

Queer and Disorderly

Gustavus Stadler

In 1991, Eve Kosofsky Sedgwick published “How to Bring Your Kids Up Gay: The War on Effeminate Boys” in the “Fear of a Queer Planet” issue of *Social Text* (ST 29). The immediate prompt for Sedgwick’s essay was the first Bush administration’s repudiation of its own Department of Health and Human Services’s 1989 report drawing attention to the exceptionally high rate of suicides among gay and lesbian youth. Interested in what a depressed queer teenager or child might encounter if seeking, or being forced to seek, help from psychological clinicians, Sedgwick discovered that while homosexuality had been withdrawn (with much self-congratulation) from the official catalog of pathologies, psychiatrists’ approach to gender was now guided, at least officially, by something called Gender Identity Disorder (GID). “Help” was synonymous with steering kids toward acclimation to the supposed order of “traditional” gender roles. Sedgwick asked “how it happens that the depathologization of an atypical sexual object-choice can be yoked to the new pathologization of an atypical gender identification.” In a series of bracing readings of major work in the field, some of which claimed to affirm “healthy” (read: normatively gendered) forms of homosexuality, she made clear the compatibility of this diagnosis with a broad structure of thinking and feeling designed to eliminate queerness in its initial stages, before it had a chance to live beyond early childhood. Her powerful polemic labeled this work “a train of squalid lies. The overarching lie is the lie that they are predicated on anything but the therapists’ disavowed desire for a non-gay outcome.”

Here and throughout the essay, Sedgwick’s writing reflects the energy of a time in which the possibility of disappearance was very much the driving force of queer activism—a movement both ravaged and galvanized by

the AIDS epidemic. Now it would seem that, at least according to a powerful sector of that activism's inheritors, gays and lesbians are beyond that, fighting what the *Advocate* called in the subheadline to its 16 December 2008 issue "The Last Great Civil Rights Battle," the struggle to legalize same-sex marriage. (The presumptive whiteness of that sector is made clear in the main headline's awesomely insidious, newsstand-friendly declaration that "Gay Is the New Black.") Yet the GID diagnosis remains on the books, one of the many sore points that threaten the coherence of such one-more-river-to-cross rhetoric. Thus, in the current *Diagnostic and Statistical Manual of Mental Disorders* (DSM), psychiatrists are advised to watch children for certain patterns of behavior:

They may have a preference for dressing in girls' or women's clothes or may improvise such items from available materials. . . . They particularly enjoy playing house, drawing pictures of beautiful girls and princesses, and watching television or videos of their favorite female characters. Stereotypical female-type dolls, such as Barbie, are often their favorite toys. . . . They avoid rough-and-tumble play and competitive sports and have little interest in cars and trucks. . . . They may insist on sitting to urinate and pretend not to have a penis by pushing it in between their legs.

Their fantasy heroes are most often powerful male figures. . . . [They] prefer boys as playmates, with whom they share interests in contact sports, rough-and-tumble play, and traditional boyhood games. They show little interest in dolls or any form of feminine dress-up or role-play activity. A girl with this disorder may occasionally refuse to urinate in a sitting position.

Conjuring, in a quasi-cold-war tone, little spectral armies of Barbie-averse biological girls and princess-obsessed biological boys, these passages sound almost satirical, as though lifted from an episode of the television series *Mad Men*. But in their purported goal of rescuing children from the pain of growing up different, they reflect shockingly impoverished attitudes toward not only gender, but also play and fantasy, not to mention children and parents themselves. And, as of early 2009, they appear destined to remain the official word of the American Psychiatric Association (APA).

The DSM is revised every fifteen to twenty years; work has already begun on the fifth edition, slated for publication in 2012. In May 2008, the APA named Dr. Kenneth Zucker to head the DSM-V work group on gender and sexuality. Zucker and another member assigned to the group, Ray Blanchard, are among the most prominent of a number of vocal, well-published clinicians whose work arises from, and is dedicated to maintaining, the belief that the behaviors comprising GID are indeed pathological and ought to be submitted to corrective treatment. Zucker considers gender variance, or what he calls "gender dysphoria," a symptom of some root

problem in a child's development—absent fathers and overbearing mothers heavily populate this diagnostic landscape. According to a November 2008 article in the *Atlantic*, his chosen modes of treatment have included advising a family to turn their household “into a 1950s kitchen sink drama, intended to inculcate respect for patriarchy, in the crudest and simplest terms.” As one element of this cure he advised the parents to tell the GID-diagnosed child, “Daddy is smarter than Mommy.” In another publication, Zucker approvingly quotes work describing a mother who “inadvertantly induced a gender identity disorder in her four-year-old son by allowing him to overhear her anti-male speeches to her feminist discussion group.”

Is there really any connection between the current marriage-centric state of lesbian/gay/bisexual/transgender politics and the DSM issue? The latter is certainly a more oblique, less visible fight, played out not in the courts and electoral politics but in largely Internet-based awareness raising and appeals to the APA to open the details of its revision process to the public. Yet the high visibility of the marriage issue in the media, like the (to some) easy translation into a triumphalist narrative modeled on a superficial understanding of the black civil rights movement, threatens to obscure every aspect of queer politics that is messy, conflicted, or unsuited to the mainstream media's terms and representational strategies. More important, those working for marriage need to be careful to recognize their cause's susceptibility to a shorthand of family values rhetoric, however appealing it may seem to employ at certain junctures. Appeals to Adam and Steve's ability to raise a stable family just like Adam and Eve (oh, sorry, bad example) may hold a good deal of currency within the grand tradition of sentimentalism in the U.S. cultural-political sphere, but for a lot of straight people, “stable” means boys raised as boys and girls raised as girls. Sociologist Mary Bernstein, for instance, examining efforts by lesbian and gay couples to change family law, has described a tendency to “circumvent rather than embrace the challenge to heteronormativity, thus leaving dominant norms in tact.”

My main question is this: just what will the marriage fight do to the struggle to develop and live what Judith Butler calls “a new legitimating lexicon for the gender complexity we have always been living”? The answer may not be clear yet, but the contemporaneousness of the same-sex marriage issue and the DSM issue illustrates a developing shift, if not fracture, in the relationship of transgender people to gay and lesbian politics as articulated by the *Advocate* or a group like the Human Rights Campaign. Many trans activists feel the focus on marriage both discourages challenges to gender normativity and pulls energy away from their major concerns: violence (and inclusion in hate-crimes legislation), employment discrimination (the status of transgender people's inclusion in the Employment Non-Discrimination Act currently under debate in Congress is, as I write,

uncertain), and fair and decent treatment by the medical institution: doctors, psychiatrists, and health insurance companies. The climactic, end-of-days rhetoric of the “Last Civil Rights Battle” is particularly alienating as trans people continue to be consigned, in many quarters of society, to nonexistence.

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This essay examines contemporary lesbian/gay/bisexual/transgender (LGBT) activism in the light of Eve Kosofsky Sedgwick's important *Social Text* piece from 1991, "How to Bring Your Kids Up Gay." It revisits the restrictive views of gender that she discovered in the psychotherapeutic professions via current (2008–2009) controversies over the authors chosen to write the entry "Gender Identity Disorder" in the forthcoming edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*. It argues that the priorities of current LGBT activism, centered largely on same-sex marriage, indicate a shift away from the deeply antinormative strain of queer politics, a move that threatens to isolate lesbian and gay activists from transgender activists.

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