Melancholia and Moralism

Essays on AIDS and Queer Politics

DOUGLAS CRIMP
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7 MOURNING AND MILITANCY

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In a contribution to a special issue of the *South Atlantic Quarterly* on "Displacing Homophobia," Lee Edelman applies the lessons of Derridian deconstruction to the AIDS activist movement slogan SILENCE=DEATH. Claiming that our slogan calls for a discourse of facts marshaled against a demagogic rhetoric, Edelman concludes that the equation unknowingly produces the literal as a figure, and thereby betrays its ideological entanglement in the binary logic of Western discourse.

*Precisely because the defensive appeal to literality in a slogan like Silence=Death must produce the literal as a figure of the need and desire for the shelter of certain knowledge, such a discourse is always necessarily a dangerously contaminated defense—contaminated by the Derridian logic of metaphor so that its attempt to achieve a natural or literal discourse beyond rhetoricity must reproduce the suspect ideology of reified (and threatened) identity marking the reactionary medical and political discourse it would counteract. The discursive logic of Silence=Death thus contributes to the ideologically motivated confusion of the literal and the figural, the proper and the improper, the inside and the outside, and in the process it recalls the biology of the human immunodeficiency virus as it attacks the mechanism whereby the body is able . . . to distinguish between "Self and Not-Self."*¹

I do not think Edelman's deconstruction of the "text" of SILENCE=DEATH is necessarily wrong, but he seems to have very little sense of how the emblem functions for the movement. First, it is precisely as a figure that it does its work: as a striking image appearing on posters, placards, buttons, stickers, and T-shirts, its appeal is primarily graphic, and hardly therefore to be assimilated to a privileging of the logos. Second, it desires not a discourse of facts but direct action, the organized, militant enunciation of demands within a discursive field of contested facts. And finally, a question of address: for whom is this application of literary theory intended other than those within the academy who will

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find it, simply, interesting?² SILENCE=DEATH was produced and is employed for collective political struggle, and it entails altogether different problems for the community of AIDS activists. Taking our symbol literally holds for us a danger that goes unnoticed in Edelman’s textual analysis: We ourselves are silent precisely on the subject of death, on how deeply it affects us.

I, too, will have something to say about the distinction between self and not-self, about the confusion of the inside and the outside, but I am impelled to do this for us, for my community of AIDS activists. Writing about mourning and militancy is for me both necessary and difficult, for I have seen that mourning troubles us; by “us” I mean gay men confronting AIDS. It should go without saying that it is not only gay men who confront AIDS, but because we face specific and often unique difficulties, and because I have some familiarity with them, I address them here exclusively. This essay is written for my fellow activists and friends, who have also informed it with their actions, their suggestions and encouragement—and in this I include many women as well. The conflicts I address are also my own, which might account for certain of the essay’s shortcomings.

I will begin then with an anecdote about my own ambivalent mourning, though not of an AIDS death. In 1977, while I was visiting my family in Idaho, my father died unexpectedly. He and I had had a strained and increasingly distant relationship, and I was unable to feel or express my grief over his death. After the funeral I returned to New York for the opening of an exhibition I’d organized and resumed my usual life. But within a few weeks a symptom erupted which to this day leaves a scar near my nose: my left tear duct became badly infected, and the result-

ing abscess grew to a golf-ball sized swelling that closed my left eye and completely disfigured my face. When the abscess finally burst, the foul-smelling pus oozed down my cheek like poison tears. I have never since doubted the force of the unconscious. Nor can I doubt that mourning is a psychic process that must be honored. For many AIDS activists, however, mourning is not respected; it is suspect: “I look at faces at countless memorial services and cannot comprehend why the connection isn’t made between these deaths and going out to fight so that more of these deaths, including possibly one’s own, can be staved off. Huge numbers regularly show up in cities for Candlelight Marches, all duly recorded for the television cameras. Where are these same numbers when it comes to joining political organizations . . . or plugging in to the incipient civil disobedience movement represented in ACT UP?” These sentences are taken from a recent essay by Larry Kramer, against whose sense of the quietism represented by AIDS candlelight marches I want to juxtapose the words of the organizer of this year’s candlelight vigil on Christopher Street, addressed from the speaker’s platform to the assembled mourners: “Look around!” he said, “This is the gay community, not ACT UP!”

The presumption in this exhortation that no AIDS activists would be found among the mourners—whose ritual expression of grief is at the same time taken to be truer to the needs of the gay community—confidently inverts Kramer’s rhetorical incomprehension, an incomprehension also expressed as antipathy: “I do not mean to diminish these sad rituals,” Kramer writes, “though indeed I personally find them slightly ghoulish.”

Public mourning rituals may of course have their own political force, but they nevertheless often seem, from an activist perspective, indul-

4. The remark of Red Maloney was the subject of a letter written by Naphtali Offen to Outweek 4 (July 17, 1989), p. 6.
gent, sentimental, defeatist—a perspective only reinforced, as Kramer implies, by media constructions of us as hapless victims. “Don't mourn, organize!”—the last words of labor movement martyr Joe Hill—is still a rallying cry, at least in its New Age variant, “Turn your grief to anger,” which assumes not so much that mourning can be forgone as that the psychic process can simply be converted. This move from prohibition to transformation only appears, however, to include a psychic component in activism’s response, for ultimately both rallying cries depend on a definite answer to the question posed by Reich to Freud: “Where does the misery come from?” Activist antagonism to mourning hinges, in part, on how AIDS is interpreted, or rather, where the emphasis is laid, on whether the crisis is seen to be a natural, accidental catastrophe—a disease syndrome that has simply struck at this time and in this place—or as the result of gross political negligence or mendacity—an epidemic that was allowed to happen.

But leaving aside, only for the moment, the larger political question, I want to attend to the internal opposition of activism and mourning. That the two are incompatible is clear enough in Freud’s description of the work of mourning, which he calls “absorbing.” “Profound mourning,” Freud writes in “Mourning and Melancholia,” involves a “turning away from every active effort that is not connected with thoughts of the dead. It is easy to see that this inhibition and circumscription in the ego is the expression of an exclusive devotion to its mourning, which leaves nothing over for other purposes or other interests.”

Although Freud’s

6. Joe Hill’s statement is also quoted by Michael Bronski in an essay that takes up some of the issues discussed here; see his “Death and the Erotic Imagination,” in Taking Liberties: AIDS and Cultural Politics, ed. Erica Carter and Simon Watney (London: Serpent’s Tail in association with the ICA, 1989), pp. 219–228. The pop psychological/metaphysical notions of New Age “healers”—such as the particularly repulsive idea that people choose illness to give meaning to their lives—are considered by Allan Bérubé in “Caught in the Storm: AIDS and the Meaning of Natural Disaster,” Outlook 1, no. 3 (fall 1988), pp. 8–19.

account of this process is well known, I want to repeat it here in order to underscore its exclusive character:

The testing of reality, having shown that the loved object no longer exists, requires forthwith that all the libido shall be withdrawn from its attachments to this object. Against this demand a struggle of course arises—it may be universally observed that man never willingly abandons a libido-position, not even when a substitute is already beckoning to him. This struggle can be so intense that a turning away from reality ensues, the object being clung to through the medium of a hallucinatory wish psychosis. The normal outcome is that deference for reality gains the day. Nevertheless its behest cannot be at once obeyed. The task is now carried through bit by bit, under great expense of time and cathetic energy, while all the time the existence of the lost object is continued in the mind. Each single one of the memories and hopes which bound the libido to the object is brought up and hyper-cathected, and the detachment of the libido from it accomplished.  

In an important paper about mourning in the time of AIDS, which turns on a reading of Walt Whitman’s “Drum-Taps” poems, Michael Moon argues that Freud’s view of mourning presents a difficulty for gay people, insofar as it promises a return to a normalcy that we were never granted in the first place: “As lesbians and gay men,” Moon writes, “most of us are familiar with the experience of having been categorically excluded from ‘normalcy’ at critical junctures in our lives. Having been through as much as most of us have in both our personal and collective struggles to get our own needs recognized, acknowledged, accepted, sometimes fulfilled, the Freudian model of mourning may well look fundamentally normalizing and consequently privative, diminishing the process and foreclosing its possible meaning rather than enriching it or making it more accessible to understanding.”

8. Ibid., p. 126.
9. Michael Moon, “Memorial Rags,” paper presented in a session entitled “AIDS and the Profession” at the 1988 MLA convention, manuscript. Thanks to Michael Moon for making this paper available to me.
Probably no gay man or lesbian can have an untroubled response to Freud, but we must nevertheless take care to maintain a crucial distinction: the ambition to normalize, to adapt, belongs not to Freud but to his later "egocentric" revisionists, to whom gay people owe a good portion of our oppression. This is not to say that there is no vision of normalcy in Freud, only that there is also no such thing as ever fully achieving it, for anyone. Freud does refer to mourning as a "grave departure from the normal attitude to life," but what that normal attitude is in this context can be learned easily enough by reading his characterization of the state to which we return after the work of mourning is accomplished: very simply, "deference for reality gains the day," and "the ego becomes free and uninhibited again."

So rather than looking beyond "Mourning and Melancholia" for other possibilities—Moon proposes fetishism, but a fetishism rescued from Freud's 1927 account by making it a conscious means of extending our homoerotic relations, even with the dead—I want to stay with Freud's earlier text, to read it in relation to the conflicts many of us now experience. First, two preliminary caveats: "Mourning and Melancholia" is not a theory of mourning as such, but of pathological mourning, that is, of melancholia. Moon is therefore right when he says that Freud's view of mourning only repeats conventional wisdom; it purports to do no more than describe mourning's dynamic process. Second, Freud can tell us very little about our grieving rituals, our memorial services and candlelight marches. Of our communal mourning, perhaps only the Names Project quilt displays something of the psychic work of mourning, insofar as each individual panel symbolizes—through its incorporation of mementos associated with the lost object—the activity of hyper-cathecting and detaching the hopes and memories associated with the loved one. But as against this often shared activity, mourning, for Freud, is a solitary undertaking. And our trouble begins here, for, from the outset, there is already a social interdiction of our private efforts. In the opening pages of Policing Desire, Simon Watney recounts a funeral

11. Ibid., pp. 126, 127.
service similar to those many of us have experienced, an event that made him decide “then and there” that he would write his book on AIDS:

[Bruno’s] funeral took place in an ancient Norman church on the outskirts of London. No mention was made of AIDS. Bruno had died, bravely, of an unspecified disease. In the congregation of some forty people there were two other gay men besides myself, both of whom had been his lover. They had been far closer to Bruno than anyone else present, except his parents. Yet their grief had to be contained within the confines of manly acceptability. The irony of the difference between the suffocating life of the suburbs where we found ourselves, and the knowledge of the world in which Bruno had actually lived, as a magnificently affirmative and life-enhancing gay man, was all but unbearable.12

Because Watney’s anecdote is meant to explain his determination to write a polemic, it also suggests what has happened to mourning. It is not only that at this moment of society’s demand for hypocrisy the three gay men had to conceal their grief, but also that their fond memories of Bruno as a gay man are thereby associated with the social opprobrium that attaches to them. When these memories are then recalled, hypocathexis may well be met with a defense, a need to preserve Bruno’s world intact against the contempt in which it is commonly held. “My friend was not called Bruno,” Watney adds. “His father asked me not to use his real name. And so the anonymity is complete. The garrulous babble of commentary on AIDS constructs yet another ‘victim.’ It is this babble which is my subject matter, the cacophony of voices which sounds through every institution of our society on the subject of AIDS.”13

Thus one of our foremost international AIDS activists became engaged in the struggle; no further memories of Bruno are invoked. It is probably no exaggeration to say that each of us has a story like this, that during the AIDS crisis there is an all but inevitable connection between the mem-

13. Ibid., p. 8.
ories and hopes associated with our lost friends and the daily assaults on our consciousness. Seldom has a society so savaged people during their hour of loss. "We look upon any interference with [mourning] as inadvisable or even harmful," warns Freud. But for anyone living daily with the AIDS crisis, ruthless interference with our bereavement is as ordinary an occurrence as reading the New York Times. The violence we encounter is relentless, the violence of silence and omission almost as impossible to endure as the violence of unleashed hatred and outright murder. Because this violence also desecrates the memories of our dead, we rise in anger to vindicate them. For many of us, mourning becomes militancy. Freud does not say what might happen if mourning is interfered with, but insofar as our conscious defenses direct us toward social action, they already show the deference to reality that Freud attributes to mourning's accomplishment. Nevertheless we have to ask just how, against what odds, and with what unconscious effects this has been achieved.

The activist impulse may be reinforced by a second conflict within the process of mourning. "Reality," Freud explains, "passes its verdict—

15. The New York Times's reporting of AIDS issues—or rather its failure to report them accurately or at all—is probably the most persistent scandal of the AIDS epidemic. Larry Kramer gave a detailed accounting of the scandal on a panel discussion of AIDS in the print media organized by the PEN American Center in New York City on May 11, 1989. In the summer of 1989, the Times ran an editorial that both typified its position throughout the history of the epidemic and reached new heights of callousness. Implicitly claiming once again that its presumed readers had little to worry about, since "the disease is still very largely confined to specific risk groups," the writer went on to say, cheerily, "Once all susceptible members [of these groups] are infected, the numbers of new victims will decline." The newspaper's simple writing off of the lives of gay men, IV drug users, their sex partners and children—a mere 200,000–400,000 people already estimated to be HIV-infected in New York City alone—triggered an ACT UP demonstration, which was in turn thwarted by perhaps the largest police presence at any AIDS activist demonstration to date. ACT UP stickers saying "Buy Your Lies Here. The New York Times Reports Half the Truth about AIDS" still adorn newsstands in New York City, while the coin slots of Times vending machines are covered with stickers that read "The New York Times AIDS Reporting is OUT OF ORDER." The Times editorial is reproduced as part of a Gran Fury project entitled "Control" in Artforum 27, no. 2 (October 1989), p. 167.
that the object no longer exists—upon each single one of the memories and hopes through which the libido was attached to the lost object, and the ego, confronted as it were with the decision whether it will share this fate, is persuaded by the sum of its narcissistic satisfactions in being alive to sever its attachment to the non-existent object." 16 But this confrontation with reality is especially fraught for gay men mourning now, since our decision whether we will share this fate is so unsure. For people with AIDS, the HIV-infected, and those at significant risk whose sero-status is unknown to them, narcissistic satisfactions in still being alive today can persuade us, will undoubtedly persuade us in our unconscious, to relinquish our attachments. But how are we to dissociate our narcissistic satisfactions in being alive from our fight to stay alive? And, insofar as we identify with those who have died, how can our satisfactions in being alive escape guilt at having survived? 17

Upholding the memories of our lost friends and lovers and resolving that we ourselves shall live would seem to impose the same demand: resist! Mourning feels too much like capitulation. But we must recognize that our memories and our resolve also entail the more painful feelings


17. The decision not to share the fate of the lost object, as well as guilt at having survived, are certainly problems of mourning for everyone. Clearly insofar as any death brings us face to face with our own mortality, identification with the lost object is something we all feel. Thus this difficulty of mourning is certainly not gay men’s alone. I only wish to emphasize its exacerbation for gay men to the extent that we are directly and immediately implicated in the particular cause of these deaths, and implicated, as well, through the specific nature of our deepest pleasures in life—our gay sexuality. Simon Watney has urged that this very implication be taken as the reason for forming consensus among gay men about AIDS activism: “I believe that the single, central factor of greatest significance for all gay men should be the recognition that the current HIV antibody status of everyone who had unprotected sex in the long years before the virus was discovered is a matter of sheer coincidence. . . . Every gay man who had the good fortune to remain uninfected in the decade or so before the emergence of safer sex should meditate most profoundly on the whim of fate that spared him, but not others. Those of us who chance to be seronegative have an absolute and unconditional responsibility for the welfare of seropositive gay men” (Simon Watney, "The Possibilities of Permutation": Pleasure, Proliferation, and the Politics of Gay Identity in the Age of AIDS," in Fluid Exchanges: Artists and Critics in the AIDS Crisis, ed. James Miller (Toronto: University of Toronto Press, 1992)).
of survivor's guilt, often exacerbated by our secret wishes, during our lovers' and friends' protracted illnesses, that they would just die and let us get on with our lives.

We can then partially revise our sense—and Freud's—of the incompatibility between mourning and activism and say that, for many gay men dealing with AIDS deaths, militancy might arise from conscious conflicts within mourning itself, the consequence, on the one hand, of "inadvisable and even harmful interference" with grief and, on the other, of the impossibility of deciding whether the mourner will share the fate of the mourned. But because mourning is a psychic process, conscious reactions to external interference cannot tell the whole story. What is far more difficult to determine is how these reactions are influenced by already existing unconscious strife. Only by recognizing the role of the unconscious, however, will we be able to understand the relationship between the external obstacles to our grief and our own antagonism to mourning. But I want to be clear: It is because our impatience with mourning is burdensome for the movement that I am seeking to understand it. I have no interest in proposing a "psychogenesis" of AIDS activism. The social and political barbarism we daily encounter requires no explanation whatsoever for our militancy. On the contrary, what may require an explanation, as Larry Kramer's plaint suggested, is the quietism.

At the weekly ACT UP meetings in New York, regularly attended by about 400 people, I am struck by the fact that only a handful are of my generation, the Stonewall generation. The vast majority are post-Stonewall, born hardly earlier than the gay liberation movement itself, and their losses differ in one significant respect from ours. Last year one of these young men said something to me that said it all. A group of us had seen an early '70s film at the Gay and Lesbian Experimental Film Festival and went out for drinks afterwards. The young man was very excited about what seemed to me a pretty ordinary sex scene in the film, but then he said, "I'd give anything to know what cum tastes like, somebody else's that is." That broke my heart, for two reasons: for him because he didn't know, for me because I do.
Freud tells us that mourning is the reaction not only to the death of a loved person, but also "to the loss of some abstraction which has taken the place of one, such as fatherland, liberty, an ideal. . . ." Can we be allowed to include, in this "civilized" list, the ideal of perverse sexual pleasure itself rather than one stemming from its sublimation? Alongside the dismal toll of death, what many of us have lost is a culture of sexual possibility: back rooms, tea rooms, bookstores, movie houses, and baths; the trucks, the pier, the ramble, the dunes. Sex was everywhere for us, and everything we wanted to venture: golden showers and water sports, cock sucking and rimming, fucking and fist fucking. Now our untamed impulses are either proscribed once again or shielded from us by latex. Even Crisco, the lube we used because it was edible, is now forbidden because it breaks down the rubber. Sex toys are no longer added enhancements; they're safer substitutes.

For those who have obeyed civilization's law of compulsory genital heterosexuality, the options we've lost might seem abstract enough. Not widely acknowledged until the advent of the AIDS crisis, our sex lives are now publicly scrutinized with fascination and envy, only partially masked by feigned incredulity (William Dannemeyer, for example, entered into the Congressional Record of June 26, 1989 the list of pleasures I just enumerated). To say that we miss uninhibited and unprotected sex as we miss our lovers and friends will hardly solicit solidarity, even tolerance. But tolerance is, as Pier Paolo Pasolini said, "always and purely nominal," merely "a more refined form of condemnation." AIDS has further proved his point. Our pleasures were never tolerated anyway; we took them. And now we must mourn them too.

When, in mourning our ideal, we meet with the same opprobrium as when mourning our dead, we incur a different order of psychic distress, since the memories of our pleasures are already fraught with ambivalence. The abject repudiation of their sexual pasts by many gay men tes-

ifies to that ambivalence, even as the widespread adoption of safe sex practices vouches for our ability to work through it. Perhaps we may even think of safe sex as the substitute libido-position that beckoned to us as we mourned our lost sexual ideal. But here, I think, the difference between generations of gay men makes itself felt most sharply. For men now in their twenties, our sexual ideal is mostly just that—an ideal, the cum never swallowed. Embracing safe sex is for them an act of defiance, and its promotion is perhaps the AIDS activist movement’s least inhibited stance. But for many men of the Stonewall generation, who have also been the gay population thus far hardest hit by AIDS, safe sex may seem less like defiance than resignation, less like accomplished mourning than melancholia. I don’t want to suggest that there is anything pathological about this disposition, but it does comprise many features of melancholia as Freud describes it, especially if considered in the context of its causes.

“The occasions giving rise to melancholia,” Freud writes, “for the most part extend beyond the clear case of a loss by death, and include all those situations of being wounded, hurt, neglected, out of favor, or disappointed, which can . . . reinforce an already existing ambivalence.”

Although Freud’s theory concerns an object relationship, if we transpose these situations to the social sphere, they describe very perfectly the condition of gay men during the AIDS crisis, as regards both our rejection and our self-doubt. In Freud’s analysis, melancholia differs from mourning in a single feature: “a fall in self-esteem”; “In grief the world becomes poor and empty; in melancholia it is the ego itself [which becomes poor and empty].” And this lowering of self-esteem, Freud insists, is “predominantly moral”; it is a “dissatisfaction with the self on moral grounds.” The patient represents his ego to us as worthless, incapable of any effort, and morally despicable; he reproaches himself,

21. Ibid., p. 125.
22. Ibid., p. 127.
23. Ibid., p. 128.
24. Ibid., p. 129.
viliﬁes himself, and expects to be cast out and chastised.”25 “In his ex-
acerbation of self-criticism he describes himself as petty, egoistic, dis-
honest, lacking in independence, one whose sole aim has been to hide
the weaknesses of his own nature. . . .”26 Moreover, the melancholic “does
not realize that any change has taken place in him, but extends his self-
criticism back over the past and declares that he was never any better.”27

This moralizing self-abasement is only too familiar to us in the response
of certain gay men to AIDS—too familiar especially because the media
have been so happy to give them voice as our spokesmen. Randy Shilts
comes readily to mind, and though I’ve dealt with him elsewhere,28 it is
worth mentioning in this context that he was chosen as our representa-
tive to address the closing ceremonies of the Fifth International AIDS
Conference in Montreal, where he obliged his hosts with an attack on
the militancy of international AIDS activists attending the conference.
But there is a recent example that is even more groveling: the book After
the Ball, an aptly titled sequel to Shilts’s And the Band Played On, whose
authority it cites approvingly, and whose “Patient Zero” continues here
to play his unhappy role. This flyleaf-described “gay manifesto for the
nineties,” published by Doubleday, is the dirty work of two Harvard-
trained social scientists, one of whom now designs aptitude tests for
people with high IQs, while the other is a Madison Avenue PR consul-
tant whose specialty is creating “positive images” for what the two of
them call “‘silent majority’ gays.” Informed by the latest trends in socio-
biology, Marshall Kirk and Hunter Madsen have devised a program to
eradicate homophobia—which they prefer to call homo-hatred so as to
deny its unconscious force. Their proposal centers on a media cam-
paign whose basis is the denial of difference. “A good beginning would
be to take a long look at Coors beer . . . commercials,” they suggest.29

25. Ibid., p. 127.
26. Ibid., p. 128.
27. Ibid., pp. 127–128.
28. See “How to Have Promiscuity in an Epidemic,” this volume.
29. Marshall Kirk and Hunter Madsen, After the Ball: How America Will Conquer Its Fear
But copying Coors ads does not stop with creating “positive” images. We have to “clean up our act,” they say, and live up to those images. This means purging our community of “fringe” gay groups—drag queens, radical fairies, pederasts, bull dykes, and other assorted scum.

Clearly we can take this book seriously only as a symptom of malaise—in its excoriation of gay culture, it bears every distinguishing characteristic of melancholia Freud specifies. Moreover, its accusations are also self-accusations: “We, the authors, are every bit as guilty of a lot of the nastiness we describe as are other gays,” the Harvard boys confess. “This makes us not less qualified to inveigh against such evils but, if anything, even more so.” The authors’ indictments of gay men are utterly predictable: We lie, deny reality, have no moral standards; we are narcissistic, self-indulgent, self-destructive, unable to love or even form lasting friendships; we flaunt it in public, abuse alcohol and drugs; and our community leaders and intellectuals are fascists. Here are a few sample statements:

*When we first delved into the gay urban demimonde, we assumed that they held, if not our values, at least some values. We were quickly disabused of this notion.*

*As the works of many students of sociopathic personality assert, a surprisingly high percentage of pathological liars are, in fact, gay.*

*The gay bar is the arena of sexual competition, and it brings out all that is most loathsome in human nature. Here, stripped of the facade of wit and cheer, gays stand nakedly revealed as single-minded, selfish sexual predators.*

30. “Cleaning Up Our Act” is actually a subheading of the book’s final chapter, which concludes with “A Self-Policing Code.”
32. These accusations appear in chapter 6: “The State of Our Community: Gay Pride Goeth before a Fall.”
Therefore, “straights hate gays not just for what their myths and lies say we are, but also for what we really are.”34 This is the only line in the book with which I agree; and it is a statement that, if taken seriously, means that no sociological account of homophobia will explain or counteract it. Kirk and Madsen's reliance on homophobic myths to describe what we really are demonstrates, in any case, not their understanding of homophobia, but their complete identification with it.

Although melancholia, too, depends on the psychic process of identification and introjection, I will not press the point. No matter how extreme the self-hatred, I am loath for obvious reasons to accuse gay men of any pathological condition. I only want to draw an analogy between pathological mourning and the sorry need of some gay men to look on our imperfectly liberated past as immature and immoral. But I will not resist a final word from Freud on melancholia, taken this time from “The Ego and the Id”: “What is now holding sway in the super-ego is, as it were, a pure culture of the death-instinct.”35

ACT UP, the AIDS Coalition to Unleash Power, was founded in March of 1987 in response to a speech at New York's Gay and Lesbian Community Center by Larry Kramer. In his inimitable manner of combining incomprehension and harangue, Kramer chided, “I sometimes think we have a death wish. I think we must want to die. I have never been able to understand why for six long years we have sat back and let ourselves literally be knocked off man by man—without fighting back. I have heard of denial, but this is more than denial; this is a death wish.”36

Nearly two years later, in a mean-spirited, divisive attack on AIDS activism published by the Nation, Darrell Yates Rist accused ACT UP—entirely falsely—of ignoring any gay issue but AIDS. After recalling a visit to San Francisco’s Tenderloin district, in which he encountered teenage gay runaways and hustlers, Rist continued, “I had just spent a night

34. Ibid., p. 276.
among those abandoned adolescents when, at a dinner in the Castro, I
listened to the other guests talk about nothing but AIDS, the dead, the
dying—which to their minds included every gay man in the city: fashion-
able hysteria. ‘This,’ one of the them actually said, ‘is the only thing
worth fighting for.’ Not long before, I’d heard Larry Kramer, playwright
and AIDS activist, say something like that too, and had felt, in that suff-
focating moment, that finally we’d all gone suicidal, that we’d die of our
own death wish.”37 It is between these two allegations of a death-
wish—one because we were not yet AIDS activists, the other because
we now are—that I want to frame the remainder of my discussion.

It might appear from what I’ve outlined so far that gay men’s responses
to the enormous losses suffered in the AIDS epidemic are predictable.
This is far from the case, and is only the result of my schematic reading
of “Mourning and Melancholia” against what I know of our experiences.
I have accounted for neither the full depth and variety of our conflicts
nor the multiplicity of their possible outcomes. What I offer to rectify
this inadequacy is simply a list, to which anyone might add, of the prob-
lems we face.

Most people dying of AIDS are very young, and those of us coping with
these deaths, ourselves also young, have confronted great loss entirely
unprepared. The numbers of deaths are unthinkable: Lovers, friends,
aquaintances, and community members have fallen ill and died. Many
have lost upwards of a hundred people. Apart from the deaths, we con-
tend with the gruesome illness itself, acting as caretakers, often for very
extended periods, making innumerable hospital visits, providing emo-
tional support, negotiating our wholly inadequate and inhuman health
care and social welfare systems, keeping abreast of experimental treat-
ment therapies. Some of us have learned as much or more than most
doctors about the complex medicine of AIDS. Added to the caretaking

p. 181. For the response of ACT UP, among others, see the issues of March 20 and May
1, 1989. For an impassioned discussion of the entire debate, see also Watney, “The
Possibilities of Permutation.”
and loss of others is often the need to monitor and make treatment decisions about our own HIV illness, or face anxiety about our own health status.38

Through the turmoil imposed by illness and death, the rest of society offers little support or even acknowledgment. On the contrary, we are blamed, belittled, excluded, derided. We are discriminated against, lose our housing and jobs, denied medical and life insurance. Every public agency whose job it is to combat the epidemic has been slow to act, failed entirely, or been deliberately counterproductive. We have therefore had to provide our own centers for support, care, and education and even to fund and conduct our own treatment research. We have had to rebuild our devastated community and culture, reconstruct our sexual relationships, reinvent our sexual pleasure. Despite great achievements in so short a time and under such adversity, the dominant media still pictures us only as wasting deathbed victims; we have therefore had to wage a war of representation, too.

Frustration, anger, rage, and outrage, anxiety, fear, and terror, shame and guilt, sadness and despair—it is not surprising that we feel these things; what is surprising is that we often don’t. For those who feel only a deadening numbness or constant depression, militant rage may well be unimaginable, as again it might be for those who are paralyzed with fear, filled with remorse, or overcome with guilt. To decry these responses—our own form of moralism—is to deny the extent of the violence we have all endured; even more important, it is to deny a fundamental fact of psychic life: violence is also self-inflicted.

The most contested theoretical concept in the later work of Freud is the drive to death, the drive that competes with the life instincts and com-

38. It seems to me particularly telling that throughout the epidemic the dominant media has routinely featured stories about anxieties provoked by AIDS—the anxieties of health-care workers and cops exposed to needle sticks, of parents whose children attend schools with a child who has been infected with HIV, of straight women who once upon a time had a bisexual lover . . . but I have never once seen a story about the millions of gay men who have constantly lived with these anxieties since 1981.
prises both aggression and self-aggression. It was over this concept that Reich broke with Freud, insisting that with the death drive Freud definitively side-stepped the social causes of human misery. But, against Reich's objection, and that of other early proponents of a political psychoanalysis, Jacqueline Rose argues that it is only through the concept of the death drive that we can understand the relationship between psychic and social life, as we seek to determine “where to locate the violence.”

As opposed to Darrell Yates Rist’s pop-psychology assertion that activists have a death wish, I want to suggest on the contrary that we do not acknowledge the death drive. That is, we disavow the knowledge that our misery comes from within as well as without, that it is the result of psychic as well as of social conflict—or rather, as Rose writes, our misery “is not something that can be located on the inside or the outside, in the psychic or the social . . . , but rather something that appears as the effect of the dichotomy itself.”

By making all violence external, pushing it to the outside and objectifying it in “enemy” institutions and individuals, we deny its psychic articulation, deny that we are effected, as well as affected, by it.

Perhaps an example will clarify my point. The issue of HIV antibody testing has been a central concern for AIDS activists from the moment the movement was formed. We have insisted, against every attempt to implement mandatory or confidential testing, on the absolute right of voluntary anonymous testing. At the International AIDS Conference in Montreal in June of 1989, Stephen Joseph, health commissioner of New York City, called for confidential testing with mandatory contact tracing, based on the fact that immune-system monitoring and early treatment intervention for those who are HIV-positive could now prolong and perhaps save their lives. We immediately raised all the proper objections to his cynical proposal: that only if anonymity is guaranteed will people get tested, that New York has too few testing sites to accom-


40. Ibid.
moderate the people wishing to be tested as is, and that the services necessary to care for people who test positive cannot even accommodate the current caseload. Agreeing that testing, counseling, monitoring, and early treatment intervention are indeed crucial, we demanded instead an increase in the number of anonymous testing sites and a system of neighborhood walk-in HIV clinics for monitoring and treatment. We were entirely confident of the validity of our protests and demands. We know the history of Stephen Joseph's provocations, we know the city government's dismal failure to provide health care for its huge infected population, and we know not only the advantages of early intervention but also exactly what the treatment options are.

But with all this secure knowledge, we forget one thing: our own ambivalence about being tested, or, if seropositive, about making difficult treatment decisions. For all the hours of floor discussion about demanding wide availability of testing and treatment, we do not always avail ourselves of them, and we seldom discuss our anxiety and indecision. Very shortly after Joseph's announcement in Montreal and our successful mobilization against his plan, Mark Harrington, a member of ACT UP's Treatment and Data Committee, made an announcement at a Monday-night meeting: "I personally know three people in this

41. I do not wish to claim that the "right" decision is to be tested. AIDS activists insist quite properly only on choice, and on the viability of that choice through universally available health care. But problems of HIV testing are not only sociopolitical; they are also psychic. In "AIDS and Needless Deaths: How Early Treatment Is Ignored," Paul Harding Douglas and Laura Pinsky enumerate a series of barriers to early intervention in HIV disease, including lack of advocacy, lack of media coverage, lack of services, and, crucially, "The Symbolic Meaning of Early Intervention for the Individual." This final section of their paper provides a much-needed analysis of psychic resistance to taking the HIV antibody test. I wish to thank Paul Douglas and Laura Pinsky for making their paper available to me.

42. The successes of the AIDS activist movement are, unfortunately, never secure. In the late fall of 1989, during the transition from Ed Koch's mayoralty to that of David Dinkins, Stephen Joseph resigned his position as health commissioner. But not without a parting insult to those of us who had opposed his policies all along: Once again, and now with the full support of the New York City Board of Health, Joseph asked the state health department to collect the names of people who test positive to HIV and to trace and contact their sex partners and those with whom they shared needles.
group who recently came down with PCP [Pneumocystis carinii pneumonia]," he said. "We have to realize that activism is not a prophylaxis against opportunistic infections; it may be synergistic with aerosolized pentamidine [a drug used prophylactically against PCP], but it won't on its own prevent you from getting AIDS."

By referring to Freud's concept of the death drive, I am not saying anything so simple as that a drive to death directly prevents us from protecting ourselves against illness. Rather I am saying that by ignoring the death drive, that is, by making all violence external, we fail to confront ourselves, to acknowledge our ambivalence, to comprehend that our misery is also self-inflicted. To return to my example: It is not only New York City's collapsing health-care system and its sinister health commissioner that affect our fate. Unconscious conflict can mean that we may make decisions—or fail to make them—whose results may be deadly too. And the rage we direct against Stephen Joseph, justified as it is, may function as the very mechanism of our disavowal, whereby we convince ourselves that we are making all the decisions we need to make.

Again I want to be very clear: The fact that our militancy may be a means of dangerous denial in no way suggests that activism is unwarranted. There is no question but that we must fight the unspeakable violence we incur from the society in which we find ourselves. But if we understand that violence is able to reap its horrible rewards through the very psychic mechanisms that make us part of this society, then we may also be able to recognize—along with our rage—our terror, our guilt, and our profound sadness. Militancy, of course, then, but mourning too: mourning and militancy.