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"It's not gay, nor bad, it's SSAD:" Queerness and Masquerade

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Abstract

Many ex-gays claim to be part of a marginalized group: the disability community. They claim that their homoerotic desires are indicative of mental illness and thus make them disabled. This essay explores the implications of this claimed disability. Given the context of a growing desire for queer-crip coalition work, how does the existence of ex-gays affects our theorization of disability and sexuality, pushing us to be more aware of the messiness of identity politics?

Keywords

ex-gay, queer, crip, queer-crip, identity politics

Two apparently heterosexual, married couples sit at a table in a French restaurant. The server comes to take their orders, and after he walks away, one of the women asks the two men, "So did you guys notice anything?"

One of the men responds sheepishly, "He was a very good looking guy. Yeah, that is a beautiful man."

The other man counters, "I'd say he needs a little more of the masculine butch, a little more of the all American guy."

"So that's your type?" the woman asks.

"Well, yeah, sure," he responds.

*

The above scene is from TLC's show *My Husband's Not Gay*, which aired as an hour long special in 2015 and follows the lives of several ex-gay men and their families (*My Husband's Not Gay*). "Ex-gay" refers to those people who experience homoerotic desire or same-sex attraction but choose to pursue heterosexual marriage and lifestyles. Supported

primarily by conservative evangelical and fundamentalist Christian denominations, the ex-gay movement has been gaining popularity over the past several years as an alternative to reparative or conversion therapy, which attempts to alter a person's sexual orientation. The label is a welcome alternative for those Christians who are not comfortable identifying as gay or lesbian because it acknowledges their homoerotic desires even as it rejects what they refer to as the "gay lifestyle."

Responses to the ex-gay movement from queer-affirming organizations have been consistently negative, with organizations like GLAAD lodging complaints against TLC for airing such an "irresponsible" show (Bolles). My interest in the men on *My Husband's Not Gay* and the ex-gay identity, however, has less to do with responsibility than it does with identity. As I have mentioned, ex-gays do not see themselves as queer, a characteristic they associate exclusively with sexual acts. So long as they are not acting gay (i.e., having sex with men), they are not queer.¹ Nevertheless, ex-gays do claim to be part of a marginalized group: the disability community. They claim that their homoerotic desires are indicative of mental illness and thus make them disabled. In the remainder of this essay, I explore the implications of this claimed disability. Given the context of a growing desire for queer-crip coalition work in the United States, I ask how the existence of ex-gays affects our theorization of disability and sexuality, pushing us to be more aware of the messiness of identity politics.

To begin exploring these questions, I have divided this essay into three sections. The first offers a brief history and contextualization of the ex-gay movement. The second explains the ex-

¹ My use of "queer" throughout this essay draws on both Judith Butler's definition of "queer" as a "site of collective contestation" and Carla Freccero's framing of it as "the catchall word that here refers to gender, desire, sexuality, and perhaps anatomy" (223, 490). While Butler's version brings attention to "queer's" variability, Freccero locates it firmly within the body. This two-pronged definition is helpful in the context of ex-gays because it allows for consideration of their non-normative desires and sexualities while resisting the narrower and less accurate label "gay."

gay claim to disability by way of Tobin Siebers's "masquerade." In this section, I use *Coming Out Straight: Understanding and Healing Homosexuality* by Richard Cohen, a foundational advocate for the ex-gay movement, as a case study of the ways the ex-gay movement interacts with queer and disability identities. The final portion of the essay analyzes more broadly the implications of ex-gay masquerading, especially as they pertain to what Robert McRuer has called "queercrip activism."

History

The term "ex-gay" has multiple meanings. For Joseph Nicolosi, who is credited as the founder of reparative therapy, ex-gay refers to those people who used to experience homoerotic desire but no longer do. They have "taken a different developmental route" to uncover their natural heterosexuality ("What is Reparative Therapy?"). The prefix "ex-" in this instance is almost synonymous with "post-" or "former," indicating that the individual used to identify as gay but no longer does because the characteristic associated with gayness (i.e. homoerotic desire) has been replaced by pure, unadulterated heterosexual desire. Until the turn of the twenty-first century, this definition was certainly the most common, reflecting reparative therapy's insistence that total conversion from homosexuality into heterosexuality was possible.

Much of the ideology behind Nicolosi's work stems from the psychological and psychoanalytic practices of the mid-twentieth century, when homosexuality was formally and institutionally pathologized. In its first edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-I)*, the American Psychiatric Association defined homosexuality as a "sexual deviation" along with "transvestism, pedophilia, fetishism and sexual sadism (including rape, sexual assault, mutilation)" within its list of sociopathic personality disturbances (Bayer

39). This framing encouraged a variation of heterosexism that relied on disability prejudice, where heterosexuality is idealized by way of presumed ablebodied/mindedness. Psychologists and psychiatrists devoted extraordinary energy into developing "cures" and "treatments" for homoerotic desire, typically using religiously-inflected motivations to justify poor interpretations of Freudian psychoanalysis (Drescher 451). These practices mostly tapered off by 1973, when homosexuality was removed from the *DSM-II*. However, some conservative religious groups continued to promote such reparative therapy through the turn of the century for men "dealing with 'sexual brokenness'" (Erzen 54).² In fact, it was just last year that the largest national reparative therapy organization in the United States admitted the inefficacy of its own practices.

In May 2016, the Alliance for Therapeutic Choice and Scientific Integrity (ATCSI) admitted that conversion from homosexuality to heterosexuality is not "scientifically or politically tenable" (Rosik 1). In a press release, the executive board announced that terms such as reparative therapy, conversion therapy, and sexual orientation change efforts will no longer be used by the organization. Instead, ATCSI has adopted the new term "Sexual Attraction Fluidity Exploration in Therapy" (SAFE-T), which supposedly "does not imply that categorical change is the goal and in so doing create unrealistic expectations" (2). The "categorical change" here refers to the previous pledge that change is possible, that gays can be made straight. SAFE-T is meant to emphasize the inherent malleability of sexual attraction while simultaneously avoiding associations with words like "orientation" and "identity." The benefit of using "attraction" in tandem with a word like "fluidity" is that they are impossible to quantify, impossible to test in any clinical setting. While phrases like sexual orientation and sexual identity connote a kind of

² While there are indeed therapies available for lesbian and bisexual women, they are not nearly as popular and lack clinical documentation. Often, the reparative therapists view lesbian and bisexual women as "asexual" and their same-sex relationships as "emotionally dependent" (Erzen 152).

permanence, or at least stasis, sexual attraction is ambiguously dynamic. That is to say, I *have* a sexual orientation and a sexual identity; they are characteristics that help constitute my self-concept. However, I *feel* a sexual attraction; I experience it as it passes through, over, and around me.

From the perspective of ATCSI therapists, this distinction between *having* and *feeling*, being and experiencing, is helpful because it allows them to deny the existence of sexual orientation and identity, focusing exclusively on attraction and desire. In the 2016 press release, ATCSI praises SAFE-T because "it avoids the implicit assertion that orientation changes or that orientation as an immutable reality even exists" (2). By rejecting orientation and identity politics entirely, ATCSI therapists are able to frame sexual desire as entirely fluid,³ thereby obviating labels of attraction or desire. To identify as "gay" or "straight" within the SAFE-T framework is nonsense, like trying to name water at different places in a stream. It's all water; it's all sexual attraction.

As a result of the disassociation of embodied experience from identity, SAFE-T clients and previous reparative therapy clients are invoking the term "ex-gay" in an entirely new way. Rather than denoting the embodied experience of transitioning from homoerotic into heteroerotic desire, ex-gay now names a political identity, one that simultaneously derives from and staunchly rejects the queer community. Quoting from an ex-gay therapist who is himself ex-gay, ethnographer Tanya Erzen recounts the words of Frank Worthen: "We recognize that [ex-gay] is an artificial label and it is a humiliation to all of us. But it is our witness to the world, in terms that the world can understand. It proclaims that change is possible. It is a light, shining in the darkness of deception" (218). This excerpt captures much of the nuance and, ultimately, the

³ The irony, of course, is that this fluidity is only intended to go in one direction (i.e. gay → straight).

paradoxical nature of the ex-gay identity. On one hand, it is "artificial" insofar as it does not describe the lived experience of the subject who uses it because the majority (if not all) people who identify as ex-gay still experience homoerotic desire. There is nothing "ex-" about their gayness. And it is the very artificiality of this prefix that makes the label "a humiliation," a reminder of the heterosexual they have not become. However, aside from this personal indictment, the term functions as a "witness," a proclamation, "a light" by which a subject is transformed from a poor soul plagued with homoerotic desire to an evangelist for the possibility of change. Embedded in this transformation are traces of moralizing sentiments, residue from the influence of evangelical Christian traditions.⁴

Despite the religious exigency behind the term, the ex-gay identity speaks to broader cultural narratives surrounding queerness and disability. In *Cultural Locations of Disability*, Sharon Snyder and David Mitchell introduce the "cultural model" as a way of acknowledging that "[e]nvironment and bodily variation (particularly those traits experienced as socially stigmatized differences) inevitably impinge upon each other" and that any "definition of disability must incorporate both the outer and inner reaches of culture and experience as a combination of profoundly social and biological forces" (5-6). This is to say that disability is never entirely biological nor entirely social, that it appears to different degrees and in different variations depending on how particular bodies interact with particular spaces. In short, disability is contingent. In many instances, this open, fluctuating definition of disability is immensely helpful. Especially as it pertains to civil rights legislation, a cultural model encourages a broad, inclusive definition of disability, allowing for more people to receive the accommodations and

⁴ Sociologist Bernadette Barton writes in *Pray the Gay Away: The Extraordinary Lives of Bible Belt Gays* that "how Bible Belt gays *identify* is less significant than how we are *perceived by others*" (19). She goes on to explain that bisexual and homosexual identities are irrelevant so long as the individual is not "engaging in a homosexual lifestyle" (20).

government assistance necessary to participate in society. However, as I show, the flexibility of the cultural model also allows for seemingly nondisabled persons to claim a disabled identity.

For ex-gays, religion is used as a cultural lens through which antiquated conceptions of psychoanalysis frame homosexuality as a hazardous mental illness. One of ATCSI's primary arguments is that homoerotic desire—when expressed through the "gay lifestyle"—entails a host of health-related dangers. As the ATCSI website puts it on their "Adolescent Health" page, "Sexual minority adolescents [are] more likely to take risks in behaviors such as use of tobacco, use of alcohol, binge drinking, early intercourse, no condom at last sexual intercourse, drug use at last intercourse, being overweight, purging, and little physical activity." These "risks" are explained causally, with homoerotic desire positioned as the gateway to a life of pain and godlessness. While it is true that sexual minorities are at-risk populations, ex-gay proponents blame sexual minorities for those risks. As Michael Hobbes, author of the *Huffington Post* article "Together Alone: The Epidemic of Gay Loneliness," makes clear, there are rising rates of anxiety, depression, substance abuse, and suicide among gay men in the United States. With an almost audible sigh, he writes, "All of these unbearable statistics lead to the same conclusion: It is still dangerously alienating to go through life as a man attracted to other men." My point is that ex-gay advocates use these "unbearable statistics" as evidence for the supposed disabling nature of homoerotic desire.

For example, Michael Brown, a supporter of the ex-gay movement, uses Hobbes's article to reinforce a heterosexist perspective on marriage and human relationality. Though most responses to Hobbes's article cite social stigma and homophobia, especially among gay youth, poor and working class gay people, and gay people of color, as responsible for the dismaying statistics, Brown calls out not systemic violence but the inadequacy of same-sex relationships:

"Could it be that, generally speaking, there's something intrinsically unfulfilling about homosexual relationships? Could it be that, by divine intent, ultimate relational fulfillment for human beings can be found only in heterosexual marriage?" These sorts of questions and their implied answers encourage ex-gays to embrace a model of queerness that promises a future of health and happiness, even if that model necessitates self-pathologizing and the conflation of heterosexuality with able-bodiedness.

To identify as ex-gay, then, is not merely to reject affirmative discourses surrounding queerness but also to reinscribe the medical model of disability, one that situates disability under the sole authority of the medical establishment for the purposes of fixing, curing, or healing the disabled subject. Unlike most people with disabilities who are thrust into the gaze of the medical establishment because of their own deviation from the nondisabled norm, ex-gays actively offer up their rhetorical agency in exchange for a diagnosis. Catherine Prendergast's coinage of the term "rhetoricability" is important in this connection: it describes the inverse relationship between rhetorical agency and disability. She writes that "To be disabled mentally is to be disabled rhetorically" and that under the medical model, attempts by disabled people to communicate "can only be seen as arhetorical, the test, the record of symptoms, Exhibit A" (57). Prendergast is identifying the tendency of medical practitioners to interpret the words of mentally disabled people as evidence of their diagnoses. She argues compellingly that the medical model "turns clinicians into unimaginative literary critics," who rely on a kind of circular reasoning to reaffirm their own conclusions about the validity of psychopathological diagnostics (54). Ex-gays, though, complicate Prendergast's argument because they are rhetoricable, and their subjugation under the medical establishment's gaze is voluntary, not

forced. In other words, the disabled identity that ex-gays claim is just that: claimed. Ex-gays marshal their own rhetoricability only to give it away, choosing disability over gayness.⁵

The Ex-Gay Masquerade

Relatedly, in "Disability as Masquerade," Tobin Siebers addresses the phenomenon of people who attempt to frame their disabilities in a way that makes their lives easier or more manageable. The motivation behind Siebers's essay is, essentially, to extend and clarify the distinction that Erving Goffman draws between "passing" and "covering." In *Stigma*, Goffman associates passing with those whom he calls "the discreditable": those persons who recognize that they have the potential to become stigmatized if others find out about a particular aspect of their identity (102). Covering, by contrast, refers to efforts by already-discredited people to minimize the effects or legibility of the stigmas that mark them. That is, covering is for those who cannot pass, for those whose stigmatized characteristics cannot be hidden. For Goffman, covering is meant "to withdraw covert attention from the stigma," focusing others' attention on another aspect of one's identity. Covering is diminishing, managing, distracting.

Siebers, though, worries that this definition is too narrow to encompass all stigmatized identities, including disability and queerness. While he acknowledges that passing is not the only way to reframe one's identity, he is unsatisfied with covering as the only alternative. He wonders specifically about people who "disguise one kind of disability with another or display their disability by exaggerating it" (4). The intention here is neither to pass as nondisabled nor to diminish the visibility of one's disabilities but to "[claim] disability as a version of itself" (5).

⁵ My claim here, following Prendergast, is that many disabled people are not rhetoricable, though they may indeed be rhetorical. That is, when ex-gays opt for medicalization, they are not stripping themselves of symbolic meaning but are sacrificing much of the rhetorical agency that is granted to nondisabled people. All bodies are rhetorical, layered with signification, but not all bodies are rhetoricable.

This claiming is what Siebers calls "masquerading," which is not merely to claim one's stigmatized identity but to reclaim it, to perform it otherwise.

The purpose of masquerading, for Siebers, is two-fold. First, it avoids the precarity of passing, the ongoing possibility that the stigma could be revealed or recognized. Second, it allows people "to develop new narratives of the self and new political forms" (8). That is, masquerading holds the potential to transform a negatively-charged political identity into a positively-charged one. By offering the discredited, as Goffman would label them, the opportunity to reinscribe their bodies with alternative identities, masquerading can be profoundly liberating. Siebers recounts a variety of examples, including one anecdote about his own tendency to exaggerate his limp at the airport. He does so to avoid scrutiny and interrogation by gatekeepers, who often refuse to acknowledge his disability "unless [his] status [is] validated by a highly visible prop like a wheelchair" (1). By performing his disability otherwise, he "resists the prejudices of society," taking control over the narrative that is told about his body (19). He enacts disability as a kind of subversion, "seizing control of stereotypes. . . . to explore alternative narratives" (19-20).

Near the end of his article, Siebers expands his discussion of masquerade to include not only reclaimed stigmas or exaggerated disabilities but also "feigned disabilities," which he argues "serve as small conspiracies against oppression and inequality" (19). The extension from disability performed otherwise to disability performed entirely is one that merits further inquiry. Especially in light of ex-gay propaganda, such as Richard Cohen's *Coming Out Straight: Understanding and Healing Homosexuality*, it is worth considering the ways that masquerade can be co-opted to reproduce and perpetuate the very stigma that Siebers argues against. For the

remainder of this section, I will analyze the appropriation of masquerade in Cohen's *Coming Out Straight*.

Like most ex-gay proponents, Cohen makes an explicit distinction between gayness and homoerotic desire; he labels the latter "Same-Sex Attachment Disorder" (SSAD). His reliance on a medical diagnosis—one that he has invented himself—replaces the assumed "frustration and pain" of being gay with a form of mental illness that is "the result of unresolved childhood trauma" (xi). The clinical tone and structure of this formulation is characteristic of Cohen's book, and in fact sets it apart from other work that makes claims about the etiology and nature of homoerotic desire. Despite the fact that the book's contents have been rejected by the American Psychological Association and that Cohen himself has been permanently expelled from the American Counseling Association (ACA), *Coming Out Straight* nevertheless maintains the tone of a professional discussion about a legitimate mental illness (*Just the Facts* 20, Boodman). For the ex-gay community, this tone functions like a legitimate credential, making Cohen a respected voice within the field. As Erzen notes in *Straight to Jesus: Sexual and Christian Conversions in the Ex-Gay Movement*, it is not expected that ex-gay proponents will be licensed clinicians. She writes that "Personal experience is the prerequisite for a position of authority," and the first chapter of Cohen's book is indeed titled "My Story: Coming Out Straight," where he offers his own narrative about healing "the homo-emotional wounds of [his] past" (Erzen 92, Cohen 10). *Coming Out Straight*, then, serves as an exemplar of ex-gay thought and, as I discuss later, a model for the ways that ex-gays engage masquerade as a political identity.

The book's second chapter, "Definitions and Causes of Same-Sex Attraction," offers a visual diagram that unpacks the medical framework used by ex-gays to understand their homoerotic desires. The diagram lists three bulleted points that together explain the diagnosis of

SSAD. The first, "Homosexuality is a symptom," suggests that "Homosexual feelings, thoughts, and desires are symptoms of underlying issues" (24). These "issues" range from poor parent-child relationships, to previous sexual abuse, to a failure to identify with one's gender at birth. The second point, "Homosexuality is an emotionally based condition," specifies the diagnosis as a mental one, locating the "problem" of homoerotic desire not in the body but in an "unconscious drive buried deep in the psyche" (25). This decision to classify SSAD as a mental illness certainly recalls previous diagnoses issued by the American Psychiatric Association to pathologize homosexuality, but it also works to reinforce a division between mind and body. By locating erotic desire solely in the mind, ex-gays are more easily able to distinguish between sexual attraction and sexual behavior, a split that undergirds the foundation of ex-gay life. The final bullet point in the diagram provides the official name for the diagnosis: "Homosexuality is a Same-Sex Attachment Disorder." Thus is homoerotic desire concretized as a pathological condition.

In contrast with previous pathologizations of queerness, such as the versions used historically in the *DSM*, SSAD is not a condition to be remedied or cured. Although the subtitle of the book is *Understanding and Healing Homosexuality*, the book's purpose is not to convert homoerotic desires into heteroerotic ones. Ex-gays acknowledge their attraction to the same sex and reject acting on that desire but do not predict a "recovery" from it, such as might be expected in reparative therapy. As Brothers on the Road Less Travelled, an ex-gay organization, writes in a self-published anthology of ex-gay testimonies, "For most people who seek change [in their homoerotic desire], heterosexuality is not actually the ultimate goal—happiness and peace are" (Wylter 4). Unlike most medical diagnoses, which are meant to identify a condition, so a clinician can recommend a course of treatment or care, SSAD is both the condition and the treatment. To

be pathologized as an ex-gay is to take on the identity of mental illness and a corresponding narrative that it is an unalterable, intrinsic condition. The nature of SSAD is most clearly represented in Cohen's own words when he writes, "*healing is a journey, not a destination*" (115). Here, Cohen illustrates that to be ex-gay is not to be healed but to be healing; it is not a static identity but one necessarily in flux, reflecting the ongoing tension between erotic desire and religious or cultural commitment. To be ex-gay is to accept a pathologized identity, not with the intention or hope of receiving a cure, but in order to align oneself with a particular group. As we see in *My Husband's Not Gay*, ex-gays envision their identities as a means to community membership and fraternity. It just so happens that their means entail the rhetorical construction of a pathologized community, a disabled community.

Of course, the move to take on a disabled identity for the purposes of forming solidarity or building relationships with others like oneself was not invented by ex-gays. Disability scholars have written extensively about the importance of reclaiming disability as a term of empowerment. Notably, Simi Linton writes in "Reassigning Meaning" that

When disability is redefined as a social/political category, people with a variety of conditions are identified as *people with disabilities* or *disabled people*, a group bound by common social and political experiences. These designations, as reclaimed by the community, are used to identify us as a constituency, to serve our needs for unity and identity, and to function as a basis for political action. (225)

Here Linton eloquently frames the political nature of disability. To claim disability is to engage in a rhetorical act that is distinct from any diagnosis or medical opinion. It is an act of resistance and pride; it is a way to "assert our right to name experience" (228). Other scholar-activists, like Eli Clare, have drawn parallels between the reclamation of disability and other stigmatized identities. In *Exile and Pride: Disability, Queerness and Liberation*, he writes that "*Queer* and *cripple* are cousins: words to shock, words to infuse with pride and self-love, words to resist

internalized hatred, words to help forge a politics. They have been gladly chosen" (84). Clare's pairing of "cripple" with "queer" asserts a kind of similarity in the ways that both words have been taken up by their respective populations and used to push back against dominant discourses.

It is because of this drive to reclaim identities rather than create new ones that Siebers's concept of masquerade can be enacted so successfully. Reclaimed identities presuppose a recognition that identities are always already political, shaping the material world in which they exist. As Siebers puts it, "[Identities] are narrative responses to and creations of social reality, aiding cooperation between people, representing significant theories about the construction of the real, and containing useful information about how human beings should make their appearance in the world" (8). To reclaim a disabled identity, then, is not simply to adopt an optimistic perspective but to align oneself with an alternative definition of what disability is and how it affects one's engagement with the world. Masquerading can be understood as a form of this reclaiming process, a way "to explore alternative narratives" as Siebers suggests (20). To masquerade is to respond to Linton's call for disability "as a social/political category," to take on a disability identity, not because it is biologically given, but because it is "a basis for political action."

I should be clear, though, that I am not suggesting the ex-gay masquerade fulfills the intentions of Linton, Clare, or any of the many scholars and activists who have called for a reclamation of disability. I am arguing quite the opposite: ex-gays exemplify how disability politics can be misappropriated for extraordinarily ableist purposes. While the ex-gay masquerade is undoubtedly a political act, it is far from liberatory. In "Disability as Masquerade," Siebers identifies two "disadvantages" of masquerading, both of which acknowledge the ability for people to co-opt the practice. The first problem is that masquerading

can be mapped onto an overcoming narrative, where the masquerade is used to showcase a disabled person's "metamorphosis from nonhuman to human being" (13). Siebers notes that this problem is especially apparent in human-interest stories, where disability is often invoked as the conflict that must be resolved by the end of the piece. Disability is reduced to a plot device, or what Mitchell and Snyder call a "narrative prosthesis," that moves the plot along: as the character overcomes their disability, they emerge as somehow more human (*Narrative Prosthesis* 47). The second problem concerns what Siebers terms "disability drag," when a nondisabled person acts disabled. Siebers locates this phenomenon in film, writing that "When actors play disabled in one film and able-bodied in the next, the evolution of the roles presents them as cured of a previous disease or condition" (18). In this way, disability drag is a kind of temporary performance, where "disability appears as a facade overlaying able-bodiedness" (18). Both problems that Siebers discusses speak to the idea that masquerade can be used by nondisabled people against the best interests of the disabled. However, neither problem addresses the possibility that masquerade can be used as a way of gaining entry into the disability community.⁶

Enter ex-gays. As Cohen's *Coming Out Straight* illustrates, when people take on the ex-gay identity, they are masquerading their queerness as a disability, using the medical rhetoric of pathologization as an "alternative narrative." Ex-gays are appropriating masquerade, not as able-bodied people, contra Siebers, but as people with a rhetorically manufactured disability that they plan to take on as a permanent characteristic of their identity. Moreover, as Steve, the author of a testimonial included in Cohen's book, points out, the ex-gay identity is intended as a political

⁶ While disability drag does involve able-bodied/minded people who feign disability, it is typically undertaken as a performance and is both temporary and intended as entertainment. Ex-gays, however, take on a disabled identity as an ongoing, constitutive component of their identities.

one, meant to forge community among a group of people who feel marginalized by mainstream society. Steve writes, "For those of us healing homosexuality, we have the added burden of societal pressures. . . . We often get shunned by some for having homosexual feelings and by others for not 'accepting' our sexuality as it is" (60). Steve's comments are striking because they mimic the very motivations that Siebers adduces to justify masquerade as a liberatory political act. Ex-gays, like many disabled people, feel as if they are fighting a double-standard, where they are expected to deny the existence of their homoerotic desire/disability or accept it as an embodied characteristic, existing outside of any symbolic discourse. As both ex-gays and many disabled people know, though, identities are political, and masquerade offers a way for them to take ownership of their identities. Ex-gays are successfully masquerading and doing so under the arguably legitimate premise that they are fighting for agency over their own bodies.

Indeed, it is this premise that captures the significance of ex-gays for queer and disability scholars. The ex-gay community not only claims disability through self-selected pathologization but also mobilizes queerness and disability as political identities via the masquerade. It is a two-step process of identity construction that simultaneously draws on the organizing strategies of disability activists even as it rejects the affirmative, liberatory exigencies that drive queer and disability activism. Ex-gays have managed to align themselves with anti-ableist discourse, all the while perpetuating both ableist and heterosexist ideologies. This paradox begs two critical questions: first, what are the repercussions of the ex-gay masquerade? And second, what do they mean for the future of queer and disability activism?

Queercrip Coalition?

To answer the first question, it is worth noting that the concept of queer people claiming disability is not unique to ex-gays. In *Crip Theory*, Robert McRuer argues that queer people can take on a crip identity "for the purposes of solidarity" (57). "Crip" is framed as an inherently politicized disability identity, one that people can claim "in response to systematic able-bodied subordination and oppression" (35). McRuer is careful to warn that "nondisabled claims to be crip could quite easily function as appropriation," but he nevertheless goes on to "argue in favor of unlikely identifications" (37). The most relevant of these unlikely identifications is what he terms the "queercrip," which meshes queer and crip identities to invoke "the urgency of crip theory"—a way of recognizing the entanglement of heterosexuality with able-bodiedness (5). Perhaps the best example of this hybrid identity comes from McRuer himself, when he writes that he "came out as HIV-positive," despite that he was HIV-negative (53). This act was within a specific setting where it demonstrated his solidarity with the HIV-positive community and an allegiance to safer sex initiatives. His decision to "come out crip" was a way of "disidentifying with the most familiar kinds of identity politics" while still avoiding the pitfalls of misappropriating a marginalized identity (34, 57). In sum, the queercrip is intended to transform identity politics from theory into action, pushing both queer and disability activists to draw on each other as resources rather than oppose each other as competitors for limited funds and public attention.

However, I would caution that McRuer's ability, as well as anyone's potential, to "guard against...oversimplified appropriations" depends on the particular context in which the queercrip formation occurs. While McRuer's own example was justified by the specificity of HIV/AIDS as a nexus of queer and disabled experience, not all queercrip formations draw from that same historical/cultural juncture. In the case of ex-gays, any attempt to align them with crip theory or

activism turns the liberatory of potential of queercrip back on itself, reinforcing heterosexist and ableist dominance. The decades of unnecessary diagnoses and treatments of queer people are recalled and reaffirmed by ex-gays, whose claim to disability harnesses the medical model. The ex-gay narrative assumes that (1) homoerotic desire is a condition that needs to be tempered and controlled and that (2) conditions like these, which are in need of control, must be pathologized. In this sense, the ex-gay variation of the queercrip is a contradiction: an identity propelled into existence by its own self-loathing.

Despite the fact that both Siebers's masquerade and McRuer's queercrip unquestionably aid disability activism, the existence of the ex-gay movement illustrates the messiness of political action rooted in (re)constructions of identity. Ex-gays, despite their ability to successfully politicize their disabled identities through masquerade, are indeed inimical to the liberatory projects underway in queer and disability activism. Though Siebers rightly acknowledges the potential for masquerade to be misappropriated, it is apparent that there are additional forms of co-optation, including that used by ex-gays, where the masquerading subjects are claiming disability permanently. Also, while McRuer exhorts nondisabled people to "be wary of identifying as crip," it is worth dwelling in that wariness by considering the historical legacy of medicalized queerness and the ways that history comes to bear on contemporary identity formations (37). For ex-gays, that history is made current, reinvigorated for the twenty-first century.

Conclusion

Returning to *My Husband's Not Gay*, one of the primary plot lines follows Tom, one of the featured ex-gay men, as he prepares for a blind date with a straight woman, Emily, who is

unaware of his homoerotic desires. In a late scene, Tom tells her about his "condition," saying, "I deal with something called same-sex attraction. We call it SSA. But I'm attracted to men."

Emily's response comes in the form of a question. She asks, "What is it that makes you want to continue on in the way that you've chosen?" The viewer is ostensibly meant to understand this question as a reference to his ex-gay identity because Tom responds, "It's just what I've always wanted the most. You know what I mean?"

"What is it that you've wanted the most?" Emily interjects.

"To be married, have a wife, have kids, have a family. To live the way I think God wants me to live."

To this answer, Emily nods approvingly and almost immediately agrees to go on another date. What is striking about this brief exchange is the ease with which heteronormativity and nondisabledness—as well as queerness and disability—are folded into one another. Tom makes clear that while his queer disavowal is motivated by hetero-religious obligations, the tool used to fulfill those obligations is disability. Note, first, Tom's phrasing in his disclosure: "I deal with something called same-sex attraction. We call it SSA. But I'm attracted to men." His syntactical structure mirrors that of a diagnosis. First comes the medical terminology, same-sex attraction; then comes the abbreviated version, SSA; this is followed by a description of the symptom, homoerotic desire. Tom masquerades his queerness as a disability, and Emily seems to both acknowledge and accept this framing by referring to his self-pathologization as "the way that you've chosen." While this response lacks the medicalized finesse of Tom's initial declaration, it nevertheless affirms the ex-gay identity as "a way" of life, a mode of being in the world. And as their conversation continues, it becomes all the more evident that this particular mode is propelled by heteronormative ideals of entering a monogamous marriage to reproduce. Despite

Tom's queer claim to disability, the resulting narrative contests neither homophobia nor ableism. As Tom and Emily share a hug at the end of their date, the viewer is left, not with the feeling that the stigma surrounding queerness or disability has been upended, but that perhaps Tom and Emily have a chance at love, at happiness, at hetero-ability.

Considering the ways that Tom and the men on *My Husband's Not Gay* as well as others within the larger ex-gay movement speak to our notions about the intersections between queerness and disability, I want to conclude with a consideration of the intricacies of a coalitional activism that relies on identity claiming. While the value of queercrip solidarity is undeniable, we must remain wary of the complicated history that already ties queerness and disability together. As the ex-gay masquerade illustrates, the medical model of disability is not so long gone from queer memory that it cannot be resurrected, inflicting the very harm that queercrip coalitions are intended to counter. If we are to theorize a model of queercrip activism that effectively addresses both homophobia and ableism, we must do so mindfully, acknowledging that a claim to an identity brings with it a host of narratives and legacies, that even a claim to solidarity enacts a masquerade. This caution should not be taken as a complete renunciation of queer and disability activism but as a direction for future investment. As Siebers himself writes, "The world of politics will never be other than a messy place, no matter how much we think we know and how much experience we garner" (7). He is certainly right. The ex-gay masquerade is a mess, but it is a mess we cannot ignore. It is a mess that urges us to ask difficult questions about the future of coalitional activism, especially as we strive to become better listeners to the many queer disabled people who are not actively perpetuating homophobic and ableist ideologies. It is ultimately a mess that we must acknowledge. To dismiss it entirely, after all, is to be no different than the wives who swear, "My husband's not gay."

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