Auto-archaeology of Homosexuality: A Foucauldian Reading of the Psychiatric–Industrial Complex

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This essay explores two primary questions. (1) Can there be a Foucauldian autoethnography? (2) How might a Foucault-driven autoethnography detail my experiences in the psychiatric–industrial complex? Pulling largely from Michel Foucault’s earliest work History of Madness, I look at how interconnected organizations have rendered homosexuality as senseless, used a “psychiatrization of perverse pleasure” to rationalize this senselessness, and relied on expensive psychoanalysis and pharmaceuticals to invoke the madness they claim to cure.

Keywords: Autoethnography; Foucault; Homophobia; Homosexuality; Psychiatry

Born in 1976, I grew up in Cypress, Texas, during the apex of the AIDS pandemic and was not a child who could “pass” for straight. My peers made fun of my high-pitched voice, skinny body, and eccentric style of dress. Bullies barked “gay” and “fag” right before they knocked the wind out of me. Anti-gay animus was particularly awful in middle school, when classmates claimed they could not understand me because of my “gay lisp” and hung a sign in the cafeteria that read, “It’s punch a fag day. Everyone hit Ragan.” Like a Pavlovian dog, I associated the word “faggot” with embodied violence. Heteronormative conditioning made me hate what insult-hurling children at school assumed about my sexuality. I was attracted to other boys—something I kept to myself—but did not want to be gay, let alone a fag. Each night I prayed, “Please God, let me get through a single day without one of my peers calling me ‘gay’ or ‘faggot.’”

Attitudes about sexuality were more relaxed at home. My father Len regularly walked around our house in the buff. Whereas my friends’ parents seemed determined
to thwart looming sexual behavior, my father was carefree, almost encouraging. He
never demanded that I leave the bedroom door open when a neighborhood boy or girl
visited. He also did not scold me when his issues of *International Male* went missing,
then reappeared in a crispier state. Dad sometimes asked me about my sexual
preference. “Are you gay, Ragan? If you’re gay, you can tell me.” Insulted, I screeched
back, “I’m not gay!” But signs of queerness betrayed my protests. One day, my
stepmother Joyce asked me about lipstick she found in my bedroom, and did so in front
of my older brother. Blood burned my cheeks crimson and tears slid down my face.
Embarrassment transformed into misguided rage. “I hate you, Joyce!” The temper
tantrum resulted in a well-deserved punishment. The weeklong grounding incited me
to pen a letter to my father wherein I repeatedly denied being gay (see Figure 1).

![Image of a letter]

**Figure 1.** Letter to Dad.

In another note addressed to my parents, I complained about homophobic name-
calling at Labay Middle School. I wrote:

> At school, people call me a “fag,” and this happens every day. Dad says that if I
> change the way I dress, maybe the bullying will stop. Maybe I like the person I am.
> Don’t try to hide it. You think I’m a fag too.

Dad tried to help with my school-related trials. Perhaps he saw a connection between
anti-gay terrorization and my on-campus conduct. Dad’s letters to the school
indicate that he recognized that Labay, as an institutional body, ensnared my literal
body. He was adamantly opposed to Labay’s use of swats to discipline me when I
broke the school’s dress code or skipped class. In a typed note to Labay’s assistant
principal dated 22 February 1988, he argued:

> Resorting to corporal punishment in the school system is a sign of leadership
> bankruptcy. Trying to treat the great variety of infractions committed by an infinite
> number of personalities by a rigid set of rules in a book is a miscarriage of justice.
> Ragan is hyperactive and very insecure. Why, oh why, should such a child be
> treated the same way as someone who destroys school property or attacks fellow
> students or teachers?

Labay functioned as what Michel Foucault might describe as an institutional
“enclosure” or “protected place of disciplinary monotony” (*Discipline* 141). Labay
is but one mechanism in a “network of power relations” (Foucault, *History of
Sexuality 95). When one node in the network fails to discipline a child, another system in the disciplinary grid captures and corrects him or her.

The day after my twelfth birthday, Dad took the advice of my childhood psychologist and placed me in a behavioral hospital called West Oaks at Cypress Creek, where I was fed an antipsychotic drug called Mellaril® and had to narrate episodes of past sexual abuse in meticulious detail. My psychologist and psychiatrist referenced a pattern of misbehavior when asserting my “psychosis.” I, like many child abuse survivors, “acted out” at a young age. I smoked marijuana for the first time at age eleven, developed a nicotine addiction by my twelfth birthday, regularly snuck out of the house, and loved to talk about sex. Long, crimped hair, feminine facial features, Wite-Out® painted on long nails, a high-pitched voice, and bony arms and legs only added layers to my “deviance.”

This is a story in which I narrate a turbulent tango between madness and homosexuality, two terms that performatively construct rather than reflect the phenomena they aim to signify. Specifically, I examine “games of truth” (Huffer xii) that objectify “irrational” people, like homosexuals. Games of truth refer to interlocking institutional scripts from which culturally sanctioned performances of masculinity and sexuality may be staged. I ground my observations in a specific psychopathological network of sensemaking, or theatre of sexuality, wherein gay subjectivity and homophobia are made invisible and homosexuality reasserts itself as illness. Through artifacts and storytelling, I examine double, overlapping hauntings of madness and homosexuality. I consider how authorities within a disciplinary grid first rendered me/my sexuality as senseless; then turned to psychotherapy to rationalize my behavior/homosexuality/irrationality; and finally, through institutionalization, claimed to drive out the madness they had invoked.

The Paradoxical Potential of a Foucauldian Autoethnography

Foucault and his devotees revel in the ironic terms of postmodernism and post-structuralism. In History of Madness, Foucault pens a deconstruction of the rational subject. Rationalism relies on objectification of the mad to assert its own subjectivity and expertise. Lynne Huffer notes the absurdity of using reason’s language to speak for unreason when she contends that “[t]he betrayal is there, from History of Madness’ start, as the constitutive irony of the project itself: the experience of madness cannot be captured, and, even if we could capture it, to do so would be to betray it” (65). Self-aware contradiction is central to Foucauldian scholarship because intentional discordance is precisely what exposes reason’s limits and undoes the modern subject.

I explore this paradox’s productivity by marrying what many Foucault aficionados might deem incompatible. I bridge Foucault’s poststructural, anti-identitarian philosophies with autoethnography, a mode of qualitative inquiry that celebrates identity politics. In “Tales of a Fighting Bobcat,” I lay the foundation for a Foucault-driven autoethnography I call auto-archaeology (Fox). Auto-archaeology specifies a process by which autoethnographers use disciplinary artifacts and storytelling to map the discursive maneuverings, or document-based performances, of people in specific
A particular form of autoethnography that illuminates interplay between bodies and the institutions that house them, auto-archaeology focuses on texts that remain explicit in records but largely absent from an organization's official history. Some Foucault enthusiasts may find this union between Foucault and autoethnography contradictory. After all, he critiqued confession and shied away from autobiographical speech acts in his treatises: “given Foucault’s lifelong effort to undo the moi—to interrogate the humanist illusion of an unsplit, self-identical, coherent ‘I’” (Huffer 23 original emphasis), his suspicion of author-focused writing makes sense.

Alternately, self-disclosure that specifically aims to reveal the productive and repressive functions of identity/subjectivity/subjectivation may, in fact, be commensurable with Foucault’s distrust of the personal. It is not that he rallies against theorizing autobiography as much as he questions how confession has been used throughout the course of history to repress and produce particular subjects. Compare the tales I share in this essay’s introduction and brutes in middle school forcing me to utter the words, “I’m a fag.” My confession also falls short of its critical possibilities if I do not interrogate the cultural impulses that drove my abusers. If self-disclosure is used to de-subjectivate, or shed light on “[structures] of intelligibility” (Foucault, History of Sexuality 93) that constrain and enable subjectivity, then autobiographical theorizing is consistent with Foucault’s use of tropes and anecdotes. Foucault’s History of Madness is premised on evidence that came from discarded archives that challenged myths of the master narrative. Biographical narratives from historically marginalized people provide the exact sort of material from which Foucault, as bricoleur, constructed his artful deconstructions of history, power, and knowledge. A Foucauldian autoethnography proves especially fruitful in the interdisciplinary field of performance studies, where scholars call attention to specific cultural mechanisms that reproduce the “fictive or metaphorical product of a representational order, like a character in a play or the protagonist of a novel or even the ‘face’ acquired through a rhetorical troping” (Huffer 71).

Appreciating auto-archaeology’s deconstructive potential necessitates a sophisticated understanding of the method’s dual significations. First, Foucault uses the term archaeology to characterize a form of analysis, wherein a thinker relies on forgotten artifacts/discourse from an archive to challenge the “unquestionable” truths of a specific era (Archaeology). For Foucauldian archaeologists, what is in the conscious minds of thinkers (connaissance) is less important than the assumptions about reality and tacit knowledge that shape their thoughts (savoir). Attitudes and discourses about sexuality exemplify Foucault’s point. Heteronormativity (savoir) structures the ways in which a person conceptualizes homosexual and heterosexual men and women. Compulsory heterosexuality, in turn, both qualifies and disqualifies what can be uttered in history, health, English, science, and psychology texts (connaissance). The relationship between savoir and connaissance is dynamic and dialogic. Take, for example, the American Psychiatric Association’s (APA) 1973 decision to remove homosexuality from its list of mental disorders. Modifying the era’s connaissance has slowly transformed perceptions of gays and lesbians. Altered epistemologies about gays and lesbians have resulted in more gay-affirmative laws, scientific treatises, and
literary texts. *Savoir* and *connaisance*, in other words, rub against one another and shift like overlapping tectonic plates. Viewing heterosexuality and homosexuality as self-conscious, text-based performances might help theorists apprehend why sexuality and gender are theatricalized in particular ways in specific institutions.

Second, archaeological metaphors foreground the role artifacts play in helping researchers interpret cultural practices. James Joseph Scheurich and Kathryn Bell McKenzie claim that when conceptualizing Foucauldian archaeology, it is “not useful to be reminded of the iconic picture of the archaeologist using a brush to uncover old bones or artifacts embedded in dirt” (845). Despite Scheurich and McKenzie’s concern, this analogue helps clarify Foucault’s critical practices. One need look no further than the annexes of *History of Madness* to observe Foucault’s excavation of discarded discourse, like an anonymous brochure from L’Hôpital Général, a list of daily rules in the House of Saint-Louis de la Salpêtrière, and inventories of “mad” men and women in Paris (649–64). Like an archaeologist, the unearthed artifacts enable Foucault to tell a story about the culture from which they came. Foucault uses these documents to craft a poetic tale that challenges psychiatry’s master narrative. Similarly, relics and *objets d’art* allow an auto-archaeologist to tell a story about the institutions that produced the items. Auto-archaeology’s goal is to map an institutional technology’s exclusionary practices, “to uncover the logic behind their operation, and to elucidate the specific strategies that work to deauthorize and to silence social deviants, licensing instead the usual authorities to specify the ‘truth’ of our existence in ‘objective’ (i.e., objectifying and pathologizing) terms” (Halperin 130).

In this essay, I am interested in how bits of discourse reveal the grammars of compulsory heterosexuality, or communicate the idea that homosexuality is abnormal, unnatural, unhealthy, and not a viable option. I construct a narrative map of three overlapping establishments that rendered homophobic abuse as invisible, then conjured homosexual “madness” from the void. Labay Middle School, my psychotherapist’s practice, and West Oaks at Cypress Creek are the focus of my auto-archaeological reading of the psychiatric–industrial complex. These contexts constitute the three primary stages upon which authorities, loved ones, and I staged my senselessness. I reference psychological evaluations, photographs, disciplinary write-ups, and personal letters because these items dramatize a story about the psychopathologizing organizations from which they were taken.

**An Auto-archaeology of the Psychiatric–Industrial Complex**

Madness has been tied to an economic circuit since the eighteenth century, when confinement was critiqued for imprisoning an inexpensive workforce (Foucault *History of Madness*). Psychiatric institutionalization transformed into a for-profit endeavor in the twentieth century with the advent of antipsychotic pharmaceuticals and high-cost mental hospitals. The psychiatric–industrial complex, or the “mental health–industrial complex,” is patterned after the “medical–industrial complex identified by Relman” and “involves professionals joining with drug companies to push their psychotropic wares, while cooperating with hospitals to fill psychiatric
beds, neither necessarily in the interest of best practices” (Cummings 102). The psychiatric–industrial complex is similar to Foucault’s pouvoir, which includes madness-correcting power ranging from “therapeutic practices to surgical interventions to mental hospitals to pharmaceutical treatments” (Huffer 123).

I am specifically concerned with how homosexual pathology figures into psychiatry’s economic and rational grids. Gay men metonymically symbolize a breakdown of capitalist logic, because they represent a failed connection between production and reproduction (Hocquenghem). The mental health–industrial complex has reintegrated gays and lesbians back into the logos of capitalism by pathologizing nonnormative sexuality. So-called treatments for homosexuality result in “depression, anxiety, feelings of guilt and shame, and even suicidal ideation and behaviors” (Pan American Health Organization 2). Regardless of intent, heterosexist mental health practitioners and their allies position themselves to profit from and “cure” symptoms they help evoke via well-meaning but harmful corrective technologies.

In this essay, “complex” has two distinct but overlapping significations. First, complex may be read as an adjective that depicts power as complicated and circuitous, rather than emanating from a single person or force. Second, complex provides a spatial way of thinking about the relationship between human bodies and institutional bodies. In architecture, complex describes multiple structures connected by people, economics, and/or proximity. An overlapping monetary grid may join multiple enclosures. Patients in for-profit mental hospitals are more than just flesh; they are capital. Patients grease a hospital’s economic machine. Doctors, nurses, and staff cannot be hired and paid if bodies are not in the institution’s beds. Foucault is particularly fond of the “complex” metaphor, mentioning a “body-weapon, body-tool, body-machine complex” when detailing links between corporeality and a disciplinary institution’s objectifying practices (Discipline 153). Foucault also refers to madness and reason’s relationship as a “knotted collection of links” that produces irrationality “against the backdrop of the structures of the reasonable” (History of Madness 182 original emphasis). The term “psychiatric–industrial complex” emphasizes interlocking, economic components of psychiatry, including therapy costs, expensive hospital bills, and high-priced medications.

_Aboard Labay’s Stultifera Navis_

My days at Labay Middle School were caught in a cruel repetition, wherein kids presumed I was gay and brutalized me. I was harassed on the school bus, laughed at while standing in the lunch line, and punched in the hallways. Anti-gay acts were particularly brutal between classes, despite the fact that teachers monitored the corridors. One day, I came to school with Dad’s dictation machine and audio-recorded my fast-paced trek from social studies to language arts. Jason Jarvis’s and Matt Bruselleback’s2 calls of “shim” and “fag” pepper the muffled sounds of other students gossiping and laughing between classes. Instructors assigned after-school detention if they caught us chewing gum; not once did a teacher at the school intervene when my peers spit the word “faggot” in my face or hit me.
Borrowing terminology from Leonard Shengold, Gust A. Yep describes interpersonal and institutional homophobia as forms of “soul murder” (22), or child abuse, wherein particularly intense and sustained acts of anti-gay harassment traumatize and sometimes eradicate gay youth. When compared to other children, bullied kids are more likely to suffer from pronounced anxiety and panic (Sharp), low self-esteem (Nansel, et al.), depression (Alude), suicidal thoughts and tendencies (Sharp), and substance abuse (van Wormer and McKinney). They are also more inclined to skip class (National Mental Health Association [NMHA]) and have grades that move from above average and average to poor (Ballard, Argus, and Remley). Students who are gay or perceived to be gay are now the most likely to be bullied in school, which partially explains why their drop-out rates are more than three times the national average (NMHA). Unfortunately, homophobia’s implications are commonly misrepresented as traits endemic to gay culture. “Homosexuals,” claimed my father, “lead lonely, sad lives.” Tropes of sullen, self-loathing, and self-sabotaging gays and lesbians say more about homophobia than they do about sexual minorities. Ironically, homophobia’s cruelty is commonly coded as a necessary evil linked to homosexuality. Drug abuse, anxiety, and life failures among sexual minorities strangely substantiate heterosexuality’s correctness when the harms more appropriately highlight dangers of compulsory heterosexuality. Panic, depression, and suicide, in other words, are homophobia’s fruit, not homosexuality’s. Educational institutions that deny gay children exist and ignore homophobic violence bolster anti-gay prejudice and its horrific implications.

I, like many preadolescents suffering from child cruelty, misbehaved. I skipped classes, lashed out at educators, and spent a lot of time crying. Teachers who chronicled my erratic behavior submitted discipline referrals to the school’s assistant principal (see Figure 2). Referenced infractions were pretty mundane. My language arts instructor noted that I ate candy in class and was regularly inattentive. She also rightfully complained that I sang “La Bamba” during writing lessons. None of the disciplinary write-ups I discovered in my archive mention or even hint at day-to-day anti-gay bullying. Teachers omitted any substantive contextualization for why I might be disruptive, inattentive, have a bad attitude, seek attention, and distrust authority figures.

Dad made earnest efforts to cooperate with teachers, guidance counselors, and administrators. I have letters addressed to the school, notes in which he characterizes me as “one of the more delicate of God’s children” and apologizes for my unpredictable and disruptive classroom behavior. In one letter addressed to a school principal, he wrote:

Ragan is vulnerable to some of his more cruel fellow students. This has made him mortally afraid to come to school. To complicate the situation, he refuses to name his tormentors for fear of further harassment. All of which makes for a difficult situation for his class principals and counselors to solve.

Dad rhetorically tap-danced around why my peers targeted me. I was “delicate,” not presumably or even potentially gay. My tormentors were abstractly “cruel,” rather than rabidly homophobic. I was complicit in my own marginalization. I longed to
spoon boys in my class but became hostile when my father asked if I was gay. My denial partially contextualizes Dad’s blame-the-victim strategy, whereby I was responsible for my own persecution. My father painted me as “vulnerable” and pointed out that I refused to name my tormenters. His words let school officials off the proverbial hook. As long as adults at school did not name the presumed homosexuality for which my peers berated me, they did not have an institutional responsibility to adequately address homophobia at the school. Repetitive anti-gay slurs and physical brutality in school merited report and response, regardless of my sexual orientation.

Dad’s letter documents that school administrators were aware I was being harassed, yet there is no formal record of anti-gay epithets spit in my face and written on
makeshift, punch-a-fag-day posters. Educators were somehow sharp enough to detect bubblegum lodged in my cheek but too aloof to recognize my peers’ daily and overt forms of terrorization. No policies in the school’s code of conduct protected gays and lesbians from discrimination. The *Texas Health and Safety Code*, on the other hand, placed homosexuals in a web of criminality. State law included the decree that education programs for minors “must: …state that homosexual conduct is not an acceptable lifestyle and is a criminal offense under Section 21.06, Penal Code” (Texas Constitution and Statutes Sec. 85.007). A formal acknowledgment of homophobia on the school’s part required the sort of homosexual confession that, in my preadolescent mind, would only substantiate why other students abused me. If I was being spit on and punched for what my peers assumed about my sexuality, imagine what would have transpired if I had admitted I was gay. I earnestly believed that denying my attraction to other boys was a matter of life and death. This mechanism of self-defense might also explain why Mike Carey—the other boy at my school pegged as “queer”—snarled at me, called me “faggot,” threw half-eaten tater tots at my head, and threatened to kick my ass. Identifying and castigating homosexuality/femininity/irrationality in others is how many people assert heterosexuality/masculinity/rationality.

Systemic homophobia steered me down a path of self-destruction. I experimented with drugs and skipped classes. Classroom disruptions and lackluster grades resulted in a review by Labay’s Admission, Review, and Dismissal (ARD) committee, an administrative group that recommends specific courses of action for students who do not comply with the school’s code of conduct. The ARD committee met in spring 1988 to review my in-school comportment and map a road for my educational future. They determined that I belonged in Special Education. Special Education was typically reserved for children who had learning and physical disabilities and other developmental disorders. Many of them, though, showed little to no signs of distress. Despite spending months with them, I had no idea why some of these students were placed in Special Education and separated from other youngsters. Gaps in understanding prompt the archaeological dig. A search for reason brought me back to my archives, back to the sweet smell of carbon-copy disciplinary write-ups, back to Labay’s cold brick walls, back to a hodgepodge of “God’s delicate children” joined together by a common association: we defied the school’s sensemaking protocols. I spent the rest of the semester segregated from Labay’s general population and on a contemporary *stultifera navis*, or ship of fools. Reflecting on early images of the *stultifera navis*, Foucault suggests “it may be that these ships of fools, which haunted the imagination of the Early Renaissance, were in fact ships of pilgrimage, highly symbolic ships filled with the senseless in search of their reason” (*History of Madness* 10). Senselessness, here, represents what cannot be articulated or nominally documented, lest Labay’s officials accuse me of a criminal offense under Section 21.06, Texas Penal Code.

Foucault provides a language from which I can make sense of Labay’s institutional response to homophobia and how it affected my behavior. Sexuality is in part strategically deployed by what Foucault characterizes as a “psychiatrization of perverse pleasure” and a “pedagogization of children’s sex” (*History of Sexuality* 104–105). The former refers to the ways in which nonnormative sexuality is pathologized; the latter
treats children as “preliminary sexual beings” (104) particularly susceptible to the contaminating implications of sexuality. By textually recognizing the role sexuality played in my particular situation, ARD committee members would have to admit that one of their children was in fact a sexual creature. Doing so would cause a rupture in the institution’s discursive treatment of a student. Labeling me gay or even a potential homosexual might function as incantation or, worse, a formal acknowledgment that gay children exist. Therein lies systemic homophobia’s brilliant sleight of hand: if gay children are not a possibility, then neither is homophobic violence. However, administrators had to fill an absence and make sense of my senselessness. With the help of Mr. Muir, a trusted school counselor, Labay’s ARD committee members did what one does with a hot potato: they threw me to somebody else.

Ce n’est pas Mois

I began seeing Rhonda Charleswood once a week in spring 1988. Thirty-four-year-old Rhonda wore long, dirty-blonde hair in a tight braid that hit the middle of her back. Rhonda and I did not have much time to establish a bond, given that in our early sessions, she administered what seemed like a never-ending array of tests—vocabulary, reading comprehension, and math—just the sort of thing a preteen wants to do after spending eight hours at school. Her “psychoeducational evaluation” of me included twelve measures of my intellect and emotional state (see Figure 3).

I am particularly intrigued by the ways in which Rhonda coded anti-gay violence at Labay. “Ragan,” she wrote, “disturbs other students, flares up at classmates if teased or pushed, denies responsibility for his own actions, becomes angry quickly, is easily frustrated and loses emotional control” (see Figure 3). She briefly mentions the “differing opinions of my peers” and, in passing, notes that I was teased and pushed by classmates, but never substantively explores bullying in her five-page rendering of my “psychoeducational” situation. Rhonda buried my lived experience of daily physical and emotional provocation in words that critique my reaction to torment. Nowhere in the document does she consider an educational setting that incited peculiar, sometimes destructive, responses from me. The problem was not that other boys at Labay taunted me for presumed homosexuality; rather, the concern was that I “flared up” when pushed, punched, kicked, and called “faggot.” I was a form of madness that could not yet be named, lest school officials and Rhonda infuse a child with perverse sexual desires reserved for adults.

This is not to say the term “homosexuality” is entirely absent from Rhonda’s report. Rhonda refers to “early signs of homosexual tendencies” in her qualitative evaluation of me. She goes on to mention “conflicts regarding sexuality” in her description of my Kinetic Family Drawing, stating:

The family drawing portrays the two male figures with the same characteristics illustrated [in] the female drawing. That is, both father and son have broad shoulders with a shapely hour-glass figure and a curved fullness in the legs. The noses, usually considered a displaced penis symbol are minimized in each figure. Thus, the family drawing offers further evidence of conflicts regarding sexuality.
Rhonda’s construal of the images I created reminds me of surrealist artist René Magritte. Foucault was particularly taken by Magritte’s painting *The Treachery of Images*, which features a drawing of a smoking pipe and, under it, painted words that read, “*Ceci n’est pas une pipe*” (This is not a pipe). Magritte’s point is that a smoker cannot load a drawing with tobacco and inhale its sweet smoke. The painting does not gratify the same emotions as an actual pipe (see Foucault *This Is Not a Pipe*). *Ce n’est pas une femme, Rhonda. Ce n’est pas ma famille. Ce n’est pas ma sexualité.*
Ce n’est pas moi (This is not a woman, Rhonda. This is not my family. This is not my sexuality. This is not me). Rhonda’s interpretation did little more than tentatively identify homosexuality that was obvious to most sixth graders. Her equivocating analysis does not pass the most basic test of “problem-solving”: Occam’s razor, or the idea that the simplest answer is often correct.

My stepmother Joyce was a visual artist and taught me how to draw. She instructed me to sketch elongated, upside down triangles for torsos and stretched-out diamonds for legs. A burst of adrenaline shot through my fingertips when Rhonda requested I draw a picture of my family. I wanted to demonstrate the skills my stepmother had taught me, to let Rhonda see the creativity my family and teachers regularly praised. Slick tongue flicked from one corner of my mouth to the other as I enthusiastically pushed a piece of charcoal against paper and formed triangles and diamonds. “Look at her dress. Do you like it,” I asked. “It looks like something Alexis on Dynasty might wear, huh?”

She scribbled something on a pad and smiled. To Rhonda, my drawing symbolized excessive emotionality, contrary bodily impulses, and fear of familial abandonment (see Figure 4). Her psychoanalytic reading of my drawing is the antithesis of Margritte’s proposition. For Rhonda, c’est une pipe (it is a pipe). But is it? The people in my drawings had “excessively broad shoulders” and “hour-glass figures” because their upper bodies were triangles and their legs were diamonds. These images allowed my therapist to play ventriloquist, to place the onus of homosexual confession on me, to make me self-disclose through the production of crayon and carbon scratches. “Like a ventriloquist with his doll,” argues Huffer, “the psychiatric doctor conjures madness and makes her speak. Of course, because her words are not ’her own,’ in making her speak, he silences her” (149–50).

Rhonda also used a sandy playland to make me “confess” my irrationality. “Use any of the toys from the chest to build a scene, Ragan,” she instructed. I pushed sand away from the center of the plastic box and formed a circle. I then grabbed different objects from a toy chest and placed them in my makeshift desert. To Rhonda, I was theatricalizing my alleged psychological abnormalities, my inner torment. An upside-down cat figurine located in the middle of a sandy valley symbolized “aggressive, hostile tendencies.” She snapped photographs of my handiwork with an instant camera and announced that our hour was up. Therapists who practice sandplay therapy believe that “children that have experienced trauma need a therapeutic setting in which to abreact, a place where repressed issues can emerge and be relived and where the negative emotions that are frequently attached can be experienced” (Carey xviii). I performed my senselessness in a theatre of sand. My creations were metaphors for “repressed issues” and “negative emotions” that Rhonda unambiguously marked as “homosexual.”

In another session, Rhonda showed me a number of ink blots and asked me to describe what I saw. The week prior I had fallen down at the skating rink and broken my left arm, which left me feeling particularly indignant. I was not in the mood to answer more of Rhonda’s never-ending questions:

“What do you see in this image?” she prodded.

“Splattered ink,” I answered.
nature of his inconsistent performance it seems possible that Ragan's self-doubts and negative self-talk prevented him from concentrating on completing the test once he knew that he missed his first question. He seemed to become preoccupied with which direction the sun sets, the question he first responded to incorrectly, and upon meeting his step-mother following the several hours of testing drilled her on the same question. The superior performance on Similarities displays Ragan's strength to utilize abstract reasoning and creative problem-solving. Arithmetic was not surprisingly one of his lower scores due to his resistance. Vocabulary is also viewed as a most reliable subtest unaffected by extraneous variables, and is believed to represent Ragan's overall level of performance as High Average. Ragan's effort and concentration seemed unaffected by his attitude on the Vocabulary subtest. The Digit Span score of 12 equals his Vocabulary score, and measures his short-term memory and ability to concentrate.

Less variability is noted on the performance subtests of the WISC-R. Ragan scored average in his ability to discriminate between essential and nonessential elements, high average in his ability to predict the social outcome and effectively plan for social situations, high average in imitative visual-motor tasks, average in his ability to reproduce abstract designs, and high average in his ability to produce a meaningful whole from various parts. Ragan verbalized confidence and eagerness to complete the mazes and achieved his highest level of performance on this particular subtest. Again we observe a significant change in his level of performance when he holds a positive, willing attitude. Perhaps Ragan holds the potential for additional superior scores yet his negative attitude and strong emotionality interfere with his opportunity to perform at his level of potential.

On the Woodcock-Johnson Battery only the reading and mathematics clusters were given due to Ragan's refusal to continue testing and his accusations of forfeiting the already established therapeutic relationship if he were to endure testing. He performed consistently in the average range in both academic areas, and his performance was consistent with S.R.A. scores obtained last year. He scored at the 66th percentile in reading, and the 47th percentile in mathematics.

Personality testing found Ragan to be extremely well-defended and he denied having any problems. The CPQ profile suggests that he is warm, outgoing, bold, uninhibited, spontaneous, unafraid, obedient, accommodating, submissive, yet conforming. The majority of his scores fall in the average range. The report objectively completed by his parents, however, is given to an over-eagerness to confess problems (7-22). The exaggerated profile does peak on the psychosis scale.

The first projective drawing completed by Ragan was a female with excessively broad shoulders, hour-glass figure, shaded legs visible through a shaded skirt, spiked high heels, eyelashes detailed and dagger-like fingers. This drawing suggests precocious emotional control of bodily impulses, perhaps expressed in temperamental outbursts. Conflicts of sexual identification seem evident with possible homosexual tendencies. Aggressive, hostile tendencies are also indicated in this drawing.

Rhonda arched an eyebrow and began writing feverishly on her legal pad, noting that “This response is atypical, yet suggests defensiveness and guardedness of hostile, destructive tendencies.” She then had me work a block puzzle, which proved difficult because of the plaster cast on my left arm. Twenty-four years later, I chuckle at her description of my attempt to solve the brainteaser: “Once he was observed to smile as he incorrectly worked a puzzle and verbalized, ‘Is that right?’ He went on to rationalize how his incorrect figure could be seen as correct before changing his response.” She uses this anecdote, along with my announcement, “I hate math,” to illustrate “the extent to which his performance is inhibited by his emotional disturbance” (see “Behavioral Observations” section in Figure 3).
After three months of weekly therapy, Rhonda diagnosed me with “Psychotic Disorder (NOS) DSM III–R 298.90.” After several taps on her typewriter, Rhonda had “solved” me, like I was one of her block puzzles. Standpoint and perspective matter little to the ravenous beast known as Truth. The doctor–patient relationship I describe in these pages exemplifies a hierarchical “structure that pits knower against known, that comes to exemplify the unequal relations through which scientific expertise asserts itself” (Huffer 142). Rhonda used psychotherapy to give shape to irrationality/homosexuality (e.g., “conflicts of sexual identification,” “possible homosexual tendencies” [see Figure 4], etc.) that could not be verbalized at Labay. While homosexuality does not take center stage in her assessment of my “disorder,” non-normative sexuality was placed in a grid of sensemaking and connected to irrationality, “thought disorder,” “psychosis,” “destructive impulses,” and “emotional disturbance.”

History of (My) Madness

The day after my twelfth birthday, Dad and Joyce told me that we were going to tour a new educational facility. The thought of permanently escaping Labay’s violence brought a cantaloupe-half grin to my face. We piled into my father’s large, black sedan, and headed north on I–45, eventually reaching the drive of a sprawling one-story building called West Oaks at Cypress Creek. The Texas Department of State Health Services lists West Oaks as one of Houston’s many for-profit mental health hospitals. Dad parked, we exited the car, and, within minutes, a friendly woman escorted us to a private waiting area. I knew something was amiss when two stony-eyed men entered the room. “Ra—a—hem—Ragan,” Dad stammered. “This is a behavioral hospital. You’re going to be staying here for a while.” An older fellow with a full head of silver hair entered behind the two men I had just learned were orderlies. Dad remained seated and avoided making eye contact with me, opting instead to look at the floor.

And so began the summer of 1988. A nurse escorted me to a private bedroom in the children’s wing. I sat on an uncomfortable, foreign mattress and looked at pine trees through a shatterproof window. A mentally retarded boy no older than eight ran past my open door. “Timmy,” a woman called out. “Get back in your room or you’re going into timeout.” Even at first glance, Timmy reminded me of my stepbrother. Joyce’s son Michael was born with an intellectual disability and was an outspoken member of the Association for Retarded Citizens of the United States. Michael had spent thirty years in and out of mental hospitals. A crazy, stoner-like thought momentarily gripped me: “Are all the kids in here retarded? Am I retarded?” I spent the next several minutes daydreaming about an alternate universe in which nobody had the heart to tell me I had been mentally disabled since birth. My placement in Special Education suddenly made complete sense. I desperately searched for reason, or at least a reason to be institutionalized.

Despite the APA semantically curing homosexuals in 1973, behavioral facilities in many states, like Texas, echoed state law, which negated gay and lesbian humanity.
West Oaks’s patients’ rights policy protected me from “discrimination on the basis of sex, race, religion, ethnic origin, age, or handicap” (West Oaks 3–82). The absence of sexual orientation from the hospital’s discrimination protections indicates that non-normative sexuality did not fit into West Oaks’s identitarian cluster of sex, race, religion, ethnicity, and disability. My alleged condition—atypical psychotic disorder—resides in a murky diagnostic land. I recently cracked open the APA’s *Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition* and searched for the numeric code Rhonda had assigned to my behavior. Two features of Rhonda’s 298.90 classification emerge as salient. First, atypical psychosis suggests that a therapist has “insufficient information to make a specific diagnosis” (25), and “further specification is not possible, because either there is not sufficient information to make a specific diagnosis, or the clinical features of the disorder do not meet criteria for any of the other categories” (26). The irony, of course, is that Rhonda’s psychoeducational evaluation of me never mentions the daily physical and emotional abuse I suffered at school. Her insinuation of “insufficient information” is a void of both our constructions, an absence facilitated by what went missing in Labay’s referrals. Perhaps the lost piece of the puzzle is one that school administrators either deliberately overlooked or were unconsciously conditioned to ignore.

Second, code 298.90 is a “residual category” designed for people who “do not meet the criteria for any specific mental disorder” (APA 202–203 emphasis added) and is to be “used only when no other psychotic disorder can be diagnosed” (373). The condition is defined in part by its ambiguity or failure to be pinned down by the APA’s *connaisance*. APA-licensed professionals could not diagnose homosexuality as a disease, nor could they cure homophobia at the school, but they were prepared to remedy something infinitely more abstract: psychosis. Say “psychosis” enough times in the right context and an exorcism begins. “Foucault,” Huffer explains, “labels the imaginative process through which madness acquires a content an ‘exorcism’ (conjuration) …. [A]n exorcism can never be simply an expulsion but is also a summons or conjuration” that “both invokes and drives out” (143 original emphasis, 145). Exorcism’s twin heads—*invoking* and *driving out* madness—were brought about in three primary ways at West Oaks at Cypress Creek: through the prescription of first-generation antipsychotic drugs, theatricalization of discipline, and mandatory performance of personal narrative.

First, drugs were holy water in my psychiatrically deployed exorcism. Dr. Jordan immediately prescribed me an antipsychotic called Mellaril®, which the nurses fed me twice a day. Mellaril®, also known as thioridazine, was introduced in 1959 in the United States and is typically used to treat schizophrenia in adults and emotional and behavioral problems in children. Are not the connections between childhood upset and adult schizophrenia obvious? I was an obedient guinea pig during my stay at West Oaks. I ingested Mellaril® in its cloudy, sweet liquid form and battled my way through an array of side effects, including akathisia or an inability to sit still, involuntary bodily movement, drowsiness, dry mouth, and blurred vision (PDR Staff). Drugs like Mellaril® sometimes produce the exact effects medical experts claim they will cure, playing a significant role in madness’ incantation. Lethargy, mood
swings, sustained drowsiness, loss of appetite, vision problems, and bizarre dreams are also symptoms of depression. I do not mean to discount wholly the benefit(s) of antipsychotic medication. Having a stepbrother who sometimes drifted into schizophrenic breaks, I am intimately familiar with the relief pharmaceuticals bring to a significant number of disturbed men and women. I am also aware that antipsychotics are now the “single top-selling prescription drugs in the United States, surpassing drugs used to treat high cholesterol and acid reflux” (Ridgeway para 1). Once almost exclusively reserved for delusions and hallucinations, doctors now suggest pharmaceuticals in the treatment of relatively humdrum behavioral problems, like singing “La Bamba” in language arts class.

Second, hospital workers staged corrective dramas to exploit our fears. Punishment in a mental health facility was initially designed to “bring about an interiorisation of the judicial instance” (Foucault, History of Madness 502). When children at West Oaks acted out, they were reprimanded and sometimes mercilessly disciplined. A nurse yelling “Code green!” indicated that a patient needed to be physically restrained and subdued. “Code green!” signaled the start of “therapeutic” theatre.

“Code green!” screamed a nurse in the middle of a Saturday afternoon. All attending orderlies rushed over to Micah, the alleged troublemaker, and wrestled him to the floor. Two hospital workers pinned Micah’s elbows to his mid-back and yanked his fists toward his head. Micah thrashed about violently, trying to free his skinny, pink arms from an undoubtedly uncomfortable butterfly pose. A nurse dug her knees into the bottom portion of Micah’s back, as a fourth employee injected a mix of Benadryl® and Thorazine® into his buttocks. The other children on my floor jokingly referred to the sedative as “booty juice.” Once pharmaceutically neutralized, attendants scooped up the boy’s limp body and placed him in a completely empty, all-cement room. A single window cut through the timeout chamber’s door turned the boy’s punishment into something that resembled a zoo exhibit. The restrained, drugged, and confined child is a symbolic representation of what happens when patients do not submit to institutional authorities. Fear has been used a disciplinary tool in asylums since their birth. Foucault argues that “psychology, as a means of cure, was organized around the idea of punishment. Before seeking to soothe, it inserted suffering within the rigour of moral necessity” (History of Madness 325). Spectacular corrective measures lay a disciplinary foundation for terror-based reform.

Finally, I had to perform my senselessness/homosexuality through mandatory performances of personal narratives. Rhonda’s and Dr. Jordan’s psycho-logos required me, through confession, to theatricalize the mad monologue they had penned for me. Therapy at West Oaks created the illusion of dialogue but the counselors decided which themes were crucial aspects of my “recovery,” regardless of whether or not the topics affected my day-to-day life in any significant, continued, and embodied manner. According to Huffer:

If psychoanalysis prides itself on its dialogic process, [then Foucault’s History of Madness] exposes the historical foundations of this dialogue as a sham. When the doctor–patient couple first appears, the communication between doctor—the one
Take, for example, the main focus of my meetings with Dr. Jordan and his associates. A team of psychiatrists asked me to narrate episodes of past sexual abuse in painstaking detail. One of my half-brothers molested me once or twice. He was sixteen years old and I was six. I remember him teaching me how to masturbate and giving me my first blowjob. On another occasion, one of my brother’s friends kissed me and rubbed the head of his dick between my tiny butcheeks. Neither of the young men penetrated me and their abuse was neither frequent nor ongoing, but Dr. Jordan seemed convinced that I had to perform graphic narratives about relatively isolated cases of incest and assault.

“I don’t feel comfortable talking about this stuff in front of you guys,” I said to Dr. Jordan and his team.

“If you want to get out of this hospital, you’ll need to provide a detailed account of what happened to you, Ragan,” he shot back.

While I certainly think molestation should have been a topic of conversation in my sessions with Dr. Jordan, I question the ways in which stories of sexual assault were used as bargaining chips in my therapeutic relationships. I saw an “indelible link between talking and freedom,” while the doctors seemed to “miss the ways in which the very act of confession inhibited [my] freedom” (Terry 221). Might this sort of forced confession function as violence? I also wonder why the men and women responsible for my institutionalization ignored more long-term, persistent, and arguably vicious forms of abuse I endured each day at school—even if they did not recognize it as anti-gay bullying.

The Proper Way to Perform Objectification

A little less than three months after I was admitted into West Oaks at Cypress Creek, my medical insurance hit its limit and I was released from the hospital. Roughly three months at the hospital in 1988 cost $37,267, a total that does not include Rhonda’s and Dr. Jordan’s fees, nor does it account for the full year my parents continued to medicate me with Mellaril®.

After my discharge, Dad, Joyce, and school officials measured the proof of my cure in what they perceived to be radical changes in my behavior. Joyce met with Labay’s ARD committee at the start of the 1988–1989 academic year. The group agreed that psychiatric treatment and stellar grades in summer school justified a return to standard course curriculum. I was immediately taken out of Special Education and reintegrated into the seventh-grade class. I regularly made the school’s honor roll and tried not to “flare up” at anti-gay bullies who continued to taunt me daily. Fear is in large part what motivated me to accept my fate. Institutionalization taught me the “proper” way to perform objectification. The psychiatric–industrial complex convinced me to submit to sexual objectification and assert rationality via good grades and a toothy grin in the face of torment. My immediate past was always on
my future’s horizon. Any false step could send me back to animal/irrational, back to the cage, back to West Oaks, back to embarrassing confessions. I was well aware that the disciplinary network in which I was entangled could restage an exorcism at their convenience.

The documents and stories featured in this essay function as counter-confessions, or auto-archaeological tales that critique systemic homophobia I encountered in the psychiatric–industrial complex. I cannot speak to Rhonda’s or Dr. Jordan’s motives but, years later, I recognize symbiotic relationships between Labay and Rhonda, Rhonda and Dr. Jordan, and Dr. Jordan and West Oaks at Cypress Creek. School counselors recommended specific psychologists, who in turn referred patients to particular psychiatrists and behavioral hospitals. Let me be quite clear about this observation, lest anyone mistake me for a conspiracy theorist: I believe that my guidance counselor at Labay only had my well-being in mind when he suggested Rhonda as a possible psychologist. That said, Rhonda and, by extension, Dr. Jordan and the hospital to which he fed patients, had minimal incentive to implicate one of the local schools that helped finance their respective businesses. Regardless of motive, Rhonda, Dr. Jordan, and their associates were in the business of transforming people into problems, and turning problems into profits. Seemingly discrete institutions (e.g., public schools and for-profit hospitals) work with one another. Some schools produce objects in the form of children, or objectify kids. Those objects then supply the demands of an industry that is economically inclined to medicate and prolong therapy.

Treating homosexuality for homophobia’s harms leaves destructive social relations fundamentally unchanged. An auto-archaeologist addresses injustice’s cultural and systemic components. If power relies on its ability to hide “its own mechanisms” (Foucault, History of Sexuality 105), then the “careful mapping and exposure of those mechanisms may do something to frustrate its operations” (Halperin 51). Auto-archaeology highlights institutional and individual memory as political and polyvalent. The forms and reports referenced in this essay reveal something profound about memory’s mysteries and effects. My aim is to open up interpretations of documents I rediscovered in my personal files. In the year it took me to complete this project, I forced myself to thumb through yellowed sheets that frightened me. “Was I crazy when I was a kid?” I wondered. “Might I ever go mad again?” Years later, I still fight the impulse to interiorize, to allow pathologizing discourses to pin me down in much the same way employees at West Oaks tackled children to the ground and made them submit.

Auto-archaeology reminds me that turning inward might also be a way to resist and break apart so-called objectivity’s bone-crushing, identity-denying protocols. David M. Halperin beautifully sums up this point when he argues:

One way to fight homophobia might be to expose the operations of homophobic discourses, to reveal the strategies by which the discourses of medicine, law, science, and religion deauthorize lesbians and gay men, to subject those discourses to a political critique, and thereby to attempt to find ways of frustrating the
political strategies immanent in their deployment, of delegitimating their claims to
authority and dismantling their institutional base. (52)

Personal narrative and autoethnographic writing about homophobia is not enough, because many confessions “give the illusion of addressing broader social/political ills while in fact leaving them fundamentally unchanged” (Terry 219). Auto-archaeology requires direct critical engagement with specific modes of disciplinary power and the precise mechanisms that have prompted an author to become complicit in his or her own objectification. Such savoir-related interventions pave the way for changes in policy.

California, the place I now call home, recently became the first US state to outlaw reparative therapy, or psychotherapy that aims to turn gay children straight. Senate Bill No. 1172 “prohibit[s] a mental health provider … from engaging in sexual orientation change efforts with a patient under 18 years of age” (California Legislative Information). Authors of the bill explicitly point out how conversion therapy is inconsistent with the APA’s 1973 ruling and note the practice’s risks, including “depression, anxiety and self-destructive behavior.” The legislators go on to explain that “therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient” (California Legislative Information Section 1d). Senate Bill No. 1172 marks a profound shift in homosexuality’s connaissance that resonates in three key ways. First, California lawmakers are among the first politicians to disentangle homosexuality’s and homophobia’s implications. Second, the law calls attention to how some mental health practitioners conjure up the exact symptoms they claim to cure. Depression, anxiety, and self-destructive behavior are, in other words, symptoms of interpersonal and organizational homophobia, not homosexuality. Finally, the legislators acknowledge that anti-gay psychiatric and psychological treatment function as abuse.

Senate Bill No. 1172 unfortunately does not, and perhaps cannot, address the role that diagnostic ambiguity plays in treating lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth. “Correcting” homosexuality often requires rhetorical shape-shifting because psychotherapists must find creative ways to label and correct “moral insanity,” or a “form of madness none of whose signs appear in the sphere of reason, and in that sense is entirely hidden” (Foucault, History of Madness 524). Ambiguous diagnoses prove especially insidious to LGBTQ youth because madness is defined by a constellation of terms that may stand in for one another. Psychosis, for example, reveals an “inner world of bad instincts, perversity, suffering and violence” (520), and homosexuality, whether or not it is officially documented, merely adds a layer of discord and deviance to an implicated child.

Notes

[1] Throughout the essay, I use the term “homosexuality” to call attention to a relic of “madness” produced by nineteenth-century sexologists and maintained by the psychiatric–industrial complex. “Homosexuality” suggests same-sex sexual inclinations are abnormalities
that need to be fixed. My use of the term is both ironic and intended to critique the psychological objectification of gays and lesbians.

I use pseudonyms throughout the essay to conceal the identities of peers, administrators, doctors, and patients.

My stepbrother is an activist who publicly advocates rights for mentally disabled and gay people. During the 1980s, he was an officer in the Association for Retarded Citizens. His history of mental illness is a matter of public record.

The manual claims therapists may assign the label if they can positively identify certain psychotic symptoms, like “delusions, hallucinations, incoherence, loosening of associations, markedly illogical thinking, or behavior that is grossly disorganized or catatonic” (APA 202–203). Because Rhonda’s psychoeducational evaluation of me does not mention delusions, hallucinations, grossly disorganized behavior, incoherence, or catatonia, I assume her diagnosis was grounded in what she perceived to be my loosening associations and markedly illogical thinking. Rhonda’s only reference to psychosis in her diagnostic summary includes a single sentence: “He displays an immature, inadequate personality with a thought disorder of psychotic proportions” (emphasis added). Sure enough, the APA lists “loosening associations” as the most common example of “formal thought disorder.” The term loosening associations describes when a patient’s “ideas shift from one subject to another completely unrelated subject, without the speaker showing any awareness that the topics are unconnected” (APA 182). Only incomprehensible speech qualifies as “incoherent.” In Rhonda’s five-page evaluation of my behavior, no quantitative or qualitative evidence supports her claim that I “shift from one [conversational] subject to another completely unrelated subject.” My “thought disorder,” like my ultimate diagnosis, was ill-defined.

Works Cited


