is a human calculation performed within and inaugurated by the "lines of making sense" that are operative at a particular historical moment or, as Spivak put it, a "can-do" -ness whose conditions of existence is an orientation in time and space. (p. 356)

This perspective of power provides an understanding of the historical narrative covered in chapter one. Scientific discourses can be thought of in terms of power in that they create a social landscape in which sexuality is interpreted and only makes sense as it relates to

heteronormativity. These explorations into sexuality provide an interpretative framework for understanding sexuality and the actions consistent with that understanding.

Within this “grid of intelligibility,” people are not entirely constrained to operate within a grid totally losing all free will. The grid of intelligibility also provides opportunities for resistance within heteronormative discourses. Given this understanding of power, resistance must always occur within the grid of intelligibility (Biesecker, 1992, p. 357). Kameny and Fryer’s speeches do not exist in an exterior fashion to medical discourses, but are a product of medical discourses of sexuality; however, they are resistive acts because they take advantage of unintelligible areas within heteronormative discourses. Both Kameny and Fryer offer an interpretation of homosexuality that did not exist within heteronormative discourses, but was still produced within them.

Although these resistive speeches are produced within heteronormative discourses, they do not necessarily make sense within that discourse; however, this unintelligibility is also key to resistance. Because the speeches do not make sense within heteronormative discourses, they challenge and re-direct those discourses. Biesecker (1992) writes,

That is, they [resistive practices] do not signify (which is to say, make meaning) because they cannot be referenced within the field. Hence, resistant practices are gestures that defy translation, throw sense off track, and, thus, short-circuit the system through which sense is made. In short, resistance names the non-legible practices that are performed within the weave but are asymmetrical to it. (p. 357)

As Kameny and Fryer delivered their speeches, their ideologies, points, and advocacies were effective forms of resistance precisely because they were foreign to the audience they were addressing. To a room full of psychoanalysts, the presence of a healthy homosexual was an

impossible oxymoron. Their advocacy of a healthy homosexual (a precept created by the creation of the unhealthy homosexual) “defied translation” in the traditional grid of psychoanalytic intelligibility.

Through their occupation of the unintelligible, Kameny and Fryer came to embody the notion of the healthy homosexual as a resistive practice. This resistive strategy did not begin with Kameny and Fryer; however, they are a set of individuals in which this resistive strategy took hold. According to Biesecker (1992) insubordinate subjects are not the origin of resistance but resistance is the “antecedent to those subjects who, in inhabiting that space, are the means by which resistance obtains the constitution of a practice” (p.357). Kameny and Fryer are symbolic of a larger resistive strategy created through heteronormative discourse. Their resistive acts are a product of power structures.

### **Literature Review**

Questions surrounding heteronormativity have become increasingly popular in academic circles. Reclaiming the term “queer” in the late 80s and early 90s had a powerful impact on social and academic realities. Socially, the term was reclaimed by younger generations within the gay rights movement much to the dismay of older gay rights activists. Younger activist groups like Queer Nation and the AIDS Coalition to Unleash Power (ACT-UP) reasoned that, “this word [queer] envisions a broad-based sexual politics. Within such a discourse, queer activism is not limited to lesbian and gay politics, but necessarily includes transgendered people, bisexuals, and all individuals who are marginalized by hegemonic heterosexuality” (Namaste, 1999, p. 213). More importantly, the term “queer” offers a radical vision of a gay community as something uniquely distinct from the rest of society. Older activists within the gay rights movement, still painfully familiar with the derogatory sting of the queer epithet, argued that

“queer” was inherently an oppressive term antithetical to the assimilationist goals of the gay rights movement (Namaste, 1999, p. 216). Within contemporary culture the term queer is still contested terrain; however, it has had an undeniably significant impact on the gay rights movement. Here, I present an interpretation of queer theory as a way of situating the theoretical contributions of this thesis.

Reclaiming of the term queer has also awakened scholars to the importance of sexuality in systems of power. One of the central concepts in queer theory is the notion of the physical body and all of its implications for society. Beginning with Foucault’s (1990) initial inquiry in *The History of Sexuality: An Introduction: Volume 1*, sexuality became a pivotal facet in understanding constructions of identity. For Foucault, the body became the site about which knowledge was produced and power was exercised. The production of a discourse on sexuality provided the means for power to be exercised on the bodies of people leading to Foucault’s (1990) notion of “bio-power.” Foucault (1990) describes bio-power writing, “an explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of populations” (p. 140). As homosexuals were fired, institutionalized, or subjected to reparative therapy, the connection between their identity and their corporeal matter (their bodies) played a key role in enabling repressive tactics. The production of a discourse of sexuality literally created the tools necessary to control people elevating identity to a central role in politics. Foucault (1990) gave scholarship an understanding of how the behavior of sex became intrinsically linked to identity through the production of a confessional method utilized by medical discourse. Although Foucault’s (1990) work predates reclaiming the term queer, it provided an important foundation for queer theory.

Judith Butler has also emerged as a second major founder to the scholarship increasingly becoming known as queer theory. Questions of sexuality often fall under the purview of women's and gender studies where sexuality has been seen as closely tied to gender; however, efforts have been made to make queer theory a distinct discipline. Within feminist circles, the discussion of gender oppression has reflected advances in identity politics like those made by Foucault. Traditionally, the term sex has been used to describe the physical body as either male or female while the term gender has been used to represent the cultural meanings extracted from sex (Butler, 2006, p. 3; Callis, 2009, p. 216). In response to French philosopher's discussions of sexuality and gender, Butler (2006) published *Gender Trouble* which introduced a fundamentally different conception of the body merging sex, gender and desire together. Butler (2006) "troubles" traditional notions of gender by drawing connections between sex, gender and desire. She largely concludes that the connections between sex and gender are contingent upon one another, so much so that they define one another. Butler's views on "the subject," or the corporeal matter that is said to be a person, diverge dramatically from traditional constructionist approaches that viewed gender as a discrete, socially constructed category derived from the materiality of the body to a complex interrelationship between sex, gender, and desire (sexual orientation) that all contain elements of social construction. The implications of this are that biological sex, like gender, are largely the results of social constructions (Callis, 2009, p.226). Because this construction is read on the surface of the body, it produces the effect of an identity and desire. Butler writes, "In other words, the 'coherence' and 'continuity' of 'the person' are not logical or analytic features of personhood, but, rather, socially instituted and maintained norms of intelligibility" (Butler, 2006, p. 23). Butler's developments are useful because they help to describe how heteronormative assumptions are created and maintained. Fryer and Kameny

continue this conversation as the physical presentation of their bodies played a key role in their presentations and worked as effective strategies sabotaging mechanism of bio-power. This effect of identity and desire is maintained through a performance of sex, gender, and desire. Largely through the discussions of Foucault and Butler, queer theory has emerged as an inherently radical discipline that seeks to understand the unique facets of a “queered” identity, or how our bodies, their uses, and how we use them come to create our social realities.

Using the cornerstones established by authors like Butler and Foucault, a number of scholars have examined the role that heteronormativity plays in popular culture with disheartening results. The trend in popular culture seems to be difficult terrain to navigate. Works that appear to be gay friendly often times reveal themselves to entrench heteronormativity. Battles and Hilton-Morrow (2002) examine the popular television show *Will and Grace* with surprising results. Battles and Hilton-Morrow (2002) discuss the popularity of the show and its subsequent heralding as positive portrayal of gays and lesbians in popular culture. Despite the popularity, *Will and Grace*, a situational comedy, affirms hegemonic heterosexuality far more than it challenges it. Shugart (2005) looked at Rosie O’Donnell’s coming out story and concluded that pre-existing narratives surrounding O’Donnell strengthened heteronormative discourse rather than challenge it. The popular television show *Queer Eye for the Straight Guy* runs into similar problems as sexless gay men becomes accessories for improving the lives of straight people (Westerfelhaus and Lacroix, 2006; Papacharissi and Fernback, 2008). Even the film *Brokeback Mountain* ran into pitfalls as film critics struggled to articulate the film’s intended message (Cooper and Pease, 2008). Other films like *Fight Club* have been shown to reinforce systems of power that negatively impact marginalized sexualities despite the tone of resistance and rebellion in the film (Westerfelhaus and Brookey, 2004).



There are numerous ways in which alternative sexualities continue to be marginalized in our culture. The number of studies ultimately concluding that heteronormativity is re-entrenched have looked at popular culture. Studies examining social movements have yielded far more positive results. The literature surrounding queer theory deals primarily with issues and questions related to the constructions and implications of identity. More recently, there has been a growing interest in the specific rhetorical strategies that members of the Gay, Lesbian, Bisexual, and Transgender (GLBT) community have used to constitute or resist their identity within the context of social movements or popular culture. Several scholars have dealt with the use of the body as a form of rhetoric. During the AIDS crisis, queer activist groups like ACT-UP and Queer Nation employed a variety of tactics in which the body played a fundamental role in challenging discourse (DeLuca, 1999). When protesting social discrimination against AIDS patients, the bodies of AIDS patients as sick and emaciated played a fundamental role in forcing society to take action to help care for the sick (DeLuca, 1999, p. 18). Furthermore, actions like “kiss-ins” and “die-ins” worked to challenge presumed notions of heterosexuality by exploiting the excessive meaning ascribed to bodies. Gardiner (2005) used the notion of bodily rhetoric to illustrate the ways *South Park: Bigger, Longer and Uncut* constituted homosexual bodies in such a manner that it created space for audiences’ to challenge conventional readings of masculinity. Bennett (2008) reveals how homosexuals “passing” as heterosexuals challenges the prohibition against homosexual donating blood. Through passing and subsequently donating blood, homosexuals are able to use their bodies as a means of constituting themselves as queers who are able to be civically engaged and help others.

Along with bodily rhetoric, others have examined linguistic forms of rhetoric and addressed the implications for sexual identity finding other effective forms of resistance.

Feigenbaum (2010) looked at the use of song produced by lesbian anti-nuclear proliferation activists to constitute their individual and collective identities against hegemonic constructions of their identity. Through songs, the lesbian activists were able to construct narratives that informed their personal identity and how they conceived of themselves as a larger community. Hall (2010) discusses the use of “rhetoric of Americansim” by early gay rights group, particularly the Gay Activists Alliance, to advance arguments for equality and equal rights (p. 561). Despite the often radical perspectives, gay rights groups used national discourses to constitute a form of identity. Rand (2008) argues that the “polemic” is a rhetorical form that allows queers the possibility of rhetorical identity. Cutler (2003) examined an early homophile magazine entitled *The Ladder* concluding that lesbians used three rhetorical strategies to constitute their identity: normalization, which advances arguments that heterosexual women are the same as homosexual women; status elevation, which conflates lesbianism with masculinity; and emphatic individualism, which reasons that homosexual women are superior to heterosexual women. Brookey (2007) reads scientific discourse as a way to challenge the traditional assumptions that silence leads to oppression while speech leads to freedom. Using Foucault’s notion of the confession, Brookey (2007) argues that psychological discourses that produced knowledge about sexuality simultaneously produced opportunities for queers to speak and resist those identity formations. His analysis looks at how patients and doctors worked in a dialectic fashion to simultaneously erect and challenge homosexual identity. This thesis utilizes a similar framework but differs from Brookey (2007) by moving out of the doctor’s office and into the realm of public discourse.

The APA, being one of the primary organization which moves confessions to identity constructs, is a prime candidate for analysis. The rhetoric surrounding the APA’s decision to delist homosexuality has tremendous potential for understanding the construction of

heteronormativity in the United States as well as the efforts to resist and change these constructions. The APA debate was more than a conversation about whether or not homosexuality is a mental illness; it is a discussion about the nature of sexuality and asks how do we conceive of sexual behavior in relation to identity? Kameny and Fryer's presentations were not just isolated speeches; they are representative of elements of the homophile and gay rights movement at the time that sought to redefine sexuality in a way that made space for marginalized individuals. In order to examine these speeches, I suggest using traditional and well established methods of inquiry for understanding what heteronormativity is and how activists have sought to challenge it.

### **Methods in Particular**

Because of Kameny's extensive use of metaphor, I direct our attention to a discussion of metaphors as playing a key role in analysis of his artifact. Throughout the entirety of Kameny's speech, he uses a clear war metaphor as a means of articulating a fundamental tension that exists between psychiatrists and homosexual patients. Through the use of the war metaphor, Kameny casts psychiatrists as aggressors committing an act of violence against a minority population. The war metaphor reinterprets the patient/doctor relationship that traditionally characterized homosexuals and psychiatrists as two distinct groups at odds with one another.

Language plays a fundamental role in the shaping of human thought and action. Kenneth Burke (1966) describes humans as "symbol-using animals" uniquely positioning what it means to be human as linguistic (p. 3). Burke identifies four master tropes and problematizes the distinction that exists between figurative and literal language. As a result, he defines one of the four master tropes as the metaphor writing,

Metaphor is a device for seeing something *in terms* of something else. It brings out the thisness of a that, or the thatness of a this. If we employ the word “character” as a general term for whatever can be thought of as distinct (any thing, pattern, situation, structure, nature, person, object, act, rôle, process, event, etc.) then we could say that metaphor tells us something about one character as considered from the point of view of another character. (Burke, 1945, p. 503-4)

Metaphors are tools used by rhetors to shape understandings of a particular subject by drawing comparisons with another subject. According to Burke, through a comparison metaphors literally change the audience’s perception by their very nature. Metaphors direct our attention highlighting certain aspects and obscuring others. As Burke writes, “any given terminology is a *reflection* of reality, by its very nature as a terminology it must be a *selection* of reality; and to this extent it must function also as a *deflection* of reality” (Burke, 1966, p.45). Metaphors are tools that shift the focus of an object in such a way that it forces the audience to perceive it differently.

More so than just a rhetorical device, metaphors play a fundamental role in discourse. Lakoff and Johnson (1980) explore the role that metaphors serve writing, “If we are right in suggesting that our conceptual system is largely metaphorical, then the way we think, what we experience, and what we do in every day is very much a matter of metaphor” (p. 3). Lakoff and Johnson (1980) describe three different types of overarching metaphors that shape our conceptual systems: Orientational, ontological and structural metaphors. Orientational metaphors work by organizing systems of concepts in relationship to one another (p. 14). Through the juxtaposition of subjects, objects become situated in reference to one another. Additionally, the traits of the material world play an important role in ontological metaphors.

Lakoff and Johnson (1980) write, “Our experience of physical objects and substances provides a further basis for understanding- one that goes beyond mere orientation. Understanding our experiences in terms of objects and substances allows us to pick out parts of our experience and treat them as discrete entities or substances of a uniform kind” (p. 25). By comparing an object with the physical characteristics and our subsequent experience of those physical characteristics, objects shape our understanding by transferring the traits of one object to another rather than simply placing them in relation to each other. Finally, structural metaphors are broadest in their conception and play an overarching role in their characterization of objects. Using the example of “ARGUMENT IS WAR” Lakoff and Johnson (1980) write, “The fact that we in part conceptualize arguments in terms of battle systematically influences the shape arguments take and the way we talk about what we do in arguing. Because the metaphorical concept is systematic, the language we use to talk about that aspect of the concept is systematic” (p. 7). Within systemic metaphors, the pervasiveness of the metaphors makes itself present in the subsequent discourse and dealings about the concept. Often, these metaphors go largely unnoticed and play a fundamental role in our understanding of the world. Using the example of “ARGUMENT IS WAR,” Lakoff and Johnson (1980) reveal the ways that arguments are systemically seen as war. The ways in which we discuss arguments mirror the ways in which we discuss war and as a result, we win arguments like we win wars, we attack positions much like we attack in wars and we discuss strategies in both arguments and wars (p.7). Systemic metaphors become so pervasive they influence every manner in which we discuss an object.

Although metaphors shape our understanding of the world, they rely on what we already know in order to understand what we do not. This leads to the question of novelty in thought when dealing with metaphors. Is it possible to think in new ways when relying on old systems of

thought to make a point clear? Lakoff and Johnson (2005) distinguish between conventional metaphors and new metaphors writing that new metaphors are creative and original applications of metaphors to bring new meaning to thought (p. 108). Lakoff and Johnson (1980) give the example of conceptualizing “LOVE IS A COLLABORATIVE WORK OF ART” rather than the “LOVE AS MADNESS” metaphor. In dealing with love as a work of art, understandings of love come to reflect understandings of the complex artistic process rather than love as a debilitating lack of control (p. 141).

Scholars have expanded on metaphoric analysis providing specific methods for performing such analyses. Robert Ivie (2005) provides a five part method for performing cluster analyses of artifacts for understanding the use of metaphor within them. Ivie (2005) emphasizes that the critic familiarize themselves with the artifact and the context in which the artifact was produced. This is particularly important because metaphors are never separate from the culture in which they were generated and often rely on the specific context in order to have meaning (Lakoff and Johnson, 1980, p12). Second, from the selected artifacts, the critic must select representative texts and provide a close reading of them indicating where different metaphoric strategies have been used. According to Riikka Kuusisto (2005), metaphors do not need to be clearly spelled out in order to be present. Clearly articulated and literal metaphors may be the most powerful; however, drawing from Lakoff and Johnson, metaphors can be developed from literal or figurative language (2005, p. 339). After completing this, the critic must cluster like-metaphors together. With the cluster complete, the critic then pairs the clusters with their appropriate immediate contexts. Finally, the critic concludes by analyzing within and between each cluster to look for patterns of usage (Ivie, 2005, p. 319-320). This thesis follows the methods of Ivie (2005) in particular. Chapter 1 sought to explain the cultural and historical

significance of the artifacts under discussion. The subsequent chapters provide an analysis of the speeches according to the methods explained by Ivie (2005). Kameny's speech, which relies heavily on metaphors, has several clusters of metaphors which have been separated out and analyzed both between and across each cluster. The cluster analysis combined with the historical and social context provides us with a deeper understanding and appreciation of how the metaphors functioned in Kameny's speech; furthermore, Lakoff and Johnson's (1980) discussion of ontological and structural metaphors have a special significance in this analysis. These two types of metaphors are present throughout Kameny's speech and help us to understand what Kameny's speech accomplishes. Kameny's use of the war metaphor directed the audience's attention from the characteristics of patient and doctor relationships to characteristics of warring states. Constituting homosexuals through the use of a war metaphor imbues homosexuals with the same characteristics as an oppressed minority group. These characteristics of an oppressed minority group shift the meaning of contemporary homosexual identity from being sick individuals to members of an oppressed minority group who belong to unique community challenging and resisting their contemporary identity.

### **Constitutive Rhetoric**

Another key concept in the analysis of the panel speeches is that of constitutive rhetoric. Dr. Anonymous' speech in particular can be thought of as a constitutive rhetoric that creates an entire community called the "Gay-PA." Burke's (1950) definition of rhetoric as identification limits itself to conversations between rhetors and audiences; however, identification has implications for rhetors and a society as a whole. In order to make this leap in theory, McGee (1975) made an essential distinction between individuals and society. A society is not just a collection of individuals, but a unique concept that has both tangible and intangible being;

furthermore, studying individuals is not the same as studying the society itself. McGee (1975) writes,

An alternative to collecting the votes of “persons,” therefore, may be to conceive “people” as an essential rhetorical fiction with both a “social” and an “objective” reality. This notion of dual realities is specifically “nonrational” in traditional terms. Contrary to the law of identity, the assertion is explicit that “the people” are both real and a fiction simultaneously. (p. 240)

While the concept of “the people” may refer to a real group of people, the notion of “the people” as constituted by rhetoric is a fictive, non-tangible persona with which individual members identify. McGee’s work helps to describe how the term homosexuality does not just apply to specific individuals, but comes to constitute a group of people with larger social values, beliefs and norms. “The people” can be studied by examining particular rhetorical artifacts generated by rhetors who are thought to embody the elements that comprise “the people.” Among the group, some individuals typically speak for the will of the group. In the instance of the APA protests of 1972, these individuals were Kameny and Fryer. As leaders that speak for the will of the people emerge, these leaders share their personal observations about the group’s constituent elements creating a “political myth” (McGee, 1975, p. 241). Studying these political myths provides a rhetorical alternative for studying societies at large. From McGee’s (1975) perspective, rhetoric serves the function of creating a community and a society.

Charland (1987) builds on McGee’s (1975) notion of “the people” by providing the foundation for what Charland calls “constitutive rhetoric.” Constitutive rhetoric uses identification to illustrate how rhetoric creates motivated subjects through effects of discourse. Charland (1987) deals with the ontological status of a collective through Althusser’s notion of



interpellation. Interpellation occurs every time an individual recognizes themselves as being the subject of address. As Charland (1987) writes, “In consequence, interpellation has a significance to rhetoric, for the acknowledgement of an address entails an acceptance of an imputed self-understanding which can form the basis for an appeal” (p. 138). Constitutive rhetoric creates a paradox that seeks to constitute a people while simultaneously assuming their existence.

Using the example of the Québécois, Charland (1987) reveals the “ideological effects” that come together to constitute a group of people. First, Charland (1987) writes, “That ideology arises in the very nature of narrative history. To tell the story of the *Québécois* is implicitly to assert the existence of a collective subject, the protagonist of the historical drama, who experiences, suffers, and acts” (p. 139). Just as in the case of the *Québécois*, the homosexual community developed an ideology out of political narratives. In the first ideological effect, the very existence of the rhetoric implies a particular, ideological subject. Narratives themselves constitute the cast of actors that make up the people being identified. Second, Charland (1987) writes, “Here [in the second ideological effect], ancestry is offered as the concrete link between the French settlers of North America, those in Quebec today, and a collectivity. Time is collapsed as narrative identification occurs” (p. 140). In this effect, the rhetor must navigate the paradox of constituting a people that were “always already” there. Rhetors create new groups of people who have an old history. The narratives articulate a history for the constituted group. Finally, the third ideological effect of constitutive rhetoric is the illusion of freedom. As Charland (1987) explains,

Freedom is illusory because the narrative is already spoken or written.

Furthermore, because the narrative is a structure of understanding that produces totalizing interpretations, the subject is constrained to *follow through*, to act so as

to maintain the narrative's consistency. A narrative, once written, offers a logic of meaningful totality. (p. 141)

Constitutive rhetoric outlines the actions of those it calls into being and constrains their possibilities for action. The constituted group operates within the confines of their own rhetoric; however, their rhetoric is juxtaposed with the dominant discourse providing different, albeit constrained, alternatives for identity.

Despite being a useful starting point, Charland's (1987) work is limited and this analysis seeks to expand the theoretical foundations of constitutive rhetoric in two ways: (1) to introduced more contemporary understanding of identity that accounts for its complexity and (2) to introduce methods for creating subjectivities used by minority groups existing outside the normative structure. This position comes from an observation by Smith and Windes (2007) who write in reference to Charland's (1987) work:

Despite such a useful beginning toward developing a rhetorical approach to understanding discursive creation of collective subjects, rhetorical theory and criticism of movement public address has not built on developments in other fields in two important respects: (1) recognition of the complexity of identity formation and (2) concern for marginal identity. (p. 47)

Charland's (1987) work can be expanded upon through an analysis that utilizes a more complex model of identity construction as well as a model of collective subject creation that takes into account the unique obstacles faced by minority group not belonging to the normative order.

Recent scholarship providing theoretical conceptions of identity have exposed identity as being more complex than previously assumed. This observation is best supported by the work of

Tracy and Trethewey (2005) who introduce the notion of the “crystalized self.” They handle their conception of identity metaphorically writing,

The crystallized self is multidimensional- the more facets, the more beautiful and complex. Certainly crystals may feel solid, stable, and fixed, but just as crystals have differing forms depending upon whether they grow rapidly or slowly, under constant or fluctuating conditions, or from highly variable or remarkably uniform fluids or gasses, crystallized selves have different shapes depending on the various discourses through which they are constructed and constrained. (Tracy and Trethewey, 2005, p. 186)

Thus “multiple identities” make up a singular person. Each facet is a metaphor for a different aspect of a person’s identity. Each “crystal” or person is unique and is subject to the various discourses that give shape to their different “facets.” In Tracy and Trethewey’s metaphor, the more facets a person has, the more complex and interesting the crystal. This metaphor contrasts Charland’s (1987) definition of identity which seems singular and more totalizing than a “crystalized” self. The Québécois make up a singular subject position clearly distinguished from other subjectivities like the “Canadien français.” As Charland (1987) states, “Those in Quebec could be ‘Québécois’; they could also be ‘Canadiens français.’ The distinction is crucial, for only the former type of ‘people’ can claim the right to a sovereign state” (p. 136). An understanding of identity as a “crystalized self” would suggest that not only could a single collective subject be both Canadiens français and Québécois, but other identities informed by different discourses as well.

One method that accounts for the ways non-normative groups form a collective identity is through consciousness raising. Consciousness raising is the process in which the women of

women's liberation explored "the political aspects of their personal life" (Rosen, 2006, p. 197). In consciousness raising groups, women came to realize that many of the struggles they dealt with in their personal lives were the result of larger cultural and political forces. Rosen (2006) describes the process writing,

What had until that moment seemed so "normal" suddenly appeared artificial, not to say coercive. This is what consciousness-raising meant—looking at your life through your own eyes, reflecting on the choices you had made, realizing who had encouraged and discouraged your decisions, and recognizing the many obstacles and constraints that had little to do with individual temperament or talent. (p. 197)

Fryer's speech works as a consciousness raising effort. Through his coming out narrative, Fryer takes the "normal" experiences of homosexual psychiatrists and makes them appear "artificial" and socially constructed. Consciousness raising moves the personal experiences of individual homosexual psychiatrists and makes their experiences a critique of heteronormative discourses that oppress them in a variety of personal settings.

In order to be constituted within a public sphere, an audience must first have access to the public sphere. Women's liberation is an example of a group of people who were relegated to the private sphere. As a result of this positioning, women as a group were unable to oppose the oppression they faced on a daily basis. One strategy of moving women from the private sphere to the public sphere was through consciousness raising efforts and making the "personal political." Rosen (2006) describes the significance of making the personal political writing, "By this, she [Carol Hanisch] meant to convey the then-shocking idea that there were political dimensions to private life, that power relations shaped life in marriage, in the kitchen, the bedroom, the nursery,

and at work (p.196); furthermore, consciousness raising validated women's world views as they came to understand how normative assumptions lead to their oppression. Rosen (2006) writes,

When enough women had told their stories, enough such meetings had taken place, the "personal" no longer seemed a purely individual problem, but the result of deep cultural, social, and economic forces and assumptions. Having learned to see the world through men's eyes, one suddenly began to view life through the eyes of a woman, and that woman was you. (p. 197)

Consciousness raising plays a key role in moving groups from the private sphere to the public sphere; additionally, through consciousness raising, individuals come together to craft their unique world views, eventually expressing them in the public sphere. Part of Fryer's significance is the crafting a homosexual world view. Fryer's speech begins to share the perspectives and the struggles faced by homosexual psychiatrists in a public setting. This, in turn, impacts the public discourses available on homosexuality, serving as a platform for alternative conversations that view homosexuality in a positive light.

Lastly, consciousness raising empowers the subjects of its discourse. Campbell (1989) describes how audience members become empowered writing,

Whether in a small group, from the podium, or on the page, consciousness-raising invited audience members to participate in the persuasive process- it empowers them. It is a highly appealing form of discourse, particularly if identification between advocate and audience is facilitated by common values and shared experience. (p. 13-4)

As Fryer shares a collective coming out narrative, members of the audience come to recognize their own experiences in his words. This gives them an opportunity to reflect on their own lives

as they listen to Fryer's speech. As they become involved in the meaning making process, they are empowered by Fryer's rhetoric because it informs their own personal lives and experiences.

Just as consciousness raising brought the personal experiences of women into the public sphere, so too did it bring homosexuals into the public sphere. The marginal status of homosexuality plays a key role in the development of homosexual rhetoric. One distinct form of communication coming from the homophile movement is the notion of "coming out." Coming out refers to the process of disclosing one's sexual identity to another in opposition to the assumed heteronormative identity. Coming out can be thought of as a form of consciousness raising. At a time when one's homosexuality was kept a secret from society, the act of disclosing one's sexuality functions as a revelation which moves the personal secrecy associated with the closet to the public sphere. Not only does coming out contain elements of disclosure of personal information, it also serves a public purpose. D'Emilio (1983) describes both understandings of coming out writing,

From its beginning, gay liberation transformed the meaning of "coming out."

Previously coming out had signified the private decision to accept one's homosexual desires and to acknowledge one's sexual identity to other gay men and women...Gay liberationists, on the other hand, recast coming out as a profoundly political act that could offer enormous personal benefits to an individual. The open avowal of one's sexual identity, whether at work, at school, at home, or before television cameras, symbolized the shedding of the self-hatred that gay men and women internalized, and consequently it promised an immediate improvement in one's life. To come out of the "closet" quintessentially expressed

the fusion of the personal and the political that the radicalism of the late 1960s exalted. (p. 235)

Coming out became more than a disclosure; it became a source of personal liberation with benefits for the individual. Coming out was a resistive act opposing the “self-hatred” and stigmatization of minority sexual groups. This emancipatory quality had impacts for all areas of a person’s life; furthermore, coming out serves as a legitimizing strategy to make homosexuality a legitimate subject position within larger discourses. As Jagose explains, “Instead, it [coming out] is potentially a transformative identity that must be avowed publicly until it is no longer a shameful secret but a legitimately recognized way of being in the world” (1996, p. 38). Coming out is a unique strategy with implications for undermining normative discourses and creating a space for marginalized identities.

Not only does coming out encourage the personal to become political, it mobilizes political action in a unique way. Coming out, in and of itself, creates political subjects moving homosexuals even further into the public sphere. D’Emilio (1983) writes,

Coming out also posed as a key strategy for building a movement. Its impact on an individual was often cathartic. The exhilaration and anger that surfaced when men and women stepped through the fear of discovery propelled them into political activity. Moreover, when lesbians and homosexuals came out, they crossed a critical dividing line. They relinquished their invisibility, made themselves vulnerable to attack, and acquired an investment in the success of the movement in a way that mere adherence to a political line could never accomplish. Visible lesbians and gay men also served as magnets that drew others to them. Furthermore, once out of the closet, they could not easily fade back in.

Coming out provided gay liberation with an army of permanent enlistees. (p. 235-6)

Being outed as a homosexual made one vulnerable to the violence of a heteronormative culture; yet, this vulnerability also becomes a powerful motivation for change. Coming out meant being forced to make the movement succeed for the sake of the individual coming out. As discussed below, Fryer enacts this effect by collectively outing homosexual psychiatrists. He reveals an otherwise secret society making them easier to target and identify. As homosexual psychiatrists, they must now focus on changing the attitudes of society in order to protect themselves.

Not only does coming out have a cathartic subversive function, coming out inherently creates a subject position. Hegna (2007) describes the significance of the coming out narrative for subject constitution. Hegna (2007) writes,

Focusing on identification is to say that you want to focus on a process that is never quite completed, a process where the individual constructs himself/herself and is constructed as a subject: *becoming* a subject for discourse. In the context of gay youth, the question of identity may then be reformulated to a question of *becoming gay*- how an individual constructs a gay identity and a gay subjectivity in the meeting point between discourse, practices, and available subject positions. (p. 584)

From Hegna (2007) two things become clear: The first is that coming out is a process which has implications for the creation of a homosexual subject position. Through identification, individuals construct themselves as subjects. Because of this, a coming out narrative is the process of “becoming gay.” Second, Hegna’s (2007) description hints at the complexity of homosexual subject positions. Homosexual subjectivities are the “meeting point” between multiple forces that give shape to multiple facets. According to this understanding of coming out



narratives, marginalized identities are not all the same; rather, they are unique “crystals” with many different facets.

Constitutive rhetoric provides a good start to understanding the ways that subject positions form through discourse; however, constitutive rhetoric is not tailored to the unique struggles facing non-normative groups. The notions of the “personal is political” from women’s liberation and coming out stories from gay liberation come together nicely to provide us with a tailored approach to understanding how subject positions were created through discourse. As homosexuals come out, they come to understand their personal struggles as political; furthermore, as one “comes out” of the closet, they “come in” to a new subject position with inherently political features. For homosexual psychiatrists, as they negotiate the multiple facets of their identity, coming out becomes an even more unique process. Homosexual psychiatrists are “caught in the middle” of the ongoing debate between psychiatry and homosexuality. As they undergo their own coming out process, their competing facets morph together rendering a unique subject position.

### Chapter 3

Franklin Kameny delivered a speech in 1972 before the American Psychiatric Association. His speech, *Gay, Proud and Healthy* utilizes four unique strategies in an attempt to de-list homosexuality from the DSM: (1) Kameny deconstructs what he refers to as the “sickness theory” of homosexuality (2) he challenges the authority of psychiatry and the role psychiatrists should play in society, (3) he validates and empowers homosexual identity, and (4) he offers an alternative understanding of human sexuality that makes space for marginalized sexualities. These strategies are executed through a variety of metaphors which present psychiatric theory, psychiatrists, homosexuals, and sexuality in a different light. A total of eight metaphors were identified in this speech. Although many of the metaphors work in concert with one another, the majority of the metaphors used achieved specific goals. The primary metaphors used to deconstruct the sickness theory were diagnostics as war and homosexuals as sick. The primary metaphors used to re-frame the authority of psychiatrists were psychiatrists as religious leaders, science as under construction, and psychiatrists as trail-blazers. Kameny’s metaphors addressing homosexuals include homosexuals as sick and homosexuals as a minority. And lastly, Kameny works to redefine sexuality by contrasting two metaphors: sexuality as plastic/robotic and sexuality as pluralistic.

#### **Deconstructing the Sickness Model**

Kameny’s speech can be thought of as a resistive speech act that seeks to challenge the predominating constructions of homosexuality at the time. In order to accomplish this, Kameny describes and highlights points of power and fractures of resistance offering a deconstruction of homosexuality and how it came to be pathologized. Kameny asks his audience to think of the sickness theory as an act of violence comparable to war. For Kameny, the metaphor of

diagnostics as war can be thought of in terms of Lakoff and Johnson's (1980) structural metaphor as well as an ontological metaphor. As Kameny utilizes the metaphor of diagnostics as war, the audience is invited to understand all of the elements of psychiatry's diagnosis of homosexuality as an act of war. Because the metaphor is structural in nature, it frames the entirety of the audience's perception of the central question posed before the audience: is psychiatry a "friend or foe" to homosexuals? Yet, the metaphor is also ontological in that it is informed by the physicality of war. War as a destructive act informs the audience's understanding of diagnostics. In the same way war leads to destruction, so too does diagnostics. Although Kameny uses a structural metaphor to shape his audience's perception of diagnostics, he is able to temper this characterization with a softer appeal that views science as under construction urging psychiatrists to reconsider and "reconstruct" their theory.

Within the context of Kameny's speech, the war metaphor serves as a powerful re-framing tool that highlights the destructiveness of diagnosis. War metaphors evoke particular ontological images which highlight particular perspectives. War is the highest degree of conflict imaginable. When two parties are at war, there is no compromise and there is no understanding between one another. The conflict of war is often highly physical and evokes strong images of death and destruction. The primary goal of a war is to eliminate an enemy or threat. This also creates a strong "us" and "them" dichotomy which is aligned with a "good" and "evil" dichotomy respectively. Wars often involve a strong sense of identity tied to nationality or culture. Wars can be engaged in by any number of parties and any number of enemies ranging from concrete threats like a foreign army to abstract concepts like terror. Even if the warring parties are not clear, the label "enemy" provides a unifying symbol around which to organize concepts and actions. The term can be applied to a particular group of people or a concept to

create the illusion of a tangible combatant. In war, there are winners and losers with clear sides and objectives.

In 1972 when Kameny delivered the speech, war metaphors were particularly salient as opposition to the Vietnam War grew and social movements began to take a “militaristic” turn adopting radical perspectives and strategies (Bayer, 1981, p. 81). The Vietnam War was unique in that it was the first major conflict where images of war reached American audiences. The images produced during the Vietnam War revealed the gruesome and destructive reality of war. These revelations led to a dismal public opinion of the Vietnam War. The utilization of a war metaphor invites the audience to draw parallels between these characteristics commonly associated with war and diagnostics. Metaphors allow us to know the unknown or to re-know the known. When a rhetor uses a war metaphor, they invite the audience to understand either something new or old in the same way they understand a war. Words indicative of a war metaphor would include things like “death,” “destruction,” “violence,” “fighting,” or “enemy.” Any word which frames something as a major conflict can be thought of as a war.

Traditionally, homosexuality’s development within a medical discourse framed homosexuals as “sick” and psychiatrists as “doctors” who would alleviate the suffering of the patient. The discourse framing homosexuals as sick can be thought of as an ontological metaphor that helps the audience to understand what it means to be sick rather than what it means to be a homosexual. The metaphor of homosexuals as sick as understood by psychiatrists at the time meant that they should understand homosexuals in the same way you would understand an illness; however, Kameny’s revelation of homosexuals as healthy helps the audience to re-envision what it means to be sick. Being sick does not include homosexuality. For homosexuals trying to live an affirming lifestyle, the construction of sickness to include homosexuality poses a

formidable obstacle to the development of an affirming identity. Because homosexuals were sick, their own perspectives were dismissed as a derivative of their illness. The perception of psychiatry's benevolence left their actions unquestioned as they tried earnestly to alleviate their patient's affliction. Kameny's speech wrestles with these constructions and attempts to question the unquestionable position of psychiatry's approach to homosexuality.

Kameny's speech opens with the presentation of a strong war metaphor. As Kameny states,

In recent years, an adversary situation has developed between the psychiatric profession and the homosexual community. While much of psychiatry seems unaware of this, it is felt with growing resentment and bitterness by the homosexual community, who increasingly see psychiatry as THE major enemy in a battle against deeply-rooted societal prejudice, and see psychiatrists as singularly insensitive and obtuse to the destruction which they are wreaking upon homosexuals by their negative attitudes and pronouncements. We consider such an adversary situation undesirable and reconciliation to be to the advantage of both adversaries. (Kameny, 1972)<sup>3</sup>

Kameny establishes the relationship between homosexuality and psychiatry as an "adversary situation." Psychiatrists are "THE major enemy in a battle" and are wreaking "destruction... upon homosexuals." This characterization contradicts the traditional assumption that psychiatrists are helping homosexuals. The war metaphor again structures the relationship between homosexuals and psychiatrists which allows Kameny to focus on the power structures established between the two groups. Kameny's focus on the relationship between psychiatrists

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<sup>3</sup> Box 1, folder 6, Barbara Gittings and Kay Tobin Lahusen Collection, "Gay, Proud and Healthy," Coll2008-069, ONE National Gay & Lesbian Archives, Los Angeles, California.

and homosexuals is linked to the larger social prejudice against homosexuals. Understanding the patient-doctor relationship in war-like terms not only challenges the relationship and calls for a closer examination, it structures psychiatrists as playing a fundamental role in perpetuating societal oppression.

In the next section of his speech, Kameny introduces the metaphor of homosexuals as sick and coins the term “sickness theory” to describe the body of literature related to homosexual pathologization. Kameny uses the metaphor of homosexuals as sick to reveal that the sickness theory is a semantic guise, and indeed, a metaphor itself. Kameny reads,

Central to the conflict between psychiatry and the homosexual community is the “sickness theory” of homosexuality and the whole related complex of negative attitudes toward homosexuality, which try to make of homosexuality something inferior to and less desirable than heterosexuality. It matters not whether the word used be sickness, disorder, affliction, disturbance, dysfunction, neurosis, immaturity, fixation, character or personality disorder, pathology, or any other- or whether homosexuality be considered as merely symptomatic of these- the effects are the same: (1) To support and buttress the prejudices of society and to assist the bigots in the perpetration and perpetuation of their bigotry; and, at least equally important (2) To destroy the homosexual’ self-confidence and self-esteem, impair his or her self-image, degrade his or her basic human dignity.

Kameny establishes the larger idea of the “sickness theory” and refers to it in all of its aspects.

Kameny draws specific attention to the language used by psychiatrists to characterize homosexuals as sick. As Kameny draws attention to this specific language, he dismisses the “sickness theory” as mere semantics. By undressing the sickness theory in all its variations,

Kameny reveals the body of psychiatric literature to be nothing more than a semantic guise; furthermore, this deconstruction is paired with a war metaphor so that psychiatrists can understand what effect theoretical discussions of homosexuality have had on homosexuals. Theorizing about the pathology of homosexuality is not without tangible consequences. It hurts and destroys homosexuals in the same way that a war kills an enemy. Again, the connection between psychiatry and society is made through the war metaphor. Psychiatrists are not apolitical actors. Their actions have tangible consequences for the wellbeing of society.

Kameny's structural metaphor of diagnostics as war allows him to reinterpret the ontological metaphor of homosexuals as sick. Rather than understanding homosexuality in terms of sickness, Kameny understands homosexuality in terms of war dispelling the notion that homosexuals should be understood in the same way that an illness should be understood. As Kameny revisits the metaphor of homosexuals as sick, through the use of the war metaphor, psychiatrists not only understand their characterizations of "homosexuals as sick" as a metaphor, they also understand it as a destructive act; furthermore, Kameny relocates the origin of the sickness psychiatrist are trying to cure as being located within societal values and norms. Together, the metaphors of diagnostics as war and homosexuals as sick work to dismantle the "sickness theory" of homosexuality and its subsequent hegemonic construction.

### **Challenging Psychiatry**

Kameny builds on his deconstruction of the sickness theory by turning toward a discussion of psychiatry. Kameny's construction of diagnostics as war sets him up to establish an ideal for psychiatry to follow. To further his deconstruction of the sickness theory, Kameny refers to science as under construction. Whereas war highlights the destructive elements of human nature, construction celebrates the triumph of creation. Thinking of science as under

construction invites the audience to draw from their personal experiences in the physical world to understand the ideals that science should aspire to. Because of its reliance on the physical world, science as under construction can be thought of as an ontological metaphor. Construction symbolizes a fresh start and an opportunity to build something great. Construction is goal oriented and seeks to achieve greatness. Construction also becomes a physical measure of progress. As buildings are constructed “upward,” each new high mark becomes a symbol marking humanities progress “forward.” Although buildings symbolize the potential of the human condition, they require hard work and careful planning. In order for a construction project to be successful, the project must rest on a solid foundation. From the foundation, each part must be carefully considered and placed; failing to do so could end in disaster as so many construction projects have. Just as engineers must ensure quality and validity in each step of a construction project, so too must psychiatrists ensure quality and validity in their research methodology. Not only is science under construction an ontological metaphor, it is a structural metaphor as well. Thinking of science as under construction permeates the very “foundations” of science. As the audience comes to understand science as a construction project, they come to understand every aspect of science as “building” upon something previously “created.” Adopting a more fluid approach to Lakoff and Johnson’s (1980) metaphor types allows us to see how the ontological reality of the world systemically shapes how we perceive it. Thinking of science as under construction helps us to understand the ways that the physical world can help us to systemically construct our social understandings of what it means to be considered a “science.”

Kameny uses the construction metaphor to challenge the sickness theory. Psychiatry’s sickness theory rests upon a faulty foundation. This characterization sets Kameny up to discuss how psychiatry can be “repaired.” Kameny states, “Before any theory having consequences as



disastrous as these is accepted, there should be certainty that it rests upon a sound scientific basis” (Kameny, 1972). Referring to the disastrous consequences of the sickness theory revealed through the war metaphor, Kameny refocuses the discussion to the theory itself as a “scientific” accomplishment. Using the premise that a building must rest upon a solid foundation, he questions the “foundation” of science that the sickness theory rests upon and finds it flawed.

To expand on the flawed foundation of science, Kameny introduces another metaphor of psychiatrists as religious leaders. Again, we see two metaphors working in concert with one another to shape the audience’s perception. As the science as under construction metaphor is intertwined with the psychiatrists as religious leaders metaphor, science as under construction sets the “ideal” to strive for and psychiatrists as religious leaders measures psychiatry against that ideal. A religious metaphor highlights psychiatry as a religion and the core principles of psychiatry as sacred. Psychiatry works to base its theories in science. Characterizing psychiatrists as religious leaders with core beliefs originating in science makes science a pure and sacred ideal for psychiatry to strive toward; yet, using a religious metaphor also empowers Kameny to take measure of how far the sickness theory has strayed from its sacred ideal of objective science. Kameny writes,

As anyone with even a rudimentary scientific training is aware, the approach of psychiatry to homosexuality violates every canon of good scientific research. For psychiatry cavalierly to spout forth its characterisations of homosexuality as less than fully healthy represents utter irresponsibility. If the profession wishes to continue to take pride in its alleged scientific accomplishments, it had better be sure that its “researches” [sic] really are scientific. Insofar as homosexuality is concerned, they could not be less so. They are distilled, concentrated essence of

bad science; they are a textbook illustration of “science” gone wrong. When the psychiatric position on homosexuality is examined, we find that we have been DEFINED into sickness and pathology by cultural, social, moral, teleological and theological value judgments, camouflaged and cloaked in the language of bad science. (Kameny, 1972)

Kameny uses words like “violation,” “canon,” “irresponsibility,” “essence of bad science,” and “wrong” to evoke images of morality often associated with religion. The sickness theory, or psychiatry’s approach to homosexuality thus far, in particular “violates every canon” of science. The sickness theory becomes profane while the scientific ideals it strives for remain sacred. In this sense, Kameny is able to dispute the sickness theory while still maintaining the integrity of psychiatry as a whole. Kameny does not have a problem with psychiatrists per se; however, he does take strong objection to the sickness theory of homosexuality. Through the characterization of the sickness theory as profane, he is able to object to it while still accepting psychiatry’s vision as a sacred science.

Although Kameny conceives of psychiatrists as religious leaders and science as sacred, he suggests that value judgments within science produce a “bad science.” He goes so far as to characterize them as a “text book case” of “science gone wrong” further characterizing the sickness theory as value-laden. Text books themselves are tools of scientists which record objective truths. Objectivity is what is sacred to the researcher. If the homosexuality as sickness theory is a textbook case of bad science, then the theory must fail to live up to the standard of objectivity. To further make his case, Kameny refers to his diagnostics as war metaphor calling out the value judgments in the sickness theory as “camouflaged and cloaked” suggesting that these values are the “enemy” and are seeking to subvert the scientific goals of psychiatry.

Kameny makes the case that homosexuality, when objectively viewed, is healthy. Kameny is able to use the ideals of an objective science to construct the notion that homosexuals are healthy as truth, scientifically speaking.

In addition to establishing the ideal for psychiatrists to follow, through his psychiatrists as religious leaders metaphor Kameny is also able to take the homosexuals as sick metaphor and use it to re-conceptualize the role that psychiatrists play in society. Kameny continues,

Even more irresponsible is the continuing refusal of psychiatry to shoulder its proper burden in any situation of bigotry: To provide therapy for the bigots in order to change their attitudes; to change the attitudes of society, instead of not only accepting those attitudes but deifying them and then engaging in human engineering for conformity to them. (Kameny, 1972)

Because Kameny has asserted that homosexuals are not actually sick, Kameny is able to take the metaphor of homosexuals as sick and frame society as sick. As a result, just as psychiatrists should apply therapeutic practices toward their sick patients, so should psychiatrists also direct their therapeutic practices to social change. Kameny's co-optation of the metaphor asks his psychiatric audience to dramatically re-think the role that they should play in society.

Psychiatrists traditionally viewed themselves as apolitical, trying to stay out of political affairs to preserve their objectivity and the quality of the work. Thinking of society as sick asks psychiatrists to be active players in social activism, risking their apolitical viewpoints and threatening their objectivity and scientific goals. Accepting the premise that homosexuals are not sick creates a paradox however, in that if homosexuals are not sick, then how do we explain the "homosexual problem" plaguing society? The only way to reconcile this conflict is to also accept

the premise that society must be at fault. In order to represent the interests of their clients, psychiatrists must work toward changing societal norms.

Kameny continues to deconstruct the sickness theory and suggest alternative goals for psychiatrists. A major source of controversy between homosexuals and psychiatrists was the prevalence of reparative therapy. Through the metaphor of psychiatrists as religious leaders, Kameny is able to reframe reparative therapy. Kameny states,

Deeply resented by the gay community are persistent efforts by psychiatrists to convert homosexuals to heterosexuality, instead of inculcating them with pride in their homosexuality. Increasingly, we hear psychiatrists piously declare that they attempt to convert “only those homosexuals who wish to be changed.” That is an unacceptably simplistic, superficial, and shallow approach. When society generally, and psychiatry particularly, have “brainwashed” homosexuals into a belief in the inferiority of their homosexuality, the homosexual who asks to be changed is merely the creation of a self-fulfilling process. (Kameny, 1972)

Drawing from the earlier reference of resentment, Kameny elaborates on the adversarial situation between homosexuals and psychiatrists largely resulting from reparative therapy. Kameny approaches reparative therapy using a religious metaphor. To Kameny, reparative therapy is on par with religious conversion. The transformation of homosexuals to heterosexuals is not a “cure,” but a “conversion.” The conversion is particularly inappropriate because homosexuals have been “brainwashed” into their “beliefs.” Reparative therapy takes on a new meaning in light of the religious metaphor; it is no longer a “treatment” or a “cure” or anything positive. Reparative therapy as a religious conversion is an act of violence. Although this may seem like a given by today’s standards, the perceived benefits of reparative therapy were thought to

outweigh any of the harms associated with the treatment. Reparative therapy as a religious conversion reverses this creating reparative therapy as an evil moving people away from the “truth.”

Not only does Kameny claim that reparative therapy is a religious conversion, he introduces a new metaphor to frame the way that psychiatrists have conceptualized people. Psychiatrist’s use of reparative therapy carries the assumption that people are plastic/robotic. Just as you would reconstruct plastics or robots, so too can you change people. By combining this robot metaphor with Kameny’s war metaphor, these two metaphors show how psychiatry’s conceptualization of people as “plastic” is destructive. One assumption is the relatively minor role that sexuality plays in identity. Kameny continues,

The homosexual community looks upon efforts to change homosexuals to heterosexuality, or to mold younger, supposedly malleable homosexuals into heterosexuality (the very existence of this “plastic teenager” is questionable at best) as an assault upon our people comparable in its way to genocide. We find offensive the entire vocabulary of the psychiatric literature, in which “help,” “improvement,” “success,” “recovery,” and similar terms relating to the therapy of homosexuals is related to the extent of increase in heterosexual tendency and activity. The goals of therapy of homosexuals must be subjected to searching and re-examination. (Kameny, 1972)

At this point in his speech, Kameny questions psychiatry’s characterization of people as plastic/robotic; however, of greater significance for this passage is the equation of reparative therapy with “genocide.” The characterizations in Kameny’s reference to genocide diverge tremendously from the characterizations within the metaphor of people as plastic/robotic.

Whereas people as plastic/robotic views sexuality as something that can be cavalierly changed, Kameny's reference to genocide suggests that sexuality is central to one's humanity. Sexuality is so important to one's life that changing that person's sexuality is comparable to killing that person. Reparative therapy is more than a treatment with potential collateral damage; it becomes a systematic effort to annihilate an entire people.

Kameny uses the war metaphor to point out that psychiatrists are unable to do their jobs the way they should be doing them. Because homosexuals view psychotherapy as an assault against their sexuality, they will not go to therapy and are not receiving treatment for other valid reasons. This means that psychiatry's positions are actually contradictory to its purpose. Kameny points this out stating,

Equally important as a consequence of psychiatric attitudes, is the fact that large numbers of homosexuals who might benefit from psychotherapy for a variety of problems unrelated to their homosexuality (which is NEVER a problem in and of itself, any more than *heterosexuality* is ever a problem in and of itself) will not go near a psychiatrist because of their fully-justified expectation that their real problems will be shunted aside and ignored, and the therapy will become an unwanted assault upon their homosexuality. (Kameny, 1972)

Kameny characterizes therapy as an "assault" upon sexuality. Kameny also presents an alternative conception of sexuality where heterosexuality is comparable to homosexuality. The direct comparison between the two uses the perceived validity of heterosexuality to assert the validity of homosexuality. Because homosexuality as an illness has taken up so much time and effort in therapy, the real reasons for going to therapy are never addressed. Treating

homosexuality like you would heterosexuality allows for psychiatrists to perform their duties the way they were intended to be performed.

Lastly, Kameny combines the religious metaphor with the war metaphor to advocate that psychiatrists should re-examine the sickness theory backed by a threat. Kameny acknowledges the role psychiatrists play in our society stating,

For better or for worse, psychiatry and psychiatrists are authority figures in our society today. *Responsible* authorities assess with great care the consequences of the exercise of their authority and the validity of their positions and premises. In regard to homosexuality, psychiatry clearly has not done so. It is time to start doing so, or to doff the mantle of authority before it is taken from you! (Kameny, 1972)

Kameny acknowledges that psychiatrists can both benefit and harm society. The notion of responsible authority figures is best developed in his religious metaphor. In order to be considered responsible however, psychiatrists must re-examine their position on the sickness theory of homosexuality. Failure to do so would not only make them irresponsible, it would threaten their discipline as their authority would be “taken” from them. The ultimatum could not be clearer: If psychiatrists do not change, they will be destroyed. This gives homosexuals the power to destroy the people who Kameny asserts have destroyed them.

### **Re-Conceptualizing Sexuality**

One of the great achievements of this speech is the alternative conception of sexuality that Kameny constructs through the use of metaphor. In response to the limited interpretation of sexuality championed by psychiatry at the time, Kameny suggests an affirming interpretation of sexuality that is premised in diversity and pluralism. The metaphor of psychoanalysts as trail-

blazer produces a variety of effects. The metaphor functions as an ontological metaphor that invites the audience to perceive of the originators of modern psychiatry as celebrated figures. In the same way that an audience would celebrate trail-blazers, so too should they celebrate psychoanalysts. Trail-blazers are pioneers with a variety of positive understandings. Trail-blazers are brave adventurers who take risks and embrace challenges in the hopes of providing others with a beneficial path. They are revered for their bravery and courage; however, trail-blazers quickly fall out of style. Once they have discovered a trail and it becomes popular, trail-blazers become antiquated. Trail-blazers may even come to be seen as limited or wrong in the trails they develop. In the United States, trail-blazers have historical significance. Trail-blazers like Lewis and Clark are revered and celebrated in American culture; however, despite their reverie, people rarely accept the validity of the initial trail they blaze. The original trail of Lewis and Clark is only traveled in contemporary times out of sentimentality. People have discovered new and more efficient trails other than floating down the Yellowstone River. Although they are given credit for their initial discovery, no one looks to their initial path as a model for the path people choose today. In this respect, Kameny frames psychoanalysts as trail-blazers giving due credit to their initial explorations into human sexuality while encouraging psychiatrists to adopt an alternative conception of human sexuality which will have added benefits while achieving the goals of psychiatry.

Kameny presents contemporary constructions of sexuality as value laden and rooted in a limited ideology. Rather than view sexuality as monolithic, Kameny claims that sexuality is pluralistic with differing perspectives that are equal in value. Kameny's approach to psychiatry is not entirely critical. Kameny introduces the notion of psychiatrists as trail-blazers to acknowledge the monolithic construction of Victorian sexuality, but also to represent this as an



incomplete interpretation of human sexuality enabling his conception of sexuality as pluralistic.

Kameny again advocates for a re-assessment of the sickness theory stating,

In our view, it is time for psychiatry to reassess its position on homosexuality from the ground up. Queen Victoria has been dead for almost three quarters of a century. Freud, brought up in the depths of a Victorian era from which he never escaped intellectually, may have done yeoman work as a pioneer and trail-blazer, but trails are necessarily blazed with lack of knowledge of the whole terrain and seldom follow what ultimately turns out to be the optimum route. It is time to realize that much of the psychiatric approach to homosexuality must be recognized for what it is: A misinterpretation of cultural artifacts of the particularly distorted, warped, perverted sexual attitudes of the Victorian era, in which Freud grew up, and shortly following which era most modern “authorities” on this subject were trained. (Kameny, 1972)

Kameny acknowledges the contributions of psychoanalysts as embodied by Freud, yet, he also frames these contributions as problematic. Because psychoanalysts were first, they must have made some mistakes by virtue of their nativity. The paradox of being a trail-blazer allows for psychiatrists to take pride in and identify with the roots of their discipline; however, it also moves them beyond those roots to encourage growth in other areas. This advocacy is joined with the science as under construction metaphor in order to celebrate the advancement and growth of the discipline into other areas.

The trail that Kameny suggests for psychosexual development comes from the juxtaposition of the psychoanalytic perspective as embodied in the plastics/robotic metaphor and the trail-blazer metaphor. The understanding of sexuality from the sickness theory is

characterized as cold and dehumanizing while the alternative trail of sexuality is celebrated for its diversity and pluralism. As Kameny explains,

We must recognize that one of the glories of humankind is its endless diversity and pluralism in all things; that we are not faceless robots all turned out of the same mold, but that we follow different courses of equal value to different goals of equal value- in psychosexual development as in all other areas; that there is no one, single healthy course of psychosexual development. (Kameny, 1972)

Kameny celebrates diversity describing it as one of the “glories of humankind.” This view is sharply contrasted with the imagery of “faceless robots all turned out of the same mold” suggesting the monolithic theory of sexuality is not even human at all. As psychiatrists seek to make all sexuality the same, they devalue the role that sexuality plays in creating human diversity. Kameny’s reworking of the metaphor legitimizes sexuality as a part of humanity in a way that psychiatry’s understanding of sexuality cannot accomplish. The celebration of human diversity is embodied on the alternative “course” described by Kameny as having a different but equal value to heterosexuality. When these two perspectives are contrasted, the urge to identify with trail-blazer metaphor is stronger than the urge to identify with the robotic metaphor. This urge to identify with the trail-blazers leads the audience to accept the premise of a pluralistic psychosexual development with different albeit equal ends. Kameny’s sickness metaphor is also combined with trail-blazer metaphor in his reference to “one, single healthy course of psychosexual development.” The sickness theory of homosexuality, already revealed to be a sickness metaphor, contradicts the pluralistic view celebrated by Kameny making the sickness theory undesirable and antiquated.

Kameny's trail-blazer metaphor frames his discussion of a diverse interpretation of sexuality; however, Kameny also uses his war metaphor to advance the construction of a diverse sexuality. Kameny states,

Finally, we must realize that among the glories of humankind is its brain, which has liberated us from the degrading, demeaning, dehumanizing (and inapplicable, in this context) "anatomy is destiny" theory. Our genital organs are our appendages; we are not appendages of our genital organs. (Kameny, 1972)

Again, the diversity of humanity is evoked through the rhetorical extensions of a war metaphor. Just as combatants celebrate glorious victories on the battlefield, so too should the diversity of humanity be celebrated. Kameny makes a reference to the robotic metaphor and uses the war metaphor as an explanation of how diversity solves the dehumanization associated with the robotic metaphor. Our capacity to reason and our diversity in thought "liberates" us from deterministic perspectives like those inherent in the sickness theory of homosexuality. Rejecting these perspectives not only humanizes us, it allows us to celebrate a positive self-image of humans. This celebration is not just a celebration of heterosexuality. Celebrating a diversity of sexualities not only makes heterosexuality more meaningful, it opens space for other sexualities to be celebrated. Access to this positive self-image can only be obtained through a rejection of the sickness theory and an embrace of diverse sexual performances.

### **Empowering the Homosexual**

One of largest obstacles facing the early homophile movement was the overwhelming shame tied to a homosexual identity. The shame of being identified as a homosexual was a powerful tool of oppression. Homosexuals hid their homosexuality in order to protect themselves from reprisal. Shame also prevented homosexuals from advocating for their rights. Because

many homosexuals felt ashamed by their sexuality, they internalized the belief that their homosexuality was an illness and sought a relief for their distress. In many instances, this shame was confused by society, doctors and homosexuals as a sign of illness. In order to change these perceptions, Kameny provides a positive self-image for homosexuals allowing them to take pride in their homosexuality. Kameny provides this positive self-image in the metaphor of homosexuals as a minority. In this metaphor, the audience is asked to structure their understandings of homosexual subject positions according to minority group relations. The result of Kameny's metaphor is that the audience is left with a systemic interpretation of homosexuals not as individuals, but as a minority group deserving of full status in society.

In 1972, the United States was still experiencing tremendous social upheaval. One of the most prominent movements within this social upheaval was the civil rights movement. As African-Americans continued their struggle to obtain equal rights in the United States, social activists proliferated a generous amount of discourse discussing minority group relations and rights in the United States. One of the most prominent discourses emerging prior to 1972 was the discourse associated with the civil rights movement and African-American civil rights (Bayer, 1981, p. 89). Kameny makes generalized references to the civil rights movement. As Kameny states,

How many whites choose to try to "pass" as black, and why is the number so small, and why do any blacks at all choose to "pass" as white, and is it not better that now, in an era of "Black is Beautiful," fewer and fewer Blacks are trying to be untrue to themselves? We must investigate and often challenge the motives before we accept the desire to change. The great majority of homosexuals desiring

to change to heterosexuality should be instilled with a belief that “Gay is Good,” not blandly welcomed as candidates for change. (Kameny, 1972)

In his discussion of reparative therapy, Kameny draws an analogy between homosexuals and blacks. Kameny references the phrase “black is beautiful” clearly echoing the discourse of the civil rights movement. The analogy is significant because it frames Kameny’s conception of homosexuals as a minority group. In the same way that blacks constitute a minority group, so too do homosexuals make one. Because Kameny views homosexuals to be a minority group like blacks, Kameny discusses the problems related to and facing homosexuals like the problems facing blacks.

One of the most significant contributions behind Kameny’s conception of homosexuals as a minority group is the access to equal rights that it gives homosexuals. As Kameny states,

We take the position that in our pluralistic society, the homosexual has a moral right to be a homosexual, and being a homosexual, has a moral right not only to live his or her homosexuality fully, freely, openly, and with pride, but also has a right to do so free of arrogant and insolent pressures to convert to the prevailing heterosexuality, and in the expectation of the active, affirmative, positive assistance and encouragement of all the official and unofficial arms and agents of society, including society, in his so living. (Kameny, 1972)

Kameny’s conception of homosexuals as a minority group allows Kameny to advocate for the political rights of homosexuals which was not possible within a medical context. Kameny’s metaphor moves the discussion of homosexual rights beyond individual rights to group political rights and allows him to advocate for homosexuals to live “fully, freely, openly, and with pride.” This metaphor moves beyond just advocating for the individual rights of homosexuals toward

advocating for rights associated with minority groups. Homosexuality is more than an individual imperative, it is a lifestyle that is part of the larger cultural fabric. Kameny's metaphor of psychiatrists as religious leaders makes another appearance here to advance the idea that the sickness theory not only infringes on the individual rights of homosexuals, but also the group rights of homosexuals. Not only do homosexuals have a freedom from, they should also have access to all of the positive benefits of society including affirmation, assistance, and encouragement.

Kameny's metaphor of homosexuals as a minority group also works to position homosexual identity as being equal to heterosexual identity. Kameny states,

Not only do we insist that homosexuals, as people, are in no way inferior to heterosexuals as a people (a precept to which we are sure that most psychiatrists will take no exception) but we insist, equally uncompromisingly, that homosexuality- as a condition, a state of being, a way of life or life-style, an expression of love and affection- is fully on par with and in no slightest way inferior to heterosexuality. (Kameny, 1972)

Kameny expands upon the notion of homosexuals as a minority group to affirm a homosexual identity in all of its applications as a minority group. Homosexuality, per se, has its own life-style, culture and expressions which are equally valid to heterosexuality. Kameny explicates the different elements of a homosexual identity starting with the individual subjective elements (homosexuality as a "condition" or a "state of being") and expands to the larger socio-cultural elements "a way of life," "a life-style," "an expression of love and affection." Kameny surmises that his audience will accept the affirmation of the subjective elements of homosexuality; however, he "uncompromisingly" (echoing the war metaphor here) asserts that the socio-cultural

elements of homosexual identity are just as valid. Not only are they “valid” they are entirely equal to heterosexuality.

Kameny’s positive homosexual identity works through constructing homosexual identity as a minority group. Because they are a minority group, they have positive self-affirming features and a fragile uniqueness within society that is worth cherishing and protecting. Kameny writes,

We are working to create a sense of community among our people, to create, in turn, a sense of unity, solidarity, militancy, and activism, in order to assist us to achieve our full rights and status in a society which is ours as much as it is that of the heterosexuals. We are working with success to create among our people a sense of pride in their homosexuality and a sense of the rightness of what they are and the goodness of what they do. (Kameny, 1972)

Kameny’s vision of a homosexual minority group frames homosexuals as having something to contribute to society which is a positive-affirming identity. Kameny also states that homosexuals are working to realize a state of self-actualization and have the potential to be happy if given the opportunity. Kameny’s war metaphor and religious metaphor also make appearances here.

Kameny borrows from the positive aspects of a war to frame the positive aspects of a homosexual identity. Just as groups come together during war, so too should homosexuals come together in “solidarity” and “militancy.” This also encourages homosexual identity to be militant and to take an active role in obtaining their rights. Homosexuals should “fight back” instead of waiting for change. Change is something that has to be “fought for” rather than asked of.

Kameny also encourages homosexual identity to be an identity rooted in activism which is primarily an extension of the homosexuals as a minority group metaphor. This identity also gives

homosexuals something to fight for: equal rights. In fighting for equal rights, homosexuals will have to develop an affirming identity and see themselves as equal to heterosexuals. Kameny's religious metaphor grants legitimacy to this homosexual identity by framing the identity within a "sense of rightness of what they are and the goodness of what they do." Not only are homosexuals as a minority good, they are inherently good and their actions are just.

Kameny ultimately frames the homosexual question as firmly rooted in a sociological context rather than a medical one. Kameny states,

In order to do this, it is necessary to extract homosexuality from the medical context in which it has long and persistently been placed, and to place it in a *sociological* context of minority group relationships involving prejudice, discrimination, and bigotry. This is the *only* context in which the real problems of real homosexuals in our society today will be constructively and productively addressed. It has been well and truly said that in our society there is no Black problem, there is a white problem. We say that there is no homosexual problem, there is a heterosexual problem. Psychiatry, as it presently deals with homosexuality, is a major part of that problem. (Kameny, 1972)

Kameny uses his construction metaphor to urge psychiatrists to move "forward" with the problems facing homosexuality which can only be solved by viewing homosexuals as a minority group. This metaphor re-frames homosexuals as a minority group plagued by "prejudice, discrimination, and bigotry." This metaphor moots the discussion of homosexuality as an individual pathology by fundamentally affirming homosexual cultural and group identity. It also pushes psychiatrists toward social activism because they must be advocates for their patients who are under attack from society. Again, Kameny echoes the language of the civil rights



movement by encouraging people to think of the problems facing homosexuals in the same way that they think of the problems facing African-Americans.

Kameny continues to reinforce the idea of a collective homosexual identity and reverses the sickness metaphor onto psychiatrists. Kameny writes,

A psychiatric profession which persists in approaching homosexuality as a medical problem and homosexuals, per se, as patients, which homosexuals themselves, as homosexuals are busy entering politics and running for public office is singularly out of touch with reality- psychotically so! (Kameny, 1972)

Kameny rejects viewing homosexuality as a medical problem rejects viewing homosexuals as patients. Kameny affirms homosexual identity, in and of itself, as valid and tells psychiatrists that the sickness theory is “psychotic” in a rather ironic twist.

Kameny concludes his speech by making an appeal to enter into a “discussion” with psychiatrists about the issues he has identified in his speech.

We are trying to open dialog with the psychiatric profession on these questions. In past years, it has been necessary, on occasion, to resort to strong measures against a resisting profession in order to achieve such discussion of our problems with us instead of merely about us. We sincerely hope that productive, constructive discussion and dialog, followed by meaningful reform of psychiatry, will now proceed actively. (Kameny, 1972)

In this passage, Kameny brings together multiple metaphors to present a package deal for psychiatrists. Through the war metaphor, Kameny explains the protests that occurred previously as a defensive action necessitated by war being waged by psychiatrists against homosexuals; however, despite these injustices, the building metaphor makes another appearance suggesting

that an opportunity exists to “rebuild” or “repair” the damaged caused by the psychiatrist’s destruction. Again, Kameny also references the notion of psychiatrists as religious leaders needing to “reform” their practices in order to maintain their sacred ideals. Each of the problems identified by Kameny can be solved through psychiatrist’s efforts to change their assumptions of sexuality and to de-list homosexuality in particular.

In the final passage, Kameny continues with his final appeal encouraging psychiatrists to reject heteronormative assumptions underlying the sickness theory in exchange for an open and affirming construction of sexuality that makes room for marginalized sexualities. Kameny states,

Psychiatry, in the past- and continuingly- has been the major single obstacle in our society to the advancement of homosexuals and to the achievement of our full rights, our full happiness and our basic human dignity. Psychiatry can become our major ally. Will you assist us? (Kameny, 1972)

Again, Kameny pulls through multiple metaphors throughout his speech as a conclusion to his advocacy. Kameny’s reference to psychiatrists as an “obstacle” refers to psychiatrists as trail-blazers; however, they have been an obstruction blocking the desired progress homosexuals are seeking. Kameny’s idea that homosexuals are a minority group deserving of rights also makes a final appearance paired with a humanistic appeal to see homosexuals as people with rights rather than robots to be manipulated or changed. Lastly, Kameny’s war metaphor asks if psychiatrists can become an “ally” rather than an enemy. The reversal creates a strong appeal for psychiatrists to identify with, especially after being characterized as engulfed in conflict and the enemy of homosexuals.

Ultimately, Kameny successfully resists constructions of hegemonic heterosexuality. Kameny achieves this by offering a deconstruction of what he refers to as the “sickness theory”

which has a striking resemblance to Foucault's (1990) explanation of how homosexuality originated; however, the deconstruction he offers is not a total rejection of psychiatry. Kameny is able to encourage psychiatrists to adopt alternative perspectives of their profession, homosexuals, and sexuality in general as a way of solving the problems identified in his deconstruction of the sickness model. Through a combination of structural and ontological metaphors, Kameny is able to use material reality to fundamentally change underlying assumptions about the sickness model, the authority of psychiatry, validate homosexual identity, and offer an alternative construction of sexuality. In deconstructing the sickness model Kameny uses the systemic metaphor of diagnostics as war to frame his speech. Kameny's homosexuals as sick metaphor reveals psychiatry's characterization of homosexuals as sick as a metaphor rather than a genuine ontological status. Kameny's challenge to psychiatric authority relied on his metaphors of psychiatrists as religious leaders, science as under construction, and psychoanalysts as trail-blazers. Each of these metaphors structured the audience's perceptions setting both the ideals and measuring how far the sickness model had caused them to stray from those ideals. Kameny uses the metaphors of homosexuals as sick and homosexuals as a minority to empower homosexual identity. In each of these metaphors, Kameny moves the audience from understanding homosexual identity as an individual pathology to understanding homosexuality as a minority group afflicted by bigotry. Lastly, Kameny's alternative view of homosexuals is resultant from the juxtaposition of two metaphors: sexuality as pluralistic and people as plastic/robotic. In this metaphor set, Kameny highlights the destructiveness of characterizing people as plastic/robotic and suggests the alternative of sexuality as pluralistic creating the space for a wider expression of sexuality.

## Chapter 4

Secrecy primarily oppressed homosexual psychiatrists. Although homosexual psychiatrists had begun to form informal groups like the Gay-PA, many homosexual psychiatrists wanted no part of the activism occurring in the 1970s. Fryer was even hesitant to become involved with the movement recalling, “I, frankly, at the beginning, remember the sense that I was embarrassed by it [the protest actions] and that I wished they’d shut up. None of us [the Gay-PA] were there. No. And I would say that all of us avoided that whole thing” (Glass, 2002). Aside from the internalized homophobia of the Gay-PA, there were numerous homosexual psychiatrists too afraid to come out even to the Gay-PA. Spiegel (Glass, 2002) describes a group of liberal minded psychiatrists in a group called “the Committee for Concerned Psychiatry.” Within this group, several of the key players were gay; however, “They weren’t even members of the GAYPA. They were too buried, buried even to friends and family” (Glass, 2002). Many homosexual psychiatrists were in a difficult position of wanting to improve their lives but being too afraid to “come out” into the public. Before a strong political action could be mobilized, it would first be necessary to empower homosexuals enough to enable their entrance into the public sphere.

As a way of empowering homosexual psychiatrists Fryer builds a collective homosexual identity through a coming out narrative which functions as a form of consciousness raising. For homosexual psychiatrists, the coming out narrative creates the rhetorical space necessary for homosexual psychiatrists to “come out” into a politically motivated subjectivity. For heterosexual psychiatrists, Fryer’s coming out narrative raises awareness of a collective homosexual subjectivity validating homosexuality amongst those in power. In order to make this argument, I begin with a brief description of the speech as well as an explanation of the various

audience members included in the address. I then begin the textual analysis of the speech discussing how the consciousness raising aspects of the speech impact both heterosexual and homosexual psychiatrists. Lastly, I cover how the collective group identity Fryer creates leads to a politically motivated subjectivity.

### **I am a Homosexual**

Fryer begins the speech by “coming out” to heterosexual psychiatrists; however, he quickly shifts his address and speaks to homosexual psychiatrists about other homosexual psychiatrists. In the opening lines of the speech, Fryer expresses wanting to be “listened to” and “understood” by straight members of his audience. Moreover, Fryer delivers the majority of the speech using the second person pronoun, “we” emphasizing that he is not just speaking on his own behalf, but on behalf of all homosexual psychiatrists. Yet as he invokes the second person pronoun, Fryer not only informs straight psychiatrists that there are many psychiatrists who are gay, he encourages self-reflection amongst homosexual psychiatrists asking them questions and cautioning the choices they make. As a result of these efforts, this speech becomes a consciousness raising effort that seeks to build solidarity amongst homosexual psychiatrists. As homosexual psychiatrists recognize their own personal experiences within Fryer’s speech, they begin to understand their problems are not personal struggles, but political obstacles. Fryer’s speech addresses other homosexual psychiatrists to let them know that they are not the only ones struggling with the issues that they are struggling with. Fryer’s speech tells other homosexual psychiatrists that they are part of a larger group capable of overcoming the obstacles that have been placed in front of them.

Although homosexual psychiatrists are the primary targets of the majority of the address, heterosexual psychiatrists are still impacted by Fryer’s speech. Heterosexual psychiatrists in the

audience can be thought of as “eavesdropping” on the speech. Leff and Utley (2004) describe the process. According to Leff and Utley, African American rhetors of the U.S. Civil Right movement typically target their speeches to other African Americans, however:

...they are also quite aware of white “eavesdroppers” who are listening even though they are not addressed, and it seems clear that their discourse is intended to have an impact on the whites who “overhear” what is said. This concern about the eavesdropping audience... arises from its association with the existing power structure, and so the eavesdropping audience is constructed as an effort to induce people in power to effect change. (p. 47)

Leff and Utley’s (2004) argument suggests that as heterosexual psychiatrists listen to Fryer’s speech directed toward homosexual psychiatrists, they too are impacted by the speech. For heterosexual psychiatrists, Fryer’s speech serves as a “revelation” that homosexual psychiatrists do exist in large numbers. This revelation violates the reality structure of the APA as a heterosexual organization and forces heterosexual members to acknowledge the existence of homosexual psychiatrists. As the existence of homosexual psychiatrists is acknowledged, heterosexual psychiatrists are forced to see homosexuality as a collective group identity rather than an individual deviation from heterosexuality. Fryer’s consciousness raising efforts amongst homosexual psychiatrists propels the heterosexual psychiatrists in power to change their views on homosexuality.

### **Coming Out and Consciousness Raising**

As noted, Fryer begins his speech by addressing the heterosexual psychiatrists in his audience, performing a collective “coming out,”

Thank you, Dr. Robinson. I am a homosexual. I am a psychiatrist. I, like most of you in this room, am a member of the APA and am proud to be a member.

However, tonight I am, insofar as in it is possible, a “we.” I attempt tonight to speak for many of my fellow gay members of the APA as well as for myself.

When we gather at these conventions, we have a group, which we have glibly come to call the Gay-PA. And several of us feel that it is time that real flesh and blood stand up before you and ask to be listened to and understood insofar as that is possible. I am disguised tonight in order that I might speak freely without conjuring up too much regard on your part about the particular WHO I happen to be. I do that mostly for your protection. I can assure you that I could be any one of more than a hundred psychiatrists registered at this convention. And the curious among you should cease attempting to figure out who I am and listen to what I say. (Scasta, 2003, p. 80)

Fryer is speaking to heterosexual psychiatrists in the above passage. Fryer collectively outs the Gay-PA revealing that there are homosexual psychiatrists who are members of the APA. Fryer’s coming out is more than just his own, but the outing of an entire subculture of homosexual psychiatrists. Fryer’s costuming is also a tool that refocuses the audience’s attention onto the “what” of his message instead of the “who.” The revelation of large numbers of homosexual psychiatrists working within the APA challenges the prevailing perception that the APA is a heterosexual institution. Because the outing is anonymous, heterosexual psychiatrists can no longer assume that their colleagues are heterosexual, challenging the hegemonic constructions that assumed everyone in the APA was a heterosexual; additionally, the above passage focuses heterosexual psychiatrists on the experiences of homosexual psychiatrists. Fryer

points out to the heterosexual audience that the purpose of his address is to be “listened to” and “understood” placing the importance of the speech on the experiences of homosexuals instead of trying to find out who the homosexuals are.

Although directed largely at heterosexual psychiatrists, the above passage also has the potential to begin to raise the consciousness of the homosexual psychiatrists present in the room. As homosexual psychiatrists “overhear” the collective coming out of hundreds of homosexual psychiatrists, they are provided with a group identity with which they can identify. As a function of coming out, those who come out are provided with a “cathartic release” that “promised an immediate improvement in one’s life” (D’Emilio, 1983, p. 235). For homosexual members of the audience overhearing that there were other homosexual psychiatrists like themselves works as a cathartic release that made their personal experiences political problems. Homosexual psychiatrists no longer had to feel alone; they could now identify with a larger group of people like themselves. As Fryer collectively outs the Gay-PA, the Gay-PA became a public symbol with which other homosexual psychiatrists could identify. In Charland’s (1987) language, Fryer “asserted the existence of the collective subject” telling the audience that homosexual psychiatrists did exist as a group. Again, Fryer’s coming out story impacts both heterosexual and homosexual audience members. For homosexual audience members, the collective coming out provides a cathartic release and reveals the existence of a large collective group creating a group identity with which audience members can identify. For heterosexual psychiatrists, the revelation of homosexual psychiatrists forces them to reexamine the heteronormative interpretation of the APA as well as remain open to hearing the experiences of their homosexual colleagues.

With the conclusion of his opening paragraph, Fryer begins to move into a more traditional consciousness raising effort aimed specifically at his homosexual audience. Fryer



begins to share different stories of different experiences that move gay audience members to identify with a collective group identity. Most of Fryer's experiences are directed toward homosexual psychiatrists building solidarity between independent homosexual psychiatrists who have yet to see themselves as belonging to a larger group identity. Heterosexual psychiatrists "eavesdropping" also begin to see the political aspects of what was considered a "private" issue.

One experience that Fryer shares with the audience is that of employment discrimination. Both heterosexual and homosexual audience members are able to recognize experiences within Fryer's narrative. As they recognize their personal experiences, they come to understand their personal experiences as a collective political problem. Speaking for the collective of homosexual psychiatrists Fryer states,

As psychiatrists who are homosexual, we must know our place and what we must do to be successful. If our goal is academic appointment, a level of earning capacity equal to our fellows, or admission to a psychoanalytic institute, we must make certain that no one in a position of power is aware of our sexual orientation or gender identity. (Scasta, 2003, p. 80)

Again, homosexual psychiatrists and heterosexual psychiatrists are able to read their experiences within the text; however, these readings affect the respective audience differently. For homosexual psychiatrists, homosexuals who have experienced employment discrimination are able to transform what was considered their "personal problem" into a political experience. Different homosexual psychiatrists who have been discriminated against in their employment recognize their experiences in Fryer's narrative. As they recognize themselves within Fryer's narrative, they recognize that their "personal" experiences are a group phenomenon and therefore

political in nature. Fryer's experience builds solidarity between homosexual psychiatrists and moves them toward seeing themselves as a group.

Heterosexual psychiatrists too recognize themselves in Fryer's shared experience of employment discrimination. For heterosexual psychiatrists able to relate to the narrative, they see themselves as being in the "position of power" that Fryer discusses. Thinking of these experiences as a "position of power" urges heterosexual psychiatrists to consider their experiences in employment discrimination as political power struggles emphasizing the political reality of homosexuality. As heterosexual psychiatrists realize that these experiences are more than just a few isolated cases and are indeed a group experience, they come to understand homosexuality as a collective group identity with political implications.

Building from his explanation of employment discrimination, Fryer uses a metaphor to relate to his audience which captures the alienation and isolation that many homosexual psychiatrists struggle with. Fryer states, "Much like the black man with the light skin who chooses to live as a white man, we cannot be seen with our real friends- our real homosexual family- lest our secret be known and our dooms sealed" (Scasta, 2003, p. 80-1). Similar to Kameny, Fryer uses a metaphor which parallels the African-American community with the homosexual community. For homosexual psychiatrists, the metaphor invites them to see their feelings of loneliness and isolation as the same feelings of loneliness and isolation experienced by African-Americans trying to pass as white in a racist society. As homosexual psychiatrists who have isolated themselves from other homosexuals come to identify with the similar collective experience, they adopt the metaphor and perceive of themselves as a minority involved in social and political struggles. The metaphor moves homosexual psychiatrist from an individual subjectivity to a collective group identity; similarly, heterosexual psychiatrists

overhearing the metaphor are invited to perceive homosexuals as a minority group instead of a group of individuals needing treatment.

Fryer speaks to conditions of secrecy when he appeals to homosexual psychiatrists who have had to hide their identity during the course of their training so that they could become psychiatrists. Fryer explains,

There are practicing psychoanalysts among us who have completed their training analysis without mentioning their homosexuality to their analysts. Those who are willing to speak up openly will do so only if they have nothing to lose, then they won't be listened to. (Scasta, 2003, p. 81)

If a psychiatrist was found to be a homosexual, they were not permitted to practice (Glass, 2002).

Every homosexual psychiatrist would have been able to identify with this part of Fryer's narrative as they all were "guilty" of hiding their sexuality in order to become psychiatrists. Fryer's efforts in making this experience public validates the experience of all homosexual psychiatrists. As homosexual psychiatrists come to identify with the coming out narrative, they find comfort in the realization that they are not the "only ones" dealing with these struggles. If coming out narratives provide a cathartic release, the above passage magnifies this cathartic effect as it occurs collectively. The cathartic release empowers homosexual psychiatrists to admit to these challenges and face them not as individuals, but as a collective group seeking to fight an unjust system.

Another key issue Fryer articulates through his consciousness raising effort is that of the animosity that exists between homosexuals and psychiatry in general. Fryer states,

What is it like to be a homosexual who is also a psychiatrist? Most of us Gay-PA members do not wear our badges into the Bayou Landing, [a gay bar in Dallas] or

the local Canal Baths. If we did, we could risk the derision of all the non-psychiatrist homosexuals. There is much negative feeling in the homosexual community towards psychiatrists. And those of us, who are visible, are the easiest targets from which the angry can vent their wrath. (Scasta, 2003, p. 81)

Fryer draws from the personal experience of homosexual psychiatrists who must undergo efforts to conceal their psychiatric identity rather than their homosexual identity. As homosexual psychiatrists identify with this phenomenon, it is overheard by heterosexual psychiatrists who hear that “there is much negative feeling in the homosexual community toward psychiatrists.” The basis for this claim comes from the shared collective experience. The more homosexual psychiatrists who have experienced the “derision of all the non-psychiatrist homosexuals” the more evidence there is of negative feelings in the homosexual community toward psychiatry. Because Fryer presumably speaks for the experiences of “more than a hundred,” Fryer’s claims are well supported to the heterosexual audience in the room. As they understand the animosity between homosexuals and psychiatrists as a group phenomenon rather than isolated incidents of resentful patients, heterosexual psychiatrists begin to see the pathologization of homosexuality as a social and political topic. As a social and political topic, the question of homosexuality as an illness is a construct which has the potential for change.

In a similar vein, Fryer discusses the topic of blackmail. He states, Beyond that, in our own hometowns, the chances are that in any gathering of homosexuals, there is likely to be any number of patients or paraprofessional employees who might try to hurt us professionally in a larger community if those communities enable them to hurt us that way. (Scasta, 2003, p. 81)

Fryer uses the personal experience of homosexual psychiatrists who have encountered blackmail as the basis of his appeal to end blackmailing practices. As homosexuals recognize the social implications of the personal experiences with blackmailing, they come to realize its political implications and recognize it as something that can be changed. Homosexuals could not address the issue of blackmail as individuals because it was a problem uniquely facing them; however, as a social phenomenon, the practice was seen as being more widespread and “worthy” of being addressed. Importantly, Fryer also alludes to heterosexual psychiatrists in the passage above, referring to “those communities.” In that sentence, heterosexual psychiatrists are in the position of enabling blackmail; however, they are also faced with the choice of not “enabling” that sort of behavior. The collective subject position shifts the issue from individual cases of blackmail, to a social and political problem where homosexual psychiatrists in general are victims of blackmail. Such a large scale problem creates the need for change. Individual instances of black mail are not compelling reasons to re-envision homosexuality as an illness; however, a large political and social problem presents numerous reasons for the change all geared toward ending the political and social problem of blackmail.

Lastly, Fryer’s consciousness raising efforts speak the betrayal of the APA characterizing homosexuality as an illness. This betrayal leads homosexual psychiatrists to identify with one another further building a collective identity; additionally, Fryer’s efforts are overheard by heterosexual psychiatrists who realize the role they play in harming homosexual psychiatrists. Fryer states,

Finally, as homosexual psychiatrists, we seem to present a unique ability to marry ourselves to institutions rather than wives or lovers. Many of us work twenty hours daily to protect institutions that would literally chew us up and spit us out if

they knew the truth. These are our feelings, and like any set of feelings, they have value insofar as they move us toward concrete action. (Scasta, 2003, p. 81)

Fryer builds from the experience of homosexual psychiatrists who have sacrificed their personal lives for their work. Fryer's commentary on the experience of homosexual psychiatrists who "protect institutions that would literally chew us up and spit us out" comments on the betrayal. This comment was heard by heterosexual psychiatrists who see how their own actions have betrayed another group. Again, as the phenomenon is shifted from an individual problem to a group problem. Heterosexual psychiatrists see the need for change and the impact their characterizations have on homosexual psychiatrists. The betrayal is not an isolated incident, but a group problem fundamentally connected to the prevailing beliefs about homosexuality.

### **Validation and Empowerment**

As Fryer develops a collective group identity for homosexual psychiatrists, Fryer is able to use this new collective identity to propel homosexual psychiatrists into political and social activism. Building from the subject position of the collective identity of homosexual psychiatrists, Fryer reconsiders the notion of homosexuality as a pathology. Fryer states,

As psychiatrists who are homosexuals, we must look carefully at the power which lies in our hands to define the health of others around us. In particular, we should have clearly in our minds, our own particular understanding of what it is to be a healthy homosexual in a world, which sees that appellation as an impossible oxymoron. One cannot be healthy and be homosexual, they say. (Scasta, 2003, p. 81)

At the outset of the passage, Fryer orients the matter of homosexuality as a pathology as a social and political issue. He calls for a careful examination of the question and the "power"

psychiatrists have to “define the health of others around us.” For Fryer, the question of diagnostics is not a private medical decision made by doctors, but a question of public significance with social and political implications. The examination of this issue from this perspective is not possible if homosexual psychiatrists think of themselves as “plagued” individuals. Homosexual psychiatrists must understand their identity as a social construction capable of flexibility and change. As Fryer creates a collective subject through his consciousness raising efforts, he empowers his audience to reconsider the politics of diagnostics and decide for themselves whether their homosexuality is a pathology, or a political struggle. Fryer clearly advocates for perceiving the construction of homosexuality as a political one referring to the “world” as viewing a healthy homosexual as an impossible oxymoron. Asking the audience to consider the role that social constructions play in diagnostic criteria invites the audience to act. Through reflection, the audience becomes an active participant in shaping of health and homosexuality.

As Fryer allows for the audience to decide whether they are burdened by pathology or engulfed in a political struggle, he again uses a consciousness raising effort to empower the collective homosexual subject position and compel his audience to realize the political and social struggles they face. Fryer uses a combination of shared individual experience and metaphor to further orient the homosexual psychiatrist subject position as a social and political one as well as to empower homosexual psychiatrists to become free agents. Fryer continues in the same paragraph,

One result of being psychiatrists who are homosexual is that we are required to be more healthy than our heterosexual counterparts. We have to make some sort of attempt through therapy or analysis to work problems out. Many of us who make

that effort are still left with a sense of failure and of persistence of “the problem.”

Just as the black man must be super person, so must we, in order to face those among our colleagues who know we are gay. We could continue to cite examples of this sort of situation for the remainder of the night. It would be useful, however, if we could now look at the reverse. (Scasta, 2003, p. 81)

Fryer’s explanation of the “super person” resonates with any homosexual psychiatrist who has sought therapy to treat their “condition” and failed to achieve results. Fryer uses these experiences of individual homosexual psychiatrists to build ties between them; furthermore, these experiences become justification for conceiving of homosexual psychiatrists as “more healthy” than heterosexual psychiatrists. Thinking of homosexual psychiatrists as more healthy is the key to their empowerment. The fact they are healthier directly refutes the medical notion that they are pathological. Fryer’s reading of homosexual psychiatrists as more healthy moves them toward validating their own perspectives and resisting the individual characterizations of their identity as pathological. Fryer’s metaphor creates a similar effect. Homosexual psychiatrists identify with the collective narrative building a group identity that moves them away from individual understandings of their pathology. The metaphor of the “super person” validates their collective subject position and resists the characterizations of homosexuality as an individual pathology.

In addition to empowering the homosexual subject position, Fryer advocates for more specific political and social action. Fryer uses the vulnerability created by the collective coming out to move the “Gay-PA” to action. One of the actions Fryer advocates for is that members of the Gay-PA to “speak up” and change the minds of their heterosexual colleagues using their own experiences to explain Fryer’s speech. Fryer states,



Here, I will speak primarily to the other members of the Gay-PA who are present, not in costume tonight. Perhaps you can help your fellow psychiatrist friends understand what I am saying. When you are with professionals, fellow professionals, fellow psychiatrists who are denigrating the “faggots” and the “queers,” don’t just stand back, but don’t give up your careers either. Show a little creative ingenuity: make sure you let your associates know they have a few issues that they have to think through again. (Scasta, 2003, p. 82)

In being exposed, the members of the Gay-PA experienced a cathartic release through the consciousness raising efforts as well as a new investment in the movement of the personal to the political. Fryer encourages the members of the Gay-PA to help fellow psychiatrists understand Fryer’s shared experiences; additionally, Fryer asks the Gay-PA to end the homophobic epithets through “creative ingenuity.” Through individual action, homosexual psychiatrists are able to validate homosexuality amongst their colleagues by publicly changing attitudes until it is no longer considered an illness. This position is fundamentally informed by the consciousness raising efforts of Fryer who created a collective group identity with which individuals could identify. This group identity views the individual problems homosexual psychiatrists have faced as political and social problems which can be addressed through actions advocated by Fryer.

Fryer’s second advocacy is to validate homosexual patients seeking a cure for their homosexuality. Fryer sends the message of empowering homosexual clients stating,

When fellow homosexuals come to you for treatment, don’t let your own problems get in your way, but develop creative ways to let the patient know that they’re all right. And teach them everything they need to know. Refer them to

other sources of information with basic differences from your own so that the homosexual will be freely able to make his own choices. (Scasta, 2003, p. 82)

Fryer encourages members of the Gay-PA to “let the patient know that they’re all right” and to help them “freely” make their own choices. Fryer’s advocacy has a strong emphasis on validation and empowerment. Both of these emphases are only possible though once the issues raised by Fryer are seen as public problems. Through individual action, members of the Gay-PA are able to resist the adversarial relationship that exists between homosexuals and psychiatrists previously mentioned by Fryer. Fryer’s newly created subject position in combination with the vulnerability of coming out drives the members of the Gay-PA to change their social and political realities.

Ultimately, Fryer advocates for social activism that validates homosexuality as a subject position. Fryer’s advocacy is enabled through his consciousness raising efforts as well as the vulnerability of the Gay-PA as an outed group. Fryer seeks to have his audience validate homosexuality through individual action at the political and social level. Fryer states,

Finally, pull up your courage by your bootstraps and discover ways in which you and homosexual psychiatrists can be closely involved in movements which attempt to change the attitudes of heterosexuals- and homosexuals- toward homosexuality. For all of us have something to lose. We may not be considered for that professorship. The analyst down the street may stop referring us his overflow. Our supervisor may ask us to take a leave of absence. We are taking an even bigger risk, however, not accepting fully our own humanity, with all of the lessons it has to teach all the other humans around us and ourselves. This is the greatest loss: our honest humanity. And that loss leads all those others around us

to lose that little bit of their humanity as well. For, if they were truly comfortable with their own homosexuality, then they could be comfortable with ours. We must use our skills and wisdom to help them- and us- grow to be comfortable with that little piece of humanity called homosexuality. (Scasta, 2003, p. 82)

Here, Fryer addresses the Gay-PA asking them to muster their courage and help other homosexual psychiatrists become involved in social movements. The vulnerability created by Fryer's collective coming out also becomes apparent as he cites the multiple negative impacts that homosexual psychiatrists could face. These vulnerabilities become the source of empowerment. Even though these negative consequences may happen, the greater loss comes from the dehumanizing experience of being in the closet. Urging psychiatrists to become comfortable with their own homosexuality becomes the key to positive political advancement.

### **Conclusion**

Fryer's speech helps us to understand how marginal group identities form. In Fryer's speech, coming out narratives played a key role in raising the consciousness of homosexual psychiatrists. Through personal experience, Fryer is able to build a group identity and help homosexual psychiatrists to realize that they are "not the only ones" struggling with their sexual identity. The result of this realization is that homosexual psychiatrists make their personal struggles political. Their group identities form that basis of their political action inherent in coming out.

While the first rhetorical encounter between the APA and a member of the Gay-PA occurred in 1972 at the panel under discussion, the first time a heterosexual psychiatrist encountered the Gay-PA as a group occurred in 1973. A year after the 1972 convention, the APA convention met again in Honolulu, Hawaii. There, Robert Spitzer, a psychiatrist on the APA's

Committee on Nomenclature, visited the Gay-PA at a bar in the 1973 convention. The visit was significant because as Alix Spiegel states, "...the Committee on Nomenclature is the group which decides which mental disorders will appear in the DSM. In other words, these were the people who actually decided what was and what was not a mental illness" (Glass, 2002). For the first time, a heterosexual in a position of significant power visited the Gay-PA proving that there were homosexual psychiatrists. The encounter was dramatic and emotional for both the Gay-PA and Spitzer. Spigal summarizes the reactions of the Gay-PA writing,

At the time, the members of the GAYPA were still completely hidden. They hadn't been active in the struggle to change the DSM. They were too fearful of losing their jobs to identify themselves publicly. So when Robert Spitzer, an obviously straight man in a position of power at the APA, appeared at the bar, the men of the GAYPA were completely unnerved. (Glass, 2002)

The "grand dragon" of the APA was so "unnerved" that he confronted Spitzer and Ronald Gold, the member of the GAA who invited Spitzer to the Gay-PA meeting, and told them to leave (Glass, 2002). Gold insisted that they stay. More significantly, Spitzer was shocked by the number of high profile people that turned out to be homosexuals as well as psychiatrists. Spitzer was so moved by the experience that,

...this man [Spitzer] was awash in tears. I [Gold] believe that that was what decided Spitzer right then and there. Let's go. Because it was right after that that he said, let's go write the resolution. And so we went back to Spitzer's hotel room and wrote the resolution." (Glass, 2002)

The same night that Spitzer was introduced to the Gay-PA, he wrote the resolution replacing homosexuality with ego-dystonic homosexuality effectively “curing” millions of homosexuals (Glass, 2002).

From the historical accounts, it would appear that the Gay-PA and the outing of homosexual psychiatrists played a vital role in the decision to de-list homosexuality from the DSM. Fryer’s speech was therefore a foundational moment in the decision to delist homosexuality as he laid the groundwork for the public image of the Gay-PA.

## Chapter 5

What it means to be a homosexual in the United States has largely resulted from numerous rhetorical acts that have constructed it. This thesis examined two rhetorical artifacts: Franklin Kameny's *Gay, Proud and Healthy* and John Fryer's *I am a Homosexual*. Together, these speeches were delivered in front of the American Psychiatric Association in 1972. Kameny and Fryer's speeches followed a long history of medical discourse which examined the "question of homosexuality" as well as a history of social activism and change which laid the groundwork for resistive acts to occur. Adopting a critical approach, this thesis has examined these two speeches using theories about metaphor, constitutive rhetoric, coming out narratives, and feminist consciousness raising techniques. Together, these perspectives provide us with a nuanced understanding of how these speeches function and what impact they can be said to have had.

Two historical developments led to Kameny and Fryer's speeches in 1972: the development of medical inquiry into human sexuality and the development of sexual subcultures. Both of these historical developments dramatically informed the speeches that were delivered. Studies in human sexuality began with the work of sexologists in the late 1800s. Heteronormative assumptions informed the theories of the early sexologists which carried on to the cognitive models of psychosexual development exemplified by Sigmund Freud. It was not until the sociocultural methodology of Evelyn Hooker that psychiatry began to realize the potential of a healthy homosexual. As a continuation of these developments, Fryer and Kameny both delivered their speeches speaking against psychiatry's pathologization of homosexuality. Their resistive acts were the result of their marginalization within a heteronormative space.

While developments in psychiatry were changing psychiatry's perspectives on homosexuality, so too were homosexuals changing perspectives on themselves through the development of homosexual communities. The outbreak of World War II awakened many to the large numbers of homosexuals that existed. After returning home from the war, many homosexuals began to congregate in coastal areas forming the first gay communities. From these communities, political organizations like the Mattachine Society developed. Starting from radical ideologies that viewed homosexuals as fundamentally different from heterosexuals, the Mattachine Society began generating publications that raised awareness of homosexual culture and community; however, a schism within the organization turned the predominate view toward assimilation. Kameny, discontent with assimilationist viewpoints, founded the Mattachine Society of Washington (MSW). The MSW adopted radical viewpoints and radical tactics which sought to change many aspects of discrimination against homosexuals. These militaristic and radical perspectives come through in Kameny's speech as he delivers a fiery speech with a radical conception of homosexual community.

The American Psychiatric Association's (APA) annual conference became the target of multiple protests between 1970 and 1972. As the two historical trends of the growth of homosexual subculture and the inquiry into homosexuality grew, they eventually clashed in 1972 during a panel discussion entitled, "Psychiatry: Friend or Foe to Homosexuals? A Dialogue." At the panel, both Kameny and Fryer used different strategies answering the question raised by the panel with "foe."

### **Communication and Homosexual Protest**

This thesis has sought to contribute to several conversations within communication studies as well as queer theory. Among these, this thesis has discussed the historical significance

of homophile rhetoric in the delisting of homosexuality from the DSM, theoretical discussions of heteronormativity, as well as methodological discussions within rhetorical criticism.

Among one of the central goals of this thesis was to contribute to our understanding of the history of homosexual protest. Through an examination of Kameny and Fryer's speeches, we now have a better understanding of the speech acts and strategies that sought to delist homosexuality from the DSM. Kameny's *Gay, Proud and Healthy* serves as a representative text for Kameny's rhetoric throughout his involvement in the effort to delist homosexuality. Kameny's involvement in this and other movements makes him a prime candidate for further rhetorical analysis in this and other areas of rhetorical scholarship. Fryer's speech speaks to the many experiences of homosexual psychiatrists whose existence played a powerful role in the effort to delist homosexuality. Although Fryer's role in the movement as a whole may have been limited, his efforts in this speech significantly contribute to our understanding of how coming out narratives functioned as a form of consciousness raising. Because of their speech acts, Kameny and Fryer are significant historical figures and their rhetoric deserves further examination.

Rhetorical acts play a fundamental role in the creation of lines of power and resistance. The medical discourse of sexologists played a vital role in contemporary constructions of homosexuality; however, subsequent discourse by activists and dissenting psychiatrists played a key role in fracturing those constructions. Kameny and Fryer's speeches can be thought of as resistive acts that sought to fracture hegemonic constructions of homosexuality and pave the way for new discourses to expand on what it meant to be a homosexual in the United States.

Kameny's speech resisted hegemonic constructions through an extensive use of metaphor. Kameny's structural diagnostics as war metaphor coupled with his metaphor of homosexuals as sick deconstructed what he called the "sickness theory" of homosexuality.



Kameny's deconstruction of the sickness theory was not just a critique of medical science, but an attack on hegemonic constructions of homosexual identity. Using the ontology of war, Kameny structured his audience's understanding of diagnostic labeling as a violent, destructive act that was waging a war against an entire population. Combined with the metaphor of homosexuals as sick, Kameny uses the metaphor of diagnostics as war to restructure the meaning of sickness. Kameny's new vision of sickness was one that did not include homosexuality, but interpreted society's values and judgments as being the origin of the sickness psychiatrists were trying to cure.

Kameny's speech also disrupted hegemonic construction by challenging psychiatry's authority to diagnose and pathologized sexuality. In order to challenge psychiatry's authority, Kameny uses two strategies: (1) he establishes the ideals and goals of psychiatry through the use of the metaphor science as under construction and (2) he measures how far psychiatrists have strayed from his established ideals using the metaphor of psychiatrists as religious leaders. Kameny establishes psychiatry's ideal as being that of scientific objectivity. The engineering metaphor draws from the ontological experiences of building and construction to reveal that psychiatry rests upon a faulty foundation in order to make the point that psychiatry is using value judgments rather than objective fact to pathologize homosexuals. The metaphor of psychiatrists as religious leaders establishes psychiatrists as inherently value laden and opposed to the objective values that Kameny characterized psychiatry as striving toward. Challenging psychiatry's authority challenged the origins of hegemonic constructions of homosexuality.

Although much of Kameny's rhetorical efforts go into criticism and deconstruction, Kameny also offers a constructive, alternative vision of sexuality for his audience. Kameny uses the metaphor of psychoanalysts as trail-blazers to offer psychiatrists a face saving alternative to

their antiquated path. Psychiatrists can now choose a newer, more productive metaphor to understand homosexuality: sexuality as pluralistic. Kameny's metaphor of sexuality as pluralistic is juxtaposed with the metaphor of people as robotic/plastic. Through a clashing of the two metaphors, the metaphor of sexuality is pluralistic is clearly left as being the more appealing alternative. As a result of Kameny's metaphors, a space within the heterosexual hegemony was created which made room for marginalized sexualities to exist.

Lastly, Kameny resists hegemonic constructions of homosexuality by empowering homosexual identity. Although many of Kameny's metaphors hint at the idea of homosexuals as belonging to a collective group, the metaphor of homosexuals as a minority best captures this idea and does the most to situate homosexuals as a minority rather than a group of separate individuals. Largely drawing from understandings of minority group relations as developed with the civil rights movement, Kameny structures the audience's understandings of homosexuals. According to Kameny, homosexuals should not be thought of as pathological individuals, but as an empowered minority group with their own values, culture, and power. Kameny's conception of homosexuals as a minority group radically re-envisioned hegemonic constructions of homosexuality which thought of homosexuals as pathological individuals.

Fryer too challenges the hegemonic order through the creation of a new subject position known as the Gay-PA. One of the primary ways that Fryer creates the new subject position is through the telling of a collective coming out narrative. Fryer shares a variety of experiences that explain what it is like to come out as a homosexual. The experiences that Fryer draws from include experiences with employment discrimination, internalized homophobia, and discrimination from other homosexuals. Different audience members have a different reading of Fryer's experiences. For heterosexual psychiatrists, the shared experiences function as a

revelation in that they “overhear” these experiences and understand their social and political dimensions for the first time. For homosexual psychiatrists, the speech functions as a form of consciousness raising. As homosexual psychiatrists read their own personal experiences within Fryer’s experiences of employment discrimination, internalized homophobia, and discrimination from other homosexuals, they come to understand their personal identity as a politically motivated subjectivity. Fryer uses this new subjectivity to create a call for action. Fryer’s speech challenges heteronormativity by revealing the existence of homosexual psychiatrists to those in power (heterosexual psychiatrists) and by creating a new politically motivated homosexual subjectivity from previous heteronormative constructions.

Within communication studies, this thesis has also made several contributions to rhetorical methodology, particularly in metaphoric criticism and understandings of constitutive rhetoric. Kameny’s speech makes clear that our constructions of homosexuality and scientific discourses can be thought of as a series of complex metaphors that shape our understanding. Modern audiences may take for granted that a homosexual community was not always a given, but a long progression of evolving metaphors. Beginning with homosexuals as sick, homosexual identity has evolved through a series of strategic challenges to institutions of power. Kameny’s use of systemic and ontological metaphors illustrates how features of our physical world (particularly war) have shaped contemporary homosexual identity. Other metaphors like sexuality as pluralistic and people as robotic/plastic have used physical features to evoke either positive or negative imagery to shape our contemporary understandings of sexuality. Metaphoric theory has been used to show how these challenges shaped contemporary understandings of health and homosexuality.

Constitutive rhetoric has been limited in that it has not taken into account the complexity of identity formation or the unique struggles faced by minority groups in constructing their identity. Fryer's speech allows us to expand our understanding of constitutive rhetoric along both of these lines. For the complexity of contemporary identity formation, Fryer's speech allows for an analysis of multiple, competing identities including psychiatric, homosexual, and heterosexual identity. Identity formation for homosexual psychiatrists was particularly complex as homosexuality and psychiatry were oppositional to one another. Fryer utilized several strategies for overcoming the unique obstacles facing homosexuals at the time including coming out narratives and consciousness raising. Fryer's collective coming out served a rhetorical function in that it exposed the prevalence of homosexuality to heterosexual and homosexual communities as well as creating a vulnerability that invested outed homosexuals in the gay rights movement. Coming out played a vital role in the constitution of a collective group identity. The more homosexuals who were outed the larger the group of homosexuals became and the more valid their claim as a minority group became. Consciousness raising was also a key facet of constituting a politically motivated homosexual subjectivity. For many homosexuals isolated from one another by secrecy, consciousness raising provided the visibility necessary for them to confidently come out to one another. With the realization that their personal problems were political struggles, consciousness raising mobilized a collective group identity which led to action.

### **The 1972 Panel**

In addition to challenging heteronormative constructions, Kameny and Fryer's speeches come together to offer a critique of the APA's pathologization of homosexuality and offer an alternative conception of homosexuality as a valid, healthy alternative to heterosexuality. The

purpose of this section is to put Kameny and Fryer's speeches in conversation with one another to see how they functioned as a panel. In Kameny and Fryer's understanding of homosexuality, a homosexual can live a free and affirming lifestyle without fear of reprisal. Both speeches utilize different rhetorical strategies; however, these strategies come together to complement one another to provide a more complete criticism of psychiatry and heteronormative assumptions of homosexuality. Kameny's primary function in the panel was to deconstruct the APA's pathologization of homosexuality. Although Kameny accomplishes this function well, he offers little for an alternative understanding of homosexual identity; conversely, Fryer spends very little time deconstructing and criticizing psychiatry, instead offering an alternative subject position with which homosexual and heterosexual psychiatrists can identify. As the two speeches stand juxtaposed, they offer a more thorough critique of psychiatry's pathologization of homosexuality and provide alternative conceptions of homosexual identity.

As mentioned above, Kameny's primary rhetorical strategy was that of metaphor. When deconstructing the sickness model, Kameny used metaphors to leave his audience with a series of understandings as to why the medical model championed by many psychiatrists was flawed. Kameny's largest objection to the sickness theory was that it was a fundamentally destructive act. This belief is best embodied in Kameny's metaphor of diagnostics as war. Kameny's metaphor here was largely structural. As a structural metaphor, Kameny's interpretation of the medical model of homosexual meant that psychiatrists were harming the homosexual patients they were trying to help. Kameny's war metaphor was particularly effective because of how it drew from the ontology of war. Kameny's language evokes strong images of death and destruction. These images come to inform every action psychiatry has taken from diagnosis and

treatment to the conceptualization of humanity and sexuality. Fundamentally informed by material reality, Kameny is able to shape the perceptions of his audience members.

Kameny's deconstruction of the sickness model also characterized it as a semantic guise. Kameny explains that viewing homosexuals as sick is itself a metaphor. Using the metaphor of homosexuals as sick, Kameny challenges the definition of sickness and points out that homosexuals are not sick, society is. Coupled with the diagnostics as war metaphor, psychiatry's pathologization of homosexuality has made psychiatry nothing more than a vessel for society's misguided values. By dismantling the semantics of the sickness theory, Kameny is able to reveal how psychiatry's approach to homosexuality has been flawed. Kameny's discussion of psychiatry as being an extension of societal values leads to Kameny's next criticism of the sickness model which is that psychiatry is value laden.

Kameny speaks of psychiatrists as religious leaders highlighting the values and beliefs that inform psychiatry. Kameny contrasts this characterization with science as being under construction. Using the metaphor of science as under construction, Kameny takes the ontology of construction equating it to progress. Science, as Kameny describes it, seeks the truth and is based in objective reality. Science strives to purely represent the ontological free from human values or beliefs. Framing psychiatrists as religious leaders transforms psychiatrists into the antithesis of science. Within the context of the sickness theory of homosexuality, psychiatrists have allowed their personal values and beliefs to interfere with their conclusions and obstruct the progress of science.

Another facet of Kameny's critique of the sickness model is that it is cold and dehumanizing. Kameny structures the audience's understanding of the sickness model using the metaphor of people as plastic/robotic. In this metaphor, psychiatry's approach to treatment

believes that people are just as malleable and programmable as plastic robots. The ontology of plastic and robotics informs structures the audience's perception of their own beliefs about the treatment of homosexuality. To believe that homosexuals can be changed is to adopt a dehumanizing belief structure that transforms human beings into nothing more than plastic and machinery. Kameny's critique of the sickness model forces the audience to confront the dehumanizing aspects of the sickness model.

Lastly, Kameny criticizes psychiatry's pathologization of homosexuality on the grounds that it is misguided and untrue. Using the metaphor that psychoanalysts are trail-blazers, Kameny gives due credit to the initial inquiries of psychiatrists; however, he objects to their current beliefs about homosexuality. Kameny's metaphor of psychoanalysts as trail-blazers also ties in nicely with Kameny's objection that psychiatrists are value laden. Kameny equates the "old" path of psychiatry with that of an antiquated and value laden past whereas the "new" more efficient path more accurately captures homosexuality. Together, these metaphors function to deconstruct and criticize the sickness model from a variety of grounds. Kameny's speech does a thorough job criticizing psychiatry; however, his alternative vision of sexuality is limited although productive.

In order to offer an alternative vision of sexuality, Kameny uses the metaphor of homosexuals as a minority and sexuality as pluralistic. Contrasted with the metaphor of people as plastic/robotic, Kameny provides a warmer interpretation of sexuality which makes room for all kinds of sexual orientations. One way in which Kameny characterizes sexuality is through the metaphor of sexuality as pluralistic. Kameny's leaves an open-ended interpretation of what these pluralities encompass. Kameny's metaphor radically revises the sickness theory which perceives of only one kind of sexuality as valid: heterosexuality.

Kameny's second metaphor of homosexuals as a minority also offers a radical interpretation of sexuality. In the metaphor of homosexuals as a minority, Kameny's structures the audience's perceptions of sexuality as being closely tied to identity. Unlike in the sickness model, sexuality is closely connected to one's social identity. It also serves as an organizing principle in which people can develop a sense of likeness and community. Drawing extensively from the ontology of the civil rights movement, Kameny envisions homosexual communities in the same way the audience envision African-American communities. Although Kameny's metaphor of homosexuals as a minority is fairly concrete, his metaphor of sexuality as pluralistic is largely abstract and underdeveloped leaving the audience with a poor idea of what a pluralistic sexuality would look like.

Because Kameny leaves the audience with an underdeveloped sense of what an alternative homosexual identity would look like, Fryer's speech serves an important function. In a very different tone, Fryer does not spend much time deconstructing psychiatry's pathologization of homosexuality. Because of this, Kameny's speech is a vital component to the panel as the combination of the two speeches provides us with both a "deconstruction" and "reconstruction" of the pathologization of homosexuality. Rather than offer a deconstruction, Fryer discusses the experiences of homosexual psychiatrists which in turn leads to the creation of a new group identity and alternative vision of homosexuality. Fryer's construction of a collective group identity is informed by several experiences as well as a collective "outing."

One of the strategies Fryer uses to create a homosexual subject position is by staging a collective coming out. Fryer asserts that numerous homosexual psychiatrists exist. For heterosexual and homosexual psychiatrists alike, Fryer's collective coming out serves as a revelation that demonstrates the number of homosexuals involved in the APA. Revealing the



large numbers of homosexual psychiatrists provides a valid basis for a collective group identity; furthermore, Fryer's public outing "outs" the topic of homosexuality within the APA creating the necessary rhetorical space for him build a collective group identity.

In addition to staging a collective coming out, Fryer embarks on a consciousness raising effort that seeks to raise the awareness of homosexual experiences within the APA. As Fryer does this, he draws from personal experience to create informed subject positions. One of the experiences the Fryer draws from is that of employment discrimination. Fryer shares the generalized experience of many homosexual psychiatrists who have had to hide their sexuality from their employers in order to keep their jobs. As homosexual psychiatrists recognize their personal experience within Fryer's story, they begin to realize the political and public significance of their experiences. Through generalized experience, Fryer brings homosexual psychiatrists together in a collective group identity.

Another set of experiences that Fryer uses to create a collective group identity comes from his discussion of discrimination against homosexual psychiatrists within the general homosexual community. These experiences speak to the animosity between homosexuals and psychiatry in general; however, they also provide an experiential basis with which homosexual psychiatrists can identify. As homosexual psychiatrists recognize themselves within Fryer's narrative, they come to understand their personal struggles as political ones. Their identification with political struggles forces them to see themselves as a singular, collective group united in a political struggle.

Fryer's articulated experiences of homosexuals struggling within secrecy unites homosexual psychiatrists together in a collective group identity. As Fryer describes how homosexual psychiatrists have had to hide their sexuality in order to become psychiatrists, each

psychiatrist within the audience recognizes their own experience. Recognizing their own experience within the narrative further moves the audience to have a political understanding of their dealings with secrecy. This political understanding further builds a sense of group identity creating a collective subjectivity.

Homosexual psychiatrists who have struggled with blackmail also develop a sense of group identity within Fryer's narrative. Fryer discusses the various ways in which blackmail is possible in his speech. Homosexual psychiatrists who have experienced these forms of blackmail identify their problems as being larger than themselves. The identification with a generalized experience moves them to understand their personal struggles with blackmail as political struggles symptomatic of a larger problem.

Lastly, Fryer speaks to the feelings of betrayal within the APA as homosexual psychiatrists work for an institution (the APA) which views them as unhealthy and unworthy to work for them. The public disclosure of these feelings allows homosexual psychiatrists to identify with one another in their feelings and move toward a political understanding of their experiences. In addition to building a collective group identity, Fryer takes the subject position he has just enabled and imbues with particular traits giving the audience a better understanding of what a politically motivated subjectivity would look like.

One of the features of Fryer's homosexual subjectivity is that of power and self-reflexivity. Fryer discusses the power that psychiatry has to "define the health of others." He encourages the audience to carefully consider the power that lies within their hands. Fryer's understanding of homosexuality differs from psychiatry's traditional understanding of homosexuality which positioned homosexuals as powerless. Fryer's new subjectivity helps to empower his homosexual colleagues. As homosexual psychiatrists have tried to work out their

own sexual orientations through therapy, they have become healthier than their heterosexual counterparts further empowering the new homosexual subject position.

Fryer's homosexual subjectivity creates a space for homosexual psychiatrists to "speak up" against heteronormative practices. As homosexual psychiatrists encounter colleagues who use homophobic epithets, they now have the ability to speak in opposition to them. Fryer's new subject position creates an identity with which homosexual psychiatrists can identify with and become vocally active; similarly, Fryer's subject position allows homosexual psychiatrists to empower their clients. No longer forced to follow the teachings of the APA, Fryer's subject position provided homosexual psychiatrists with the rhetorical tools necessary to offer an affirming perspective on homosexuality.

Lastly, Fryer's subject position envisions homosexuality as a healthy part of humanity. Embracing homosexuality helps people to embrace their own humanity. Fryer's subject position diverges tremendously with the homosexual subjectivity created by sexology and subsequently psychiatry. Fryer's subject position creates the rhetorical space necessary for homosexual psychiatrists to come out into a politically motivated subjectivity that affirms their homosexuality as a healthy part of their own humanity.

Kameny and Fryer's speeches complement one another by providing a critique of the sickness theory of homosexuality and providing an alternative vision for homosexuality. Kameny's role was primarily of deconstruction. Through an extensive use of systemic and ontological metaphors, Kameny was able to systematically dismantle the sickness theory on a variety of grounds. Although Kameny begins to provide an alternative vision, he falls short of Fryer who spends the entirety of his speech delivering a collective coming out narrative raising

the consciousness of his audience. Fryer's speech provides an alternative vision for homosexuality which views it as a healthy part of humanity.

### **Future Directions**

Of the future possible directions, one of the most intriguing is further exploration of the unique rhetorical strategies used by homosexual rhetors. Metaphors, consciousness raising, and constitutive rhetoric are not unique to homosexual groups; however, their applications and uses are. Homosexuals have had to face unique obstacles on their journey to liberation. "Coming out" is one example of a unique obstacles. Unlike other minority groups, homosexuals must frequently disclose their sexual orientation, "coming out" of one subjectivity and stepping into another homosexual subjectivity. This obstacle creates a unique set of rhetorical strategies used to overcome it. Homosexual rhetorics have developed a wide variety of metaphors to describe and explain their experiences (the closet and "coming out" being just one). Both Kameny and Fryer's speech used a wide variety of metaphors which have given shape to the ways that we understand contemporary homosexual identity. Constitutive rhetoric also takes on a different form when applied to a homosexual context. In 1972, Kameny and Fryer were both dealing with an audience still "in the closet." Building a collective identity was tough, particularly when dealing with a stigmatized minority group who did not want to be identified because of the social and political ramifications. Building a collective coming out required secrecy and careful planning in order to protect one's self and each other. Lastly, as this thesis has shown, there are many paths to consciousness raising with coming out narratives being only one. Understanding the unique facets of homosexual rhetoric promises to enrich our understanding of rhetorical theory as a whole.

Constitutive rhetoric in particular shows tremendous potential for advancing queer rhetorical theory. Constitutive rhetoric in its current form does not adequately address the formation of marginalized group identities or the complexity of group identity formation. In this thesis, we have looked at the marginalized group identity of homosexuals in 1972 and examined the ways their identities were formed. Particularly in Fryer's speech, the use of coming out narratives and consciousness raising techniques primarily lead to the creation of a marginalized homosexual subject position. Consciousness raising has proven to be one strategy that minority groups can use to build a collective identity; however, coming out narratives offer a second rhetorical strategy creating group identity.

Historically, much more work needs to be done in understanding the rhetoric that delisted homosexuality from the DSM. Kameny and Fryer certainly played their part in the movement to delist homosexuality; however, there were numerous other voices including Barbara Gittings and Ronald Gold who played roles of central importance in the movement. In 1973, another panel was held in Hawaii to discuss the pathologization of homosexuality. The rhetoric from that panel also promises to be a rich source of rhetorical insight which might help us to better understand the rhetorical strategies and conceptions behind this movement. In addition to the rhetoric of other activists, numerous members in the scientific community spoke on behalf of homosexual populations. In the 1972 panel, two heterosexual psychiatrists, Dr. Seidenberg and Dr. Marmor, spoke on behalf of homosexuals advancing arguments from scientific data. Unearthing their perspectives would be invaluable to the literature as "allies" to the gay community have proven to be a significant part of the GLBTQQIA community.

## Appendix A

### *GAY, PROUD AND HEALTHY*

In recent years, an adversary situation has developed between the psychiatric profession and the homosexual community. While much of psychiatry seems unaware of this, it is felt with growing resentment and bitterness by the homosexual community, who increasingly see psychiatry as THE major enemy in a battle against deeply-rooted societal prejudice, and see psychiatrists as singularly insensitive and obtuse to the destruction which they are wreaking upon homosexuals by their negative attitudes and pronouncements. We consider such an adversary situation undesirable and reconciliation to be to the advantage of both adversaries. That is why we, as homosexuals, are here at the Dallas conference of the American Psychiatric Association. In our view, homosexuals are the people most knowledgeable about, and certainly most concerned with these questions. We have traditionally been the people least consulted while others, self-appointed and never authorized to represent us, have talked *about* us instead of *with* us, and set themselves up, without permission, as our spokesman. We are bringing that to an end.

Central to the conflict between psychiatry and the homosexual community is the “sickness theory” of homosexuality and the whole related complex of negative attitudes toward homosexuality, which try to make of homosexuality something inferior to and less desirable than heterosexuality. It matters not whether the word used be sickness, disorder, affliction, disturbance, dysfunction, neurosis, immaturity, fixation, character or personality disorder, pathology, or any other- or whether homosexuality be considered as merely symptomatic of these- the effects are the same: (1) To support and buttress the prejudices of society and to assist the bigots in the perpetration and perpetuation of their bigotry; and, at least equally important (2)

To destroy the homosexual' self-confidence and self-esteem, impair his or her self-image, degrade his or her basic human dignity.

Before any theory having consequences as disastrous as these is accepted, there should be certainty that it rests upon a sound scientific basis. As anyone with even a rudimentary scientific training is aware, the approach of psychiatry to homosexuality violates every canon of good scientific research. For psychiatry cavalierly to spout forth its characterisations of homosexuality as less than fully healthy represents utter irresponsibility. If the profession wishes to continue to take pride in its alleged scientific accomplishments, it had better be sure that its "researches" [sic] really are scientific. Insofar as homosexuality is concerned, they could not be less so. They are distilled, concentrated essence of bad science; they are a textbook illustration of "science" gone wrong. When the psychiatric position on homosexuality is examined, we find that we have been DEFINED into sickness and pathology by cultural, social, moral, teleological and theological value judgments, camouflaged and cloaked in the language of bad science.

Even more irresponsible is the continuing refusal of psychiatry to shoulder its proper burden in any situation of bigotry: To provide therapy for the bigots in order to change their attitudes; to change the attitudes of society, instead of not only accepting those attitudes but deifying them and then engaging in human engineering for conformity to them.

Deeply resented by the gay community are persistent efforts by psychiatrists to convert homosexuals to heterosexuality, instead of inculcating them with pride in their homosexuality. Increasingly, we hear psychiatrists piously declare that they attempt to convert "only those homosexuals who wish to be changed." That is an unacceptably simplistic, superficial, and shallow approach. When society generally, and psychiatry particularly, have "brainwashed" homosexuals into a belief in the inferiority of their homosexuality, the homosexual who asks to

be changed is merely the creation of a self-fulfilling process. How many whites choose to try to “pass” as black, and why is the number so small, and why do any blacks as all choose to “pass” as white, and is it not better that now, in an era of “Black is Beautiful,” fewer and fewer Blacks are trying to be untrue to themselves? We must investigate and often challenge the motives before we accept the desire to change. The great majority of homosexuals desiring to change to heterosexuality should be instilled with a belief that “Gay is Good,” not blandly welcomed as candidates for change.

The homosexual community looks upon efforts to change homosexuals to heterosexuality, or to mold younger, supposedly malleable homosexuals into heterosexuality (the very existence of this “plastic teenager” is questionable at best) as an assault upon our people comparable in its way to genocide. We find offensive the entire vocabulary of the psychiatric literature, in which “help,” “improvement,” “success,” “recovery,” and similar terms relating to the therapy of homosexuals is related to the extent of increase in heterosexual tendency and activity. The goals of therapy of homosexuals must be subjected to searching and re-examination.

Equally important as a consequence of psychiatric attitudes, is the fact that large numbers of homosexuals who might benefit from psychotherapy for a variety of problems unrelated to their homosexuality (which is NEVER a problem in and of itself, any more than *heterosexuality* is ever a problem in and of itself) will not go near a psychiatrist because of their fully-justified expectation that their real problems will be shunted aside and ignored, and the therapy will become an unwanted assault upon their homosexuality.

For better or for worse, psychiatry and psychiatrists are authority figures in our society today. *Responsible* authorities assess with great care the consequences of the exercise of their



authority and the validity of their positions and premises. In regard to homosexuality, psychiatry clearly has not done so. It is time to start doing so, or to doff the mantle of authority before it is taken from you!

In our view, it is time for psychiatry to reassess its position on homosexuality from the ground up. Queen Victoria has been dead for almost three quarters of a century. Freud brought up in the depths of a Victorian era from which he never escaped intellectually, may have done yeoman work as a pioneer and trail-blazer, but trails are necessarily blazed with lack of knowledge of the whole terrain and seldom follow what ultimately turns out to be the optimum route. It is time to realize that much of the psychiatric approach to homosexuality must be recognized for what it is: A misinterpretation of cultural artifacts of the particularly distorted, warped, perverted sexual attitudes of the Victorian era, in which Freud grew up, and shortly following which era most modern “authorities” on this subject were trained.

We must recognize that one of the glories of humankind is its endless diversity and pluralism in all things; that we are not faceless robots all turned out of the same mold, but that we follow different courses of equal value to different goals of equal value- in psychosexual development as in all other areas; that there is no one, single healthy course of psychosexual development.

Finally, we must realize that among the glories of humankind is its brain, which has liberated us from the degrading, demeaning, dehumanizing (and inapplicable, in this context) “anatomy is destiny” theory. Our genital organs are our appendages; we are not appendages of our genital organs.

We take the position that in our pluralistic society, the homosexual has a moral right to be a homosexual, and being a homosexual, has a moral right not only to live his or her

homosexuality fully, freely, openly, and with pride, but also has a right to do so free of arrogant and insolent pressures to convert to the prevailing heterosexuality, and in the expectation of the active, affirmative, positive assistance and encouragement of all the official and unofficial arms and agents of society, including society, in his so living.

Not only do we insist that homosexuals, as people, are in no way inferior to heterosexuals as a people (a precept to which we are sure that most psychiatrists will take no exception) but we insist, equally uncompromisingly, that homosexuality- as a condition, a state of being, a way of life or life-style, an expression of love and affection- is fully on par with and in no slightest way inferior to heterosexuality.

We are working to create a sense of community among our people, to create, in turn, a sense of unity, solidarity, militancy, and activism, in order to assist us to achieve our full rights and status in a society which is ours as much as it is that of the heterosexuals. We are working with success to create among our people a sense of pride in their homosexuality and a sense of the rightness of what they are and the goodness of what they do.

In order to do this, it is necessary to extract homosexuality from the medical context in which it has long and persistently been placed, and to place it in a *sociological* context of minority group relationships involving prejudice, discrimination, and bigotry. This is the *only* context in which the real problems of real homosexuals in our society today will be constructively and productively addressed. It has been well and truly said that in our society there is no Black problem, there is a white problem. We say that there is no homosexual problem, there is a heterosexual problem. Psychiatry, as it presently deals with homosexuality, is a major part of that problem.

A psychiatric profession which persists in approaching homosexuality as a medical problem and homosexuals, per se, as patients, which homosexuals themselves, as homosexuals are busy entering politics and running for public office is singularly out of touch with reality- psychotically so!

We are trying to open dialog with the psychiatric profession on these questions. In past years, it has been necessary, on occasion, to resort to strong measures against a resisting profession in order to achieve such discussion of our problems with us instead of merely about us. We sincerely hope that productive, constructive discussion and dialog, followed by meaningful reform of psychiatry, will now proceed actively.

Psychiatry, in the past- and continuingly- has been the major single obstacle in our society to the advancement of homosexuals and to the achievement of our full rights, our full happiness and our basic human dignity. Psychiatry can become our major ally.

Will you assist us?

***WHAT YOU CAN DO:***

1. Both individually, and collectively as a profession and an Association, re-examine your past positions on homosexuality. Discard the negative attitudes and the biases which have afflicted you in the past.
2. Work for a public renunciation, by psychiatry, of the "sickness theory" of homosexuality in ANY semantic guise.
3. Undertake an active, vigorous campaign to ameliorate and ultimately to eliminate popular prejudice on this question, both through work to change attitudes and in such specific areas as law reform, equal opportunity legislation, etc.
4. Consult on an on-going basis with representatives of the homosexual community.

Our themes are: ***GAY, PROUD AND HEALTHY*** and ***GAY IS GOOD***. With or without you, we will work vigorously toward the acceptance of those precepts, and will fight those who oppose us. We would much prefer to work with you than against you. Will you join us, to our mutual benefit?

Your comments, suggestions, and efforts at dialog and discussion are welcome. Contact:  
Dr. Franklin E. Kameny, 5020 Cathedral Avenue, N.W., Washington, D.C. 20016. Phone 202-362-2211 or 202-363-3881.

Ms. Barbara B. Gittings, 241 South 21<sup>st</sup> Street. Philadelphia, Pennsylvania 19103. Phone [unintelligible from copy]

## Appendix B

“I am a Homosexual” Dr. John E. Fryer, 1972

Thank you, Dr. Robinson. I am a homosexual. I am a psychiatrist. I, like most of you in this room, am a member of the APA and am proud to be a member. However, tonight I am, insofar as in it is possible, a “we.” I attempt tonight to speak for many of my fellow gay members of the APA as well as for myself. When we gather at these conventions, we have a group, which we have glibly come to call the Gay-PA. And several of us feel that it is time that real flesh and blood stand up before you and ask to be listened to and understood insofar as that is possible. I am disguised tonight in order that I might speak freely without conjuring up too much regard on your part about the particular WHO I happen to be. I do that mostly for your protection. I can assure you that I could be any one of more than a hundred psychiatrists registered at this convention. And the curious among you should cease attempting to figure out who I am and listen to what I say.

We homosexual psychiatrists must persistently deal with a variety of what we shall call ‘Nigger Syndromes.’ We shall describe some of them and how they make us feel. As psychiatrists who are homosexual, we must know our place and what we must do to be successful. If our goal is academic appointment, a level of earning capacity equal to our fellows, or admission to a psychoanalytic institute, we must make certain that no one in a position of power is aware of our sexual orientation or gender identity. Much like the black man with the light skin who chooses to live as a white man, we cannot be seen with our real friends- our real homosexual family- lest our secret be known and our dooms sealed. There are practicing psychoanalysts among us who have completed their training analysis without mentioning their

homosexuality to their analysts. Those who are willing to speak up openly will do so only if they have nothing to lose, then they won't be listened to.

As psychiatrists who are homosexuals, we must look carefully at the power which lies in our hands to define the health of others around us. In particular, we should have clearly in our minds, our own particular understanding of what it is to be a healthy homosexual in a world, which sees that appellation as an impossible oxymoron. One cannot be healthy and be homosexual, they say. One result of being psychiatrists who are homosexual is that we are required to be more healthy than our heterosexual counterparts. We have to make some sort of attempt through therapy or analysis to work problems out. Many of us who make that effort are still left with a sense of failure and of persistence of "the problem," Just as the black man must be super person, so must we, in order to face those among our colleagues who know we are gay. We could continue to cite examples of this sort of situation for the remainder of the night. It would be useful, however, if we could now look at the reverse.

What is it like to be a homosexual who is also a psychiatrist? Most of us Gay-PA members do not wear our badges into the Bayou Landing, [a gay bar in Dallas] or the local Canal Baths. If we did, we could risk the derision of all the non-psychiatrist homosexuals. There is much negative feeling in the homosexual community towards psychiatrists. And those of us, who are visible, are the easiest targets from which the angry can vent their wrath. Beyond that, in our own hometowns, the chances are that in any gathering of homosexuals, there is likely to be any number of patients or paraprofessional employees who might try to hurt us professionally in a larger community if those communities enable them to hurt us that way.

Finally, as homosexual psychiatrists, we seem to present a unique ability to marry ourselves to institutions rather than wives or lovers. Many of us work twenty hours daily to

protect institutions that would literally chew us up and spit us out if they knew the truth. These are our feelings, and like any set of feelings, they have value insofar as they move us toward concrete action.

Here, I will speak primarily to the other members of the Gay-PA who are present, not in costume tonight. Perhaps you can help your fellow psychiatrist friends understand what I am saying. When you are with professionals, fellow professionals, fellow psychiatrists who are denigrating the “faggots” and the “queers,” don’t just stand back, but don’t give up your careers either. Show a little creative ingenuity: make sure you let your associates know they have a few issues that they have to think through again. When fellow homosexuals come to you for treatment, don’t let your own problems get in your way, but develop creative ways to let the patient know that they’re all right. And teach them everything they need to know. Refer them to other sources of information with basic differences from your own so that the homosexual will be freely able to make his own choices.

Finally, pull up your courage by your bootstraps and discover ways in which you and homosexual psychiatrists can be closely involved in movements which attempt to change the attitudes of heterosexuals- and homosexuals- toward homosexuality. For all of us have something to lose. We may not be considered for that professorship. The analyst down the street may stop referring us his overflow. Our supervisor may ask us to take a leave of absence. We are taking an even bigger risk, however, not accepting fully our own humanity, with all of the lessons it has to teach all the other humans around us and ourselves. This is the greatest loss: our honest humanity. And that loss leads all those others around us to lose that little bit of their humanity as well. For, if they were truly comfortable with their own homosexuality, then they

could be comfortable with ours. We must use our skills and wisdom to help them- and us- grow to be comfortable with that little piece of humanity called homosexuality.



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