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ORIGINAL RESEARCH

The Painful Reunion

The Remedicalization of Homosexuality and the Rise of the Queer

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Abstract This article considers the late 19th-century medical invention of the category of the homosexual in relation to homosexuality's moment of deliverance from medicine in the 1970s, when it was removed as a category of mental aberration in the *Diagnostic and Statistical Manual* (*DSM*). With the rise of the AIDS pandemic in gay communities in the early 1980s, I argue that homosexuals were forcibly returned to the medical sphere, a process I call "the painful reunion." Reading a collection of queer narratives across the 20th century, I show that historical and contemporaneous medical events prompted the mobilization of seropositive and queer artists at century's end to rehabilitate, revise, and offend the historiography of queer illness. Collectively, my conclusions redefine our understandings of queer theory and queer politics as distinctively 1990s projects invested in the present to ones that purposefully aim to challenge the past.

Keywords Queer health · History of medicine · Literature of medicine · Gay and lesbian studies · Narrative

Clinical Intimidation in the Queer Past: *Teleny*

Perhaps one of the most important texts in gay literature is also one of the genre's most overlooked. *Teleny, or the Reverse of the Medal* was a pornographic novel from the late 19th and early 20th centuries that circulated among many gay men in Paris and London, with its composition attributed to several authors. Oscar Wilde is often credited as being one of these authors, for it is known biographically and historically that he possessed a copy of the book and frequented bookstores in which it was found (Ellman 1988). Numerous critics have also found typical stylistic flourishes and maxims of a Wildean sort in the prose, suggesting that the peripheral nature of the text—as pornographic, homoerotic, and multi-authored—finds a valiant counterpart in the canonicity of one of its authors. Circulating the manuscript amongst them, with Wilde apparently serving as the general editor, the genealogy of the book, although perhaps apocryphal, speaks to the way in which homosexual desire was understood, in print and in culture, collectively as a covert or shared form of inscription—a collectivity that serves as a harbinger of the future of queer clinical, artistic, and political strategies. The account of the genesis of the book comes from Winston Leyland's introduction to the Gay Sunshine reprint of *Teleny* (Leyland 1994), and much of the prose we have today culls from a 1966 British edition and a 1934 French translation by Leonard Hirsch, the London bookseller whose bookshop was supposedly the holding zone for the initial manuscript. In talking about *Teleny*, I use the recent graphic-novel adaptation *Teleny and Camille* by Jon Macy (2010), because it speaks to the enduring—over a century long—enthusiasm with which *Teleny* has been read. By extension, gay-themed literature of a covert publication and a blatant erotic tendency has had a continuing need for inscription and

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re-inscription, dissemination and re-dissemination into various forms.

The plot of *Teleny* is not wildly different from many homoerotic texts from the 19th and early 20th centuries, in that it recounts not only the sexual adventures and escapades of the central characters, but also the dilemmas of where to find the possible location and production of such desires. The protagonists of the book, including the titular Teleny and his lover Des Grieux, comprise the majority of the novel's plot, as they each bed one another and various other men and women in all sorts of combinations, permutations, and numbers. While, indeed, a titillating account meant to arouse and even incite masturbatory fantasies in its readers, *Teleny* also serves as a historical document that records the ways in which desire was understood lexiconically and conceptually within *fin de siècle* Paris and London. Ed Cohen, in his "Writing Gone Wilde: Homoerotic Desire in the Closet of Representation," has noted that *Teleny* "articulates a theory of innate difference similar to the third-sex theories proposed by the late nineteenth century apologists for same-sex desire: Edward Carpenter, J.A. Symonds, and Havelock Ellis" (Cohen 1987, 803). Accordingly, then, *Teleny* stands as a representation or recording of both what homoerotic desire looked like in the previous century and how that desire was coupled with and in reaction to medical understandings of homosexuality. Such an intertwining isolates the ways in which not only medicine and science may have invented the homosexual, but also the ways in which homosexuals and homosocial desire have been wedded, divorced, or reunited with the clinic over the last 125 years.

Rita Felski has stated of *Teleny* that it possesses a "parodistic consciousness" that attempts to subvert traditional forms of sexuality as well as gender and engendered desire. To that end, she argues that "traditional distinctions between masculinity and femininity" are subverted revolutionarily by *Teleny* in an era when the homosexual as a distinct category was in its nascence. For Felski, there also exists in the novel "primary divisions between the refined and the vulgar, a division that separates the self-conscious aesthete from the common and sentimental herd, which is by definition incapable of this kind of irony" (Felski 1991, 1100). Influenced by Wilde and the Walter Pater-inspired aesthetic and hedonism movements of the late 19th and early 20th centuries, *Teleny* remains a narrative, pornographic, and scientific groundbreaker in the ways in which it dramatizes and represents homoerotic desire. And yet the book also stands as a testament to how same-sex-desiring persons found themselves connected to the clinic in common and recurring forms. To that end, just as *Teleny* proves subversive and original in the ways it manifests homosexuality and homoeroticism in print, so it is also completely typical of the ways in which gay men, and sometimes gay women, have understood their relationships to the clinic—at the beginning of the 20th century and by century's end.

Consider, for example, one of the climactic scenes at the end of the novel: the final orgy. In this scene, a cadre of about twenty men comes together for a night of sexual debauchery and collective ecstasy. Teleny and Des Grieux observe dozens of men kissing, fellating, and caressing one another in ways that confirm both the desire they feel for one another and the polyamorous affection they feel more broadly toward the homosocial community. In this final orgy, the stakes of sexual exploration keep getting ratcheted up, such that one person services two, then three, then four people; three men are involved in oral play, only to have countless others join. Ultimately, one man declares himself to be the most adventurous participant sexually and, especially, anally. As each man claims to be better at mounting a larger and larger phallus, the man boldly points to a vase in the room and states, "Viscount, your implement would only tickle me agreeably if you could only keep it stiff long enough. Why, that bottle there could be easily thrust in me and only give me pleasure."[1] The viscount's response, sarcastically: "It is a crime against nature." And a female witness then playfully makes a pun: "In fact … it would be worse than buggery. It would be bottlery." And yet the boastful man takes the challenge and, with the assistance of three other men, is hoisted into the air and lowered slowly onto the lubricated vase. "Convulsing with his whole body" in a manner "ripping and almost quartering him," he "groans and groans" as the ecstasy he experiences contagiously spreads to the other men in the room and the orgy increases in its sexual fervor. And then something

[1] All dialogue in the following section comes from Jon Macy's *Teleny and Camille: Based on the Novel "Teleny" by Oscar Wilde and Circle* (Macy 2010). Dialogue in the Macy graphic-novel adaptation and in the original text of *Teleny* (in particular in this scene) is almost entirely the same. Owing to the graphic nature of Macy's text, prose from the original novel has been stripped largely in the areas of exposition, setting, and imagery—in the service of the visual illustrations in the graphic novel.

goes wrong: "When all at once, amidst the perfect silence that followed each of the soldier's groans … [a] slight shivering sound was heard. The bottle had broken. Part of it came out, cutting all the edges that pressed against it. The other part remained engulfed within the anus."

We are immediately taken to a scene of the injured man in his bed, reclining. A doctor extracts the pieces of glass, tends to the crying and moaning patient, and also realizes the limitations of how much care he can provide inside the home. He states, "I have done all I can for you. I'm afraid you must be transported to the hospital." To which the injured man replies, "What? And expose myself to the sneers of all the nurses and doctors? Never!" The doctor's retort: "Should inflammation set in … [a]las, it would most likely be fatal." The man says he will think it over, but cannot promise to go. Still reeling from the pain of his injury, as well as from the intimidation of having to enter a clinical space as a clearly homosexual man, he is taken home. The narrative then provides for us his tragic fate:

> There, he begged to be left alone for half an hour. As soon as he was by himself, he locked the door of the room, took a revolver, and shot himself. The cause of the suicide remained a mystery to everybody except ourselves. This cast a dampness on us all and for some time, put an end to Bryancourt's symposiums.

Having already been tended to by a physician, the motivation for this man's suicide is not merely the clinical gaze but the clinic itself.

The episode in *Teleny* provides for us the exact intimidations, fears, and qualms that homosexuals had at the beginning of the century—and, I will argue, throughout the 20th century—toward the exposure of their sexual desires both in a public space and in the clinic specifically, where they would be open to the sneers and ridicules of others, as well as to the pathologization of their supposedly debased form of desire. Diane Mason, in her account of masturbation in Victorian literature, titled *The Secret Vice*, noted that *Teleny* provides an assessment of same-sex desire that at once fuses the "scientific and pornographic" (Mason 2008, 36). Accordingly, for her, there is a "symptomatic reading of Teleny's characters" in the way same-sex desiring men not only perform their desire, but also worry about the ways in which it can be read culturally, within the novel, and by extension, discursively in the world (Mason 2008, 36). Robert Gray and Christopher Keep have also noted in their assessment of literary collaborations that *Teleny* reflects a "heteroglossia" in which homosocial desires, at both the level of sexual encounter and literary inscription, function as quandaries in the age of *Teleny* (Gray and Keep 2006). Such quandaries are made possible both by the heteronormative and homophobic attitudes of the time and also by the burgeoning discourse of homosexuality in the clinic. To that end, the silence given to homosexuality in life is aggravated by the pathological discussion of it in the clinical realm. *Teleny*, in its suicidal scene at the novel's end, lays bear the stakes with which a gay man, suffering from a potentially fatal injury, would rather take his own life than put himself under the scrutiny of the clinical gaze. This essay considers the ways in which that legacy haunts homosexuals throughout the 20th century, through the 1970s when homosexuality remained a psychological aberration, into the dawn of the AIDS crisis in the 1980s, and through the century's end. The trauma experienced by a gay man compounded with the menace of the clinic is, I argue, a painful trajectory, and one that, even more painfully, finds reunion after reunion between the homosexual and the clinic.

Queer Pathology: Proust, Foucault, and Beyond

While *Teleny* stands as a groundbreaking novel that nevertheless depicts the recognizable discomfort of homosexuals in the clinic, there are countless texts from countless non-normative perspectives[2] (gay male, lesbian, transgender, and intersex) from before, beyond, and within the first part of the 20th century that consider the painful relationship that exists between queer persons and the clinical realm, including the memoirs of Herculine Barbine (Foucault 1980), *The Well of Loneliness* by Radclyffe Hall (1990), and *Conundrum* by Jan Morris (1974), to name a few. The senses of dejection, injustice, and despair hover over a majority of these memoirs and other works of literature that seek to testify not just to the attitudes, existences, and performances of homosexual desire and gender variance, but also to the ownership of such labels in an era of their questionable legitimate status. Marcel

[2] For a thorough analysis of the theoretical and historical significance of the term "queer" (including its genesis), see Jagose (1996, 7–21).

Proust's (1981) *In Search of Lost Time* demonstrates such a conflicted relationship with its homoerotic themes, especially in "Sodom and Gomorrah," which offers forthright evaluations of desires that heretofore have been largely subtextual in Proust's fictional series. Like the figures in *Teleny*, and even Oscar Wilde himself after his own prosecution and internment at Reading Gaol, Proust's proto-queer protagonists in "Sodom and Gomorrah" reveal the discomforting tension that exists for a homoerotic sensibility at the dawn of the 20th century, when the legacies of sinful and illegal connotations still hover, even as a new pathological dimension has been added to the homosexual category. Proust writes of same-sex-oriented persons that they constitute

> a race upon which a curse is laid and which must live in falsehood and perjury because it knows that its desire, that which constitutes life's dearest pleasure, is held to be punishable, shameful, an inadmissible thing; which must deny its existence even when Christians, when at the bar of justice they appear and are arraigned, must before Christ and in his name refute as a calumny what is their very life; sons without a mother, to whom they are obliged to lie all her life long and even in the hour when they close her dying eyes; friends without friendships, despite all those which their frequently acknowledged charm inspires and their often generous heart would gladly feel—but can we describe as friendships those relationships which flourish only by virtue of a lie from which the first impulse of trust and sincerity to which they might be tempted to yield would cause them to be rejected with disgust, unless they are dealing with an impartial or perhaps even sympathetic spirit, who however in that case, misled with regard to them by conventional psychology, will attribute to the vice confessed the very affection that is most alien to it, just as certain judges assume and are more inclined to pardon murder in inverts and treason in Jews for reasons derived from original sin and racial predestination? (1981, 407–408).

In a winding and lengthy sentence, Proust encapsulates the correspondingly long history of homosexual identity and its shameful associations with moralistic, juridical, and clinical connotations. Just as "judges" and "psychology" and "Christians" hover as looming presences in his polemical sentence, so categorical regimes are also the historical interlopers for the affirmative or derogatory appreciation of selfhood by homosexuals throughout the 20th century, and especially at its beginning. If Proust's estimation of homosexual abjection and shame characterizes early 20th-century understandings of homosocial desire, then it also permeates the century afterwards. Even in the face of potential liberations from the clinic and affirmations of gay pride—as so much recent work on gay shame has shown us (see Halperin and Traub 2009)—the homosexual that was delineated by the clinic in the last part of the 19th century finds a prescription for his alienation in the reclamation of the therapeutic regimes that followed.

I invoke here the post-Foucault, historico-critical estimation that homosexuality itself can isolate its temporal birthdate in the late 19th century and its institutional birthplace in the clinic.[3] In his *History of Sexuality, Volume 1*, Foucault provides his famous encapsulation of how a new clinical understanding of same-sex desire managed to refashion and reconstitute the corporeal, erotic and cultural evaluations of the proto-gay person. Foucault writes: "Homosexuality appeared as one of the forms of sexuality when it was transposed from the practice of sodomy into a kind of interior androgyny, a hermaphrodism of the soul. The sodomite had been a temporary aberration; the homosexual was now a species" (1990, 43). Foucault's suggestion that the birth of the homosexual category is simultaneous with its terminological birth has articulated for gay persons and queer scholars a template whereby the once juridically derided acts of same-sex attraction and affection now develop into a sense of pathological subjecthood. Foucault proposes that prior to the coining of the term "homosexual," to be same-sex-desiring was to commit a crime or sin (sodomy), to break the juridical codes of law or religion. With the fashioning of an actual label for homosexuality in a medical category, the notion of same-sex desire shifts from a practice to a personhood, from a momentary infraction to an absolute identity.

[3] Most scholars identify 1869 as the first instance when the word "homosexual" was used in print, in a series of Austro-German legal texts that attempted to justify removal of sodomy laws in that region based on the pathological nature of same-sex desire. Richard von Krafft-Ebing's *Psychopathia Sexualis* of 1886 has been isolated as the first instance that the word "homosexual" was used in a medical text and widely translated and disseminated. The straddling of these texts between juridical (legal) and medical realms need not take away from the fact that the label was medically inspired and medically deployed from its first utterance.

In *One Hundred Years of Homosexuality*, David Halperin (1990) considers this dilemma in relation to the legacy of Athenian same-sex desire and has suggested that Foucault's theory, if it does not isolate the date when homosexuals were born in the clinic, certainly reconstitutes the way we understand such persons historically—sometimes retrospectively, sometimes anachronistically. In *How to Do the History of Homosexuality,* Halperin notes:

> Sexuality is indeed, as Foucault claimed, a distinctively modern production. Nonetheless, the canonical reading of the famous passage in *The History of Sexuality*, *Volume 1,* and the conclusion conventionally based on it—namely, that before the modern era sexual deviance could be predicated only of acts, not of persons or identities—is, I shall contend, as inattentive to Foucault's text as it is heedless of European history (2004, 29).

Halperin's re-imagination of Foucault's theory does not deny the fact that a new clinical articulation of homosexuality changed how homosexuals were understood culturally, but rather argues that such a moment does not erase the presence of the potential subjecthood and personage of same-sex-desiring persons prior to that moment. Accordingly, if Foucault suggests that the homosexual became a "species" with the coining of the term "homosexual," then Halperin would have us believe that there may be glimmers or moments of specieshood even prior to that moment.

By comparison, Eve Sedgwick, in her *Epistemology of the Closet* (1990), has outlined a series of candidates or "dismissals" of how scholars argue that we are or are not supposed to read homosexuality in the historical record. According to the eight points she culls from the current scholarly debate, she argues that queer theory and gay and lesbian studies, in the wake of Foucault's claim about the homosexual in the clinic, have suggested that we forget or forgo the presence of homosexuality in the long history before the 19th century because either: (1) passionate language of same-sex attraction was not present, and therefore meaningless; (2) passionate language of same-sex attraction was present, but only colloquially, and therefore was not meaningful; (3) that same-sex attitudes toward homosexuality were not tolerated as they are today, so therefore are irrelevant; (4) that prohibitions against homosexuality may not have existed in the past, in which case the negative parameters that constitute homosexual identity as we understand it today did not exist; (5) that the word "homosexuality" was not coined until 1869 at the earliest, and therefore there is no lexiconic way with which to identify it; (6) that the attempt to understand homosexuality prior to a collection of labels to identify it is equivalent to historiographical rumor; (7) that sexual activities—genital, oral, or otherwise—are evasive and cloudy in the historical sense, and therefore find no contemporary equivalent; or, (8) that our attempts to biographize persons in the past as homosexual may be correct, but this still amounts to a scholastic leap of faith that renders such scholarly enterprises insignificant (Sedgwick 1990). Sedgwick's breakdown of such ideas provides for us the ability to recognize the centrality of Foucault's identification of the birth date for homosexuality—after all, it forms the backbone of almost all of her eight points—but her sarcastic dismissal of it demonstrates that queer theorists and LGBT historians are not required to be beholden to such a dating. Halperin's revisionary text therefore echoes these sentiments, having been much influenced by earlier scathing critiques from Sedgwick. Halperin suggests that historical scholarship of a Foucaultian variety, owing to its clinical legacy, lends to our readings and renderings of the homosexual in the past the need for a most "de-naturalized, de-materialized, and de-realized sexuality" (Halperin 2004, 101; see also Halperin 1998).

I write in solidarity with Sedgwick, Halperin, and others who, while inspired by Foucault, also struggle to write against the inscriptive, and in some ways, confining belief that homosexuality finds its historical birthplace in the clinic. And yet, I take as a given, not that homosexuals were born in the clinic, but rather that they *could* have been thought to have been born in the clinic. To that degree, what haunts so many gay and queer texts are the painful and intimidating parameters that the clinic has exacted on pathologized homosexuals, historically and contemporarily—parameters that echo from the past and that are based on our scholastic and textual tendencies to imagine the clinic as a creator and dominator of homosexual identity. Accordingly, I outline a brief history of significant homosexual moments in the clinic to suggest that there remains for queers today not only the legacy of the Foucaultian concept of the birth of the homosexual in the past, but also the tethering of such a same-sex-desiring person to the clinic in the decades and the generations to follow. Such a relationship I term "the painful reunion."

The chronology of this painful reunion could be outlined briefly as follows. As early as 1869, and certainly by the 1880s, "homosexuality" was used as a pathological category, first in Austro-Hungarian and Italian texts and later in French and English texts and translations. By the 1890s, homosexuality as both a label and a term had begun to receive much popular parlance in print media, in addition to clinical discourse. The trial of Oscar Wilde, the abridgment and revision of sodomy laws in Britain and on the Continent, and the sexological works of John Addington Symonds, Havelock Ellis, and others all contributed to the dissemination and enumeration of homosexual references in various forms of discourse. Over the course of the first half of the 20th century, homosexuality would find itself migrating between various parts of the clinical realm: sexology, psychoanalysis, hormonal studies, to name a few. While in each case there is a different psychological or somatic, or even psychosomatic, understanding of same-sex desire, the label of homosexuality migrated amongst these various subdisciplines and, along with it, the pathologization given to such individuals. Beginning in the 1960s, though, we witness attention in popular discourse from homosexual sympathizers and from a burgeoning gay rights movement in America and abroad, by which pressure begins to be placed on medical organizations by LGBT persons to remove homosexuality from a list of mental and somatic aberrations. In 1973, such a revision occurs in the United States when homosexuality was deleted from the *Diagnostic and Statistical Manual* (*DSM*) as a classification of mental disorder.[4] Contemporaneous social advancements and cultural prominence of homosexuals appeared to liberate the pathologized homosexual from the clinic, independent of any significant scientific contributions or revisions to the biomedical literature. At that time, the divorce between homosexuality and medicine began and was celebrated, not just by the gay men and women who no longer received counseling for their sexual predilections, but who also openly, more positively and more "out," took pride in their homosexuality and practiced it with great aplomb. And yet, this parting of ways between the homosexual and the clinic would be short-lived, for in 1981, the first reported cases of "gay cancer" occurred—or what would subsequently be called GRID, ARC, AIDS, and HIV. At this time, queer persons, and gay men in particular, would find themselves returning to a clinic, and in some cases the very same clinics with which their sexual pathology had previously been treated. In turn, gay etiology studies were renewed by the end of the 1980s and in full force by the end of the 1990s—most famously by the neuroanatomical research of Simon LeVay (1991) and the genetic studies of Dean Hamer (Hamer et al. 1993)—in such a way signifying that AIDS did not return gay persons to the clinic under new auspices, but actually returned them to the clinical space for the same kinds of scientific and clinical scrutiny that had been markers of the first hundred years of homosexuality in a whole host of disciplines such as sexology, psychiatry, anatomy, and beyond.[5] Such a loaded moment in the 1980s signifies the painful reunion.

My aim here is not to prove that there was a painful reunion, for the chronological details lay this out very explicitly and any number of historians have articulated that there has been a "re-medicalization" of gay persons in the wake of AIDS (in particular Simon Watney, Stephen O. Russel, Paula Triechler, and especially Jennifer Terry). Instead, I choose to look more closely at some of the narratives over the course of the 20th century, like *Teleny* and "Sodom and Gomorrah" before them, that reveal painful feelings and tensions that exist between queer persons and the clinic—how these feelings appear to be manifest for a specific historical moment, for a specific historical figure, and for a specific historical diagnosis, but actually signify continuities of abjection across lives, across times, and across scientific disciplines for the queer in the clinic. Jennifer Terry, in her "Theorizing Deviant Historiography," has argued

[4] The jettison of "homosexuality" as a distinct nosological category from the *DSM* in 1973 did not constitute an absolute removal of homosexual from the *DSM*. Pathological categories such as "ego-dystonic homosexuality" and "sexual orientation disturbance" in the years after 1973 suggest that homosexuality remained a pathologically troubling category for clinicians pre-AIDS (see, for example, Spitzer 1981). Current debates surrounding the revision of "gender identity disorder" in the *DSM-IV* to "gender dysphoria" in the *DSM-V* reveal parallel dilemmas in queer diagnostics, as to whether a term's removal, revision, or reclassification in the *DSM* is a victory for queer patients themselves.

[5] For a discriminating analysis of the rise, fall, and rebirth of etiological studies on homosexuality, see Garland E. Allen's "The Double-Edged Sword of Genetic Determinism" (1997, 243–270). For a rebuttal from Simon LeVay, one of the central scientists in the rebirth of etiological studies on homosexuality, see his chapter "Why We Need Biology" in his recent book *Gay, Straight, and the Reason Why: The Science of Sexual Orientation* (2011, 27–44).

that the recuperation and censure of homosexuals in medicine over different periods require a form of "*effective history*"—one that is concerned with the effects of the temporal and spatial proximities between sexual deviances and clinical practices (Terry 1994, 285). To that end, my argument, while inspired by affective history and revisionist practices, takes as its methodological impetus the need to identify the very effective stakes—e.g., shifts and continuities in terminological, diagnostic, prognostic, and recalcitrant strategies—of reading queers in the clinic in the past, remembering queers in the clinic in the present, and imagining queers in the clinic in the future.

Clinical Scrutiny in the Queer Canon: E.M. Forster's *Maurice*

Turning to another important homosexual-themed novel of the 20th century, E. M. Forster's *Maurice*, we find further evidence of these effective shifts and continuities. Originally drafted in 1917 and 1918, Forster had the novel suppressed and not published in his lifetime, both because he felt it was stylistically an inferior novel (a sentiment shared by many critics upon the novel's release[6]) and also because he felt that its homosexual subject matter would be poorly received (see Moffat 2010; Furbank 1978). Forster's aim, as many biographers have noted, was to create a novel not just with a homosexual plot, but one with a happy ending. To that end, part of the reason that Forster resisted publication of his novel was the fact that he feared it might be read as unbelievable to mass audiences—the idea being that a homosexual person who could find happiness would be a historical impossibility in his lifetime. Forster's prefatory note for the novel—"Dedicated to a happier year"—bears witness to this fact. When the book was finally printed in 1971 shortly after his death, it would seem that it was a very different time for the reception and cultural appreciation of a homosexual-themed novel; after all, many had been published in the ensuing decades, including *Giovanni's Room* by James Baldwin (1956), *The City and the Pillar* by Gore Vidal (1948), *Other Voices, Other Rooms* by Truman Capote (1948), and the first English translation of *The Immoralist* by André Gide (1930). And yet, Forster's *Maurice* speaks to enduring feelings of disquietude, shame, and discomfort that homosexuals held not only when the novel was drafted, but also when it was first published. In its very publication history, then, *Maurice* signifies both a personal reflection on homosexual identity in a time of cultural crisis, as well as the durability of clinical subjectification that haunts many queer lives even today. In a plot that recounts the burgeoning homosexual feelings of the titular protagonist as he begins his schooling at Cambridge, where he finds a platonic lover, the novel depicts the heartache of failed love, the tragedy of sexual freedom that returns to the closet, and, quite hopefully, the ambition that across classes and over time an "unspeakable of the Oscar Wilde sort" can find a paramour.

And yet Forster fully dramatizes the personal anguish and desperation that the clinic instigates and offers to alleviate in his homosexual protagonist. After his first love, Clive, has decided to disavow his homosexuality and go straight, Maurice seeks the counsel and the assistance of a physician and family friend named Dr. Barry. Forster writes of Maurice:

> He loathed the idea of a doctor, but he had failed to kill lust single-handed. As crude as in his boyhood, it was many times as strong, and raged in his empty soul. He might "keep away from young men", as he had naïvely resolved, but he could not keep away from their images, and hourly committed sin in his heart. Any punishment was preferable, for he assumed a doctor would punish him. He could undergo any course of treatment on the chance of being cured, and even if he wasn't he would be occupied and have fewer minutes for brooding (Forster 1971, 155–159).

If the clinic gave birth to the category and species of the homosexual in a fashion that pathologized and categorized homosexuals debilitatingly, it also provided for such individuals the hope or the possibility of sympathy and maybe even rescue. Maurice's distaste for doctors, and yet the desire to visit one, signifies the exact personal parameters that find their historiographical counterpart in the painful reunion, attachments and

[6] This assessment of *Maurice* was also shared by friends of Forster who read the book during its composition. For example, Christopher Isherwood writes in his autobiographical *Christopher and His Kind*: "Did Christopher think *Maurice* as good as Forster's novels? He would have said—and I still agree with him—that it was both inferior and superior to them: inferior as an artwork, superior because of its purer passion, its franker declaration of its author's faith" (Isherwood 2001, 126).

detachments existing in tandem for queer lives in clinical spaces.

During the visit with Dr. Barry, the physician gives Maurice a once over of his body, and in particular his genitals, announcing: "You're all right" and "You're a clean man. Nothing to worry about here." Rather than offering sexual healing or moral salvation for Maurice, his doctorly friend misunderstands his request and believes that venereal disease is the topic for consideration. When Maurice suggests that he is an "unspeakable" to the doctor, hoping that such a confession will render more obvious (and therefore more reparable) the condition at hand, the rejoinder from the physician is one of "Rubbish, rubbish!" The scene continues:

> "Dr. Barry, I can't have explained—"
>
> "Now listen to me, Maurice, never let that evil hallucination, that temptation from the devil, occur to you again."
>
> The voice impressed him, and was not Science speaking?
>
> "Who put that lie into your head? You whom I see and know to be a decent fellow! We'll never mention it again. No—I'll not discuss. I'll not discuss. The worst thing I could do for you is to discuss it."
>
> "I want advice," said Maurice, struggling against the overwhelming manner. "It's not rubbish to me, but my life."
>
> "Rubbish," came the voice authoritatively.
>
> "I've been like this ever since I can remember without knowing why. What is it? Am I diseased? If I am, I want to be cured, I can't put up with the loneliness anymore, the last 6 months specially. Anything you tell me, I'll do. That's all. You must help me.
>
> He fell back into his original position, gazing body and soul into the fire.
>
> "Come! Dress yourself."
>
> "I'm sorry," he murmured, and obeyed. Then Dr. Barry unlocked the door and called, "Polly! Whiskey!" The consultation was over (Forster 1971, 151–159).

Just as striking as the objectionable reaction of Dr. Barry to Maurice's invocation of his homosexuality is the manner in which the doctor attempts to address the issue and yet silence it almost immediately. If the birth of homosexuality was occasioned by the creation of the language with which to better talk about it, then this moment in Maurice reveals that such a clinical vocabulary alone does not supersede the moral and cultural discomforts of even clinicians in relation to homosexuality and homosexual lives themselves. Maurice's defiant and desperate need to name, even colloquially, the nature of his sexuality, finds only rebuke and disgust in the clinical setting. Thus, the "idea of a doctor" which Maurice "loathed" finds its counterpart in the loathful reaction of the physician. If painful reunions mark queer lives in relation to the clinic throughout the 20th century, then specific, individual moments—painful moments reciprocally shared from patients to doctor and doctor to patient—may be their very foundational dilemma. Maurice will later turn to a somnambulist for alternative treatment for his condition. And while the non-mainstream healer finds greater sympathy with Maurice's condition, his attempts to heal him through hypnotic suggestion also prove futile. In the end, the hypnotist suggests, "You should try moving to Paris." Escape rather than erasure is the nature of the somnambulist's advice, but is it an escape from England, from the prejudicial stares of friends, family, and compatriots, or is it an escape from the very need to clinically cure oneself?

The Rebirth of the Queer Clinic

In answer to these questions, we could surmise that the clinic becomes a contentious space for homosexuals, not just as they inhabit it or are prescribed within it physically, but in the ways in which clinical discourse, clinical terminology, and clinical surveillance signify a place of mind as well. In her reevaluation of Foucault's *The Birth of the Clinic* in her recent book *Rebirth of the Clinic*, Cindy Patton takes great pains to note that the clinical parameters and the clinical practices with which Foucault historically situated the genesis of prescriptive forms of viewership and discursive forms of categorization are not limited to temporal or spatial categories.

Instead, she writes, “I have tried to show that ‘clinic’ is as much a disposition and a relationship as a particular place and time” (Patton 2010, 137). Thus, the painful reunion that homosexuality experiences at different moments in the 20th century, and in particular in the wake of AIDS in the 1980s, encapsulates an institutional and categorical move that is demonstrated in daily lives and individual moments for queer persons across generations. In such a way, the clinic proves to be not only an intimidating and fearful place to enter, but also a prescriptive and daunting mindset to adopt. It is for this reason that criticisms of Foucault’s birth of the homosexual in the clinic, such as Halperin’s, cannot deny the fact that even without the birth of the homosexual in the clinic, there is the birth of the *idea* of the birth of the homosexual in the clinic—and that hovers heavy and long throughout the 20th century. Quentin Crisp, in fact, in his memoir *The Naked Civil Servant*, frequently suggests that mid-20th-century homosexuals can be sniffed out in culture and in life symptomatically because of their heightened awareness of clinical scrutiny. He writes:

> If in the future a doctor discovers that certain diseases are indigenous to homosexuality, one of these will be a distended bladder—the result of trying to avoid the risk of arrest automatically incurred by using a public lavatory. The other will be vitamin C deficiency acquired because the staff of vegetable shops are so impertinent that one would suffer almost anything rather than deal with them (Crisp 1997, 140).

Such cynicism aside, Crisp’s articulation that there is a clinically discursive legacy in the symptom-based reading of queers signifies an illuminating example of the ways in which the disposition of the clinic, as Cindy Patton says, exists not just in the world in relation to queers, but in the minds of queers themselves.

If the fictions of Wilde, Proust, and Forster demonstrate an early-20th century discomfort with clinical and cultural scrutiny of the homosexual identity, and if such voices constitute more than the temporally specific attitudes of same-sex-desiring persons toward the clinic in the past, then the awareness of moments on the horizon—a divorce from the clinic in the 1970s, the rise of AIDS in the 1980s, and a painful reunion of queers and clinical practice to follow—forces us to consider the prescriptive disciplines that occasioned divorce and reunion for homosexuals after mid-century. To that end, the American Psychiatric Association’s and American Medical Association’s removal of homosexuality from the list of mental aberrations in the early 1970s signifies a moment of, if not schism, then perhaps caesura, whereby potentially liberating moments can also be ones of enclosure and re-enclosure simultaneously. Jonathan Ned Katz, in *The Invention of Heterosexuality*, has noted that “[i]n the United States, in the 1890s, the ‘sexual instinct’ was generally identified as a procreative desire of men and women. But that reproductive ideal was beginning to be challenged, quietly but insistently, in practice and theory, by a new different sex/pleasure ethic” (2007, 19). Katz’s historical survey of how heterosexuality came to be born, ironically, after homosexuality was categorized speaks to the foundations that occasioned not only discursive traditions about sexualities of various kinds, but also the possibility that the manifestations of “sexual healthiness” were shifting as well. So, moving into the middle of the 20th century, the legacy of homosexuality as a juridical infraction finds itself tethered to clinical scrutiny, not unlike Proust articulated. Thus, the supposed liberation of homosexuality from the clinic in 1973 by the American Psychiatric Association did not signify an overnight change, but rather, as Carolyn Herbst Lewis has recently argued, a culmination of a series of reversals and revisions in the institutional evaluation of homosexuality in Britain, America, Europe, and beyond (Lewis 2010, 5). Jeffrey Weeks has written extensively about the Wolfenden Committee Report and its strategy to provide a “theoretical framework” for the revision of penal statutes and cultural opinions about a cluster of questionable categories, homosexuality being one of these. While the Wolfenden Report, published in 1957 by the British Home Office, decriminalized the sexual practices of gays in mid-century Britain, it did so by uniting under one umbrella the sanctity, tolerability, and healthiness of homosexuality and its accompanying statutemates: abortion, pornography, and divorce. Accordingly, in the cases of each, the litigious revision of such categories in the Wolfenden Report finds its justification by regarding them, according to Weeks, as “sicknesses, best treated by medicine rather than law” (Weeks 1986, 120–1).

In the span of just a few years in the early 1970s, we see considerable tensions in clinical censure and diagnostic practice in relation to homosexuality. For example, in 1970, Charles Socarides writes in *The*

Journal of the American Medical Association that "homosexuality is a form of mental illness" and constitutes "a major health problem of epidemiological proportions" (Socarides 1970, 1199). Perhaps in reaction to the growing pressure to de-pathologize homosexuality or in stubborn insistence on the preservation of such long-held clinical beliefs, Socarides' writings and their publication in prominent journals suggest that the impending divorce of homosexuality from the clinic, while possibly inevitable, may not have been as welcome as institutional press releases may have indicated. As late as 1981, just 2 months prior to the first publications about AIDS-related cases in medical and popular literature, the debate regarding the categorization and articulation of homosexual desire as illness was still a prominent feature of American medicine. Robert Spitzer's "The Diagnostic Status of Homosexuality in *DSM-III*," published in *The American Journal of Psychiatry* in 1981, offers an assessment of the previous decade of changes and revisions regarding the permissibility of sexual and homosexual deviance in psychiatric discourse in American medicine. While he notes that the "concept of 'disorder' always involves a value judgment," he also mourns the inability of clinicians to treat the homosexual who does wish to cure himself (Spitzer 1981, 214). The divorce of homosexuality from the clinic in the beginning of the 1970s, therefore, also provided for clinicians a disquieting feeling that they had abandoned their patients, in particular those who still wanted to, based on personal motivation or cultural preconceptions, "cure" their possible homosexuality. Jonathan Katz and David Ward (2010) have recently articulated that, in the wake of the Stonewall-inspired gay rights movement after 1969, mounting pressure on psychiatric organizations and clinical practice indeed liberated gay individuals from the totalitarian menace of the medical regime, but did so only in appearance and suggestion. For Katz and Ward, the de-pathologization of homosexuality in the 1970s functioned as an "insincere" articulation of the progress of medical opinions toward homosexuality. Accordingly, they argue that AIDS provided not only a reincarnation of clinically discursive dismay and distrust of gay lives, but also the permission to articulate ideas that were alive and well in the medical profession, not jettisoned in the 1970s. Accordingly, the painful reunion and the supposed divorce of homosexuals from the clinic that preceded it are at once factual moments and historical mirages.

Just as Socarides and other psychiatrists may have bemoaned the fact that they could no longer treat their homosexual patients desiring a cure, there are countless memoirs of gay men in the 1970s expressing a similar longing for the comfort that the clinic may have provided. Indeed, perhaps one of the most complicated consequences of the removal of homosexuality from the American Psychiatric Association's list of mental aberrations would be that gay men wishing to seek therapy predicated on their homosexuality could no longer be insured for such treatment as the moratorium had prevented such classification (Wilson 1993). Of course, a second, and perhaps still lingering, repercussion of the removal of homosexuality from the medical record would be the semantic debates for how to covertly or creatively categorize sexual or gender discomfort whilst still respecting a mandate to not treat or pathologize certain sexual categories or identities. The current *DSM* revisions under way at the American Medical Association reveal this very tension as ongoing in the ways in which gender (identity) dysphoria, sexual orientation disturbance, dishomophilia, egodystonic homosexuality, sexual conflict disorder, and a host of other terms still find parlance in the clinic today.

Queer Clinical Citizenship: Martin Duberman's *Cures*

Historian Roy Porter has argued in "The Patient's View: Doing Medical History from Below" that memoirs allow us to better "become fully aware" of the personal, ancestral history of medicine, because looking at individual lives in the history of medicine both *conforms* to the principles of the social history of medicine and also *informs* the institutional memory and history with which we already associate history of medicine (Porter 1985, 193). Perhaps no memoir is more pointed and detailed in recounting the therapeutic endeavors of a homosexual attempting to curtail his own desires then Martin Duberman's *Cures: A Gay Man's Odyssey*. Recounting the years of his initial sexual awakening in parallel to his decades-long clinical endeavors to curb such sexual desires, Duberman's account provides excruciating personal detail about his own struggles with his sexuality and his relationship to psychiatry, even as he outlines cultural changes between the 1950s and 1980s, when the views of homosexuals *en masse* were shifting significantly

in the public consciousness. Duberman writes at the beginning of his memoir:

> In these pre-Stonewall liberation years, a few brave souls had publicly declared themselves and even banded together for limited political purposes, but the vast majority of gay people were locked away in painful isolation and fear, doing everything possible *not* to declare themselves. Many of us cursed our fate, longed to be straight. And some of us had actively been seeking "cures." In my case, for a long time (Duberman 2002, 3).[7]

Duberman's invocation of the "painful isolation" of the closet and the clinical attempts to correct his homosexuality explicitly reveal the aching and debilitating ways in which personal and cultural invisibility are compounded by the self-chastising need to rehabilitate oneself through psychiatric intervention. In such a way, Duberman's accounts of his first therapeutic encounters in the 1960s speak to a historically situated, but by no means historically isolated, feeling of cultural abjection and personal insecurity. Over the course of his memoir, Duberman narrates the initial therapeutic encounters he had, the cessation of such therapies in certain moments out of personal frustration, the chastisement he both explicitly and implicitly received from friends about his failure to complete a therapeutic recovery, and ultimately his decisions to reenter psychiatric treatment in various forms of individual and group therapy.

The solipsistically motivated desire for Duberman, like many homosexuals, to rehabilitate himself finds its cultural and interpersonal counterparts in the proddings of the homo by the hetero to get oneself to the clinic pronto. Duberman writes of one such moment:

> While one friend was deploring my neglected history, another and better friend, Nancy, was expressing concern over my neglect of therapy. "It seems," she wrote me from Toronto, "that you are giving up, opting out, burying everything beneath the surface. It seems to make the last 7 years so meaningless if you give up now. Is the excitement and stimulation of New York and the theater world the same sort of 'escape' that you used to say burying yourself in your books was? It's wonderful that you are feeling so much happier now, it truly is; but what will happen in five, ten, fifteen years' time? Are you really opting out of the possibility of a wife and kids for then?" (Duberman 2002, 76).

The heteronormative pressures to conform to a traditional standard of masculinity, and by extension to heterosexual couplehood and parenthood, reinforce the personal sense of dissatisfaction and incompleteness that prompted Duberman to seek therapy in the first place. If the clinic served historically as a space in which homosexuality could be talked about but only in so far as it could be healed, then this pre-Stonewall clinic also affords a double-edged sword, whereby homosexuality can openly exist in the clinic, but only insofar as it must be repeatedly attacked.

Duberman's memoir finds an autobiographical cousin in the writings of Edmund White (2005), as both men share not only similar sentiments regarding their sexuality, but also a similar therapeutic trajectory whereby cultural shifts regarding homosexuality and civil rights, more generally, have a tendency to manipulate the viability of homosexual shame—shame that reinforces the queer need for the clinic. Duberman, a burgeoning academic and playwright in the 1960s, used his active involvement in civil and social causes as a way to curtail the need for clinical treatment. He writes:

> Like many others in the sixties, too, I got to find out more about myself from involvement in political work than I did through formal, obsessive analysis of who I was. I also got to like myself better. The analytic view of me, of all homosexuals, as "truncated" human beings felt stale and mistaken when measured against the competence I displayed in and the respect I earned from my work in the movement (Duberman 2002, 77–78).

Branded as "truncated," gay lives are seen pathologically as incomplete ones, and a gay existence—and by extension gay sex itself—is deemed an insufficient form of personhood. That Duberman finds his involvement in political and civil causes to be inspiring signifies not just the ways in which philanthropic endeavors enhance the confidence of the shame-laden queer, but also the possibility that such activism taps into a mindset of boastful

[7] Duberman's queer hesitations of the clinic as a gay man find textual cousins in numerous lesbian, transgender, and intersex memoirs. See, for example, Audre Lorde's (1995) *The Cancer Journals*.

generosity that does not exist in the queer clinical encounter. If the clinic signifies a painful place for queers historically, then the therapeutic tackling of painful encounters in the world could be described as its panacea.

In the final sections of Duberman's memoir, he recounts the therapeutic regimes he adopted later in life to reframe his earlier, deflating clinical experiences. If Forster's Maurice sought out a somnambulist in an attempt to preserve some echo of a clinical intervention, Duberman exercises the same strategy as he migrates from individual psychotherapy to new-age group therapy. In these encounters the inspective and yet receptive analysis of the minutiae of Duberman's individual therapy sessions now gives way to a more boisterous, democratic, and even antagonistic exchange of therapeutic opinions between doctor and patient and across patient psychologies. In one moment, Duberman finds himself in a debate with members of his group therapy session. Both his clinician, Karl, and another gay man, Dix, are adamant that the flaw in homosexuality is its inability to provide happiness. Dix proclaims:

> "Martin," he said, giving me an avuncular smile, "you and I both know that homosexual love just doesn't work. God knows we both spent enough years looking for it. It doesn't exist between two men. It *is* lust, and when lust fades, as it always must, there is nothing left to live on" (Duberman 2002, 156).

Such an observation is not a new one for Duberman to hear in a clinical encounter; after all, his individual therapy years are marked by constant reiterations of the limitations of a gay life and of gay sex. And yet in this moment in group therapy, after nearly two decades of clinical intervention, Duberman finds the logic of such a theory both unconvincing and unmoving. "I don't buy that," he declares to the group. Even though he struggles to recollect whether he has experienced happiness in his life or a significant sense of couplehood, for the first time he succeeds in not blaming his sexuality for his unhappiness, instead recognizing that his personal dissatisfaction is only magnified by clinical attempts to blame his sexuality for it. To that end, the barometric reliance on psychotherapeutic, psychiatric, and clinical surveys of various kinds proves insufficient to Duberman. He states,

> Was a comparison between the quality of my relationship [to others] valid? How did I know? How did one measure such things, and who was qualified to do the measuring? Clearly Karl, and the rest of the psychiatric fraternity, felt confident that they were qualified. But were they? It was all beginning to unravel … (Duberman 2002, 157).

In this moment, Duberman does not uncover the answers to his sexual self-doubts—ones that the clinic had promised—but rather welcomes the scrutiny of asking these questions at all. In attempting to pin down not only the causes but the cures of homosexuality, the clinic had provided for Duberman, as for so many queers throughout the 20th century, a false sense of security regarding the fixedness and conquerability of sexual desire. To pathologize the failures of medicine allows Duberman to liberate himself and his sexuality from the victimhood of such a pathological strategy.

The successful liberation of Duberman from his clinical and therapeutic confinement would find its nemesis in Duberman's return to the clinic during the era of AIDS, when he witnessed numerous friends and lovers suffer and die from the disease. As recently as in his last memoir, *Waiting to Land: A Mostly Political Memoir 1985–2008* (2009), Duberman speaks of the difficulty of returning to medical institutions and hospitals, in some cases the very same ones in which he sought psychiatric treatment before the era of AIDS. Such a reunion, reentry, or "re-reading," as he calls it in his revised 10th anniversary edition of *Cures,* provides for Duberman—and by extension for many queers in the 1980s and beyond—a feeling of medical tethering, as though the liberation of homosexuality in the 1970s was not only unsuccessful but maybe even delusional. Duberman notes that, given such a reentry that bears the feeling of never having left the clinic at all, queer attitudes toward clinical practice in the 1980s and later felt like an "on-going" rematch. It is just such a mindset and rationale, in the wake of the painful reunion, that provides queer scholarship, queer cinema, and queers themselves the arsenal with which to engage in clinical encounters more powerfully and with greater agency. Or, as I claim, the painful reunion created the need for the queer—as intellectual, political, aesthetic, and strategic agent in an oppositional and recalcitrant relationship with the clinic. Queer politics

and queer culture accordingly bear the marks of the painful reunion and the strategies to correct it.

Reclaiming the Painful Reunion

In considering the historical legacies and the historical revisionist strategies of queer theorists, queer activists, and queer artists, we acknowledge the influences of the potential birth of the homosexual in the clinic, the devastation of the AIDS virus on the queer community, and the painful reunion. If we employ an effective strategy, as Jennifer Terry labels it, for the assessment of the historiographical project that is queer studies, then such a form of analysis is also inspired by further attempts to redeem, resurrect and, in many ways, cure the queer historical record. Referencing Foucault and Nietzsche, Heather Love has described these curative and redemptive approaches to history as follows:

> The redemptive approach to history is informed by a need to shore up our own identity in the present; it is thus a close relative of what I have called affirmative history, which seeks to confirm contemporary gay and lesbian identity by searching for moments of pride or resistance in the past. A curative approach to history, by contrast, seeks out "discontinuities" in the past in order to disrupt the stability or taken-for-granted quality of the present (Love 2001, 496–497).

While Love makes a precise distinction between these two approaches to historical surveying, the marked differences in such strategies do not belie the fact that queer culture and queer scholarship, in my view, repeatedly attempt to perform both redemptive *and* curative approaches to the long clinical history of the queer. In such a way, then, not unlike the history of medicine itself, which is always marked by two concepts—continuity and change—so, too, the history of queer clinical encounters is one in which individual moments and extended periods of time reveal continuities in the face of great changes, and great changes in moments where continuity seems most blatant. In her recent book, *Time Binds*, Elizabeth Freeman engages in a historical study of what she calls "postness," or a concern with queer forms of historical analysis that speak from a place of "after-ness"—a queer method of recollection and remembrance that absolutely engages in the past, but also signifies a profound feeling of having come out the other side of that history (Freeman 2010, xiv–xv). Queer politics, positioned after the painful reunion and informed by post-structuralist and queer theory, signify the same chronological position that Freeman concentrates on as the epitome of "post-ness." The desire to perceive history and historiography as redemptive tools in the corrective struggle with clinical encounters and clinical legacy is not only one of recent queer culture's most consistent features, but also perhaps its most unavoidable one. Paula Treichler (1987) has noted that the biomedical discourse on AIDS has created an "epidemic of signification" to the degree that discursive and representative forms of sero-subjecthood inhabit their own infected or diseased forms of subjectification. To that end, a thorough consideration of contemporary forms of signification related to queerness and seropositivity is also always dependent on a thorough study of the queer past.

When Adrienne Rich first published her "Compulsory Heterosexuality and Lesbian Existence," she was adamant that she wanted to use the terms "lesbian existence" and "lesbian continuum" instead of just the word "lesbianism," because the latter term "has a clinical and limiting ring. …Lesbian existence suggests both the fact of the historical presence of lesbians and our continuing creation of the meaning of that existence" (Rich 1980, 648). If Foucault isolates the birth of the homosexual with the coining of that very term, it is ironic that Rich would find fault with the term "lesbian," which has an absolutely Classical etymology. Her feeling that it bears a clinical patina rests upon the declarative and diagnostic tenor of the single word. But that point aside, what is more interesting about Rich's introductory comments on lesbian terminology is that (even at the level of nomenclature) she resists the clinical suggestion of homosexuality, and—even more significantly and central to queer theory, I would argue—in rejecting the clinical she preserves the "historical" and the "continuing" that she feels is the ultimate curative or reparative form of inquiry. If queers have wrestled with the clinic since their birth within it over a hundred years ago, then historiographical sensitivity—even one marked by pain—is the healthy alternative, such that clinical citizenship does not debilitate but rather generates aesthetic and political output for queers after the painful reunion.

Thus, the painful reunion in queer clinical history provides a troubling moment of cultural and discursive

necessity. If the AIDS virus mandated the return of many queers, and more generally occasioned the cultural conception of the queer back into the clinic, then the recalcitrant, authoritative, and historically informed attitudes of queer persons, I argue, demanded a return to the clinic that did not signify one of resignation, but one of intention, empowerment, and even antagonism. If the clinical experiences and the reunion with the clinic for queers were painful, then the queer approach to history might best be described as a form of "prodigal history." Like the famous parable that Jesus relays about a fallen and lost son who leaves home and leaves behind his sad father and dutiful brother, queers—in being liberated from the clinic in the 1970s—were deemed by the medical profession and themselves as ill-favored children of the clinic; but like the prodigal son, queers ultimately returned home. While the biblical parable ends with great celebration at the return of the child once lost, even to the frustration of the dutiful brother, a similar celebration may not have been occasioned by the return of queers to the clinic, either by a heteronormative regime or by queers themselves. Instead the atavistic intentions and strategic rationales of queers engaging in clinical practice and clinical discourse in new ways suggests at least the hope and possibility that agency, even at the level of antagonism, might be its own form of prodigal, even celebratory, engagement with the clinic in a new and more complex way. If the clinic gave birth to the homosexual, and therapeutic and sexological traditions attempted to eradicate the queer, and if AIDS literally wiped out a generation of queers, then the painful reunion with the clinic would seem to elicit a reciprocal sense of defeat from queer discourse itself—but it does not. Instead, there is a more fruitful, more agitated, and, in its own way, more viable sense of queer subjecthood within the clinic. Like the prodigal son, then, the queer in the clinic—even in the face of a deadly epidemic—finds life-sustaining purpose as someone who was, to quote the grateful father of his prodigal son, "dead and has come to life … was lost and has been found."

Accordingly, the devastation of lives, the ravaging of bodies, and the assault on the psyches of queers provoked by AIDS, the painful reunion, and the history of homosexuality in the clinic have generated aesthetic and political productivity—not paralysis. And this productivity has been characterized in queer culture by more consistently political messages, more aesthetically ambitious narratives, more urgently inspired release and dissemination of products, and more discursively coordinated genres in which texts operate in coordination and conversation with one another. The fatal implications of a clinical pathologization of homosexuality in the 20th century achieves, by century's end, the motivations, the materials, and the messages of queer discourse. Edmund White has referred to this relationship as an "esthetics of loss," whereby the painful histories and the painful reunions of queer persons with clinical and other antagonistic regimes create the personal necessity and the cultural demand for a decidedly queer form of aesthetic potency and historically informed agency. The queer individual may just be the most precise articulation of this historical and aesthetic trajectory that White so eloquently describes (a trajectory that justifies the necessity for a queer bioethics):

> To have been oppressed in the 50s, freed in the 60s, exulted in the 70s, wiped out in the 80s is a quick itinerary for a whole culture to follow. For we are witnessing not just the death of individuals, but a menace to an entire culture. All the more reason to bear witness to this cultural moment (White 1987, 69).

References

Allen, G.E. 1997. The double-edged sword of genetic determinism. In *Science and homosexualities*, ed. V.A. Rosario, 243–270. New York: Routledge.

Baldwin, J. 1956. *Giovanni's room*. New York: Dial.

Capote, T. 1948. *Other voices, other rooms*. New York: Random House.

Cohen, E. 1987. Writing gone Wilde: Homoerotic desire in the closet of representation. *PLMA* 102(5): 801–813.

Crisp, Q. 1997. *The naked civil servant*. New York: Penguin.

Duberman, M. 2002. *Cures: A gay man's odyssey*. Boston: Perseus Books.

Duberman, M. 2009. *Waiting to land: A (mostly) political memoir, 1985–2008*. New York: New Press.

Ellman, R. 1988. *Oscar Wilde*. New York: Vintage.

Felski, R. 1991. The counterdiscourse of the feminine in three texts by Wilde, Huysmans, and Sacher-Masoch. *PLMA* 106(5): 1094–1105.

Forster, E.M. 1971. *Maurice*. New York: Norton.

Foucault, M., ed. 1980. *Herculine Barbin: Being the recently discovered memoirs of a nineteeth-century hermaphrodite*. Trans. R. McDougal. New York: Random House.

Foucault, M. 1990. *The history of sexuality, volume I*. Trans. R. Hurley. New York: Vintage.

Freeman, E. 2010. *Time binds: Queer temporalities, queer histories*. Durham: Duke University Press.

Furbank, P.N. 1978. *E.M. Forster: A life*. New York: Harcourt Brace.

Gide, A. 1930. *The immoralist*. Trans. D. Bussy. New York: Knopf.

Gray, R., and C. Keep. 2006. An uninterrupted current: homoeroticism and collaborative authorship in *Teleny*. In *Literary couplings: Writing couples, collaboration, and the construction of authorship*, ed. M. Stone and J. Thompson, 193–208. Madison: University of Wisconsin Press.

Hall, R. 1990. *The well of loneliness*. New York: Random House.

Halperin, D.M. 1990. *One hundred years of homosexuality*. London: Routledge.

Halperin, D.M. 1998. Forgetting Foucault: Acts, identities, and the *History of Sexuality*. *Representations* 63: 93–120.

Halperin, D.M. 2004. *How to do the history of homosexuality*. Chicago: University of Chicago Press.

Halperin, D.M., and V. Traub, eds. 2009. *Gay shame*. Chicago: University of Chicago Press.

Hamer, D.H., S. Hu, V.L. Magnuson, N. Hu, and A.M. Pattatucci. 1993. A linkage between DNA markers on the X chromosome and male sexual orientation. *Science* 261(5119): 321–327.

Isherwood, C. 2001. *Christopher and his kind*. Minneapolis: University of Minnesota Press.

Jagose, A. 1996. *Queer theory: An introduction*. New York: New York University Press.

Katz, J.N. 2007. *The invention of heterosexuality*. Chicago: University of Chicago Press.

Katz, J.D., and D.C. Ward, eds. 2010. *Hide/seek: Difference and desire in American portraiture*. Washington: Smithsonian Books.

LeVay, S. 1991. A difference in hypothalamic structure between heterosexual and homosexual men. *Science* 253(5023): 1034–1037.

LeVay, S. 2011. *Gay, straight, and the reason why: The science of sexual orientation*. London: Oxford University Press.

Lewis, C.H. 2010. *Prescription for homosexuality: Sexual citizenship in the Cold War era*. Chapel Hill: University of North Carolina Press.

Leyland, W., ed. 1994. *Teleny: Or the reverse of the medal*. New York: Gay Sunshine Press.

Lorde, A. 1995. *The cancer journals*. San Francisco: Aunt Lute Books.

Love, H.K. 2001. "Spoiled identity": Stephen Gordon's loneliness and the difficulties of queer history. *GLQ: A Journal of Gay and Lesbian Studies* 7(4): 487–519.

Macy, J. 2010. *Teleny and Camille: Based on the novel "Teleny" by Oscar Wilde and circle*. San Francisco: Northwest Press.

Mason, D. 2008. *The secret vice*. Manchester: Manchester University Press.

Moffat, W. 2010. *A great unrecorded history: A new life of E. M. Forster*. New York: Farrar, Straus, and Giroux.

Morris, J. 1974. *Conundrum*. New York: Harcourt Brace.

Patton, C. 2010. Clinic without the clinic. In *Rebirth of the clinic: Places and agents in contemporary health care*, ed. C. Patton, 121–142. Minneapolis: University of Minnesota Press.

Porter, R. 1985. The patient's view: Doing medical history from below. *Theory and Society* 14(2): 175–198.

Proust, M. 1981. *Remembrance of things past: Cities of the plain*. Trans. C.K.S. Moncrieff and T. Kilmartin. New York: Random House.

Rich, A. 1980. Compulsory heterosexuality and lesbian existence. *Signs* 5(4): 631–660.

Sedgwick, E.K. 1990. *Epistemology of the closet*. Berkeley: University of California Press.

Socarides, C. 1970. Homosexuality and medicine. *Journal of the American Medical Association* 22(7): 1199–1202.

Spitzer, R.L. 1981. The diagnostic status of homosexuality in *DSM-III*: A reformulation of the issues. *The American Journal of Psychiatry* 138(2): 210–215.

Terry, J. 1994. Theorizing deviant historiography. In *Feminists revision history*, ed. A.-L. Shapiro, 276–303. New Brunswick: Rutgers University Press.

Treichler, P. 1987. AIDS, homophobia, and biomedical discourse: An epidemic of signification. *October* 43(Winter): 31–70.

Vidal, G. 1948. *The city and the pillar*. New York: Dutton.

Weeks, J. 1986. *Sexuality*. London: Routledge.

White, E. 1987. Esthetics and loss. *Artforum* 25(5): 68–71.

White, E. 2005. *My lives*. New York: Bloomsbury.

Wilson, M. 1993. *DSM-III* and the transformation of American psychiatry: A history. *The American Journal of Psychiatry* 150(3): 399–410.