

Reviews

Edited by Melodie J. Fox

Reviews Editor

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Cruising the Library: Perversities in the Organization of Knowledge by Melissa Adler. New York, NY: Fordham University Press, 2017, 248p. ISBN 13: 978-0823276363 \$28; also available in hardcover \$100 and e-book \$16.99.

On July 26th, 2017, I wake up and reach for my phone. Illuminating the screen, I find a series of notifications. Among these casual messages is a push notification from *The New York Times*, received 27 minutes ago, stating: “President Trump said the United States will not ‘allow or accept’ any transgender person to serve in the military.” I take a screenshot—for archival purposes—and go to make breakfast.

1.0 Crafting a Public

In the epilogue to *Cruising the Library: Perversities in the Organization of Knowledge* (2017), Melissa Adler concludes her text with an examination of Franz Kafka’s 1919 short story, “In the Penal Colony.” Kafka’s text recounts the tale of an unnamed explorer forced to bear witness to the refined, albeit rundown, mechanism of torture used as punishment throughout the tropical colony. The apparatus is remarkable in its sadism: a series of needles, aptly referred to as “the Harrower,” inscribes a single sentence—the declaration of the ascribed crime—deeper and deeper into the prisoner’s flesh over a twelve-hour period, until the accused finally dies. Troubled by what he had just learned, the explorer asks the presiding officer if the present prisoner knows his sentence. The officer, who only moments before proudly explained the workings of the apparatus to his guest, responds in the negative: “There would be no point in telling him. He’ll learn it on his body” (Kafka 1948, 197). In fact, the officer argues that this aspect of the prisoner’s grotesque education is quite efficient: “You have seen how difficult it is to decipher the script with one’s eyes; but our man deciphers it with his wounds” (204). The embodied reception of punishment is clearer, more visceral, than removed observation.

Adler’s decision to conclude her text with reference to Kafka’s apparatus is profound and well considered, one

that provides necessary fodder to graphically illustrate her main argument: within the library, the methods and tools used to organize and classify subjects determine, enforce, and regulate what is acceptable all the while marking those bodies deemed deviant. “The apparatus is perverse,” Adler claims, “as is, I would suggest, the desire to control the entire bibliographic universe through the practice of inscribing names and classes” (170). Just as the Harrower carves deviance into the bodies of the accused, the Library of Congress has engraved its own sentence upon the spine of each codex. Adler’s adroit adoption of this Kafkaesque metaphor to the practices of the Library of Congress is an impactful way to conclude her text; succinct and clear, it leaves little room for debate: within the hands of a discriminatory state, classification is capable of great violence.

Throughout the five main chapters of her text, Adler analyzes the historical construction of Library of Congress classification systems and controlled vocabularies. Starting with the subject heading “paraphilia,” Adler sets the foundation for her critique of the bureaucratic, political workings of the Library of Congress by recounting how the Library has worked in tandem with the state to classify genders and sexualities deemed perverse according to scientific ideals of normality. Pushing beyond surface analysis of the Library’s classification methods, Adler wishes to explicitly emphasize not only the power of LC to determine and regulate authorized headings, but also its status as a tool of Congress for particular political goals. In choosing to privilege pathologizing terms like “paraphilia” over community-oriented labels, Adler argues that the Library of Congress has assisted the state to “construct and preserve ideals about a national citizenry by marking and pathologizing abnormal sexuality and opposing it to assumed norms” (37). Demonstrating how the Library continues to prioritize the needs of political bodies over queer bodies, the author highlights its contradictory position as an institution situated to serve both the public and the state.

This intersection of pathology and politics, I feel, is at the crux of Adler’s project. By constructing indexical sys-

tems that situate so-called “perverse” minds and bodies against approved norms, the Library of Congress is complacent in the state’s attempt to curate a particular image of its citizenry. In her case study of the Delta Collection, a highly-regulated body of material culture deemed pornographic or obscene, Adler describes how the Library of Congress was complicit in attempts by federal agencies to “crack down on sexual perversion and homosexuality during the postwar era” (xv). Ultimately, the author shows that the removal of these materials from general public access corresponded with governmental attempts to control and articulate a reductive American body. By essentially erasing these works from the main collection, the state and its Library sought to eliminate queer existence from its fabricated moral majority.

This federally-crafted notion of “the public”—a singular, artificial construction based on a white, male, heteronormative, able-bodied identity—is a political project that can only function if all other ways of being are categorized in opposition. Among other scholars of gender and sexuality, Adler looks to John Gagnon and William Simon, Kinsey Institute researchers and the editors of the 1967 anthology *Sexual Deviance*, to summarize this power play: “A form of behavior becomes deviant when it is defined as violating the norms of some collectivity” (quoted in Adler, 57). To understand what it means to be an acceptable citizen, Gagnon and Simon explain, one must first see whom and what they must reject. (“President Trump said the United States will not ‘allow or accept’ any transgender person to serve in the military.”) By pathologizing queerness through particular subject headings, in addition to physically situating works regarding homosexuality in close proximity to those discussing child molestation and sex abuse within the HQ71 section (114), the Library of Congress Classification system conceptually and literally positions LGBTQ+ individuals as dangerous others.

From preface to epilogue, Adler is sharply direct in her reading of the distribution of power within and around the Library of Congress. “It is true that each individual cataloger holds a degree of power,” Adler writes, “but more significant is the fact that the standard-bearing institution of bibliographic control and the organization of cultural memory in our research and public libraries is, in fact, tied to the state” (9). Because of the Library’s foundational connection to and involvement within political hegemony, Adler defends that “its knowledge organization systems must be analyzed as instruments of statecraft” (xi). If the system itself is declared a tool of the state, I suggest that the ontologies and epistemologies fueling said system be evaluated similarly. In particular, Adler’s investigation of the positivist medical terminology used to section off and brand particular minds and bod-

ies reveals important truths about the connections between knowledge organization, personal and communal identity, and public health. As I believe this is a particularly essential realm for library and information professionals to investigate, for the remainder of this review I will focus on Adler’s discussion concerning the pathologizing of queerness through Library of Congress *Classification* and *Library of Congress Subject Headings*. Ultimately, I gesture towards ways the classification of queer gender and sexuality intersects with and is informed by the classification of mental illness.

2.0 Perversion and the Pathology of Queerness

As Adler illustrates in her analysis of the paraphilia subject heading, ascriptions of abnormality and perversion according to particular scientific standards of health and well-being supplies a necessary authority to prescriptive categories. Substantial histories of scientific racism, ableism, heteronormativity, and transphobia have provided and continue to provide the epistemological legitimacy necessary to discipline and abuse particular ways of thinking, ways of knowing, and ways of being. A demonstrative, well-discussed document of systematic medical hegemony can be found in the now infamous *Diagnostic and Statistical Manual of Mental Disorders*, the psychiatric diagnostic manual commonly referred to as the *DSM*. Although the politics surrounding the *DSM* are no doubt complex (as we will see later), Adler successfully gestures back to the *Manual* throughout her paraphilia chapter, using the development and continuous alteration of the mental health text to demonstrate the ways medical professionals have historically relied upon heteronormative notions of well-being to identify and discipline queer sexuality and gender.

Classification can never be value-neutral. Succinctly summarizing the politics at stake, Adler declares, “To classify is to make a statement” (105). A statement regarding what something is, what it is about, what it is related to, what it is separate from. The act of classifying thus simultaneously situates and reconstructs an object through a particular ontological lens, a destructive force similar to Foucault’s notion of discourse as “violence we do to things” (Foucault 2010, 229). However, I argue that this classificatory violence must be understood as transmittable, as an act that impacts not only the particular thing being classified, but also all other things that interact and intersect with it.

Although all forms of classification are violent, diagnostic classifications are particularly impactful, as they educate healthcare providers regarding the limits of their care, and, ultimately, delineate acceptable treatment options for patients. In his text on the complexities of trau-

ma, *The Body Keeps the Score* (2014), psychologist Bessel van der Kolk explains that, as the standard of psychiatric diagnostics published and accepted by the American Psychiatric Association (APA), the classifications listed within the *DSM* essentially regulate the boundaries of mainstream mental healthcare within the United States. “You cannot develop a treatment for a condition that does not exist” (145), van der Kolk explains. If it is not in the current volume, unconditional devotees of the *DSM* might defend, it does not exist. On the other hand, the diagnoses it validates are upheld and typically, but not absolutely, acknowledged within the healthcare professions. Similar to the way the Delta Collection attempted to erase queer lives through censorship, the *DSM* has the power to either deny or defend the reality of particular mental illnesses.

Depending on the situation or point of reference, the *DSM*’s authenticating nature can dangerously pathologize individuals against constructed norms—as Adler demonstrates with the classification of homosexuality within older editions—while benefitting others through professional validation. In “The paradox of atheoretical classification” (2016), Birger Hjørland critically describes the diagnostic methodology of the *DSM-III* as “highly reliable,” explaining that such consistency was a major priority of its designers and a quality “reinforced by the demand from, in particular, (American) insurance companies” (317). As a timely example, transgender people often rely upon official diagnoses of gender dysphoria (GD)—previously called gender identity disorder (GID)—to receive insurance approval for the coverage of hormone replacement therapy, affirming surgical procedures, and other trans-related aspects of care. Although some question the presence of GD within the *DSM*, its removal, and thus the depathologizing of trans individuals, is not absolutely beneficial. At a time when access to comprehensive healthcare is already incredibly difficult for the transgender community at large, placating the whims of insurance companies is one way some individuals manage to navigate a hostile system. That being said, the regulating of trans identity and care through “appropriate” demonstrations of dysphoria complicates matters even further. Those who embody transness “by the book” are rewarded; unacceptable demonstrations are rejected.

Needless to say, the politics of pathology are complex. Having one’s disorder privileged within the *Manual* condemns them as deviant, yet, occasionally, this classification provides access to necessary care guarded by modern healthcare bureaucracies. Adler touches on this tension by explaining how, for

branded ‘obscene.’ To be recognized is to be named and classed in terms not one’s own and in ways that render subjects legible in the eyes of the medical/judicial disciplines and the state (149).

Although power can emerge from visibility, Adler reminds us that there is equal power in selecting the conditions through which a subject is seen. The appropriation of another’s agency under the guise of accessibility often yields more harm than good, and one must take care to understand and evaluate sources of representation.

Although proponents of the *DSM* may choose to describe the *Manual* as “reliable,” it is important to recognize that reliability is not synonymous with validity. Further still, Dominic Murphy, a historian and philosopher of science, reminds us that the validation of a diagnosis does not necessarily defend it as pathological. “All validation can do is show that a pattern of behavior deemed to be clinically significant depends on a physical process. Whether that pattern is really pathological—rather than immoral or harmlessly odd—is another matter” (2015, 61). According to Murphy, validating patterns of behavior is entirely different from validating disorders; the first requires the evaluation of particular symptoms, while the latter requires a statement of objective human well-being and function. In other words, proving deviation from a perceived norm does not prove such difference is pathological (68). This is partially why van der Kolk is critical of the connect-the-symptoms methodology offered in the *DSM-5* and claims that, with its publication, “psychiatry firmly regressed to early-nineteenth-century medical practice” (2014, 166), a historical moment of inquiry he defines as an attempt to group and treat symptoms rather than discover sources of mental distress. Other researchers mark the *DSM-III*, rather than the fifth edition, as the paradigmatic shift in psychiatric nosology to introduce this empirical, syndromic approach (Aragona 2015, 31; Sadler 2002, 5).

Following Murphy, any attempt at validating the existence of a disorder requires a definitive statement of a correct, objective human state (2015, 74). Regarding this high-stakes game of diagnostic validation, Adler offers the definition of “disorder” provided by Robert Spitzer, the APA psychiatrist partially responsible for the removal of homosexuality from the *DSM-II*. Spitzer determined that something becomes a disorder once it results in “subjective distress or [can be] regularly associated with some generalized impairment in social effectiveness or functioning” (quoted in Adler, 45). Although I am by no means attempting to argue against the removal of homosexuality from the *Manual*, I do question the use of this logic to facilitate its removal. The subjective nature of distress and impairment requires a particular norm of comparison. In prioritizing ableist notions of “social ef-

‘perverse’ subjects, to be accessible is to be medicalized or cast off to a section of ‘abnormals’ or

fectiveness or functioning,” Spitzer identified, yet seemingly ignored, the fact that distress is often socially rooted and exacerbated by the very culture from which it arises. The use of such criteria to determine what counts as disordered behavior prioritizes the comfort of bodies and minds deemed acceptable, and, in the process, questionably declares a particular way of life closer to an absolute ideal. It is important to constantly question how particular methods of liberation adversely impact other communities and individuals, a consideration I believe Spitzer and his collaborators dangerously ignored.

3.0 Becoming Perverse

As I have discussed, Adler describes how the process of classifying a particular way of being as perverse or abnormal is to position and support the alternative as natural and correct. In his memoir *Just Like Someone Without Mental Illness Only More So*, Mark Vonnegut (2011) claims that the classification of mental illness in such a way ultimately comes from a place of self-preservation.

What so-called normal people are doing when they define disease like manic depression or schizophrenia is reassuring themselves that they don't have a thought disorder or affective disorder, that their thoughts and feelings make perfect sense.

“There are no people anywhere who don't have some mental illness,” Vonnegut challenges. “It all depends on where you set the bar and how hard you look” (166). To categorize specific ways of thinking and acting as wrong, a particular tipping point must be selected—a point that is often quite arbitrary, in Vonnegut's opinion. Adler maintains the same in regards to sexuality when she writes “we are all perverse” (23). Perversion is universal—it is just that some expressions are upheld as more correct than others.

Although I acknowledge Adler's declaration of universal perversion, I question its applicability at a time when the lives of queer individuals, particularly trans women of color, are still highly regulated and endangered. For most individuals who faces state-sponsored discrimination, the reality of their marginality is a very real and apparent presence throughout daily life. Although “reading the library shelves” (97) as Adler suggests can certainly be beneficial for tracking histories of oppression, it is important to remember that the *othered* groups marked through LC classification do not need the shelves to tell them what they already know to be true. For this reason, I am wary when the author calls for “becoming a perverse reader” (xiv). Not because I outright reject all hypothetical benefits of its application, but because I ultimately question the feasibility of such a becoming.

“Becoming” implies a change—in place, in mind—and to become requires one is not already categorized as perverse. Even if one accepts the Freudian notion that “we are all perverse,” the social consequences of this perversion are still unequal. The decision to “become” perverse is within itself a privilege denied to those unable to opt out of such an existence. Before advocating for “perversion as a lens” (3), I believe we must first consider why such a method of empathy is required. Why must one become perverse to sympathize with a pervert? Does such an exercise level the playing field, or does it further obscure systems of inequality? What is masked through such a becoming? What remains? Who remains?

Returning to that morning in July, I went to an early afternoon appointment on UCLA's campus. The woman I was meeting asked me how I am doing. “Not so good,” I admitted, “I've been feeling particularly stressed the past few days.” “That's understandable,” she responded. “It's a tough time to be transgender.”

Over the course of that week I received, both directly and indirectly, similar messages of support. The empathetic outpour was truly beautiful, each message a vivid reminder that love can exist amidst adversity. And yet part of me felt conflicted accepting these compassionate declarations of solidarity. Although I heard, read, and felt that many cisgender individuals were greatly upset by the President's announcement (rightfully so!), I did not find myself particularly enraged or scared. In fact, I did not feel much of anything. Mirroring that expressed by comedian Patti Harrison (2017):

Well, when I saw the headline this morning at first I just read ‘Donald Trump Bans Transgender People,’ and I was like, ‘Yeah, that sounds like him.’ But then I realized it was just in the military and I was *shocked*...because I assumed he already did that.

Harrison's skit smartly summarizes a basic reality of marginalization: marginalized people are, more often than not, hyperaware of their situation. The structural representations of their alienation, whether in the media or in the courts, only act as concrete markers of what they already know, have known, to be true. An embodied experience, the harrowed marks upon skin, tells you much more than any *New York Times* nineteen-word notification ever can.

Yes, it is a tough time to be transgender. When was it not?

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- Carlin Soos
Department of Information Studies
University of California, Los Angeles
carlinsoos@gmail.com