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**‘I don’t see why homosexuals feel they should have their own newspapers any more than people who like aubergines’:**

**The Creation and Construction of Homosexual Group Identity between  
1962 and 1985**

Continuing debates over whether to legally recognise same-sex marriage are underpinned by arguments about the rights of homosexuals as a group, and whether marriage equalisation is necessary towards State recognition of homosexuality as a ‘normal’ sexual choice.<sup>2</sup> Understanding the historical formation of homosexual group identity, the socially constructed notions of which characteristics are commonly held by those labelled as ‘homosexual’, can usefully deconstruct the tensions surrounding such debates. As such, this article will contribute to our understandings of *how* homosexual group identities changed between 1962 and 1985. Those dates encompass the so-called ‘permissive society’; what historians Arthur Marwick and Jonathon Green label a ‘pivotal decade’ of non-conformity, sensuality, and experimentation.<sup>3</sup> The period also saw an explosion of identity politics, facilitating increasingly prominent gay activism.<sup>4</sup> Consequently, the 1960s, 1970s, and 1980s represented an important period within an on-going process which created and constructed, moulded and remoulded modern understandings of homosexuality through implicit and explicit negotiations between various groups, notably homosexual advocacy groups, lawyers, medics, politicians, and academics. This

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<sup>2</sup> For title quotation see University of Warwick Library, Microfiche 200; Harvester Primary Social Sources ‘Sexual Politics in Britain’, Gay News 1972-5 (hereafter Gay News), Card 38 – 4 GR 892– 930, James Pope Hennessy quoted in ‘Was it all worthwhile?’ by Roger Baker, p. 9.

<sup>3</sup> Jonathan Green, *All Dressed Up: The Sixties and Counter-Culture* (London: Jonathon Cape Ltd, 1998), p. xiii; Arthur Marwick, *The Sixties: Cultural Revolution in Britain, France, Italy, and the United States* (Oxford: Oxford University Press, 1998), p. 805.

<sup>4</sup> Patricia Waugh, *The harvest of the sixties: English literature and its background, 1960-1990* (Oxford: Oxford University Press, 1995) as cited in Marcus Collins, *The Permissive Society* (London: Rivers Oram Press, 2007), p. 12.

article provides a detailed case study in the progressive and interactive relationships between homosexual interest groups and medical professionals over that time-span.

The work of Ian Hacking offers an analytical framework through which to analyse these ongoing negotiations. In 'Making Up People' Hacking charts how experts can create, or 'make up', new categories of people by controlling their social and political classifications. The 'knowledge' generated and judged by these professionals is 'taught, disseminated and refined' within institutions created to manage 'made up' people. Made up people become 'moving targets' as they change in reaction to these categories. 'Looping' occurs as the classifications, in turn, are altered accordingly. Hence, Hacking explores how 'names interact with the named' as new categories of humans emerge alongside the invention of the categories labelling them.<sup>5</sup> This article applies this model to explore how homosexual interest groups in the 1970s characterised and reacted to 1960s medical attempts at definition and whether these reactions, in turn, changed the medical categories of the 1980s. By hypothesising the links Hacking's model would conceptualise between materials produced by medical and homosexual interest groups, this article will generate new and original, yet speculative, explanations of available material, and test the effectiveness of the theoretical model.

No source base can fully explicate medical and homosexual opinions, and their interactions, throughout this period. Two source-bases will be used as limited proxies; the *British Medical Journal (BMJ)* and *Gay News*. The former represents the most prominent, popular, and powerful medical journal of the twentieth century, and the latter is an iconic magazine which reached a circulation of 19,000 in 1977.<sup>6</sup> There is no guarantee that those writing in either journal closely examined the other. However, the authors of these important publications represented and contributed to broader trends in homosexual activist and medical dialogues which interactively

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<sup>5</sup> Ian Hacking, 'Making Up People', *London Review of Books*, 28, no. 2 (2006), 23-26.

<sup>6</sup> Rictor Norton, 'Mea Culpa', *Gay and Lesbian Humanist*, 2 August 2002.

<<http://www.pinktriangle.org.uk/glh/214/norton.html>> [accessed 20 March 2012]

changed political and social discussions throughout this period. As such, the authors of this material arguably indirectly influenced one another through changing broad social dialogues which, in turn, mediated the production of both publications. To identify and trace progressive and ongoing trends over time, whilst providing close examination of these sources at various time periods, the *BMJ* is examined in 1962-5, *Gay News* in 1972-5, and the *BMJ* again in 1982-5.<sup>7</sup>

Analysis over these time-frames will seek to uncover the extent to which constructed notions of homosexual group identity were understood as socially acceptable, normal, or mainstream by the medical profession during that period. Through two research questions this article will explore two different ways in which medics, at times, presented homosexual group identity as socially unacceptable, abnormal, or outside of the social mainstream. Firstly, the article asks whether advocacy groups and medical professionals negotiated a mutual understanding of homosexuals as ‘within the social mainstream’, or against society as ‘the other’. Whilst contested, otherness is an important concept to understanding group identity. As Richard Hoggart expresses; ‘most groups gain some of their respect from their exclusiveness, from a sense of people outside who are not “Us”’.<sup>8</sup> Homosexual group identity was ‘socially othered’ to the extent that the application of the label ‘homosexual’ to an individual implied, or even necessitated, their difference to, and exclusion from, prevailing conceptions of mainstream society.

Next, this article questions whether medical experts and homosexuals interactively debated a definition of homosexuality as ‘normal’ or ‘pathological’. A group which is understood as diseased or disordered is socially ostracised from an efficient and ‘healthy’ society. Consideration of pathology, in opposition to normality, is important both because this article contemplates medical experts, and because discourses of homosexuals as diseased were prominent within this

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<sup>7</sup> *Gay News* was taken from Warwick University Library microfiche. Each microfiche sheet featured one magazine issue between 1972-5, but specific dates were not featured, so references merely state '1972-5'.

All issues of *Gay News* between 1972 and 1975 were searched, finding thirty-six relevant articles mentioning pathology or otherness. Within the *BMJ*, ‘homosexual’ or ‘homosexuality’ was searched and fifty-five articles were randomly sampled from the 1962-5 results, and fifty-two from 1982-5.

<sup>8</sup> Richard Hoggart, *The Uses of Literacy* (London: Penguin Books, 1969), p. 243.

period. Given the particular authority of medical professionals over questions of pathology, comparisons are drawn between homosexual interest groups' successful contestations of otherness and pathological definitions. Hence, these research questions explicate both what 'homosexual group identity' was during this period and, primarily, how inter- and intra-professional negotiations shaped these understandings.

These questions must also be set within a broader theoretical and historical context. A prominent discussion of homosexuality arises in Michel Foucault's *History of Sexuality*. Foucault wrote that:

As defined by the ancient civil or canonical codes, sodomy was a category of forbidden acts; their perpetrator was nothing more than the judicial subject of them. The nineteenth-century homosexual became a personage, a past, a case history, and a childhood, in addition to being a type of life, a life form, with an indiscreet anatomy and possibly a mysterious physiology.<sup>9</sup>

Foucault is regularly taken to argue that nineteenth-century psychiatrists 'invented' the culturally specific notion of 'homosexuality' by developing its definition from an act which anyone could perform to a series of acts; performance of which completely defined one within the newfound category of 'homosexual'. David Halperin emphasises that Foucault did not consider this an instantaneous transition, but merely compares two styles of control by pre-modern legal actors and nineteenth-century psychiatrists.<sup>10</sup>

Whilst analysing the emergent nineteenth-century personality type of 'homosexual' Foucault hints towards the role of psychiatrists, and thereby experts, in defining and controlling homosexual group identity. In the period under examination, from 1962 until 1985, the role of professional actors was increasingly important as a series of professional groupings aimed to

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<sup>9</sup> Michel Foucault, *The History of Sexuality, Volume One: An Introduction* (New York: Vintage Books, 1990), p. 43.

<sup>10</sup> David Halperin, *How to do the History of Homosexuality* (Chicago: University of Chicago Press, 2004), pp. 26-32.

analyse and manage homosexuality. The 1967 Sexual Offences Act, for example, legalised homosexual practice between consenting male adults. Discourse on whether to implement this act, how to implement it, and whether to accept its implications was dominated by professional groups. The Wolfenden Committee, which provided the groundwork for this legislation, took evidence from lawyers, psychiatrists, police, and doctors. These actors aimed to further their own agendas by reshaping understandings of homosexuality to their preferred definitions. Notably, whether homosexuality was politically and publicly defined as pathological, criminal, or requiring state control determined the influence and role of medics, lawyers, and government. Jeffrey Weeks goes as far as to claim that the Wolfenden Committee did not set out to consider 'how to liberalise the law. . . but whether the law was the most effective means of control'.<sup>11</sup>

Whilst professionals played an important role in the ongoing construction of the homosexual throughout this period, homosexual group identity was not solely imposed 'from above'. Rather, the role of homosexuals themselves, and homosexual advocacy groups, also merits consideration. These groups have challenged, tested and, as such, changed the shifting legal, medical, and political definitions since the start of the twentieth century, and with increasing vehemence since the 1950s.

Utilising the theoretical insights of Hacking, interactions which changed homosexual group identity can first be explored in relation to 'social otherness'. Many medical professionals implicitly characterised homosexuals as 'social others' by associating them with equivalently socially marginalised groupings. Accordingly, Michael King and Annie Bartlett label the British Medical Association report to the Wolfenden Committee 'replete with moral disdain for homosexuals, who were considered in the same light as prostitutes'.<sup>12</sup> Matt Houlbrook and Chris

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<sup>11</sup> Jeffrey Weeks, *Sex, Politics, and Society: The Regulation of Sexuality since 1800* (Harlow: Longman, 1989), p. 242.

<sup>12</sup> Annie Bartlett and Michael King, 'British psychiatry and homosexuality', *The British Journal of Psychiatry*, 200, no.3 (1999), 106-112 (p. 110).

Waters, similarly, draw attention to the work of psychiatrists in categorising homosexuals as within 'a vast underworld of sexual deviants'.<sup>13</sup>

Houlbrook and Waters also highlight the efforts of novelists to present some manifestations of homosexuality as socially acceptable. Mary Renault's *The Charioteer* and Rodney Garland's *The Heart in Exile*, both published in 1953, are said to have offered readers 'a map of respectable homosexuality with which to orient themselves'.<sup>14</sup> Similarly, the 1961 film *Victim* is regularly praised by sociologists for dismissing homosexual otherness by presenting a series of sympathetic gay characters being cruelly blackmailed.<sup>15</sup> Whilst the precise impact of these artistic and literary works is impossible to gauge, it seems likely that they had some influence over social understandings. Weeks has also credited the statistical and technical work of social surveyors, such as Alfred Kinsey, in normalising homosexuality.<sup>16</sup> Sociologists, on this interpretation, were able to utilise their semi-scientific authority to 'discover' and propagate awareness that homosexuality was widespread throughout the population and therefore 'normal'.

The role of medical professionals and homosexual advocacy groups in defining homosexuality as 'normal' or 'socially other' must also be questioned. Of the fifty-five *BMJ* articles published between 1962 and 1965, forty-three define homosexuals as the social other, excluded from prevailing conceptions of mainstream society, in various ways. For example, many suggest that homosexuals are marginalised from 'normal' society by attempting to quantify the number of those living within a perceived homosexual underworld.<sup>17</sup> Such articles assume that homosexuals cannot live within normal society. B. James and D. Early, comparatively, believe that individuals must be 'cured' of homosexuality so that their sexual drive, family relationships, work record,

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<sup>13</sup> Matt Houlbrook and Chris Waters, 'The Heart in Exile: Detachment and Desire in 1950s London', *History Workshop Journal*, 62, no.1 (2006), 142-165, (p. 147).

<sup>14</sup> *Ibid.*, p. 153.

<sup>15</sup> Steve Greenfield, Guy Osborn and Peter Robson, *Film and the Law* (London: Routledge Cavendish, 2001), p. 118.

<sup>16</sup> Weeks, *Sex, Politics, and Society*, p. 242.

<sup>17</sup> 'Origins of Homosexuality', *British Medical Journal*, 6 November 1965, p. 1077; M. J. Raymond, 'Aversion Therapy for Homosexuality', *British Medical Journal*, 21 April 1962, p. 1148; C. Allen, 'Aversion Therapy for Homosexuality', *British Medical Journal*, 14 April 1962, p. 1078.

and moods can all miraculously improve.<sup>18</sup> Homosexuals who are unwilling to embrace cures are compared to other ‘deviant’ groups, including teenagers, illegitimate children, alcoholics, smokers, and transvestites.<sup>19</sup> Within these writings, homosexuals are conceptualised as a coherent and homogenous social collective. For example, J. Alder writes that the study of one homosexual is sufficient to draw conclusions about the whole group.<sup>20</sup> Whilst such articles unproblematically categorise the homosexual as the social other, intra-professional disagreement does exist. Eight articles remain neutral, and do not invoke such normative comment.<sup>21</sup> Furthermore, medical writer F. J. G. Jefferiss even questioned why homosexuality was legally punishable whilst ‘certain forms of heterosexual and marital behaviour with dire social consequence remain outside the law’.<sup>22</sup>

Of the thirty-six articles sampled from *Gay News* between 1972 and 1975, sixteen contest such definitions of homosexuals as a socially distinct and abnormal group. Roger Baker insightfully wrote that professionals desire to categorise groups ‘within clearly defined limits’ so that ‘homosexuality can be contained and attitudes to it evolved; tolerance, rejection, sympathy, moral outrage, etc’.<sup>23</sup> Whilst his article accurately characterised the *BMJ*’s attitudes, most authors of *Gay News* focused on blaming and demonising police, state, and law for propagating the social

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<sup>18</sup> B. James and D. Early, ‘Aversion Therapy for Homosexuality’, *British Medical Journal*, 23 February 1963, p. 538.

<sup>19</sup> Baroness Wooton, ‘The Law, The Doctor, and the Deviant’, *British Medical Journal*, 27 July 1963, p. 197; R. J. McGuire and M. Vallance, ‘Aversion Therapy by Electric Shock: a Simple Technique’, *British Medical Journal*, 18 January 1964, p. 151; C. Allen, ‘Aversion Therapy’, *British Medical Journal*, 11 April 1964, p. 987; E. A. Bennett, ‘Sexual Deviation’, *British Medical Journal*, 13 June 1964, p. 1561; E. Stengel, ‘Sexual Behaviour’, *British Medical Journal*, 28 August 1965, p. 527; G. I. M. Swyer, ‘Sex Research’, *British Medical Journal*, 15 August 1964, p. 433; F. A. Whitlock, ‘Correspondence’, *British Medical Journal*, 15 February 1964, p. 437; G. I. M. Swyer, ‘Human Reproduction’, *British Medical Journal*, 31 October 1964, p. 1123.

<sup>20</sup> J. Alder, ‘Correspondence’, *British Medical Journal*, 21 April 1962, p. 1149.

<sup>21</sup> ‘Without Prejudice’, *British Medical Journal*, 8 August 1964, p. 381; ‘Homosexual Offences’, *British Medical Journal*, 10 August 1963, p. 393; F. A. Whitlock, ‘Correspondence’, *British Medical Journal*, 15 February 1964, p. 437; ‘Sexual Behaviour of Young People’, *British Medical Journal*, 31 July 1965, pp. 247-9; ‘Venereal Diseases in the USSR’, *British Medical Journal*, 6 June 1964, pp. 1453-4; T. Fergusson, ‘Borstal Boys’, *British Medical Journal*, 30 March 1963, pp. 877-8; ‘World Health’, *British Medical Journal*, 16 March 1963, p. 720.

<sup>22</sup> F. J. G. Jefferiss, ‘The Return of the Venereal Diseases’, *British Medical Journal*, 23 June 1962, p. 1751.

<sup>23</sup> *Gay News*, Card 37 – 4 GR 853-891, ‘Feature’ by Roger Baker in collaboration with Glenys Parry commissioned by the Campaign for Homosexual Equality, p. 6.

marginalisation of homosexuals.<sup>24</sup> Many authors complained that the harsh terms and enactment of the Sexual Offences Act meant that homosexuality was ‘legal, but then again, it isn’t’.<sup>25</sup> Dramatically, Sebastian Helmore accused policemen and clergy of ‘hypocrisy’ for harshly pursuing homosexuals whilst covertly engaging in their practices.<sup>26</sup>

Alongside criticising professionals who socially marginalised homosexuals, *Gay News* also attempted to self-define the gay community against mainstream society. One article quoted James Pope Hennessy’s assertion ‘I don’t see why homosexuals feel they should have their own newspapers any more than people who like aubergines’. In retaliation, the author wrote it is not that ‘homosexuals *should* have their own newspaper, but that they *needed* their own newspaper’.<sup>27</sup> Similarly, numerous articles aimed to reclaim the derogatory notion propagated by medical professionals of a gay underworld by celebrating the range of same-sex social activities available in certain areas. Roger Baker, for example, jestingly contended that Nottingham, not Brighton, was the ‘gayest spot’ in the country.<sup>28</sup>

In contrast to these normative writings, forty-eight of the fifty-two *BMJ* articles sampled between 1982-5 gave no value judgement on otherness. Instead of engaging in the normative judgement of groups of people these articles tend to offer technical explorations of particular types of diseases. In this context, homosexuals were examined as patients particularly at risk of certain illnesses, with especial focus surrounding AIDS.<sup>29</sup> Despite this overall trend the positioning of

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<sup>24</sup> *Gay News*, Card 33 – 4 GR 697–735, ‘Wanted: An Honest Answer’, p. 2; Card 32 – 4 GR 658 – 696, ‘The Ugly Face of Discrimination’ by Bob Sturgess, p. 9; Card 31 – 4 GR 619 – 657, ‘Politics of Kissing. . . When a Gay Kiss Costs £20’, p. 7.

<sup>25</sup> *Gay News*, Card 15– 4 GR 1 – 35, ‘Sexual Offences Report’, p. 4.

<sup>26</sup> *Gay News*, Card 36 – 4 GR 814– 851, ‘United Sepulchures’ by Sebastian Helmore, p. 3.

<sup>27</sup> *Gay News*, Card 38 – 4 GR 892– 930, ‘Was it all worthwhile?’ by Roger Baker, p. 9.

<sup>28</sup> *Gay News*, Card 34 – 4 GR 736–774, ‘Nottingham – Queen of Cities All in Aspic’ by Roger Baker, p. 9.

<sup>29</sup> A. P. Waterson, ‘Acquired immune deficiency syndrome’, *British Medical Journal*, 5 March 1983, pp. 743-6; M. Contreras, P. E. Hewitt, J. A. Barbara and P. Z. Mochnaty, ‘Blood donors at high risk of transmitting the acquired immune deficiency syndrome’, *British Medical Journal*, 9 March 1985, pp. 749-50; ‘AIDS: an old disease from Africa?’, *British Medical Journal*, 24 November 1984, p. 1454; A. J. Pinching, ‘T cell ratios in AIDS’, *British Medical Journal*, 3 December 1983, p. 1716; ‘Surveillance of AIDS in Britain: September 1983’, *British Medical Journal*, 29 October 1983, p. 1284; N. Johnson, ‘Pneumonia in the acquired immune deficiency syndrome’, *British Medical Journal*, 4 May 1985, p. 1299; P. Jones, ‘AIDS: the African connection?’, *British Medical Journal*, 23 March 1985, p. 932; T. Richards, ‘The pathology of AIDS’, *British Medical Journal*, 7 December 1985, p. 1630; P. Karayiannes, D. Novick, A. S. F. Lok, M.

homosexuals as the social other, with a uniquely ‘homosexual way of life’, did not entirely disappear.<sup>30</sup> Medic M. Keynes, for example, continued to class homosexuals alongside supposedly socially deviant groups; writing that alcoholism, venereal disease, and homosexuality were all unmentionable outside of family circles.<sup>31</sup>

Examination of primary sources, therefore, suggests that whilst medical professionals regularly defined homosexuals as the social other in the 1960s, their opinions were mixed. Furthermore, by the 1980s medical authorities engaged in a generally value-neutral analysis of homosexuality. Whilst medics may not have been the first profession to recognise homosexuals as differing from heterosexuals merely in sexual object, these experts did radically modify their viewpoints within a relatively short space of time.

Nonetheless, biases shown by medics against homosexuals in the 1960s, as represented within the *BMJ*, continued to taint the attitudes of some homosexuals towards the medical profession in the 1980s, after that initial bias had diminished. One article in the *BMJ* recognised that homosexual patients ‘do not always volunteer’ their sexuality in STI clinics, fearing discrimination from doctors.<sup>32</sup> Similarly, medical author A. J. Pinching wrote that ‘many homosexuals are rather defensive . . . Many doctors are also seen, rightly or wrongly, as being less than sympathetic to homosexual men.’<sup>33</sup> Hacking’s model can be applied to explain this material by theorising homosexuals as ‘moving targets’. On this interpretation; by taking control

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Fowler, J. Monjardino and H. C. Thomas, ‘Hepatitis B virus DNA in saliva, urine, and seminal fluid of carriers of hepatitis B e antigen’, *British Medical Journal*, 17 August 1985, p. 482; C. R. Shiach, A. D. Burt, C. G. Isles and S. G. Ball, ‘Pyrexia of undetermined origin, diarrhoea, and primary cerebral lymphoma associated with acquired immunodeficiency’, *British Medical Journal*, 11 February 1984, pp. 449-50; ‘Can’t pay, won’t pay’, *British Medical Journal*, 26 October 1985, pp. 1195-6; C. Bartholomew, W. Charles, C. Saxinger, W. Blattner, M. Robert-Guroff, C. Raju, P. Ratan, W. Ince, D. Quamina, K. Basdeo-Maharaj, R. C. Gallo, ‘Racial and other characteristics of human T cell leukaemia/lymphoma (HTLV-1) and AIDS (HTLV-111) in Trinidad’, *British Medical Journal*, 27 April 1985, pp. 1243-4; ‘Acquired immune deficiency syndrome in Britain, August 1983’, *British Medical Journal*, 22 October 1983, pp. 1205-6; J. D. J. Havard, ‘Doctors and the police’, *British Medical Journal*, 5 March 1983, pp. 742-3; ‘Medicine and the Media’, *British Medical Journal*, 6 August 1983, p. 420.

<sup>30</sup> R. T. Booth, ‘City of the plain speaking’, *British Medical Journal*, 16 March 1985, p. 861; G. Leach and A. Whitehead, ‘AIDS and the gay community: the doctor’s role in counselling’, *British Medical Journal*, 23 February 1985, p. 583; M. R. Farrell, J. A. Freston, P. D. Fish, M. C. D. Heath, and P. J. V. Willis, ‘Acquired immune deficiency syndrome’, *British Medical Journal*, 2 April 1983, p. 1143.

<sup>31</sup> M. Keynes, ‘Medical sense and nonsense in biography’, *British Medical Journal*, 26 March 1983, p. 1023.

<sup>32</sup> M. W. Alder, ‘Methods of Control’, *British Medical Journal*, 10 March 1984, pp. 774-7.

<sup>33</sup> A. J. Pinching, ‘T cell ratios in AIDS’, *British Medical Journal*, 3 December 1983, p. 1716.

over their own classifications, and actively embracing their definition as the social other, homosexuals reinforced the dichotomy that was initially so offensive. Looping occurred as medical professionals recognised the distrust they often engendered, and attempted to revise their opinions and practices accordingly.<sup>34</sup> Studying the beliefs and actions of the medical profession or the homosexual community alone during this period will automatically yield simple progressive narratives. One might assume that as medical opinion became more accepting, homosexuals automatically felt more accepted. However, further studies of the interaction between homosexuals and medical professionals in light of Hacking's model could prove useful in newly suggesting that homosexuals began to define themselves against mainstream society exactly when medics became more accepting of homosexuality.

To further analyse whether homosexual group identity was considered 'normal' throughout this period, consideration is now brought to whether the medical profession characterised homosexuals as pathological. Houlbrook has claimed that the 1950s saw a 'cultural separation between queer and "normal"' which contrasted to the 'problematic, unstable, and contested' sexual boundaries of the early twentieth century.<sup>35</sup> Many theorists attribute the demarcation of this strict divide to the medical profession. Roger Davidson, for example, provides a detailed study of the Royal Edinburgh Hospital; whose Physician-Superintendent saw the homosexual as perverted and psychopathic.<sup>36</sup> Psychiatrists, again, played an important role in medical attempts 'to uncover sickness, psychological difficulties and unhappiness as intrinsic to homosexuality'.<sup>37</sup> Many historians assess the particular importance of Freudian ideas in this context, which have

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<sup>34</sup> Hacking, 'Making Up People', pp. 23-26.

<sup>35</sup> Matt Houlbrook, *Queer London: Perils and Pleasures in the Sexual Metropolis, 1918-1957* (Chicago: The University of Chicago Press, 2005), p. 7.

<sup>36</sup> Roger Davidson, 'Psychiatry and homosexuality in mid-twentieth-century Edinburgh: the view from Jordanburn Nerve Hospital', *History of Psychiatry*, 20, no. 4 (2009), 403-424.

<sup>37</sup> Bartlett and King, 'British psychiatry and homosexuality', p. 109

been taken to relate homosexuality to narcissism as a stage of psychosexual development in which the libidinal object choice was the ego itself rather than an external object.<sup>38</sup>

The role of medical experiments in attempting to ascertain the distinctive characteristics of the pathological homosexual have also been highlighted. Whilst such experiments may be expected to have solidified and strengthened the social demarcation of homo- and heterosexuality, Rebecca Jennings has argued that collective action, for example through the Minorities Research Group and their magazine *Arena Three*, enabled educated, middle-class lesbians to reconfigure their relationship with scientific discourse, presenting themselves as volunteers rather than patients.<sup>39</sup> Similarly, Alan Sinfield suggests that Freudian explanations were only applied to respectable, middle-class homosexuals.<sup>40</sup> As such, the research foci of ‘otherness’ and ‘pathology’ are connected. Whilst lower-class homosexuals were characterised as disrespectable, pathological, social others, middle-class and educated homosexuals were able to utilise professional discourse to enter the social mainstream. The role of psychiatrists, particularly, in helping willing homosexuals ‘adapt’ to their ‘condition’ has likewise received attention.<sup>41</sup>

Historians have also considered the role of anti-psychiatrists in arguing that homosexuality was not pathological. The Counter-Psychiatry Group has been credited for arguing that it was poor social attitudes towards homosexuals that were in fact ‘sick’.<sup>42</sup> The role of novelists, social surveyors, and other such unconventional advocates has also been noted. Houlbrook and Waters write that *The Heart in Exile* rejected attempts to classify homosexuality as a disease, though also somewhat presented homosexuality as a condition.<sup>43</sup>

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<sup>38</sup> Kenneth Lewes, *The Psychoanalytic Theory of Male Homosexuality* (London: Simon and Schuster, 1988), pp. 72-5.

<sup>39</sup> Rebecca Jennings, ‘The Most uninhibited party they’d ever been to’: the postwar encounter between psychiatry and the British lesbian, 1945-1971’, *Journal of British Studies*, 47, no.4 (2008), 883-904

<sup>40</sup> Alan Sinfield, *The Wilde Century: Effeminacy, Oscar Wilde and the Queer Movement* (New York: Columbia University Press, 1994), p. 144, as cited in Waters and Houlbrook, ‘Heart in Exile’, pp. 159-60.

<sup>41</sup> Bartlett and King, ‘British psychiatry and homosexuality’, p. 112; Jennings, ‘The most uninhibited party’, pp. 883-904.

<sup>42</sup> Jennings, ‘The most uninhibited party’, pp. 883-904.

<sup>43</sup> Waters and Houlbrook, ‘The Heart in Exile’, pp. 159-60.

Consistent with the findings of the existing literature, forty-seven of the sample of fifty-five *BMJ* articles published between 1962 and 1965 conceptualised homosexuals as pathological. Many such articles explicitly labelled homosexuality as a ‘disorder’ or a ‘disease’.<sup>44</sup> Other authors referred to heterosexuality as the only ‘normal’ lifestyle choice, and even claimed that ‘right-thinking people felt that the status and success of a nation depended upon a high standard of family life’.<sup>45</sup> The documentation of experiments conducted on homosexuals, aiming to better understand their pathology, was also reoccurring.<sup>46</sup>

Numerous articles discussed the causes and cures of homosexuality, assuming that it was a form of disease without debate. In terms of perceived causes, a psychoanalytic approach was particularly prominent with childhood developments such as an intense relationship with a demanding, overprotective mother, or arrest at the autoerotic stage of sexual development being regularly blamed.<sup>47</sup> Only one article offered a converse viewpoint, writing that ‘a chromosomal anomaly . . . may play a part in the causation of at least one type of homosexuality’. However, the author also noted the role of ‘a particularly close relationship between homosexuals and their mothers’.<sup>48</sup> Psychiatric cures also dominated the preferred responses. Several articles, for example, debated the potential of aversion therapy.<sup>49</sup> C. Allen even argued that whilst

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<sup>44</sup> C. Allen, ‘Aversion Therapy for Homosexuality’, *British Medical Journal*, 14 April 1962, p. 1078; Baroness Wooton, ‘The Law, The Doctor, and the Deviant’, *British Medical Journal*, 27 July 1963, p. 197; ‘Origins of Homosexuality’, *British Medical Journal*, 6 November 1965, p. 1077.

<sup>45</sup> ‘Origins of Homosexuality’, *British Medical Journal*, 6 November 1965, p. 1077; B. James, ‘Case of Homosexuality Treated by Aversion Therapy’, *British Medical Journal*, 17 March 1962, p. 762.

<sup>46</sup> B. James, ‘Case of Homosexuality Treated by Aversion Therapy’, *British Medical Journal*, 17 March 1962, p. 762; E. Stengel, ‘Homosexuality’, *British Medical Journal*, 18 April 1964, p. 1037; ‘Genetic Sex of Homosexuals’, *British Medical Journal*, 13 April 1963, p. 969; ‘B. M. A. Annual Clinical Meeting’, *British Medical Journal*, 9 November 1963, pp. 1185-6.

<sup>47</sup> ‘Origins of Homosexuality’, *British Medical Journal*, 6 November 1965, p. 1077; M. J. Raymond, ‘Aversion Therapy for Homosexuality’, *British Medical Journal*, 21 April 1962, p. 1148; ‘B. M. A. Annual Clinical Meeting’, *British Medical Journal*, 9 November 1963, pp. 1185-6; F. J. G. Jefferiss, ‘The Return of the Venereal Diseases’, *British Medical Journal*, 23 June 1962, p. 1751; E. A. Bennett, ‘Sexual Deviation’, *British Medical Journal*, 13 June 1964, p. 1561; F. A. Whitlock, ‘Correspondence’, *British Medical Journal*, 15 February 1964, p. 437; J. S. Bearcroft, M. D. Donovan, ‘Psychiatric Referrals from Courts and Prisons’, *British Medical Journal*, 25 December 1965, pp. 1519-23; J. Dawkins, ‘Puberty and Adolescence’, *British Medical Journal*, 28 August 1965, p. 523.

<sup>48</sup> ‘Genetic Sex of Homosexuals’, *British Medical Journal*, 13 April 1963, pp. 969-70.

<sup>49</sup> H. Brierley, ‘Electrical Aversion Therapy’, *British Medical Journal*, 7 March 1964, p. 631; E. Stengel, ‘Homosexuality’, *British Medical Journal*, 18 April 1964, p. 1037; W. H. Allchin, ‘Aversion Therapy for Homosexuality’, *British Medical Journal*, 26 May 1962, p. 1482; J. Basil, and D. Early, ‘Aversion Therapy for Homosexuality’, *British Medical Journal*, 23 February 1963, p. 538; R. Thompson, ‘Correspondence’, *British Medical*

Wolfenden may have led people to conclude that homosexuality was not a disease ‘this idea is refuted by successful cures’.<sup>50</sup>

Whilst the presentation of homosexuality as a disease is distasteful and misguided by contemporary standards, many *BMJ* authors seem well-intentioned. Articles tend to pinpoint their motivations as finding cures for ‘the unhappy million homosexuals in this country’, or treating ‘the medically ill patient with kindness and humanity’.<sup>51</sup> Many medics, therefore, whilst acting within the mistaken framework that homosexuals are diseased, ultimately saw themselves as helping individuals to lead ordinary lives, rather than demanding that homosexuals were socially outcast.

*Gay News*, nonetheless, comprehensively rejected the association of homosexuality with disease.<sup>52</sup> Most articles reflected the assertion of journalist Liz Stanley that homosexuality ‘like any other sexuality, is about life, about people, about love, and not just about sexual practices. . . human beings cannot be classified into ‘normal’ and ‘abnormal’; they are simply different from one another’.<sup>53</sup> Of the thirty-six articles considered between 1972 and 1975 ten blamed medical professionals for disseminating a view of homosexuality as pathological.<sup>54</sup> These accusations seemed based both on personal encounters with doctors and psychiatrists, and the reading of contemporary medical literature. *Gay News*, furthermore, clearly recognised and rejected the

*Journal*, 21 April 1962, p. 1148-9; R. J. McGuire and M. Vallance, ‘Aversion Therapy by Electric Shock: a Simple Technique’, *British Medical Journal*, 18 January 1964, pp. 151-3; ‘B. M. A. Annual Clinical Meeting’, *British Medical Journal*, 9 November 1963, pp. 1185-6; H. Freeman, ‘Aversion Therapy for Homosexuality’ *British Medical Journal*, 23 June 1962, p. 1764; W. W. Gordon, ‘Aversion Therapy for Homosexuality’, *British Medical Journal*, 23 June 1962, p. 1764; E. Gancz, ‘Signs of Sodomy’, *British Medical Journal*, 27 January 1962, p. 263; B. Merriman, ‘Apomorphine’, *British Medical Journal*, 7 July 1962, p. 55; C. Allen., ‘Aversion Therapy’, *British Medical Journal*, 11 April 1964, p. 987; E. A. Bennett., ‘Sexual Deviation’, *British Medical Journal*, 13 June 1964, p. 1561.

<sup>50</sup> C. Allen, ‘Aversion Therapy for Homosexuality’, *British Medical Journal*, 14 April 1962, p. 1078.

<sup>51</sup> S. H. F. Howard, ‘Aversion Therapy for Homosexuality’, *British Medical Journal*, 28 April 1962, p. 1206.

<sup>52</sup> *Gay News*, Card 34 – 4 GR 736-774, ‘Gay Women with Children’ by Liz Stanley, p. 6.

<sup>53</sup> *Gay News*, Card 15 – 4 GR 1– 35, ‘The 1967 Confidence Trick. Law or Sexuality. Which Corrupts?’, p. 3.

<sup>54</sup> *Gay News*, Card 37 – 4 GR 853-891, ‘Feature’ by Roger Baker in collaboration with Glenys Parry commissioned by the Campaign for Homosexual Equality, p. 6; Card 37 – 4 GR 853-891, ‘The Phoenix of Sodomy’ by Rictor Norton, p. 10; Card 38 – 4 GR 892-930, ‘Change not adjustment’ by Roger Baker, p. 13; Card 38 – 4 GR 892-930, ‘What You’ve Been Looking For?’ by John McFadden, p. 13; Card 38 – 4 GR 892-930, ‘Lesbianism’ by Martha Shelley, p. 7; Card 35 – 4 GR 775-813, ‘Some of my best friends are homophobic’ by Roger Baker, p. 10-11; Card 34 – 4 GR 736-774, ‘Gay Women with Children’ by Liz Stanley, p. 6; Card 31 – 4 GR 619-657, ‘Recent Thoughts of DJ West’, p. 5; Card 15 – 4 GR 1-35, ‘The Homosexual and Venereal Disease’, p. 8; Card 16 – 4 GR 36-74, ‘I’m not typical. Tests For Lesbians – How Do You Tell?’, p. 6.

sympathetic, somewhat patronising, medical attitudes highlighted above. One article wrote that doctors think ‘Poor things, they can’t help it, so let’s not persecute them with criminal laws, let’s do it with psychiatry and socially useful activity’.<sup>55</sup>

Clearly, some authors saw psychology and psychiatry as playing a key role in the characterisation of homosexuality as pathological.<sup>56</sup> Roger Baker labelled psychology a ‘corrupt and oppressive. . . ideology’.<sup>57</sup> Another article invented a stereotypical psychiatrist, Dr Andrew Certainty, who said that whilst homosexuals had no reason to seek psychiatric treatment ‘all homosexuals do suffer from severe disorders, an unavoidable result of their unfortunate condition’.<sup>58</sup> Particular anger was often expressed over experiments aiming to quantify the unusual characteristics of homosexuals. One article sarcastically reviewed an investigation comparing forty-two homosexual women to forty-two heterosexual women. On the finding that there were no differences in external genitalia the author asked whether researchers expected to find that lesbians had penises ‘as beloved by Victorian porn writers’.<sup>59</sup> Alongside such articles, *Gay News* also celebrated medical professionals who did not typify homosexuals as pathological. For example, journalists praised the declassification of homosexuality as a mental disorder by the American Psychiatric Association, and celebrated when two doctors’ attempts to reverse this judgement were voted down.<sup>60</sup>

Medical professionals, similarly, regularly rejected the association between homosexuality and pathology by the early 1980s. In the 1982 to 1985 *BMJ* sample, forty-seven of the fifty-two articles made no value-judgement that homosexuality was pathological. Instead, medics seemed

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<sup>55</sup> *Gay News*, Card 37 – 4 GR 853-891, ‘Feature’ by Roger Baker in collaboration with Glenys Parry commissioned by the Campaign for Homosexual Equality, p. 6.

<sup>56</sup> *Gay News*, Card 31 – 4 GR 619-657, ‘Recent Thoughts of DJ West’, p. 5.

<sup>57</sup> *Gay News*, Card 38 – 4 GR 892-930, ‘Change not adjustment’ by Roger Baker, p. 13.

<sup>58</sup> *Gay News*, Card 35 – 4 GR 775-813, ‘Some of my best friends are homophobic’ by Roger Baker, p. 10-11.

<sup>59</sup> *Gay News*, Card 16 – 4 GR 36-74, ‘I’m not typical. Tests For Lesbians – How Do You Tell?’, p. 6.

<sup>60</sup> *Gay News*, Card 32 – 4 GR 658-696, ‘Psychiatrists Back Down’, p. 5; Card 36 – 4 GR 814-852, ‘Gays ‘not sick’ say psychiatrists’, p. 20.

to accept that doctors should speak as ‘medical experts, not as moralists’.<sup>61</sup> Rather than being characterised as intrinsically diseased homosexuals were referred to as high-risk factor groups for certain diseases, with AIDS an especial concern.<sup>62</sup> One article even argued that too much has ‘been made of the fact that most Western patients with AIDS are homosexuals. A virus is unlikely to infect selectively on the basis of race, nationality, or sexual preference.’<sup>63</sup>

Accordingly, experiments were no longer conducted to uncover the distinctive characteristics of homosexuals. One article noted that homosexuals were no longer studied as socially distinct but because ‘it is in this group that hepatitis B virus carriage predominantly occurs in Britain’.<sup>64</sup> Further signifying the change in medical attitudes, homosexuals were utilised as representative participants of the population for experiments on particular diseases.<sup>65</sup> Nonetheless, vague evidence remains to suggest that homosexuality continued to be associated with disease. One article, for example, listed homosexuality alongside ‘illegitimacy, cancer, tuberculosis, and diabetes’ as issues that were now publicly acknowledged.<sup>66</sup> By instinctively drawing a connection between homosexuality and disease, the author demonstrated that the powerful beliefs of the 1960s could not instantly fade.

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<sup>61</sup> ‘Intolerance, 1980s’ style’, *British Medical Journal*, 21-28 December 1985, pp. 1745-6.

<sup>62</sup> A. P. Waterson, ‘Acquired immune deficiency syndrome’, *British Medical Journal*, 5 March 1983, pp. 743-6; M. Contreras, P. E. Hewitt, J. A. Barbara, and P. Z. Mochnaty, ‘Blood donors at high risk of transmitting the acquired immune deficiency syndrome’, *British Medical Journal*, 9 March 1985, pp. 749-50; ‘AIDS: an old disease from Africa?’, *British Medical Journal*, 24 November 1984, p. 1454; A. J. Pinching, ‘T cell ratios in AIDS’, *British Medical Journal*, 3 December 1983, p. 1716; ‘Surveillance of AIDS in Britain: September 1983’, *British Medical Journal*, 29 October 1983, p. 1284; N. Johnson, ‘Pneumonia in the acquired immune deficiency syndrome’, *British Medical Journal*, 4 May 1985, p. 1299; P. Jones, ‘AIDS: the African connection?’, *British Medical Journal*, 23 March 1985 p. 932; T. Richards, ‘The pathology of AIDS’, *British Medical Journal*, 7 December 1985, p. 1630; P. Karayiannes, D. Novick, A. S. F. Lok, M. Fowler, J. Monjardino and H. C. Thomas, ‘Hepatitis B virus DNA in saliva, urine, and seminal fluid of carriers of hepatitis B e antigen’, *British Medical Journal*, 17 August 1985, p. 482; C. R. Shiach, A. D. Burt, C. G. Isles and S. G. Ball, ‘Pyrexia of undetermined origin, diarrhoea, and primary cerebral lymphoma associated with acquired immunodeficiency’, *British Medical Journal*, 11 February 1984, pp. 449-50; ‘Can’t pay, won’t pay’, *British Medical Journal*, 26 October 1985, pp. 1195-6; C. Bartholomew, W. Charles, C. Saxinger, et, al, ‘Racial and other characteristics of human T cell leukaemia/lymphoma (HTLV-1) and AIDS (HTLV-111) in Trinidad’, *British Medical Journal*, 27 April 1985, pp. 1243-4; ‘Acquired immune deficiency syndrome in Britain, August 1983’, *British Medical Journal*, 22 October 1983, pp. 1205-6; J. D. J. Havard, ‘Doctors and the police’, *British Medical Journal*, 5 March 1983, pp. 742-3; ‘Medicine and the Media’, *British Medical Journal*, 6 August 1983, p. 420.

<sup>63</sup> ‘AIDS: an old disease from Africa?’, *British Medical Journal*, 24 November 1984, p. 1454.

<sup>64</sup> P. Karayiannes, D. Novick, A. S. F. Lok, et. al., ‘Hepatitis B virus DNA in saliva, urine, and seminal fluid of carriers of hepatitis B e antigen’, *British Medical Journal*, 17 August 1985, p. 482.

<sup>65</sup> C. J. Packman, G. C. Stevenson, and S. Hadley, ‘Pneumomediastinum during sexual intercourse’, *British Medical Journal*, 21 April 1984, p. 1196.

<sup>66</sup> M. Keynes, ‘Medical sense and nonsense in biography’, *British Medical Journal*, 26 March 1983, p. 1023.

The historians who have analysed this area, therefore, have provided a broadly accurate characterisation of shifting medical and homosexual opinion. Theorists correctly note that many medical professionals analysed homosexuality as pathological in the 1960s. Nonetheless, historians should also acknowledge the extent of change in medical opinion between 1962 and 1985, rather than simply focusing on the remaining regressive medical understandings. Applying Hacking's model suggests speculative connections between what the medical profession posited, what homosexuals thought them to believe, and how medical opinion changed accordingly throughout this period. In the 1970s, *Gay News* accused doctors of speaking with 'a disapproving ring' even whilst merely typifying homosexuals as a high risk group.<sup>67</sup> By the 1980s a *BMJ* article advised that whilst knowledge of sexual history was important whilst diagnosing homosexuals care must be taken as such questions may seem invasive and disapproving.<sup>68</sup> This model would explain such changing opinions as representative of broader debates in which protests by those classified, the homosexuals, changed the original classifications of homosexuality: 'looping' had occurred.

Whilst the medical profession offered more permissive understandings of homosexuality by the 1980s there was a lag before these understandings were publicly disseminated. When a Gallup Poll of 1988 asked about contemporary social problems forty-eight per cent of respondents named homosexuality, compared to only twenty-six per cent in 1965.<sup>69</sup> The disjunction between medical and public opinion was particularly apparent over the issue of AIDS. Whilst medics tended to offer a value-neutral approach, understanding AIDS as a medical issue, judgemental assertions about the homosexual community were made by some factions of the public.<sup>70</sup> It is worth questioning how quickly the liberalisation of attitudes seen in the *British Medical Journal* was

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<sup>67</sup> *Gay News*, Card 15 – 4 GR 1-35, 'The Homosexual and Venereal Disease', p. 8.

<sup>68</sup> M. Keynes, 'Medical sense and nonsense in biography', *British Medical Journal*, 26 March 1983, p. 1023.

<sup>69</sup> Gallup 1965-88 in *World Political Opinion*, ser. 1. pt. 1, as cited in Collins, *The Permissive Society*, p. 14.

<sup>70</sup> Jeffrey Weeks notes that AIDS was identified by the public and media 'as a peculiarly homosexual affliction' in an atmosphere of 'generalised panic' in *Sexuality and its Discontents: Meanings, Myths, and Modern Sexualities* (London: Routledge, 1985), pp. 44-53.

recognised and accepted by the public and practising professionals. King and Bartlett note that homophobic physicians continued to practice in the late twentieth century.<sup>71</sup>

Alongside implications for the existing literature on homosexuality, this research also raises broader social and historical questions. Notably, this article contributes to the body of literature questioning whether the 1960s constituted a 'permissive society'. The Sexual Offences Act of 1967, certainly, reflects the assertion of Tom McGrath, editor of the *Underground Newspaper*, that the 1960s showed that 'the individual should be free from hindrances by external Law or internal guilt in his pursuit of pleasure so long as he does not impinge on others'.<sup>72</sup> However, the above examination of the stigmatisation of homosexuals by the medical community warns against such broad generalisations. Rather, Stuart Hall seems correct to identify a 'double taxonomy' in 1960s reforms as a move to greater freedom in the private sphere was balanced by tighter control in some aspects of the public sphere.<sup>73</sup> During this period, the liberality of reforms, such as the Sexual Offences Act, were accompanied by regressive medical discourses surrounding how to cure and control homosexuals perceived to be damagingly impinging upon public space.

This analysis also holds implications for research on the 1960s and 1970s as facilitating the emergence of gay identity politics. It suggests that homosexual group identity in this period was both constructed by medics who defined a 'social mainstream' within which homosexuals could not be categorised, and by homosexual activists who purposefully labelled themselves against this society as the 'other'. Whilst both movements contributed to the formation of homosexual group identity, this article proposes that they did not operate simultaneously. Rather, as medical opinion became accepting of homosexuality during the 1980s, homosexuals continued to reject medical parameters of normality and acceptability. In terms of testing Hacking's model, initial

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<sup>71</sup> King and Bartlett, 'British psychiatry and homosexuality', p. 115.

<sup>72</sup> Collins, *The Permissive Society*, p. 13.

<sup>73</sup> Stuart Hall, 'Reformism and Legislation of Consent' in *Permissiveness and Control: the fate of sixties legislation*, ed. by National Deviancy Conference as cited in Weeks, *Sexuality and Its Discontents*, pp. 263, 306, 314.

findings suggest that such interactions are well captured by portraying homosexuals as ‘moving targets’; their own self-classifications did not change in line with medical conceptions.

Overall, this article has argued that research aiming to understand changing homosexual group identities would benefit from analysis of the dynamic and continuing interactions between professionals and advocacy groups. Hacking’s model provides a useful starting point, offering novel and informative concepts such as ‘made up people’, ‘looping effects’, and ‘moving targets’.<sup>74</sup> This is not to suggest that the full dynamism and complexity of homosexual identity formation since the nineteenth century can be understood by merely applying Hacking’s model once, and to one specific time period. Instead, his model must be replicated and reapplied to numerous consecutive time periods to fully understand how certain classifications continually interacted with named groupings, spawning new categories, and restarting the process. Furthermore, as group identity is formed not by the interaction between one professional group and one minority alone, but by relations between several groups, this model must also be applied to each relevant group. Such usage of Hacking’s model, this article contends, could bring useful and newfound insight into the interactions underlying changing group identity, and offer an alternative to the recent mass of spatial work surrounding homosexuality.<sup>75</sup>

Through such work historians, policy-makers, and public will better understand how homosexual group identity historically developed, what it means and has meant to be categorised as ‘homosexual’, and how various groups were empowered within the creation and application of these definitions. Understanding the development of homosexual group identity between 1962 and 1985, a time in which the difference between those who liked aubergines and those who

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<sup>74</sup> Hacking, ‘Making Up People’, pp. 23-26.

<sup>75</sup> Notable works include Houlbrook, *Queer London: Perils and Pleasures in the Sexual Metropolis, 1918-1957* (Chicago: The University of Chicago Press, 2005); George Chauncey, *Gay New York: Gender, Urban Culture, and the Making of the Gay Male World, 1890-1940* (New York: Basic Books, 1995); Marc Stein, *City of Sisterly and Brotherly Loves: Lesbian and Gay Philadelphia, 1945-72* (Philadelphia: Temple University Press, 2004); Matt Cook, *London and the Culture of Homosexuality, 1885-1914* (Cambridge: Cambridge University Press, 2003); Houlbrook and Waters, ‘The Heart in Exile’.

liked their own gender could be questioned, is necessary to explicate modern debates surrounding the meanings, significance, and rights of homosexuals and homosexuality.<sup>76</sup>

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