Normalizing sexuality in twentieth-century western societies: a critical reading of the *Diagnostic and Statistical Manual of Mental Disorders*

Vasia Lekka[*]

Abstract

The aim of this essay is to indicate the centrality of psychiatry's scientific discourse in the negotiation, construction and normalization of human sexuality. After a short historical account upon the dominant psychiatric discourse about homosexuality from the beginning of the nineteenth century when psychiatry emerged as a medical specialty, our focus will be on the presentation and negotiation of homosexuality in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). DSM was the first formal recording and scientific categorization of mental disorders, which was edited by the American Psychiatric Association (APA) in 1952 and is still being constantly enriched. Our target is to highlight the role of psychiatry and its functions as a means of the normalization of human bodies, as well as to highlight the role of gender within specific regimes of truth as another regulative norm.

Keywords: homosexuality, DSM, normalization, psychiatry, racism

Introduction

On 27 June 1969, New York police invaded the Stonewall Inn Bar in Greenwich Village, south Manhattan, New York. It was just another routine "visit" by police to homosexual bars and clubs, which was accompanied by brutal controls, harassments and arrests. Nonetheless, this time police violation would not remain unanswered. A great number of people both inside and outside of the Stonewall Inn Bar, who were proliferating as time passed, occupied the Bar. They were demanding the immediate release of those arrested. And finally they succeeded in

[*] Department of Philosophy and History of Science, National and Kapodistrian University of Athens.

liberating them. This had just been the beginning. Summer of 1969 was marked by a series of riots in the area around south Manhattan, one of the districts where homosexuals usually hung out. It was an uprising against state power and police violence, with the slogan "Gay Power" echoing loudly in the streets. In the autumn of 1969, the "Gay Liberation Front" was established. It marked the beginning of the Gay Liberation Movement, which was also opposed, as we are going to see in the following, to the formal attitude of western psychiatry towards homosexuality. In the next year there took place a march with thousands of men and women participating in order to celebrate the first anniversary of the Stonewall riots, whereas the 27th June has been established as the "Gay Pride Day" all over the world.[1]

Without doubt, the Stonewall riots brought to the fore significant questions regarding the human body and the mode of sexual and gender subjectification, which still require an answer. That is, within what regimes of truth human beings' biological/ anatomic differences have been established – because they are deemed to be "natural" – as the factors par excellence for the construction of their gender identity, leading to a series of coordinated attempts to normalize human sexuality and, consequently, to reject any deviance from the dominant heterosexual model? Within what historical a priori homosexual people – along with a great variety of people and social groups, such as migrants and madmen – have been excluded as dangerous "Others" in this modern "witch-hunt"? Thus, following Judith Butler's line of argument, we should reflect on "how and to what end bodies are constructed as it will be to think about how and to what end bodies are *not* constructed and, further, to ask after how bodies which fail to materialize provide the necessary 'outside', if not the necessary support, for the bodies which, in materializing the norm, qualify as bodies that matter".[2] In this multileveled procedure, psychiatry's role has been decisive. Within this frame, the aim of this paper is to indicate the centrality of psychiatry's scientific discourse in the negotiation, construction and normalization of human sexuality, through a critical reading of the presentation and negotiation of homosexuality in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), that is, the first formal recording and scientific categorization of mental disorders, which was first edited by the American Psychiatric Association (APA) in 1952.

[1] Drescher, Jack, "Queer Diagnoses: Parallels and Contrasts in the History of Homosexuality, Gender Variance, and the *Diagnostic and Statistical Manual*", *Archives of Sexual Behavior*, 2010, 39: 427-460, on pp. 434, 441. Kostas Torpouzidis, *Homosexuality, Sexuality and the Struggle for Liberation* (Athens: Marxist Bookstore, 2012), pp. 31-35.

[2] Judith Butler, *Bodies That Matter. On the Discursive Limits of "Sex"* (New York; London: Routledge, 1993), p. 16.

Western psychiatry against homosexuality: the case of the *Diagnostic and Statistical Manual of Mental Disorders*

To begin with, it should be highlighted that western psychiatry already focused on the homosexual body from its very first steps as a distinct medical specialty, at the end of the eighteenth and the beginning of the nineteenth centuries. Taking over the reins from the, until then, dominant theological discourse, nineteenth-century psychiatrists brought about a decisive transformation in the dominant attitude towards homosexuality, by rendering it, along with a great variety of human conducts and characters, into their cognitive object and field of discipline and control. As Michel Foucault (1926–1984) has eloquently remarked, "[t]he sodomite had been a temporary aberration; the homosexual was now a species".[3]

Already in 1868, the Hungarian journalist, human-rights campaigner and sodomy-law reformer Karl-Maria Kertbeny (1824–1882) used, for the first time, the terms "homosexuality" and "heterosexuality" in a private discussion.[4] One year later, in one of his public speeches, he used the term "homosexuality" in his attempt to reform the predominant sodomy laws. In 1870, the German psychiatrist Carl Westphal (1833–1890) published an article in the *Archiv für Psychiatrie und Nervenkrankheiten*, entitled "Contrary Sexual Feeling: The Symptom of a Neuropathic (Psychopathic) Condition" ("Die konträre Sexualempfindung: Symptom eines neuropathischen (psychopathischen) Zustandes"). In this article, he spoke about the "contrary sexual feeling" ("konträre Sexualempfindung"). And he gave as indicative examples, among other things, the case of a young woman who had been admitted to the Charité Hospital in Berlin and who desired to have sexual intercourse with other women, as well as the case of a man who was feeling and dressing as a woman, even though he had never overtly expressed sexual desire towards other men. Despite the fact that these "contrary sexual feelings", according to Westphal, did not necessarily constitute a pathological condition per se, his article marked the constitution of the psychiatric category of homosexuality.[5]

Shortly afterwards, the German psychiatrist Richard von Krafft-Ebing (1840–1902) elaborated further and established the pathological dimension of homosexuality. Already in 1877, highly influenced both by the theoretical work of Charles Darwin (1809–1882) and the

[3] Michel Foucault, *The History of Sexuality. 1. The Will to Knowledge*, tr. R. Hurley (London: Penguin Books, 1998), p. 43.

[4] Ghaziani, Amin, "The Reinvention of Heterosexuality", *The Gay & Lesbian Review*, 2010, 17 (3): 27-29, on p. 27.

[5] Edward Shorter, *A Historical Dictionary of Psychiatry* (Oxford: Oxford University Press, 2005), p. 127-128; Ghaziani, "The Reinvention of Heterosexuality", p. 27; Drescher, "Queer Diagnoses", p. 432.

dominant explanatory framework of the degeneration theory,[6] he had referred in an article in the *Archiv für Psychiatrie und Nervenkrankheiten* to the "contrary sexual desire" ("konträre Geschlechtsgefühl"), which he attributed to the degeneration of the central nervous system. And in his work *Psychopathia Sexualis* (1886), he confirmed the introduction of homosexuality into the long catalogue of the degenerative, psychiatric disorders: "[s]ince, in nearly all such cases, the individual tainted with antipathic sexual instinct displays a neuropathic predisposition in several directions, and the latter may be brought into relation with hereditary degenerate conditions, this anomaly of psycho-sexual feeling may be called, clinically, a functional sign of degeneration".[7] For this purpose, he gave a list of six points that, to his view, advocated in favour of the fact that homosexuality constituted a form of degeneration. Let us cite the first three points that are, to our view, quite illustrative: first, the first signs could be detected during childhood, as, for instance, in young boys playing with dolls – this is an important element that we are going to see again being emphasized in the DSM; second, the sex organs did not present any kind of deformity; third, the individual presented at the same time another suspicious "anomaly".[8] At this point, we should underline the fact that, whereas in the first edition of *Psychopathia Sexualis* in 1886, Krafft-Ebing dedicated to the subject of homosexuality just 16 pages, in the twelfth edition (1902) the homosexuality section was over 100 pages. And even though there were at that time several psychiatrists, such as Paul Näcke (1851–1913) and Havelock Ellis (1859–1939), who opposed the view that homosexuality was another degenerative disorder, Krafft-Ebing's hypothesis dominated formal psychiatric discourse at the end of the nineteenth and the beginning of the twentieth centuries.

At the same time, we could claim that Sigmund Freud (1856 – 1939) paved a third path, as his attitude towards sexuality might be placed somewhere in the middle and by no means can it be characterized as condemnatory. Freud began his analysis by pointing out that all

[6] Highly influenced by eighteenth- and nineteenth-century zoology and evolutionary biology, and with the Darwinian work giving the final impetus during the mid-nineteenth century, the theory of degeneration was dominating in the medical discourse during the second half of the nineteenth century and the beginning of the twentieth. In the field of psychiatry, quite illustrative was the work of the French psychiatrist Bénédict-Augustin Morel (1809–1873). In his *Traité de la dégénérescence* (1857), Morel regarded degeneration as the morbid deviation from an archetypal type of man. Accordingly, he described the common evolution of degeneration that could begin from the appearance of a slight nervous disposal (irritability, violent behavior, etc.), proceed to a series of brain and mental disorders (epilepsy, hysteria, hypochondria, etc.) and dangerousness, and end up in the offspring's incurable, physical and mental degeneration. Apart from the work of Krafft-Ebing, Morel's influence was quite apparent, among others, in the work of the French psychiatrist Jacques-Joseph Valentin Magnan (1835 – 1916), the English psychiatrist Henry Maudsley (1835 – 1918) and the Italian criminologist and psychiatrist Ezecchia-Marco ('Cesare') Lombroso (1836 – 1909). Vasia Lekka, *The Neurological Emergence of Epilepsy. The National Hospital for the Paralysed and Epileptic (1870 – 1895)* (New York: Springer, 2014), pp. 83-84.

[7] Richard von Krafft-Ebing, *Psychopathia Sexualis with especial Reference to the Antipathic Sexual Instinct*, tr. F.J. Rebman (New York: Rebman Company, s.d.), p. 285.

[8] Shorter, *A Historical Dictionary of Psychiatry*, pp. 128-130.

people are born bisexual. From this perspective, he attributed homosexuality to the fixation to one of the stages of children's psychosexual development. As he emphatically highlighted, "[p]sychoanalytic research is most decidedly opposed to any attempt at separating off homosexuals from the rest of mankind as a group of a special character. By studying sexual excitations other than those that are manifestly displayed, it has found that all human beings are capable of making a homosexual object-choice and have in fact made one in their unconscious. […]. Thus from the point of view of psychoanalysis the exclusive sexual interest felt by men for women is also a problem that needs elucidating and is not a self-evident fact based upon an attraction that is ultimately of a chemical nature. A person's final sexual attitude is not decided until after puberty and is the result of a number of factors, not all of which are yet known; some are of a constitutional nature but others are accidental. No doubt a few of these factors may happen to carry so much weight that they influence the result in their sense".[9] It is quite characteristic that Havelock Ellis published in 1910 a rather positive review of Freud's study, entitled *Leonardo da Vinci: a psychosexual study of an infantile reminiscence*. In his essay, Freud, even though he was often using a quite ambiguous vocabulary, tried, in a way, to interpret from a psychoanalytical point of view the homosexuality of the great Renaissance painter Leonardo da Vinci (1452 – 1519), while simultaneously opposing homosexuality's representation by homosexuals themselves: "[h]omosexual men […] are fond of representing themselves through theoretical spokesmen as evincing a sexual variation, which may be distinguished from the very beginning, as an intermediate stage of sex or as 'a third sex'. In other words, they maintain that they are men who are forced by organic determinants originating in the germ to find that pleasure in the man which they cannot feel in the woman".[10]According to his view, psychoanalysis has stressed the "psychic genesis of homosexuality" and can offer the tools to "fill this gap and to put to the test the assertions of the homosexuals".[11]

However, the followers of the psychoanalytic tradition kept a quite inflexible and negative attitude and continued regarding homosexuality as a pathological disorder, potentially curable. It is quite indicative that according to Sandor Rado (1890 – 1972), whose divan "listened to" several famous psychoanalysts like Wilhelm Reich (1897 – 1957), heterosexuality

[9] Sigmund Freud, *On Sexuality. Three Essays on the Theory of Sexuality and Other Works* (London: Penguin Books, 1977), p. 56-57 [footnote 1, added 1915].

[10] Sigmund Freud, *Leonardo da Vinci: a psychosexual study of an infantile reminiscence*, tr. A.A. Brill (New York: Moffat, Yard & Company, 1916), p. 63. Available online at https://archive.org/details/leonardodavincip00freu (Accessed 23/2/2015).

[11] Freud, *Leonardo da Vinci: a psychosexual study of an infantile reminiscence*, p. 63.

constituted the only biological norm, the only sexual behavior that was accounted as "normal".[12] In fact, the first half of the twentieth century was marked by psychiatrists' and psychoanalysts' obsession with homosexuality, where they were detecting the beginning of most psychopathological and neurotic phenomena. Notable was the declaration of the American professor of psychiatry Benjamin Karpman (1886 – 1962), who, in a state of absolute and frantic exaggeration, was claiming in 1937 that "[t]he problems of psychiatry will not be solved until we solve the problem of homosexuality".[13] Thus, it was within this particular, hostile climate and the specific historical conditions after the end of the Second World War when the first edition of the *Diagnostic and Statistical Manual of Mental Disorders* made its appearance.

In 1952, DSM-I made its dynamic entry into the psychiatric scene. It turned out to be the most powerful weapon in psychiatric power's arsenal that would determine the practice and function of psychiatry worldwide. It amounted to 130 pages and counted 106 psychiatric disorders, while one could still easily detect the influence of the psychoanalytic vocabulary. In the general category "Personality Disorders", there was included the subcategory "Sociopathic Personality Disturbance". According to the definition, "[i]ndividuals to be placed in this category are ill primarily in terms of society and of conformity with the prevailing cultural milieu, and not only in terms of personal discomfort and relations with other individuals".[14] One of the four major types of this subcategory – the other three were "Antisocial reaction",[15] "Dyssocial reaction"[16] and "Addiction" (alcoholism and drug addiction) – was the so-called "Sexual Deviation". Without any further analysis and explanation, the codified catalogue of the sexual deviations was just cited. At the top of the list, the first "deviation" was homosexuality, followed by transvestitism, pedophilia, fetishism and sexual sadism that included rape, sexual assault and mutilation. At this point, it should be noted that, according to the immigration law that was in force at that time, entry into the U.S.A. could be forbidden to those individuals diagnosed with "Sociopathic Personality Disturbance", as it was also the case with anarchists and communists, as well as bigamists. A well-known case is the story of the Canadian Clive Michael Boutilier, who in 1967, after his homosexuality became known, was ordered by the

[12] Drescher, "Queer Diagnoses", pp. 432-433.

[13] Rosario, Vernon, "Rise and Fall of the Medical Model", *The Gay & Lesbian Review*, 2012, 19 (6): 39-41, on p. 41.

[14] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (Washington, DC, 1952), p. 38.

[15] Antisocial reaction "refers to chronically antisocial individuals who are always in trouble, profiting neither from experience nor punishment, and maintaining no real loyalties to any person, group, or code". American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, p. 38.

[16] In accordance with antisocial reaction, dyssocial reaction "applies to individuals who manifest disregard for the usual social codes, and often come in conflict with them, as the result of having lived all their lives in an abnormal moral environment". American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, p. 38.

Immigration and Naturalization Service to leave the U.S.A. – despite the fact that he had resided there for more than 10 years, since 22 June 1955, when he was first admitted to the country. The Supreme Court's decision was based upon this particular law and it was further validated by the formal opinion of psychiatrists.[17] Unfortunately, Boutilier's case was not the only one. Quite characteristically, during the years 1952 – 1967, DSM-I underwent 20 reprints.

In 1968, the second edition, DSM-II, appeared. The recorded psychiatric disorders were augmented to 182, whereas the sexual deviations were being "upgraded". In the general category "Personality Disorders", "Sexual Deviations" were now a single subcategory, and not a type of a subcategory, as was the case in DSM-I.[18] According to the definition, "Sexual Deviations" referred to those "individuals whose sexual interests are directed primarily toward objects other than people of the opposite sex, toward sexual acts not usually associated with coitus, or toward coitus performed under bizarre circumstances as in necrophilia, pedophilia, sexual sadism, and fetishism".[19] Homosexuality was still on the top of the list, while there were added in the catalogue exhibitionism, voyeurism, masochism, other sexual deviation and unspecified sexual deviation. In the last two subcategories, psychiatrists could categorize any "deviant", "pathological" sexual behavior that could not be categorized to the other subcategories. However, psychiatrists and their formal diagnoses would soon be confronted with an unexpected surprise.

In 1970, at the annual meeting of the American Psychiatric Association in San Francisco, activists interrupted the speech by Nathaniel McConaghy, professor of psychiatry, on aversion therapy for homosexual people.[20] The Gay Liberation Movement had already made its presence felt, while the pressure brought by the opponents of anti-psychiatry against the functions, methods and abuses of psychiatry had also been decisive.[21] So, at the next meeting of

[17] Thomas S. Szasz, *The Manufacture of Madness. A Comparative Study of the Inquisition and the Mental Health Movement* (New York: Syracuse University Press, 1997), pp. 245-249.

[18] Along with sexual deviations, there were included in the "Personality Disorders" category a list of subcategories of personality disorders (paranoid personality, cyclothymic personality, schizoid personality, explosive personality, obsessive compulsive personality, hysterical personality, asthenic personality, antisocial personality, passive-aggressive personality, inadequate personality, other personality disorders of specified types, and unspecified personality disorder), as well as alcoholism and drug dependence. In most of these subcategories, the emphasis was placed upon the person's lack of conformity to social norms and rules. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Second Edition, DSM-II* (Washington, DC, 1968), pp. 41-46.

[19] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Second Edition, DSM-II*, p. 44.

[20] Rosario, "Rise and Fall of the Medical Model", p. 41.Drescher, "Queer Diagnoses", pp. 434-435.

[21] Anti-psychiatry made its appearance during the 1960s. The major reasons for its emergence were, on the one hand, the inhumane character of psychiatry's biological "therapies" during the first half of the twentieth century (e.g., insulin shock therapy, lobotomy, electroconvulsive therapy, psychotropic drugs) and, on the other hand, psychiatry's abuses by the Nazi during the Second World War. Among its major proponents were David Cooper (1931 – 1986) and R. D. Laing (1927 –

APA in 1971, there was included a panel entitled "Gay is Good". The gay rights activists Frank Kameny (1925 – 2011) and Barbara Gittings (1932 – 2007) tried to explain to American psychiatrists the painful feelings of stigma, isolation and marginalization that homosexual people were experiencing. These feelings were provoked and reinforced by the fact of the diagnosis of homosexuality as a psychiatric disorder per se, as well as of its "therapy" with a series of cruel and inhuman means, such as electroconvulsive therapies, lobotomies, psychotropic drugs and aversion therapies. At the 1972 meeting, a similar panel was held. Among the participants, there was the homosexual psychiatrist and gay rights activist John Fryer (1938 – 2003), who appeared in disguise as Dr Anonymous, wearing a mask, so as to preserve his anonymity. Finally, on 15 December 1973, after a series of public discussions and consultations, the APA Board of Directors decided to remove homosexuality from DSM. The decision was confirmed by a vote, which came out with 58% in favour of homosexuality's removal. Soon, the formal institutions of American psychologists and social workers validated APA's decision, whereas American psychoanalysts proved to be rather hardcore, delaying notably to change their attitude. At the same time, homosexuality was still an offense in the legislation of most American states[22]– the last law was recalled in Texas in just 2003…

The above events decidedly affected the third edition, published in 1980. The pages of DSM-III had been quintupled since the first 1952 edition, while it was attempted, for the first time, to give a clear definition concerning what exactly constitutes a pathological condition in the field of psychiatry – according to many commentators, the main cause had been the dynamic and militancy of the Gay Liberation Movement. According to the authors of the third edition, "[i]n DSM-III each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is typically associated with either a painful symptom (distress) or impairment in one or more important

1989) in England, T. S. Szasz (1920 – 2012) in the U.S.A., Franco Basaglia (1924 – 1980) and Giovanni Jervis (1933 – 2009) in Italy, while in Germany the movement of anti-psychiatry led to the creation of SPK ("Sozialistisches Patientenkollektiv"), which had been the first patients' collective founded in the psychiatric clinic at the University of Heidelberg, in 1970 – 1971. See, Szasz, *The Manufacture of Madness*; Thomas S. Szasz, *Heresies*, (New York: Anchor Books, 1976); David Cooper, *Psychiatry and Anti-psychiatry* (London: Routledge, 2013); Ronald D. Laing, *The Divided Self* (London: Penguin Books, 1990 [first published 1965, first Penguin edtn 1969]); Franco Basaglia, *Psychiatry inside out: selected writings of Franco Basaglia* (New York: Columbia University Press, 1987); SPK, *Aus der Krankheit eine Waffe Machen: Eine Agitationsschrift des Sozialistischen Patientenkollektiv an der Universität Heidelberg* (Mannheim: KRRIM – PF – Verlag für Krankheit, 1995).

[22] We should note that this had been also the case in most European countries. For instance, in England, it was only after the 1967 Sexual Offences Act that homosexuality had been decriminalized. Quite characteristic is the case of Alan Turing (1912 – 1954), the famous mathematician and computer scientist, who had been convicted for his homosexuality in the early 1950s and was forced to undergo hormonal therapy. He killed himself because he felt himself in total disgrace in 1954. An official pardon was signed by Queen Elizabeth II only in 2013…

areas of functioning (disability)".[23] Within this frame, the care for people's sexual behavior was intensified in DSM-III. The category "Psychosexual Disorders" constituted now an autonomous, general category, with the following subcategories: "Gender Identity Disorders" (e.g., transsexualism, gender identity disorder of childhood, atypical gender identity disorder), "Paraphilias" (e.g., fetishism, transvestitism, zoophilia, pedophilia, exhibitionism, voyeurism, sexual masochism, sexual sadism, and atypical paraphilia such as Coprophilia, Frotteurism, Klismaphilia, Mysophilia, Necrophilia, Telephone Scatologia and Urophilia), "Psychosexual Dysfunctions" (e.g., inhibited sexual desire, inhibited sexual excitement, inhibited female orgasm, inhibited male orgasm, premature ejaculation, functional dyspareunia, functional vaginismus, atypical psychosexual dysfunction), "Other Psychosexual Disorders". In the last subcategory, there was included the so-called "Egodystonic Homosexuality"; this was referred to a pathological condition that supposedly concerned just one group of homosexuals. In effect, it was defined as the desire "to acquire or increase heterosexual arousal, so that heterosexual relationships can be initiated or maintained, and a sustained pattern of overt homosexual arousal that the individual explicitly states has been unwanted and a persistent source of distress. This category is reserved for those homosexuals for whom changing sexual orientation is a persistent concern […]".[24] At the same time, it should be highlighted that in the "Gender Identity Disorders", which were recorded for the first time, a great emphasis was put upon their presence in children. The essential features of the "Gender Identity Disorder of Childhood" were "a persistent feeling of discomfort and inappropriateness in a child about his or her anatomic sex and the desire to be, or insistence that he or she is, of the other sex".[25] Their early prevention and "treatment" in childhood was implicitly considered by the DSM-III authors as an effective means of prevention against the appearance of homosexuality in adults. Thus, it becomes clear that homosexuality was still in the forefront; it was actually of no importance that the word "homosexuality" was entirely deleted from the 1987 revised edition (DSM-III-R), whereas already from the beginning of the 1970s the concept of "transgender" had been invented in order to replace it. So, psychiatry's stated target was now the detection of every possible "pathological" condition and the prevention and early treatment of any "deviation" from the putative "normal", heterosexual model of gender subjectification and sexual expression.

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[23] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders Third Edition, DSM-III* (Washington, DC, 1980), p. 6.

[24] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders Third Edition, DSM-III*, p. 281.

[25] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders Third Edition, DSM-III*, p. 264.

From this perspective, the fourth edition, DSM-IV was published in 1994, and in 2000 there appeared the revised edition, DSM-IV-TR that amounted to more than 800 pages and 300 psychiatric disorders. The general category was now called "Sexual and Gender Identity Disorders", maintaining and considerably enriching the DSM-III subcategories, and being divided into "Sexual Dysfunctions", "Paraphilias" and "Gender Identity Disorders". Among other things, there has been once again put a special emphasis upon the presence of "Gender Identity Disorders" in children. In fact, a great variety of children's habits and behaviors that were regarded by the APA psychiatrists as "different" were pathologized: "In boys, the cross-gender identification is manifested by a marked preoccupation with traditionally feminine activities. […].There is a strong attraction for the stereotypical games and pastimes of girls. 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, and girls are their preferred playmates. […].Girls with Gender Identity Disorder display intense negative reactions to parental expectations or attempts to have them wear dresses or other feminine attire. […].Their fantasy heroes are most often powerful male figures, such as Batman or Superman. These girls prefer boys as playmates, with whom they share interests in contact sports, rough-and-tumble play, and traditional boyhood games".[26] Let us remember Richard von Krafft-Ebing who, as we saw in the previous section, was referring to young boys' games with dolls as a sign of their degeneration and, consequently, of their potential homosexual inclination. Accordingly, a great emphasis was put upon individuals' feeling of dysphoria regarding their sex and their sexual orientation, and it was clearly stated that it should be the duty of psychiatrists to undertake their return to the "normal" reality.

And it was in May 2013, when the fifth edition, DSM-5, was published. DSM-5 has already led to a storm of reactions, even within psychiatric circles, and it is expected to become the object of severe criticisms and extensive comments in the immediate future. In this latest version of DSM, a new category has made its entrance to the forefront. That is, apart from the two distinct categories "Sexual Dysfunctions" (e.g., delayed ejaculation, erectile disorder, female orgasmic disorder, female sexual interest/arousal disorder, genito-pelvic pain/penetration disorder, male hypoactive sexual desire disorder, premature (early) ejaculation, substance/medication-induced sexual dysfunction, other specified sexual dysfunction, unspecified sexual dysfunction) and "Paraphilic Disorders" (e.g., voyeuristic disorder,

[26] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders,* Fourth Edition, Text Revision, DSM-IV-TR (Washington, DC, 2000), pp. 576-577.

exhibitionistic disorder, frotteuristic disorder, sexual masochism disorder, sexual sadism disorder, pedophilic disorder, fetishistic disorder, transvestic disorder, other specified paraphilic disorder, unspecified paraphilic disorder), the new general category "Gender Dysphoria" has been created. According to the definition, "[g]*ender dysphoria* refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender".[27] "Gender Dysphoria" is divided into two main subcategories, "Gender Dysphoria in Children" and "Gender Dysphoria in Adolescents and Adults", while there are also the subcategories "Other Specified Gender Dysphoria" and "Unspecified Gender Dysphoria". Once again, a special emphasis is put upon the presence of this "disorder" in children, so as to be able to prevent the future appearance of homosexuality in adolescents and adults. Following the line of argument of DSM-IV-TR, "Gender Dysphoria in Children" is defined as "[a] marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration".[28] Quite characteristically, among the criteria for the diagnosis of a child with gender dysphoria, the first five are the following: "1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing. 3. A strong preference for cross-gender roles in make-believe play or fantasy play. 4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender. 5. A strong preference for playmates of the other gender".[29] A similar pattern is followed in the "Gender Dysphoria in Adolescents and Adults", where several elements are examined, such as the specific diagnostic features, the prevalence of the disorder, its development and course, as well as the potential risk of "suffering" from it and the prognosis regarding its "cure". Thus, despite the withdrawal of homosexuality from DSM and the prima facie change of direction – for, in reality, homosexuality has just been replaced at first by the "Gender Identity Disorders" and now by the newly-invented "Gender Dysphoria" – how could we interpret psychiatry's obsession not only with homosexuality, but also with every single dimension of people's sexual behavior, in general?

[27] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM-5* (Washington, DC; London, England, 2013), p. 451.

[28] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM-5*, p. 452.

[29] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM-5*, p. 452.

The normalization of bodies and pleasures: political, social, epistemological implications

According to Michel Foucault, the end of the eighteenth and the nineteenth centuries were marked by the emergence of the concept of the "population" as a specific economic and political problem.[30]A new form of disciplinary power made its appearance and replaced the old sovereign right of "life and death", by putting the interest for the death of the subjects on the back burner. From now on, it would manifestly turn its attention to their life. This power over life, one of the major presuppositions and pillars of capitalism that was being born and consolidated during that same period, was orbiting around two interrelated poles.[31] On the one hand, there was the so-called "anatomo-politics of the human body"; that is, the disciplining of the body and the optimization of its usefulness and productivity. On the other hand, there was the so-called "bio-politics of the population"; in other words, the propagation of the population, the mortality rates, the level of the citizens' health, their life expectance, even the habits of the population that the modern, industrial state was undertaking under its auspices. In this procedure, within the frame of the new forms of labour organization and the new social and family structures, sexuality gained highly in importance, as it was found in the crossroads of the disciplining and regulatory practices of a novel bio-political power. To invoke Foucault's words: "Sex was a means of access both to the life of the body and the life of the species. It was employed as a standard for the disciplines and as a basis for regulations. This is why in the nineteenth century sexuality was sought out in the smallest details of individual existences; it was tracked down in behavior, pursued in dreams; […], at the juncture of the 'body' and the 'population', sex became a crucial target of a power organized around the management of life rather that the menace of death".[32]

And it was the emergent psychiatric science, born and bred within the special historical conditions of the nineteenth century, that functioned as an extremely useful tool in the long process of the bodies' segregation and their categorization as "normal" and "pathological", through the transformation of human sexuality into its cognitive objects par excellence and by rendering it into an essential component of the theory of degeneration. It was psychiatric power

[30] As Foucault highlights: "One of the great innovations in the techniques of power in the eighteenth century was the emergence of 'population' as an economic and political problem: population as wealth, population as manpower or labor capacity, population balanced between its own growth and the resources it commanded. Governments perceived that they were not dealing simply with subjects, or even with a 'people', but with a 'population', with its specific phenomena and its peculiar variables: […]". Foucault, *The History of Sexuality. 1. The Will to Knowledge*, p. 25.

[31] Foucault, *The History of Sexuality. 1. The Will to Knowledge*, pp. 138-140.

[32] Foucault, *The History of Sexuality. 1. The Will to Knowledge*, pp. 146-147.

that proceeded to the constitution and determination of the "normal" and the "pathological" sexuality, of the "normal" heterosexual identity and the "pathological" homosexual identity, of the long list of "sexual perversions" and "sexual deviations". It was psychiatry that had emerged as the par excellence science of constituting and determining any "Other" in western societies and that has functioned already from the late-eighteenth century, as it is still functioning today, as a safety valve for the social body.[33] By establishing clear demarcation lines within the frame of the biological and, consequently, the social continuum, psychiatry has transformed the homosexual, along with a great variety of "deviant" human characters, into an undesirable body and a dangerous threat for the social and political reality and stability, into a "scapegoat", to invoke Thomas S. Szasz.[34] From now on, the homosexual would have two options: either he/she would compromise and conform by letting psychiatry cure his/her "ill", "pathological" body, or he/she would be damned to eternal silence.

Within this frame, the menace of death never really did come out of the game of power relations; it had just transformed its form and meaning. Besides, it was at this particular point where the concept of racism came to the forefront, as Foucault indicates.[35] The rhetoric and practice of racism has been the pathway through which the sovereign right of death could invade the disciplinary milieu of the novel bio-political power. Of course, it was not only about a biological death aiming at the consolidation and validation of the sovereign power upon the bodies of its subjects; it was also about a death in social terms through homosexuals' exclusion, their ostracism, their confinement and, of course, through the attempts for their rehabilitation and psychiatric "therapy".[36] The constitution of the homosexual as the "Other" and his/her exclusion turned out to be the necessary element for the constitution of the heterosexual "We". Through their psychiatric stigmatization, marginalization and social isolation, through the imposition of a constant state of exemption,[37] the extermination of the homosexual bodies has become absolutely necessary for the constitution and consolidation of the solid identity of the

[33] Michel Foucault, *Abnormal. Lectures at the Collège de France 1974-1975*, tr. G. Burchell (New York: Picador, 2003), pp. 118-120. Michel Foucault, *"Society Must Be Defended". Lectures at the Collège de France, 1975-1976*, tr. D. Macey (New York: Picador, 2003), pp. 254-255.

[34] Szasz, *The Manufacture of Madness*, pp. 95-110.

[35] Foucault, *"Society Must Be Defended". Lectures at the Collège de France, 1975-1976*, pp. 254-260.

[36] "When I say 'killing', I obviously do not mean simply murder as such, but also every form of indirect murder: the fact of exposing someone to death, increasing the risk of death for some people, or, quite simply, political death, expulsion, rejection, and so on". Foucault, "Society Must Be Defended", p. 256.

[37] According to the definition by Walter Benjamin (1892 – 1940), "[t]he tradition of the oppressed teaches us that the 'state of emergency' in which we live is not the exception but the rule". Walter Benjamin, "Theses on the Philosophy of History", in *Illuminations. Essays and Reflections*, tr. H. Zohn (New York: Schocken Books, 2007), p. 257.

heterosexual bodies.[38] As A. Athanasiou remarks, "[r]epresenting the absolute moral threat and the absolute political danger, the expelled and ex-communicated body of the Other has to be eliminated, for humanity's sake, for the civilization, for 'life' itself. In the imaginary of the sovereignty, the social death and the physical extermination of the Other is imposed as a 'legitimate' means of reinforcing the security, the welfare and the pure identity of the body politic, which is composed of those worth living".[39] In sum, within the frame of a growing interest in human life, as it was formed within the historical a priori of the nineteenth century, the homosexual body and the mode of gender subjectification and of sexuality's constitution have entered into the microscope of psychiatric knowledge, which has rendered possible the discipline and normalization of the bodies and their pleasures. Having been included for almost one and a half centuries by the dominant psychiatric discourse within the sphere of the pathological, the homosexual body is still experiencing the painful consequences of this segregation – it was these particular consequences that the Stonewall riots succeeded in indicating in the most dynamic way. At the same time, the case of homosexuality has confirmed the multileveled (political, social, cultural, epistemological) implications of the constitution and the uses of the concepts of the normal and the pathological within the psychiatric field.

Conclusion

To conclude, through this journey in the presentation and negotiation of homosexuality by the dominant psychiatric discourse, this paper has attempted to indicate two interrelated points that definitely bring further questions to the forefront. On the one hand, it becomes clear that there has taken place an unprecedented expansion of the limits of psychiatry's jurisdiction and its continuously growing attempt to detect, discipline and rehabilitate every single dimension of human behavior that can be included in the sphere of the "pathological"; a process that has been extending from homosexuality to alcoholism and drapetomania, and from clinical depression to children's attention-deficit / hyperactivity disorder.. In other words, there should be highlighted the role and multiple functions of psychiatry as a means of normalization and constitution of the human bodies as "normal", "healthy" and, especially, useful (politically, socially, culturally, economically); a procedure whose beginning can be detected, as we have seen, in the specific

[38] As Giorgio Agamben highlights, "*[t]he sovereign exception (as zone of indistinction between nature and right) is the presupposition of the juridical reference in the form of its suspension*. […], the exception is situated in a symmetrical position with respect to the example, with which it forms a system. Exception and example constitute the two modes by which a set tries to found and maintain its own coherence". Giorgio Agamben, *Homo Sacer. Sovereign Power and Bare Life*, tr. D. Heller-Roazen (Stanford: Stanford University Press, 1998), pp. 19-20.

[39] Athina Athanasiou, *Life at the Limit: Essays on Gender, Body and Biopolitics* (Athens: Ekkremes, 2007), p. 17.

historical conditions at the end of the eighteenth and the beginning of the nineteenth centuries. Besides, as Georges Canguilhem (1904 – 1995) has eloquently remarked, "[t]o set a norm (*normer*), to normalize, is to impose a requirement on an existence, a given whose variety, disparity, with regard to the requirement, present themselves as a hostile, even more than an unknown, indeterminant. It is, in effect, a polemical concept which negatively qualifies the sector of the given which does not enter into its extension while it depends on its comprehension".[40] On the other hand, the functions of the concept of gender within specific regimes of truth as another regulatory norm should definitely be underlined; a regulatory norm through which those people who materialize their sex are constructed as liveable, worthy of living and recognizable subjects, whereas those who do not materialize their sex are constructed as unliveable, unworthy of living and alien non-subjects.[41] Thus, through the critical reading of homosexuality's presentation in the pages of the *Diagnostic and Statistical Manual of Mental Disorders*, apart from the critique of psychiatry per se, as well as scientific knowledge in general, the point that we should anyhow take into consideration and that would lead us one step forward, is the following: "Do we *really* need a *real* sex? With a persistence that borders on stubbornness, the modern western societies have answered affirmatively. They succeeded in continuously repeating this question of 'real sex' within an order of things where one could imagine that they alone estimate the value of the reality of the bodies and the intensity of the pleasures".[42] After all, if we could manage to answer this question, maybe, we could claim back our bodies and their pleasures…

[40] Georges Canguilhem, *The Normal and the Pathological*, tr. C.R. Fawcett (New York: Zone Books, 1991), p. 239.

[41] Butler, *Bodies That Matter*, pp. 4-12.

[42] Michel Foucault, *Dits et écrits II*, 1976-1988 (Paris: Quarto Gallimard, 2001), p. 935.