



4-2011

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DOI: <https://doi.org/10.13023/disclosure.20.02>

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Recommended Citation

Lewin, Ellen (2011) "Commodifying Same-Sex Marriage in the United States: Medicalization, Morality, and Mental Health," *disClosure: A Journal of Social Theory*. Vol. 20 , Article 2.

DOI: <https://doi.org/10.13023/disclosure.20.02>

Available at: <https://uknowledge.uky.edu/disclosure/vol20/iss1/2>

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Ellen Lewin

Commodifying Same-Sex Marriage in the United States: Medicalization, Morality, and Mental Health

In the spring of 2005, the membership of the American Psychological Association approved a resolution backing same-sex marriage "in the interest of maintaining and promoting mental health." Both this organization and its sister professional group, the American Psychiatric Association, have long attended to the mental health ramifications of homosexuality, and famously, back in the early 1970s, the psychiatrists voted to remove homosexuality from the list of mental disorders enumerated in its Diagnostic and Statistical Manual (DSM).¹ That decision, along with the earlier work of the Kinsey researchers and the revolutionary psychological studies conducted by Evelyn Hooker, has long been heralded as having paved the way for gay and lesbian people to dispute characterizations of their sexuality as clinically abnormal.² With this assurance that homosexuality did not stem from an inherently disordered psyche, lesbians and gay men and other members of sexual/gender minorities have

been able not only to seek relief from persecution, but to launch an ambitious movement for civil rights.

Judgments about the mental health of non-heterosexuals have clearly played a part in the gains made over the last few decades, and it would be foolish to minimize the power of such professional assessments to influence public opinion—or the degree to which such views are themselves shaped by changing public opinion. But of late, a somewhat different argument about lesbian/gay rights and mental health, specifically surrounding demands for same-sex marriage, has surfaced in the United States, and I would like to raise some concerns about how these issues are coming to be deployed. An article by psychiatrist Robert Kertzner and anthropologist Gilbert Herdt, for example, argues forcefully that same-sex couples should have access to legal marriage because of the mental health benefits they would thereby realize. Although this position resonates with many mental health professionals, I believe it demands careful and critical examination.³

I will contend that while estimations of the mental health advantages of marriage may have some strategic utility in approaching particular audiences, e.g., psychologists and psychiatrists, a political strategy that puts mental health at its center is ill-considered and potentially productive of questionable alliances. I base my position on concerns about what scholars, clinicians, and activists mean by “mental health,” as well as on my alarm over a growing convergence between arguments in favor of marriage equality for same-sex couples and the larger marriage promotion movement that has surfaced in the United States in recent years in close association with efforts to “reform” welfare policies. I will argue, as well, that these associations reflect a growing commodification of marriage and mental health as both come increasingly to be linked to relative affluence.

Beyond concerns about these findings themselves, I am uncomfortable with any approach to lesbian and gay rights that uses a mental health paradigm to frame notions of entitlement and citizenship, even as I am personally sympathetic to the struggle by gay and lesbian people to gain access to legal marriage.⁴ As a cultural anthropologist whose work has long addressed that complex of ideas, behaviors, and symbols that comprise what we usually gloss as “family” and “kinship,” I take a keen interest in the ways these categories are defined in different cultural contexts. My approach stands in contrast to trends in queer studies that have tended to neglect this area of behavior and identity, particularly at the level of real life, reflecting an assumption that transgressive sexualities, however they are defined, are always already separated or should be separable from the mundane social domain of domesticity and family.⁵ The emphasis in this body of work typically lies on sexuality and desire, implicitly separating these domains from other elements of daily life and identity.

Some scholars have gone further and have sharply criticized efforts of lesbians and gay men to achieve any of the insignia of family legitimacy⁶

or have sought, with little regard for empirical evidence, to cast queer families as axiomatically subversive.⁷ Commentators on both sides of debates about queerness and assimilation voice surprisingly similar arguments, drawn in my view on deeply essentialized assumptions about the nature of homosexuality as a fixed and predictable set of behaviors and desires.⁸ In both cases, departure from heterosexual convention is understood as rooted in specific non-normative sexual proclivities, urges that may be seen as disordered and evil by opponents of gay rights or that may be valorized by their proponents, but which in either case are thought to be displayed in a range of sexual and cultural behaviors at odds with all sorts of conventionality. Such positions amount to what I have labeled “queer fundamentalism” when espoused by theorists who position themselves as non-heterosexual.⁹

The resultant myopia concerning lesbian/gay life and families has meant, on one level, that lesbian and gay social worlds have long been construed as almost completely lacking in family or kinship connections, except insofar as the language of relatedness is used metaphorically or applied through “choice” to friends.¹⁰ Prevalent images of lesbian/gay cultures and communities are of bounded, inwardly-oriented universes, the frontiers around them understood as a sort of no-man’s land in which nearly all fear to tread. Marriage and family simply don’t have a place in this terrain.

But questioning the use of mental health paradigms as a way to argue for equal access to marriage need not be inspired by hostility toward same-sex marriage or repudiation of the desires of some lesbians and gay men to claim the rewards of domesticity. Nor need it ignore the fact that mental health arguments may have particular resonance with some audiences we may wish to reach and thus have a particular, though opportunistic, effectiveness. Nonetheless, the prospect of using same-sex marriage as part of a larger effort to enhance the mental health of lesbian and gay people is a disturbing one, as well as an approach that I believe is doomed to backfire.

What are the arguments about same-sex marriage and mental health? Celia Kitzinger and Sue Wilkinson¹¹ have provided us with an excellent review of one strand of the mental health argument, one that emphasizes what might be called the *oppression position*, i.e., that lack of access to legal marriage is a form of oppression that has a range of deleterious effects on mental health, a claim that recalls positions taken in opposition to racial segregation, notably influencing the 1954 Supreme Court decision in *Brown v. Board of Education*, which outlawed segregation in public schools.¹² The majority opinion in that case held that segregation was wrong because it made black children feel inferior and hence caused them psychological and intellectual harm, a judgment heavily influenced by Kenneth and Mamie Clark’s famous doll preference studies.¹³ Whether such research is directly applicable to the experience of lesbians and gay men certainly merits further investigation, though some parallels between various forms of discrimination obviously exist.

These arguments—that discrimination generates pathology—clearly conflict with efforts, foundational to claims to gay and lesbian civil rights since the 1950s, to understand homosexual people (like other members of stigmatized minorities) as fundamentally psychologically healthy.¹⁴ The notion that exclusion from key social institutions is primarily a form of emotional abuse to which stigmatized persons fall victim cannot be the foundation of a strategy to gain equal rights, Kitzinger and Wilkinson argue.

But other approaches to same-sex marriage and mental health have been inspired not by arguments about the harmful consequences of oppression, but by a comparison with heterosexual marriage and a reliance on stances taken in support of marriage that have been deployed in a range of contexts in the US—what we might call the *happy marriage position*. Despite contradictory data about the mental health implications of marriage, these positions accept with little qualification the assertion that marriage has affirmatively positive emotional effects on both men and women, and that same-sex couples ought to be able to share these benefits.¹⁵

Attempts to ground the quest for equality in the mental health benefits of marriage inevitably draw on data that only indirectly speak to the circumstances of lesbian and gay couples. The marriage and partnership rights offered to same-sex couples in the several European countries generally do not offer complete equality with heterosexual marriage, insofar as many of these countries place some restrictions on same-sex couples' ability to adopt children or avail themselves of some other entitlements associated with marriage.¹⁶ Denmark was the first country (in 1989) to establish some sort of same-sex registration option, but other countries in Europe quickly followed suit, first across Scandinavia and then in the Netherlands and Belgium (where both same-sex and different-sex couples now have the option to choose either marriage or registered partnership). A range of other arrangements now exist in France, Germany, and the United Kingdom. Fully equal access to marriage was extended to gay and lesbian couples in Canada in 2003, in Spain in 2005, and in South Africa in 2006. Some European countries offer a range of registration provisions, none of which are called "marriage" and some of which also offer a legal connection perceived as less weighty than marriage to heterosexual couples, though there is evidence that some couples actively view these unions as "marriage," sometimes adding ceremonial elements to the registration process to mark that status.¹⁷ In addition, a number of jurisdictions around the world will acknowledge or accord some level of recognition to same-sex marriages and partnerships enacted elsewhere.¹⁸

In the United States, beginning with Berkeley, California in 1984, some municipal and state jurisdictions have approved measures that offer various sorts of rights that approximate some features of marriage to same-sex (and sometimes opposite-sex) unmarried couples, variously consisting of domestic partner registration, extension of some employee

benefits (most notably health insurance) to same-sex partners, and the ability to claim legal standing that would permit particular kinds of litigation.¹⁹ At the same time, in the US, a substantial number of public and private employers have begun to offer benefits to the same-sex partners of employees, though such efforts have been hampered in locations where anti-gay marriage measures have been passed by voters and have, in some instances, occasioned consumer boycotts by right-wing constituencies.

As of this writing, three states in the US—Massachusetts, California, and Connecticut—have made marriage legal for same-sex couples, though the entitlements such couples can claim stop at the state borders.²⁰ With the impending threat of a constitutional amendment (Massachusetts) and a ballot initiative (California) that defines marriage as limited to heterosexual unions, couples can hardly settle into their marriages confidently. A constantly changing roster of states offers some variant of "marriage lite," including Vermont's civil union mechanism. The legal standing of all of these measures, at least in the US, remains quite fluid at the same time that more countries are establishing some sort of recognition for same-sex marriages, whether they move to institute such processes themselves or merely to recognize unions solemnized elsewhere. Brazil, for example, instituted a policy in 2003 of recognizing unions performed elsewhere for purposes of immigration.²¹

All of this flux—the situation changes almost day to day—and the shallow time frame within which legally recognized same-sex marriage or partnership has existed, mean that arguments that marriage has any particular mental health effects on same-sex couples can only be made indirectly and with heavy reliance on rhetoric. That is, we cannot empirically assess how marriage affects the mental health status of married same-sex couples over time when there are virtually no such people available to investigate. Further, since what is considered marriage or what particular couples interpret as marriage vary across a wide range of legal and ceremonial arrangements, there is no way to legitimately compare the experience of same-sex couples with that of married heterosexuals.

In the absence of direct evidence, some proponents of same-sex marriage have based their positions on analogies drawn from studies of heterosexual couples, most notably the work of Linda Waite and her associates,²² which claim that both mental and physical health are enhanced by legal marriage. In other instances, arguments in favor of the right to marry have been based on the presumed positive effects of achieving public recognition for such committed relationships. These approaches depend on previous findings, largely based on narrative or anecdotal evidence, that speak to the beneficial effects of "coming out" on feelings of well-being and self-esteem (to mention just some of the variables that might be mentioned) and others that suggest that community support helps to sustain and solidify committed relationships.

THE CASE FOR MARRIAGE

There is an enormous corpus of research from a range of disciplines—psychology, economics, sociology, history, and others—that addresses the advantages (heterosexual) marriage may provide couples, and spokespersons for this set of comparisons draw on a range of findings to make their case. Some of these data appear to present solid evidence for the view that particular indicators of mental health (as well as physical health) can be correlated with marital status in particular populations, studied under specific circumstances. For example, a number of researchers have conducted longitudinal studies that follow the experiences of those who marry and those who do not, as indicated by self-report.²³ In these studies, baseline data on a variety of mental health indicators are compared with outcomes after various marital pathways. These researchers generally conclude that stable marriage (at least during a five-year period of examination) is associated with freedom from depression, expressions of happiness with life in general, self-esteem, and other diverse measures including personal mastery, autonomy, having a purpose in life, and personal growth. In contrast, those who did not marry during the research period or who married and then separated or divorced showed corresponding deficits in these same areas.²⁴

The direction of these findings is not uniform, nor do assertions about why such advantages occur necessarily argue for the same causal links. The explanations Waite and Gallagher offer for marriage being beneficial to mental health (among other areas) variously focus on the salutary effects of intimacy and emotional support, the security gained from the greater commitment presumed to accompany legal marriage (even in the face of high divorce rates), the protection spouses offer each other from physical hazards (though this argument usually identifies the wife as the protector of both spouses), and often, the economic advantages associated with marriage. Whether any of these attributes, but especially those connected to financial wherewithal, are causes or effects of marriage remains a matter of controversy.²⁵

Obviously, many questions can be raised about the credibility of such data, based as they are on aggregate epidemiological data or self reports and responses to questionnaires administered in artificial settings, not least about their application to the immense complexity of real life. Probably the most compelling set of criticisms of these conclusions raise the issue of how to evaluate “good” versus “bad” marriages, particularly as we have become aware of pervasive violence in the latter—however they are defined. Numerous studies of domestic violence reveal that class factors, and especially extreme poverty, are linked to high rates of violence. The poor are also the group least likely to marry, thus suggesting that couples with higher incomes may have greater chances of marital success, along with lesser vulnerability to domestic violence.²⁶

In other words, those who are destined to be able to manage the most successful marriages are, in fact, the very same population most

likely to marry. Those with fewer economic resources, already at risk for domestic violence and other hazards that might have negative emotional impacts, generally do not find their way into the statistics on marital mental health. Similarly, it might be argued that those with better overall mental stability and other emotional qualities that might contribute to a harmonious marital life are already more likely to marry and to have successful marriages than those individuals with mental health deficits. Selection factors, in other words, may account for the correlations between mental health indicators and marriage, despite researchers' claims that their longitudinal designs eliminate such biases.

In an effort to directly address the experience of same-sex couples, psychologist Lawrence Kurdek has compared gay and lesbian cohabiting couples with heterosexual married couples along such dimensions of “relationship quality” as intimacy, autonomy, equality, constructive problem solving, and barriers to leaving the marriage. He then assesses the relationship between these variables and two “relationship outcomes” during a five-year longitudinal study. While the overall results indicate that relationship quality and relationship outcome, i.e., continuation or dissolution, are linked similarly for heterosexual and homosexual couples, numerous methodological problems can be raised in trying to extrapolate from heterosexual married couples to gay men and lesbians. Like other studies of its kind, Kurdek's involved a rather homogeneous, non-random sample of well-educated subjects and depended on self reporting for its findings. More critical, of course, is the absence of any direct way to compare the possible effects of marital status on two populations whose legal relationship to marriage is totally different. Nor does this approach allow for an examination of how gender itself may shape perceptions of relationship quality.²⁷

THE CASE FOR COMING OUT

Claims about the benefits of coming out are largely based on studies conducted by clinicians.²⁸ Related research shows a range of deleterious effects of concealing one's sexual identity, including an elevated risk for suicide, HIV infection, and exposure to sexual violence.²⁹ They draw on knowledge about how people experience all forms of stigma, including the notion, famously put forward by Erving Goffman,³⁰ that stigmatized individuals must devote considerable energy to “managing” their identities and to assessing the risk in particular situations of allowing their identities to become known. Stigmatized identities, this literature indicates, “spoil” or supersede other aspects of identity, and either preventing discovery or manipulating it in some way becomes an overriding preoccupation for such individuals. But even as fears about negative responses to coming out are warranted in many circumstances,³¹ individuals often report disclosure to be a liberating experience that enables them to validate their sense of self.³²

Beyond the clinical data, the celebration of coming out as a necessary feature of forming a stable homosexual identity and the testimonials that are typical features of personal accounts seem to be fueled by the value North American culture places on honesty and individual integrity. Along with these values, the individualistic ethos that is particularly central to the culture of the US prizes the authenticity of personal narratives as unassailable evidence of experience and hence "truth."³³ By the same token, concealing one's "true" identity is widely believed to be both personally unhealthy and potentially harmful to others, as accounts of members of stigmatized populations who "pass" as members of more esteemed groups amply demonstrate.

While such experiences may not always be analogous, the images of the black person who passes as white, of the Jew who allows him/herself to be taken for gentile, and the homosexual who pretends to be straight nearly always invoke notions that passing betrays one's family and community, typically leading to tragic results. Such outcomes may occur on a personal level and be demonstrated by displays of pathological, and even self-destructive, behavior. They also may be understood to be more communal in their impact, as the person who passes risks alienation from the community of those with whom the stigmatized identity is shared, while never establishing secure links with the community to which he/she aspires.³⁴

Such judgments are supported by the evidence of personal narratives of various sorts—confessions of those who have passed and come to regret their actions as cowardly, and testimonials about the exultation experienced by those who own up to their "true" identities. In fact, the coming-out story has been one of the central cultural devices that has framed the gay and lesbian rights movement in the West; it takes a narrative form that is distinctive in some features, but that also resembles the larger genre of the *bildungsroman*.³⁵

The uncritical valorization of "coming out" assumes that identities are fixed, singular, and inherent to individuals who must be conscious of them. Secrecy, hiding—even behaviors that might constitute a wish for privacy—are excoriated in this discourse as concealment and evidence of shame, sometimes constructed as "internalized homophobia." Rarely do we read sympathetic accounts in which discretion about one's sexual (or other) identity might either have a positive outcome, e.g., by allowing for the maintenance of particular kinds of relationships, enhancing earning power, or of situations in which "openness" results from pressure to conform that compels collusion with identity definitions imposed by others. In his analysis of gay adolescents' uses of silence in their life stories, William Leap has observed that condemnation of the "closet" may obscure its importance not only as a site of denial, but also as a location in which "a simpler and less threatening form of gay experience" can be enacted. "If the closet is part of gay culture, then the closet, too, has a language—a language that privileges silence over speech, restraint over expression, concealment over cooperation, safety over risk."³⁶

Mental health-based arguments in favor of same-sex marriage rights raise concerns, then, in terms of how such positions are derived and argued. They are based not on solid evidence, but on a set of analogies and generalizations themselves drawn from questionable sources. They rest on assumptions that same-sex partnerships are readily comparable in key dimensions to heterosexual marriages, and on extrapolations from the subjective body of knowledge provided by clinical accounts of coming out and bolstered by popular coming-out and other personal narratives. And they assume a particular sort of relationship between marriage and mental health that, as we shall see, is far from transparent.

WHAT'S THE OPPOSITE OF MENTAL HEALTH?

Besides the problem of drawing analogies between the as yet virtually non-existent phenomenon of same-sex marriage and either heterosexual marriage or the coming out experience, the mental health paradigm generates some more specific concerns as well. The most obvious and disturbing image is of gay and lesbian people, who in the vast majority of locations are now, and have always been, ineligible for legal marriage, being therefore less well-endowed with "mental health" than married people. Are they more prone to psychological disturbances merely because of their unmarried status?

If we take the idea of a link between marriage and mental health to its logical conclusion, it seems to me that we find ourselves moving toward undoing the positive impact of the decision by the American Psychiatric Association to de-pathologize homosexuality. Under these conditions, it would not be the direction of sexual desire or the disruptions of conventional gender norms that would label homosexuals "sick," but their lack of participation in the institution of marriage. As circular as such reasoning may seem, there is sufficient hostility to gay and lesbian people today to make access to such an easy form of stigma an attractive alternative to seemingly more toxic forms of bias.

Attempts to ascertain levels of "mental health" and to connect them with "marriage" are problematic as well when we consider how imprecise those terms are. Whose marriages are we talking about, and how do we account for the mental health benefits they allegedly confer? That is, assuming that a generic condition known as "marriage" has some positive effects on mental health, what is the mechanism by which this is thought to occur? Which aspects of mental health are affected? I can imagine a number of benefits conferred by marriage that would be difficult to extrapolate to non-heterosexuals: the communal recognition that accompanies the change from single to married, or the fact that married couples conventionally include wage-earning men and thus are better off than individuals on their own or two women living together. Can we assume that marriage bestows the same benefits across divisions of social class, race, and ethnicity—or across the many other cultural boundaries that crisscross US society?

Even the most earnest advocates of the benefits of marriage are hard-pressed to unravel the distinction between the institution's economic advantages and the salutary effects they claim it has on mental and physical health. These economic benefits can easily be traced to the effects of having an employed male contributing to the household; given the lower rates of marriage among the poor, this male is likely to be at least middle-class. But do they result from or cause the positive mental health outcomes these researchers claim to have found? How much emotional distress, one cannot help but wonder, is the product of insecure financial circumstances—downward mobility, deindustrialization, the growing prominence of employment in the service sector. None of these conditions promotes mental health, and none of them are positively associated with marriage rates. Some of the scholars in this field give passing attention to these issues, but none are willing to consider how thoroughly their images of marital bliss are grounded in economic security.³⁷ The enthusiasm with which some of the pro-marriage scholars invoke the economic benefits of marriage comes perilously close to sounding like a get-rich-quick scheme for instantly solving the financial predicaments of many currently living outside marriage.

Then there are factors associated with heterosexual marriage that may have either positive or negative effects; here I am thinking of the consequences of the institution's intersection with conventional gender roles. Does living under the sway of these norms contribute to "mental health" equally for men and women, and how would this translate in a same-sex partnership? Those who celebrate the mental health benefits of marriage have been eager to sweep aside the visionary work of Jessie Bernard, who more than 30 years ago argued that marriages needed to be understood as different institutions for men and women.³⁸ In her reading, men benefited in direct ways from the services of women, while women were likely to suffer in various ways from their subordinated roles in these relationships. While lines of authority in marriage are by no means as linear as convention framed them before the influences of feminism began to be felt and women's employment became a virtual necessity for all but the most affluent families, the continuing prevalence of domestic violence and an unequal division of household labor both speak to the ongoing inequality that is a feature of at least some heterosexual marriages.³⁹

Of course, those couples who do have significant economic resources are precisely those who can buy themselves out of some of the more oppressive manifestations of gender inequality. If service employees can be engaged to undertake the more onerous aspects of domesticity—cleaning, cooking, laundry, and child care—then it is likely that stresses caused by female subordination will fade into the background, even as women, by and large, continue to have major responsibility for making sure all the service providers complete their work. But perhaps that is not the mechanism by which marriage confers its apparent benefits. We do not really know.

And that is just looking at the United States. Is "mental health" everywhere measured by the same criteria? Do all cultures assess it according to individual attributes, or are there locations where we must look for a more communal reading of "mental health"? Medical anthropologists can attest to the fact that the assessment of mental health and illness is accomplished very differently in different cultures, with stark disparities cross-culturally in the numbers of persons diagnosed with particular conditions.⁴⁰ Do the mental health advantages presumed to be associated with marriage also accrue where other systems of marriage, such as polygamy, are normative? Do they apply in cultures where marriage operates as a mechanism for ordering social, economic, and political alliances rather than a site for intimacy and emotional support?

MEDICALIZING RELATIONSHIPS

Framing equality in terms of "mental health" depends on a paradigm of medicalization, a form of social control that historically has rarely been employed in the service of disempowered or marginalized populations.⁴¹ Feminist scholars have long documented, for example, the ways in which the medicalization of women's ordinary reproductive experience can have a variety of pernicious effects on their social status, and arguably on their mental health as well. These processes of medicalization undermine women's ability to trust their own embodied experience, leading to soaring rates of interventions, at least some of which are not medically necessary. They also institutionalize medical surveillance over the most personal domains of life, obstructing women's ability to make decisions on their own behalf.⁴²

Perhaps it is not surprising that a medical model of the right to marry would emerge in the present historical moment when such technologies as Viagra, assisted reproduction, prenatal diagnostic techniques, cosmetic and gender reassignment surgeries, and other interventions British sociologist Ken Plummer has dubbed "the medicalizing of intimacy"⁴³ are proliferating and arguably having their own effects on sexuality and marriage. Increasingly, variations that were simply part of the routine fabric of life have moved into a domain that makes them "treatable." As some advocates for the disabled have argued, the availability of prenatal diagnostic methods for conditions that may not be life-threatening may lead to a devaluation of all human variability, and even of cultures shared by persons with specific conditions (e.g., deafness).⁴⁴

Comparable arguments have surrounded the ubiquitous use of prenatal diagnosis to determine the sex of the fetus, which in a number of countries (e.g., India and China) have led to selective abortion of (usually) female offspring.⁴⁵ Are "imperfections" of any sort to be tolerated, or should they all be obliterated by the power of medical treatment? Will women who refuse to undergo diagnostic procedures or undertake therapies indicated by the results of diagnoses be held responsible for

producing disabled offspring?⁴⁶ And does the availability of such technologies, at least to those who can afford to employ them, pose the prospect of embodying class distinctions in previously unimaginable ways?⁴⁷

Medicalization presents particularly problematic issues for gay rights as it expands into the area of sexual functioning.⁴⁸ Use of the various pharmaceutical products that have taken aim at so-called erectile dysfunction is presumably freely chosen, but as these technologies become more sophisticated and specialized, will that always be the case? How will their expanded use affect popular understandings of "normal" sexual functioning? How big a step might it be from "treating" sexual dysfunction to seeing all sexual variation, as well as the emotional fabric of sexuality, in medicalized terms?⁴⁹

Medicalization also raises yet other worrisome questions that hinge on the temporality of scientific findings. What if later research contradicts the data that support the salutary effects of marriage? Do claims to the mental health benefits of marriage then evaporate, going the same way as diets based on heavy consumption of red meat? In other words, can we only justify demands for same-sex marriage rights as long as we can demonstrate a correlation between such rights and good mental health?

Even if we forego a broad cross-cultural survey and look only at the United States, we can see that notions of who is mentally ill vary enormously, even over relatively short periods of time. A recent survey, for example, suggested that more than half of Americans will develop a mental disorder over their lifetimes.⁵⁰ And the DSM, which as I mentioned earlier de-pathologized homosexuality in its 1973 edition (thereby declaring several million people instantly "cured"), has, for the most part, added rather than subtracted mental disorders to its inventory of psychiatric diagnoses. The total number of disorders listed amounted to some 60 categories in 1952, but now boasts about 300 conditions and syndromes. Can we expect that homosexuality or failure to marry might not turn up into this powerful compendium as time goes on? Both mental health and mental illness are moving targets, shifting, some would argue, to meet the pressures of the pharmaceutical industry or to coincide with the requirements of health insurance.⁵¹

WHAT ABOUT HUMAN RIGHTS?

Another concern speaks to longer range strategies. As Kitzinger and Wilkinson argue, the use of a mental health paradigm draws our attention away from models that would be more appropriate to the matter of same-sex marriage rights. The language of the 1948 United Nations Universal Declaration of Human Rights might help us think about the issue of equal access to marriage as a matter of equality before the law and the right of each person to legal recognition, both listed as inalienable human rights in the document. The Declaration also includes the following: "No one shall be subjected to arbitrary interference with his privacy, family, home or

correspondence, nor to attacks upon his honor and reputation. Everyone has the right to the protection of the law against such interference or attacks."⁵² Historian Nancy Cott has shown that marriage has long functioned as a marker of citizenship in the US; this clause in the Declaration speaks directly to the central problem that exclusion from marriage poses for lesbians and gay men, as it once did for enslaved people and Asian immigrants.⁵³ Does a mental health focus really enhance our ability to deploy a human rights paradigm?

While I have some discomfort with the universalizing language of human rights discourse, my mention of the paradigm is not just hypothetical. Such language, rather than prognostications about mental health, in fact permeates legal decisions that have been made in support of same-sex marriage or other rights of lesbian and gay people. In the 2004 decision in the Massachusetts case, *Goodridge v. Department of Public Health*, for example, the justices explained their ruling in support of same-sex marriage as follows:

Barred access to the protections, benefits, and obligations of civil marriage, a person who enters into an intimate, exclusive union with another of the same sex is arbitrarily deprived of membership in one of our community's most rewarding and cherished institutions. That exclusion is incompatible with the constitutional principles of respect for individual autonomy and equality under law.⁵⁴

Similarly, the Ontario court that ruled in *Halpern v. Canada* in 2003, establishing the foundation for equal access to marriage in Canada, stated in part,

Exclusion from marriage – a fundamental societal institution – perpetuates the view that same-sex relationships are less worthy of recognition than opposite-sex relationships. In doing so, it offends the dignity of persons in same-sex relationships.⁵⁵

In other words, the human rights-inflected language of fundamental human dignity can be used to craft arguments that are convincing in judicial contexts. Like Gayatri Spivak's notion of "strategic essentialism," such appeals may be intellectually suspect but nevertheless are evocative and effective.⁵⁶ The deployment of mental health is not the only argument that can be used opportunistically to capture the sympathy of an important audience.

THE PERILS OF PRIVACY

The language of mental health tends to invoke images of domestic privacy that I would argue obscure the workings of the "matrix of power relations" in which marriage is actually embedded.⁵⁷ Yes, family and marital dynamics unfold in spaces that are private, but they also are shaped by laws and politics, as well as by the inequalities that exist between parents and children, between men and women, and between groups that are positioned differently according to race, economic status, and other distinctions. The language of mental health instead implies a distancing between the public domain and the world of emotions, as though the latter unfolds only in the realm of the private and domestic. It is essential to recognize that the struggle for same-sex marriage has blossomed in a complex environment in which ideas about identities and the claims to citizenship they make possible intersect with notions of rights and responsibilities. These dynamics cannot be captured by models that bifurcate the private and public; rather they are sites where these seemingly opposing domains are most intimately connected. Marriage, after all, is the social institution in which a private sexual relationship receives public recognition.

I am similarly suspicious of arguments for same-sex marriage that frame the entire debate as a quest for concrete benefits such as health coverage, pensions, and child custody, arguments that bear a marked resemblance to the mental health rationale. Clearly, those (and more than 1,000 other) specific entitlements are, in the US, tied directly to marriage. But would marriage cease to exist if these benefits were distributed in a more equitable fashion? Many of us still dream that the US will one day enter the community of civilized nations that offers its citizens national health care, but would provision of universal health coverage really mean that there would be no reason to get married? Has anything like that happened in countries that do offer such services?

Ethnographic research on same-sex commitment ceremonies that were undertaken in the complete absence of any sort of legal recognition showed that material benefits, while not to be disparaged, are not the primary reason that people choose to marry. Instead, couples' accounts indicated that they were making a variety of sometimes overlapping, even seemingly contradictory, statements in framing their desire to make their unions public and in formulating the specific ritual content of the ceremonies. The rituals allowed them to articulate membership in communities of all stripes, connections to spiritual forces and religious traditions, claims to ethnic and family ties—all intentions that transcended boundaries between sexually-defined populations. These couples wanted to make particular kinds of statements about themselves to the wider world, and material benefits served more to ratify their stances than to define their goals. For example, gifts might have monetary value, but they mainly work to demonstrate that the couple is really what they say they are—married. Couples might perceive their mental health—experienced as a general sense of wellbeing—to have been positively affected by their

weddings, but their objectives in staging these events go beyond these fleeting rewards.⁵⁸

MENTAL HEALTH AS DURABLE GOOD

Those who have created the current uproar about the status and future of marriage in the US have pointed to divorce rates, out-of-wedlock births, cohabitation, and other social behavior as indicators of the collapse of marriage as a central social institution and have suggested a host of other misfortunes that will accompany that collapse.⁵⁹ However, the most sensible voices to enter the debate have demonstrated that marriage has not lost its importance, but rather has changed its meaning in the past few decades. In a recent article that addresses prognostications about the "future of marriage," sociologist Andrew Cherlin draws on evidence from a wide range of investigations to show that marriage has become not the entry point to adult life, but a valued marker of success and achievement. Cherlin argues that marriage has in fact grown in prestige, as evidenced by the visibility of elaborate weddings couples pay for themselves. Couples thereby demonstrate that they have reached the point in life where they are successful and stable enough to celebrate a marriage.⁶⁰

These findings are echoed in the work of Kathryn Edin and Maria Kefalas, whose 2005 study of low-income mothers (white, black and Latino) reveals that marriage is highly valued, indeed to such a degree that poor women fear taking such a momentous commitment lightly by marrying "only" because of getting pregnant. Even when they establish a household with their child's father and say they intend to marry him, they choose not to do so until both have reached a level of financial stability and have enough money to "do it right." Marriage, then, is not just regarded as a legal status that bestows particular entitlements on couples, but as a unique medium through which cultural and economic status may be marked.⁶¹

It is not coincidental that the standard for doing a marriage "right" emerging in both of these analyses is economic. Indeed, Frank Furstenberg has suggested that marriage in fact perpetuates "a growing division in American society between the haves and the have-nots. Marriage, quite simply, is a form of having." Not only is it a form of "having," Furstenberg claims, but it has, in effect, become "a luxury consumer item, available only to those with the means to bring it off."⁶² Considering the many documented benefits associated with marriage, Furstenberg continues, it emerges as "a cause and a consequence of economic, cultural, and psychological stratification in American society. The recent apparent increase in income inequality in the U.S. means that the population may continue to sort itself between those who are eligible for marriage and a growing number who are deemed ineligible to marry."⁶³

The deployment of "mental health" in the debate over same-sex marriage has much in common with the discussion of the immersion of

marriage in the calculus of inequality. Mental health, as used in much of the work discussed here and elsewhere, turns out to be another kind of durable good, something one wants to maximize because it is understood to be a good—and perhaps prestigious—thing to have. In a society as consumption-driven as the United States, value is often reduced to a range of amorphous and also highly individualistic mental health variables—self-esteem, relationship satisfaction, and others. Under these conditions, “mental health” begins to look less like an exogenous factor that can be measured or enhanced than an element of a larger cultural preoccupation with consumption as a marker of success.

STRANGE BEDFELLOWS

Perhaps the most alarming aspect of the current infatuation with mental health as a charter for marriage rights is the company it condemns gay/lesbian rights advocates to keep. The marriage promotion movement, represented by groups such as the Council on Families in America and the Institute for American Values, has advanced a number of arguments in support of its proponents' view that legal marriage should be the only framework within which children are born. Primary among these has been a complex web of claims, outlined above, about the beneficial effects of marriage on everyone involved—positive physical health outcomes are cited, as are mental health correlations, personal safety allegedly associated with marriage, and healthy results for child development.⁶⁴

Those who have argued that the government should take a more active role in promoting and supporting legal marriage have also urged that a variety of pressures be brought to bear on those who do not fall into line—including tax consequences, eligibility criteria for various sorts of public support, and a revival of the stigmatization of divorce and illegitimacy. These efforts have been realized, to some extent, in the discourse surrounding the “welfare reform” movement of the 1990s, which had a major victory with the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996: Aid to Families with Dependent Children was transformed into Temporary Assistance for Needy Families, a measure that includes lifetime limits on eligibility for benefits. Part of the reasoning that inspired these changes is the notion that receiving welfare encourages women to have children out of wedlock and that such women do not deserve public support.⁶⁵

A similar line of reasoning has been used in a number of jurisdictions to deprive gay/lesbian individuals and couples from fostering (in Texas, for example) or from adopting (in Florida) children, no matter how long these children have drifted in the foster-care system and regardless of their likelihood to secure a placement with the sort of heterosexual family vaunted as “normal.” Although there is no direct overlap at present between opposition to same-sex marriage and hostility to gay/lesbian parenting, proponents of both positions tend to draw on

similar reasoning about what sorts of families are normal and worthy of respect.

So the question of what sorts of alliances a mental health strategy will lead the same-sex marriage movement to adopt is perhaps the most compelling reason to exercise caution in deploying a mental health argument. The Bush administration's avowed commitment to promoting marriage has emerged simultaneously with its hostility to sharing the rewards of marriage and family with gay and lesbian citizens. It has been tied, as well, to efforts to link eligibility for various sorts of legal and economic benefits to heterosexual marriage, with threats to reinstitute the status of illegitimacy for children born out of wedlock and to deny assistance to impoverished families who fail to meet this standard. Gay and lesbian people who support the right to marry would do well to note these parallels and speak to them publicly.⁶⁶

In the context of the highly politicized discourse over marriage now occurring in the US, only part of which confronts demands of same-sex couples to equal access to its benefits, “mental health” emerges as neither specifiable nor as something that is necessarily desirable. There is no evidence that marriage rights would enhance mental health for gay and lesbian people and even less that attaining such rights would necessarily be accompanied by increased tolerance and inclusiveness in the wider society. Its deployment as a personal and societal “good” seems to me to be solidly embedded in a particular stratum of North American (and perhaps Western European) cultures—that which reflects the worldviews of educated, middle- and upper-class, predominantly white people. For those of us who do not have to struggle on a daily basis for raw survival, mental health has become a handy gloss for a range of “goods” that we try to maximize, goods that set the advantaged apart from a class of have-nots who have less access to such rewards.

How we measure mental health or decide when we have it (or want it) depends a great deal on where we are personally situated—a sense of happiness, sexual satisfaction, adherence to standards of physical attractiveness, an absence of known symptoms of depression or other mental diseases—any of these may signal mental health. The more advantaged among us are uniquely positioned at this moment in history to use various sorts of instrumental means to achieve mental health, particularly through access not only to drugs and therapy modalities, but also to a host of consumer goods, the possession of which readily translates as happiness and satisfaction in a culture focused on continual material acquisition. Marriage, in fact, appears to be among the consumer goods that Americans seek, at least in the context of the mental health argument. In a culture in which “family privacy” can be used to conceal a host of miseries, including various forms of domestic violence, are we really willing to stake our rights on the assertion that marriage typically enhances “mental health”?

Equal marriage rights, or any kind of equal rights for that matter, are something else entirely—a question of civil entitlement and cultural

citizenship—in fact, a matter of human rights. The debate over gaining these rights should be no different from struggles of years past for freedom from slavery, the right to vote, or legal abortion, or current battles to retain entitlements that are in jeopardy, such as free expression and other First Amendment rights. There are still other rights that we do not have, and which lesbian and gay citizens may seek on the same basis as our compatriots, among them national health care, an adequate standard of living for all citizens, and environmental policies that will prevent the destruction of irreplaceable resources. I situate marriage rights alongside these other struggles—marriage rights for same-sex couples will provide us with access to a host of entitlements that are particularly vital for the low-income and otherwise disempowered among us, but also important to those of us who are more privileged. They offer lesbian and gay citizens a basis for making cultural claims that are meaningful to some, but not all of us—a way to locate ourselves within families, communities, and in relation to spiritual values, a way to order daily experience, and to achieve a basic standard of personal dignity. Whether they give us more of that oh-so-desirable durable good, mental health, seems to me to be beside the point.

Notes

- ¹ See Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (New York: Basic Books, 1981).
- ² See, for example, Evelyn Hooker, "The Adjustment of the Male Overt Homosexual," *Journal of Projective Techniques* 21 (1957): 18-31.
- ³ Gilbert Herdt and Robert Kertzner, "I do, but I Can't: The Impact of Marriage Denial on the Mental Health and Sexual Citizenship of Lesbians and Gay Men in the United States," *Sexuality Research and Social Policy* 3(1) (2006):33-49.
- ⁴ See Celia Kitzinger and Sue Wilkinson, "Social Advocacy for Equal Marriage: The Politics of 'Rights' and the Psychology of 'Mental Health,'" *Analyses of Social Issues and Public Policy* 4 (2004):173-194, for a similar position, argued along somewhat different lines.
- ⁵ Not only on intellectual grounds, but as a lesbian who has a suitable-for-framing Canadian marriage certificate, I feel that I have a good personal understanding of what is at stake in the debate over marriage equality. Also, in terms of my own personal practices, I am not opposed to "mental health" per se; i.e., I am a long term and enthusiastic consumer of a variety of psychotherapeutic modalities.
- ⁶ See for example, Judith Butler, "Is Kinship Always Already Heterosexual," *Differences* 15(1) (2002): 14-44; Michael Warner, *The Trouble With Normal: Sex, Politics, and the Ethics of Queer Life* (New York, Free Press, 1999).
- ⁷ Amy Agigian, *Baby Steps: How Lesbian Alternative Insemination is Changing the World*, (Middletown, CT: Wesleyan University Press, 2004); Valerie Lehr, *Queer Family Values: Debunking the Myth of the Nuclear Family* (Philadelphia: Temple University Press, 1999); Judith Stacey, "Gay Parenthood and the Decline of Paternity as We Knew It," *Sexualities* 9(1) (2006):27-55.
- ⁸ See, on the anti-gay side, Jean Bethke Elshtain, "Against Gay Marriage," *Commonweal*, October 22, 1991; and James Q. Wilson, "Against Homosexual Marriage," *Commentary*, March, 1996. On the pro-gay side, see Paula Ettelbrick, "Since When Is Marriage a Path to Liberation?" *OUT/LOOK: National Gay and Lesbian Quarterly*, no. 6, Fall 1989. Both arguments assume that lesbian/gay/homosexual identities draw on culturally distinctive behaviors and values, largely rooted in sexual desires specific to persons with such identities, and that marriage and family are antithetical to these proclivities.

- ⁹ Ellen Lewin, *Gay Fatherhood: Narratives of Family and Citizenship in America* (Chicago: University of Chicago Press, 2009).
- ¹⁰ In her important work on lesbian and gay kinship, Kath Weston has gone much further with this analysis. See her *Families We Choose: Lesbians, Gays, Kinship* (New York: Columbia University Press, 1991).
- ¹¹ Kitzinger and Wilkinson, "Social Advocacy for Equal Marriage."
- ¹² Michael J. Klarman, *From Jim Crow to Civil Rights: The Supreme Court and the Struggle for Racial Equality* (Oxford: Oxford University Press, 2004).
- ¹³ Kenneth B. and Mamie P. Clark, "Segregation as a Factor in the Racial Identification of Negro Pre-school Children," *Journal of Experimental Education* 8 (1939):161-163; see also Kenneth B. Clark, *Prejudice and Your Child* (Boston: Beacon Press, 1955) and Kenneth B. Clark, *Dark Ghetto: Dilemmas of Social Power* (New York: Harper & Row, 1965).
- ¹⁴ Henry L. Minton, *Departing From Deviance: A History of Homosexual Rights and Emancipatory Science in America* (Chicago: University of Chicago Press, 2002).
- ¹⁵ Douglas Carl, "Counseling Same-Sex Couples," in Robert M. Baird and Stuart E. Rosenbaum, eds., *Same-Sex Marriage: The Moral and Legal Debate* (New York: Prometheus Books, 1997), 44-54; Richard D. Mohr, "The Case for Gay Marriage," in Robert M. Baird and Stuart E. Rosenbaum, eds., *Same-Sex Marriage*, 84-104.
- ¹⁶ William N. Eskridge, Jr., *Equality Practice: Civil Unions and the Future of Gay Rights* (New York: Routledge, 2002); Yuval Merin, *Equality for Same-Sex Couples: The Legal Recognition of Gay Partnerships in Europe and the United States* (Chicago: University of Chicago Press, 2002).
- ¹⁷ See Eric Fassin, "Same Sex, Different Politics: 'Gay Marriage' Debates in France and the United States," *Public Culture*, 13(2001): 215-232; Jeffrey Weeks, "Le partenariat civil, un compromis très british," in *Mariages et Homosexualités Dan le Monde: L'arrangement des Normes Familiales* (Paris: Éditions Autrement, 2008, pp. 45-61).
- ¹⁸ Summarizing these laws is a precarious undertaking, however, as they are marked by constant change and reevaluation.
- ¹⁹ See, for example, Patricia Cain, *Rainbow Rights: The Role of Lawyers and Courts in the Lesbian and Gay Civil Rights Movement* (Boulder, CO: Westview, 2000).
- ²⁰ The passage of the Defense of Marriage Act (DOMA) in 1996 means that marriage rights in any particular state have only state-wide applicability. Same-sex couples cannot access the advantages associated with joint federal tax filing or Social Security spousal benefits, among others. Health benefits accorded to same-sex spouses by employers are treated as "after-tax" by the IRS, that is, essentially add to taxable income instead of being deducted pre-tax, as is the case with heterosexual married couples. DOMA would also make illegal the extension of equal benefits to same-sex spouses of military personnel, even after the 2010 termination of the "don't ask, don't tell" policy.
- ²¹ *Gay and Lesbian Times*. 2003. "Brazil OKs partner immigration," December 25, 2003, accessed at <http://www.gaylesbiantimes.com/>.
- ²² Linda Waite and Maggie Gallagher, *The Case for Marriage: Why Married People Are Happier, Healthier, and Better Off Financially* (New York: Broadway Books, 2001).
- ²³ Allan V. Horwitz, Helene Raskin White, and Sandra Howell-White, "Becoming Married and Mental Health: A Longitudinal Study of a Cohort of Young Adults," *Journal of Marriage and the Family* 58 (1996): 895-907; Nadine F. Marks and James David Lambert, "Marital Status Continuity and Change Among Young and Midlife Adults: Longitudinal Effects of Psychological Well-being," *Journal of Family Issues* 19 (1998): 652-686.
- ²⁴ For example, see Marks and Lambert, "Marital Status Continuity and Change" and Waite and Gallagher, *The Case for Marriage*.
- ²⁵ See especially Andrew J. Cherlin, "The Deinstitutionalization of American Marriage," *Journal of Marriage and Family* 66 (2004): 848-861; Kathryn Edin and Maria Kefalas, *Promises I Can Keep: Why Poor Women Put Motherhood Before Marriage* (Berkeley: University of California Press 2005); and Frank F. Furstenberg, Jr., "The Future of Marriage," *American Demographics* 18 (1996): 34-40.

- ²⁶ Beth Skilken Catlett and Julie E. Artis, "Critiquing the Case for Marriage Promotion: How the Promarriage Movement Misrepresents Domestic Violence Research," *Violence Against Women* 10 (2004): 1226-1244; Sharon Hays, *Flat Broke With Children: Women in the Age of Welfare Reform* (New York: Oxford University Press, 2003); Murray A. Straus and Richard J. Gelles, *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families* (New Brunswick, NJ: Transaction Books, 1990).
- ²⁷ Lawrence A. Kurdek, "Relationship Outcomes and Their Predictors: Longitudinal Evidence from Heterosexual Married, Gay Cohabiting, and Lesbian Cohabiting Couples," *Journal of Marriage and the Family* 60 (1998): 553-568.
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- ²⁹ Gilbert Herdt and Andrew Boxer, *Children of Horizons: How Gay and Lesbian Teens Are Leading a New Way Out of the Closet* (Boston: Beacon Press, 1996); J.P. Paul, J. Catania, L. Pollack, J. Moskowitz, J. Canchola, T. Mills, D. Binson, and R. Stall, "Suicide Attempts Among Gay and Bisexual Men: Lifetime Prevalence and Antecedents," *American Journal of Public Health* 92 (2002):1338-1345.
- ³⁰ Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (New York: Simon and Schuster, 1963).
- ³¹ Warren J. Blumenfeld, ed., *Homophobia: How We All Pay the Price* (Boston: Beacon Press, 1992).
- ³² Gilbert Herdt, "'Coming Out' as a Rite of Passage: A Chicago Study," in Gilbert Herdt, ed., *Gay Culture in America* (Boston: Beacon Press, 1992) 29-67; Herdt and Boxer, *Children of Horizons*.
- ³³ Kathleen B. Jones, *Compassionate Authority: Democracy and the Representation of Women* (New York: Routledge, 1992); Joan W. Scott, "The Evidence of Experience," *Critical Inquiry* 17 (1991): 773-797; see also Robert N. Bellah, Richard Madsen, William M. Sullivan, Ann Swidler, and Steven M. Tipton, *Habits of the Heart: Individualism and Commitment in American Life* (Berkeley: University of California Press, 1985) on individualism in the US.
- ³⁴ Laura Browder, *Slippery Characters: Ethnic Impersonators and American Identities* (Chapel Hill: University of North Carolina Press, 2000); Elaine K. Ginsberg, ed., *Passing and the Fictions of Identity* (Durham, NC: Duke University Press, 1996); Brooke Kroeger, *Passing: When People Can't be Who They Are* (New York: Public Affairs, 2003); Gayle Freda Wald, *Crossing the Line: Racial Passing in Twentieth-Century U.S. Literature and Culture* (Durham, NC: Duke University Press, 2000).
- ³⁵ Weston, *Families We Choose*; Bonnie Zimmerman, "The Politics of Transliteration: Lesbian Personal Narratives," *Signs* 9 (1984): 663-682.
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- ³⁸ Jessie Bernard, *The Future of Marriage* (New York: World Publishers, 1972).
- ³⁹ Diane Ehrensaft, *Parenting Together: Men and Women Sharing the Care of Their Children* (New York: Free Press, 1987); Barbara J. Risman, *Gender Vertigo: American Families in Transition* (New Haven: Yale University Press, 1998).
- ⁴⁰ Arthur Kleinman, *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology, Medicine, and Psychiatry* (Berkeley: University of California Press, 1980); Arthur Kleinman and Byron Good, eds., *Culture and Depression: Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder* (Berkeley: University of California Press, 1985).
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- ⁴³ Ken Plummer, *Intimate Citizenship: Private Decisions and Public Dialogues* (Seattle: University of Washington Press, 2003).
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- ⁴⁸ Janice M. Irvine, *Disorders of Desire: Sex and Gender in Modern American Sexology* (Philadelphia: Temple University Press, 1990).
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- ⁵¹ John Abramson, *Overdosed America: The Broken Promise of American Medicine* (New York: HarperCollins, 2004); Marcia Angell, *The Truth About the Drug Companies: How They Deceive Us and What to Do About It* (New York: Random House, 2004); Jerome P. Kassirer, *On the Take: How Medicine's Complicity With Big Business Can Endanger Your Health* (New York: Oxford University Press, 2004).
- ⁵² United Nations. Universal Declaration of Human Rights (1948), accessed at <http://www.un.org/Overview/rights.html>.
- ⁵³ Nancy Cott, *Public Vows: A History of Marriage and the Nation* (Cambridge, MA: Harvard University Press, 2002).
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- ⁵⁵ Halpern v. Canada. 2003 CanLII 26403 (ON C.A.) accessed at <http://www.canlii.org/on/cas/onca/2003/2003onca10314.html>.
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- ⁵⁷ Plummer *Intimate Citizenship*, 70. See also Elizabeth M. Schneider, "The Violence of Privacy," *Connecticut Law Review* 23 (1991): 973-999.
- ⁵⁸ For a fuller account of such ceremonial strategies, see Ellen Lewin, *Recognizing Ourselves: Ceremonies of Lesbian and Gay Commitment* (New York: Columbia University Press, 1998).

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- ⁵⁹ Stephanie Coontz, *The Way We Really Are: Coming to Terms With America's Changing Families* (New York: Basic Books, 1997).
⁶⁰ Cherlin, "The Deinstitutionalization of American Marriage."
⁶¹ Edin and Kefalas, *Promises I Can Keep*.
⁶² Furstenberg, "The Future of Marriage," 39.
⁶³ Furstenberg "The Future of Marriage," 40.
⁶⁴ Coontz, *The Way We Really Are*; Waite and Gallagher, *The Case for Marriage*.
⁶⁵ Coontz, *The Way We Really Are*. See also recent analyses of the effects of so-called welfare reform on low income families, e.g., Sharon Hays, *Flat Broke With Children: Women in the Age of Welfare Reform* (New York: Oxford University Press, 2003) and Gwendolyn Mink, *Welfare's End* (Ithaca, NY: Cornell University Press, 1999).
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SUGARMAMA

Mixed Media

Shannon Sigler