



GLOBAL QUEER POLITICS

# Histories of Sexology

Between Science and Politics

*Edited by* Alain Giami · Sharman Levinson

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# Global Queer Politics

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Alain Giami · Sharman Levinson  
Editors

# Histories of Sexology

Between Science and Politics

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macmillan

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ISSN 2569-1317

ISSN 2569-1309 (electronic)

Global Queer Politics

ISBN 978-3-030-65812-0

ISBN 978-3-030-65813-7 (eBook)

<https://doi.org/10.1007/978-3-030-65813-7>

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This Palgrave Macmillan imprint is published by the registered company Springer Nature Switzerland AG

The registered company address is: Gewerbstrasse 11, 6330 Cham, Switzerland

## SERIES EDITORS' PREFACE

The book *Histories of Sexologies: Between Science and Politics*, edited by Alain Giami and Sharman Levinson, offers a collection of chapters examining how this field of inquiry has developed since the nineteenth century. Sexology in its multiple streams has erupted, evolved, interwoven with, and detached itself from other disciplines of the science of sex, and this innovative collection provides an overview of these transformations. The volume also retraces the intersections between the early “science of sex” and rather contradictory ideational streams of thinking, as in the case of the well-known intersections with socialism, anarchism, psychoanalysis, and eugenics, but also the much less visible links to spiritualism and astrology. This book crucially contributes to the field by making new knowledge and untranslated authors available to an English-speaking readership.

The chapters are organized in three sections that address translations and appropriations of sexology, processes of hybridization, and the invention of sexual others. The collection also includes an introduction by Alain Giami and a closing chapter by Sharman Levinson. In the introduction, Giami clarifies that the editorial approach articulates historicity and circulation. Levinson closes the volume with the insightful observation that, if in its early days, sexology emphasized scientific neutrality to gain legitimacy and contest attacks, today the conditions of the field are to a large extent determined by sharp contestations of the neutrality of science and scientific biases with effects on sexual subjects.

Case studies combine the contextual analysis of specific national locations—mostly in Europe but also in the United States and Brazil—with the examination of specific topics in sexology and sexual medicine; the scrutiny of relevant sexual politics battles and policy strategies; and the study of contemporary shifts in epistemological definitions, nomenclature, and politics of the field.

The country case studies look into the diffusion, translation, and adaptation of sexology theories and practices, or retrace the trajectory of individual sexologists whose work is revealing of the political conditions and conceptual debates of their time—but also of fierce resistances against sexology. The case studies also highlight sharp differences of view in the narrower field of sexology as well as within the wider domain of the science of sex. The chapters look into specific issues such as sexual violence, sodomy law reform, bodily effects of dressing and biking, defloration, and female orgasm, thus chartering a vast number of questions and problems that, to a large extent, remain with us today. These include, for example, the centrality of biomedicine in defining sexual problems and questions, the perennially revived “problem” of female sexuality, the limits and contradictions of reforming sex laws, and the risks implied in resorting to biomedical arguments and discourses to legitimize gender and sexuality political claims.

Yet more significantly, perhaps, the chapters that scrutinize the conflicts surrounding sexology compellingly remind us that gender and sexuality have been always political, even though this may not have always been the terminology used to name contentions. Most principally, in recapturing these conflicts, the book discloses specters and political patterns that continue to be at work in contemporary sexual politics. This is for instance the case with the constant return to arguments based on the order of nature or the “scientific” turn, made by conservative religious forces to assault gains toward the democratization of gender and sexuality orders.

This volume is undoubtedly a well-designed and rich contribution to the history of modern sexual politics. It pulls together well-known but also unusual threads of the histories of sexology from a range of geographical contexts. While it does not cover all geographies that would be needed to elaborate a complete historical cartography of “science of sex,” it inspires further explorations of the geographies, traveling ideas, and critical issues that unveil the paradoxes of sexology—as a mutating

field of investigation but also an unequivocal domain of modern and contemporary sexual politics.

Winter 2020

Sonia Corrêa  
Jordi Díez  
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## PREFACE

Growing critical interest in the history of sexology, sex research, and sexual science has given rise to new multidisciplinary scholarship by historians as well as researchers in gender and sexuality studies, science and technology studies, the psychological and social sciences, and the humanities. Far from being a purely academic endeavor, many clinicians and sexual rights advocates have embraced the necessity for cultural and historical contextualization and now figure prominently in the production and the readership of academic books and articles on the history of sexuality, sexology, and sexual science. Currently, numerous international conferences on sex research, sexual health, and sexual medicine feature symposia devoted specifically to history of sexology and sexuality. As the lines among academic research, clinical practice, and activism with regard to sexuality are often blurred, more research is needed on the *overlapping histories* produced from different sources and differing historiographical perspectives.

The present volume addresses this challenge by bringing together scholars, from varied disciplinary backgrounds and national contexts, to debate and discuss the ways in which theories of sexuality reflect these larger overlapping histories. Authors examine the ways that theories of sexuality—and not only scientific theories—are influenced by or aim to influence actions, legal frameworks, and political decisions, as well ways they have impacted the design of tools and concepts for clinicians and

researchers. Additionally, the authors of this book explore the historical roles played by activists fighting for sexual and human rights in shaping and reshaping theories of sexuality, and sometimes as producers of academic research themselves.

Scientific knowledge about sex has been constructed in response to everyday knowledge, professional necessities, and public health problems as well as social, political, and religious issues. Since the last quarter of the twentieth century, this knowledge has contributed, but has also been oriented toward fighting discrimination against sexual minorities. In turn, scientific knowledge of the sexual has contributed to the construction and definition of sex research fields. Furthermore, the uses and consequences of scientific knowledge about sex branch out into artistic, literary, pornographic, philosophical, and legal domains. The convergence of different disciplines' interest in the history of sexology (sexual science) and theories of sexuality is also consistent with a larger trend of growing interest in history writing by specialists of other disciplines in collaboration with professional historians.

The essays that compose *Histories of Sexology* were initially based on a two-day international symposium held at the American University of Paris, France, on October 30 and 31, 2017, in the context of a scientific partnership between AUP's Gender, Sexuality and Society Program and the Center for Research in Epidemiology and Population Health at the French National Institute of Health and Medical Research. During this symposium originally titled "*Sexologies and Theories of Sexuality: Translation, Appropriation, Problematization, and Medicalization*," presenters from Europe as well as North and South America had the occasion to share their scholarship on a variety of factors influencing the content, circulation, and reception of theories of sexuality in different political, institutional, and disciplinary contexts. The symposium's dialogue among historians, researchers in science studies, and researchers in medicine, psychology, and gender and sexuality studies was particularly fruitful. We, the Editors, sought to build on these exchanges and make them available to a larger audience. Thus, the project for this book began to take shape. After lengthy discussions between the editors and with the members of the seminar's scientific committee, we decided to retain the majority of the papers presented at the seminar. In order to give a better coherence to the project, we asked a few authors, who could not participate in the seminar but had expressed their interest in our approach, to submit their contribution.

*Histories of Sexology: Between Science and Politics* takes an interdisciplinary and reflexive approach to the historiography of sexology. Drawing on an intellectual history perspective informed by recent developments in science and technology studies and political history of science, the book examines specific social, cultural, intellectual, and political contexts (including disciplinary politics and institutional policies) that have given shape to particular theories, but also to practices in medicine, psychology, education, and sexology. Furthermore, it explores various ways that theories of sexuality have both informed and been produced by sexologies—as a scientific and clinical discourse about sex—in Western countries since the nineteenth century. Finally, the struggle for empowerment by sexology’s “subjects” has in turn been able to influence new knowledge production including but not limited to “critical sexology.”

## THE ARCHITECTURE OF THE BOOK

Introducing the volume, **Alain Giami** presents the book’s principal objective: considering the relationship between sexology and theories of sexuality from a range of historiographical perspectives. The book aims to identify theories of sexuality (both implicit and explicit) that shaped the different sexologies that appeared in Europe and America from the end of the nineteenth century. Just as importantly, *Histories of Sexology* specifies ways that sexologists and other scientists, physicians, researchers, and activists influenced the content of these theories. An important premise of this book is that sexology/sexual science can be conceived broadly as a field organized by “epistemic communities” in which theories of sexuality are formulated and go on to become a foundational reference point in building disciplines, sub-disciplines as well as “objects” of investigation. Throughout history, theories from different epistemic fields have successively represented sexology or been represented by it. A second section of the Introduction explores possible theoretical contributions to the understanding of sexology and sexual sciences from the paradigms proposed by Michel de Certeau, Michel Foucault, Georges Lantéri Laura, and Steven Marcus. Then, Giami evaluates the potential and limits of medicalization and medical appropriation as candidate models for understanding the circulation and hybridization of sexological theories from the end of the nineteenth century. Circulation of knowledge from different disciplines but also from different fields including popular culture, common sense,

obscurity, as well as the artistic imaginary, forms the basis of a hybridization of knowledge that comes to be organized in different sexologies that have emerged since the end of the nineteenth century.

*Part I: Political and Ideological Translations and Appropriations*

Part I of the book looks at how certain Western and former “Eastern bloc” countries have translated, transformed or adapted supposedly international perspectives in sexology, creating their own distinct or sometimes competing sexologies connected with particular political, cultural, or religious agendas and professional strategies. It also considers the complex relationship between ideology and the production and reception of sexological theories. A particularly striking example can be found in this section’s first chapter where **Kateřina Liřková** provides a comparative analysis of major issues in sexology’s history under state socialism in Cold-War Czechoslovakia, Hungary, and Poland. This first chapter shows sexology to have been a surprisingly powerful force underlying relationships within and between communist and capitalist politics of desire. A second chapter, by **Christian Kaiser**, provides an analysis of the links between the medical writings and practices and the radical political engagement of the couple formed by Zurich gynecologist Fritz Brupbacher (1874–1945) and his wife Paulette Brupbacher (1880–1967). This couple’s contextualized biography allows Kaiser to explore the notion of “humanitarian hedonism.” The next two chapters examine relationships among sex, politics, and activism in the United States. **Stephanie Pache** analyzes from the 1970s the influence of American feminist alliances with clinicians and researchers in the psy disciplines on the transformation of “sexual violence” into a “public health epidemic.” This chapter then evaluates some of the political and ideological consequences of these alliances and their sometimes-unwitting contributions to the formation of a discourse on “healthy relationships” that may neglect aspects of pleasure and emancipation that parts of the American Feminist movement had sought to fight for in their earlier years. The next chapter by **Alexandre Paturel**, **Véronique Mottier**, and **Cynthia Kraus** turns to the historical evaluation of the role played by debates about sex research in the rise of the New Christian Right in the United States from the 1980s onward. The authors shed light on reasons why the work of Alfred Kinsey

became, decades after his death, a prime focus for the discussion of potential dangers of sex researchers' subjective biases and allowed the Christian right to formulate new arguments, beyond the religious and moral ones that critics from the left usually attribute to them. The authors show how these scientific arguments were meant to appeal to increasing sensitivities with regards to the ethics of research with human subjects. Paturel, Krauss, and Mottier also examine the mixing of scientific and anti-homosexual messages in the Christian Right's critique of the sex research establishment. The next chapter, by **Taline Garibian**, also explores the topic of same-sex sexual activity, this time in Switzerland between 1940 and 1960. Garibian's chapter reveals ways that psychiatry and the legal system functioned like communicating vessels when it came to what could at first appear to be a pioneering decriminalization of homosexuality in Switzerland in 1942. In particular, obligatory psychiatric "treatments" ended up taking the place of legal sanctions. Thus, in spite of a supposedly humane discourse suggesting treatment rather than punishment, a new form of repression of sexual "deviations" including the cruel practices of castration and sterilization introduced different sources of coercion. The final chapter by **Jane Russo** and **Sérgio Carrara** examines the role of publishing houses in the cultural dissemination of works on sex from psychoanalysis and sexology in Brazil in the early years of the twentieth century. The authors examine the ways that editorial strategies took religious and political institutions into account and contributed to having a major influence on the reception of a variety of sources of sexological theories in Brazil.

### *Part II: Circulation, Hybridization and Bodies of Knowledge*

Part II of the book allows us to observe how the elaboration and development of sexologies are based on the appropriation of problems through disciplinary politics that involve circulation, boundary-setting, negotiations, hybridization, and sometimes the building of interactional expertise between different disciplines.

**Donna Drucker** contributes the first chapter in this section. She examines the contribution of obstetrician-gynecologist Robert Latou Dickinson (1861–1950) to the development of sexual science as an academic discipline in the United States. The chapter focusses particularly on Dickinson's arguments about the human-technological relationship in its relationship to bodies and sexual science. Dickinson's observations concerned

in particular what he considered to be harmful effects of the corset, the sewing machine, and the bicycle on women's sexual and reproductive health. The second chapter by **Marie Walin** takes us to nineteenth-century Spain where her archival research allowed her to explore cases of impotence-related petitions for marriage annulment. Her examination of the petitions' vocabulary and of the causes attributed to "absolute sexual impotence" is seen as the result of close collaboration between physicians and clergy. At the same time, a close reading of the cases underscores a surprising reversal of the traditional nineteenth-century power relationships between religion and science. Bridging a history of the body and that of gender representations, **Pauline Mortas** shows, in a third chapter, how the hymen was featured in various guises in popular medical books in nineteenth-century France. The author observes in these advice books, new forms of discourse on defloration, where the hymen became a "site" where the medical, the religious, and the moral could converge. Interestingly, discourse on "defloration" to which women's bodies were subjected at first intercourse influenced representations of femininity, but also masculinity. In a fourth chapter of the part, **Gonzague Delaroque** contributes a genealogical and semantic exploration of the origins and uses of the term *sexologie*, introduced in France in the early years of the twentieth century. The chapter highlights the necessity of placing the history of sexology in a longer history where earlier meanings of *sexualité* referred not to the erotic life but to the selection of the sex of unborn children. Delaroque's chapter argues in favor of nineteenth-century sexology's sources in biology and eugenics, often overlooked or considered as parallel developments by contemporary social historians. A fifth chapter is devoted to Marie Bonaparte. Here, **Sylvie Chaperon** argues in favor of a more historically nuanced treatment of this often-dismissed female figure from the early years of psychoanalysis. The chapter takes a close look at Marie Bonaparte's work on "frigidity" by first examining her initial academic text written in 1924 under the pseudonym of Narjani. Frigidity is attributed to the concept of *téléclitoridie* for which Bonaparte suggested possible surgical interventions. These suggestions, while shocking for commentators in the final two decades of the twentieth century, had been well received at the time and were able to garner support within the psychoanalytic community as well as by physiologists and surgeons. A sixth chapter focuses on another controversially remembered figure, this time in Brazilian sexology. **Alessandro Ezabella** explores the paradoxical biography of Hernani de Iraja, clinical sexologist, journalist, and painter,

with a prominent profile in the 1930s Rio de Janeiro. The author aims to understand how Irajá came to be seen as an obscure or even obscene figure, and in doing so, he examines Irajá's place in the development of Brazilian sexology. In this section's final chapter, **Jeffrey Escoffier** revisits the work of the American psychoanalyst Robert J. Stoller and in particular his lesser-known work on pornography. Escoffier shows how pornographic discourse constitutes a "body of knowledge" and a form of "epistemological investigation" capable of producing coherent knowledge that touches on the subjectivity of consumers and ultimately reflects the sexual culture of a country in all its complexity.

### *Part III: Inventions of Deviant "Others"*

Part III of the book explores how in different countries in late modern history the political economy of knowledge production often included imputations to the sexuality of "others." Considered "primitive," "sick," or "deviant," the sexual or sexualized other was a key construct used to draw a protective boundary around sexuality of the self and shield it from critical inquiry. Some chapters in this part examine individual and collective subjectivities and actions taken by those categorized to reshape these terms. Others show how these terms also contributed to uniting communities. The chapters in this section of the book show how the terms of sexual othering, their authors, their criteria, and meanings changed over the course of history as reflected in professional, literary, and activist contributions.

The first chapter, by **Delphine Peiretti-Courtis**, shows how French colonial medicine provided a "scientific justification" for the myth of an "African hypersexuality." Even more significantly, the author shows how emphasis on the protection of colonists from "temptation" formed a framework for European sexuality by attempting to preserve its supposed difference from what could be "discovered" in the colonies. The next two chapters explore sexual desires and identities considered as deviations and examine how those concerned navigated within and between, and even created on the bases of initially pathologizing categories (see Hacking, 2001). **Ash Kayte Stokoe's** chapter provides a close examination of the ways in which sexological discourses of "inversion" were mobilized in two important works of literature published almost 50 years apart. Rachilde's *Monsieur Vénus* (1884) and Radclyffe Hall's (1928) *The Well of Loneliness* faithfully reflect the sexological discourses of their times, but also

rework these categories of pathology by uniquely addressing their protagonist's subjective singularities. **Gert Hekma** in this section's third chapter takes his readers on a voyage across centuries of terms designating a large variety of homosexual practices and examines critically the current shift in focus to identities. Examining the rise to prominence and the elongation of the LGBTQ+ "Alphabet soup," Hekma's chapter interrogates this shift from practice to identities and points out new forms of stigma associated with non-coital practices, even in the case where these are simply objects of fantasy. **André Bejin's** chapter closes this final section by exploring French psychologist Alfred Binet's borrowing and transformation of the term *fétichisme*, originally coined by Charles de Brosses (1709–1777) to denote the religious worship of a material object to which the *fétichiste* attributed mysterious power. Binet, in his discussion of an article published in 1882 by the *aliénistes* Jean-Martin Charcot (1825–1893) and Valentin Magnan (1835–1916), points out that in cases of fetishism in love, "religious worship is replaced by a sexual appetite."

### *Conclusion*

*Histories of Sexology: Between Science and Politics* concludes with a final chapter by **Sharman Levinson** that highlights some of the book's main findings, discusses some of its limitations, and opens perspectives for future inquiry in the study of political histories of sex and sexuality. Her chapter emphasizes the need for continued scholarship questioning some of sexology's origin stories and the ways they may continue to be shaped not only by present trends in historical research, but also by the stakes of current sex research, sexuality studies, and activist communities. More specifically, she raises the problem of understanding what "sexology" as a boundary-object can tell us about political contexts, broadly speaking (including disciplinary agendas and conflicts), in history of science and the human sciences.

Examining early sexologists repeated emphasis on the "scientific" and/or "medical" characteristics of their work on sex and sexuality, Levinson's conclusion suggests ways that boundary work (Gieryn, 1983) was, already for late nineteenth-century and early twentieth-century sexologists, also a form of *memory work*. She questions sexologists' heavy



insistence on “science” in order to legitimize their “novel” investigations of sex, and proposes the hypothesis that these authors were selectively drawing on reconstructed “success stories” involving the progressive exclusion of the scientist’s “subjectivity” from the “field of observation.” This situation regarding the Subject “source” of knowledge of the sexual also makes sexology a useful observatory for the history of the medicine/science relationship.

The chapter suggests that by the 1970s both clinical medicine and empirical science were increasingly called into question, as was their relationship. In the later years of the twentieth century, the reference to “science” was no longer the unequivocal source of legitimacy for the study of sex, as sexology and sex research had a new interlocutor in the form of gender and sexuality studies. For some, this could appear to be a return of science’s repressed Subject.

Paris, France  
Angers, France

Alain Giami  
Sharman Levinson

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2014; and *Des sexualités et des handicaps: questions d'intimité* (*Sexualities and Disabilities: Issues of Intimacy*) in collaboration with Bruno Py and Anne Marie Toniolo (Presses Universitaires de Lorraine, 2013). He is currently coordinating an international network focused on “Health and Citizenship among trans persons” (France, Brasil, Chile, Italy, Norway, Denmark, Portugal) and working on the history of sexology in the Western world.

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**Camille Noûs** is a collective individual who symbolizes our commitment to ethics and probity, and our attachment to the practice of critical debate. Camille Noûs is insensitive to evaluation criteria elaborated by the institutional management of research and represents our awareness of what our results owe to collective construction. This is the meaning of the “Noûs,” bearing a collegial “We” (“*nous*” in French) but referring above all to the concept of “reason,” “mind,” or “intellect” (“*νοῦς*”) inherited from Greek philosophy. Camille Noûs’ collective research belongs to the tradition of critical rationalism. Camille’s contributions to the advancement of

knowledge encompass both the “before” of a publication (state-of-the-art, position of problems, methodology) and the “after” (collegial controversy and the follow-up on results over a long period of time). Camille Noûs is also a member of editorial boards, has launched calls for papers, and co-signed several texts in defense of the scientific institution (the first name, Camille, is gender neutral in French).

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**Ash Kayte Stokoe** did doctoral thesis that examined the theorization, practice, and literary representation of drag performance in the United Kingdom, the United States, and France. Ash Kayte’s monograph *Reframing Drag: Beyond Subversion and the Status Quo* was published by Routledge in 2019. Ash Kayte is also the author of an article and two book chapters, which explore the intersections between drag performance, gender non-conformity, and identity in different contexts including the British Music Hall stage, current drag subcultures, and literary works. While their research is broadly situated in interdisciplinary gender studies, Ash Kayte also has research interests in critical disability studies and feminist theory. Ash Kayte has worked at the University of Birmingham and the University of Warwick.

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# History of Sexology and Theories of Sexuality: An Introduction

*Alain Giami*

The purpose of this book is to examine the relationship between sexology and theories of sexuality in a historical perspective. In particular, it aims to identify the components and dimensions of theories of sexuality that underpinned and nourished the different forms of sexology that appeared from the end of the nineteenth century, and to consider the various ways they are related.<sup>1</sup> From this perspective, the field of sexology/sexual science is conceived as organized into epistemic communities in which theories of sexuality are formulated and go on to become a foundational reference point.<sup>2</sup> In this volume, we aim to show that throughout history, and in various Western cultures, theories from different epistemic fields have successively embodied and/or represented sexology, often considered as the major or rather the most elaborated scientific expression of sexuality. These ideas will be discussed in relation to examples drawn from the history of scientific discourses on sexuality in some European countries, the United States, and Brazil, and we will attempt to show

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Switzerland AG 2021

A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,  
[https://doi.org/10.1007/978-3-030-65813-7\\_1](https://doi.org/10.1007/978-3-030-65813-7_1)

that theories belonging to different epistemic fields—and not only scientific theories—form the foundations of different sexologies. In the second part of the introduction, I give some clues for understanding modes of relationship between different epistemic paradigms, based on the work of Michel de Certeau, Michel Foucault, Georges Lantéri Laura, and Steven Marcus. Furthermore, I examine medicalization and medical appropriation as models for understanding the circulation and hybridization of sexological theories.

Following on the work of Michel Foucault, Davidson noted that it is essential to draw on the history of science in order to understand the “experience of sexuality,” insofar as this experience is fundamentally intertwined with the various theoretical discourses that shaped it, particularly in the scientific, medical, legal, and religious spheres (Davidson 1987). Davidson cites as an example the change in Foucault’s work from his study of the nineteenth-century apparatus of sexuality to an approach centered on the experience of the flesh, as a way of accessing a subject’s experience that had not previously been codified by nineteenth-century medical and scientific constructions. In Foucault’s approach, this experience is more widely associated with the question of truth. The history of sexual science (a generic term that incorporates various scientific approaches to sexuality, of which sexology is a major one<sup>3</sup>) has taught us that the specific theories or arguments on which progress has been based have changed throughout the centuries; in other words, that different types of sexualities have been represented in the various scientific discourses on sexuality that have developed over time. So, while some theories have been abandoned, others have arisen to complement, augment, contradict, or negate those that went before, or to introduce radical changes of paradigm that create a complete break with the past (Canguilhem 1988). In order to demonstrate the ebb and flow of these paradigms, one must separate the unity and community that some sexologists of the 1960s have attempted to create by considering sexology as the unique and the most elaborated scientific discourse about sexuality (Belgel 1963; Green 1971, 1985; Haeberle and Gindorf 1993). Sexology has often been considered the discipline par excellence that has enabled sexuality to be considered separately, away from discussions in various existing medical fields and also from religion, popular opinion and the various subjective, imaginary, and even political worlds that constitute common sense in contemporary culture. Sexology therefore appeared as a way of modernizing discourses on sexuality in counterpoint to religious and legal

discourses (Gagnon 1975; Robinson 1976) and also medical discourses that were principally centered on sex and reproduction (Clark 2008).

Having first reviewed the main and recent studies of the intellectual and political history of sexology, this chapter will turn to definitions of sexuality and sexology in order to examine how these terms are related. The last section analyzes some theoretical models that facilitate understanding of the processes of the circulation and hybridization of ideas that underpin the formation and transformation of scientific discourse on sexuality.

### SEXOLOGIES: BETWEEN GLOBAL AND LOCAL

A number of books on the intellectual and political history of sexology have appeared over the last few years (Bauer 2015; Fuechtner et al. 2018). These not only give an indication of the vitality of this research field, but the sheer number of bibliographical references cited in the main reference works on the topic also demonstrates the extraordinary increase in research projects. These recent multi-author books develop different perspectives from those found in older works such as Bland and Doan (1998) and from books that cover the history of sexology in a single country, or focus on a specific aspect or even one particular author of this epistemic field and community, such as Irvine (1990–2005), Bullough (1994), Oosterhuis (2000), Crozier and Bonis (2003), Fruhstuck (2003), Chaperon (2007a), Corbin (2008), and Liskova (2018).

The most recent volumes (Bauer 2015; Fuechtner et al. 2018) have adopted a critical viewpoint that can be defined as “post-colonial,” in the sense that much of the argument developed by many authors of these books aims to question the hegemony of Western sexological theories that developed from nineteenth-century colonialism and shift the balance to highlight the circulation of ideas and concepts between Western (i.e., mostly Western European and North American) theories, (sexual) cultures of the Global South (Wieringa and Sivori 2013; Fruhstuck 2003), and some ex-Soviet-dominated Eastern European countries (Liskova 2018). One of the main ideas developed in Fuechtner et al. (2018) is the circulation of theories and their hybridization on a global scale. The authors no longer consider Europe and North America to be the exclusive and universal producers of sexological theories in a dynamic that left outsiders (the Global South) as consumers, and sometimes as translators of dominant and hegemonic theories that needed adapting

to the specific local needs of their countries. Here, we see a criticism of the model that sees the Western viewpoint as universal and local theories as “exotic” (Geertz 1983–1993). Following on from this work, Western theories began to be analyzed and understood as having benefited from contributions from the Global South and the former colonies, while also practicing cultural hybridization by importing theories from elsewhere, whether the sources were acknowledged or not. Other studies have highlighted the existence of local cultures and scientific studies specific to non-English-speaking Western countries where original sexual theories have been constructed. These theories have struggled to be recognized as belonging to the same body of knowledge as that produced in Central Europe and the United Kingdom due to their specific national characteristics and the language in which they are written.

Few in the English-speaking world are aware of the history (and historiography) of French sexology (other than the work of Foucault) (Huteau 2002; Muchembled 2005; Béjin and Giami 2007; Castel 2007; Chaperon 2007b; Corbin 2008; Amouroux 2012; Mazaleigue-Labaste 2014; Chaperon 2018) or that of Italy, Spain and the Czech Republic (Beccalossi 2012; Guerena 2013; Babinin et al. 2015; Liskova 2018). While the relative paucity of work in French language and on the historiography of sexology in France up to 2007 (Béjin and Giami 2007; Chaperon 2007) must be acknowledged, what was considered an important gap in this field (Castel 2007) has indeed been partly filled by a whole body of more recent work, part of which is presented in this book. This highlights the importance of recognizing the circulation of ideas and epistemic models, and the way they become hybridized inside Western cultures themselves and the power and cultural dynamics underlying acceptance, refusal, or hybridization of foreign theories and models both from dominant and subaltern Western cultures.

### *From Sexuality to Sexology and Back*

#### **The Definitions of Sexuality**

The entry on “sexualité” in the encyclopedic dictionary, the *Trésor de la Langue Française*, offers a succinct history of the definitions of sexuality. We are reminded that definitions of the term “sexuality” have always been in reference to specific epistemic fields and disciplines, such as biology or physiology, which attribute general characteristics to all living things while emphasizing “relationships between the sexes” and



the “reproduction of the species.” This entry also highlights the fact that as definitions of sexuality have changed since the emergence of this term in the middle of the nineteenth century, its specific and qualitative importance in human beings has increased. It also demonstrates how by associating sexuality with reproductive function at the beginning and, later, including the general achievement of personality, the use of the term has become more varied and complex and referring to different epistemic fields. Davidson had already conceptualized a type of paradigm shift in the form of what he referred to as the shift from an anatomical style of reasoning into a psychiatric style of reasoning to think about the shift from the term sex to sexuality (Davidson 1987). With the advent of psychoanalysis, the idea of “sensual gratification” and its disassociation from the drives of self-preservation and the reproductive function became incorporated into the meaning of “sexuality.” This new definition of sexuality inspired by psychoanalysis is dated in 1922 in the *Trésor de la Langue Française*. According to the same entry, the successive definitions of sexuality are primarily driven by a succession of theoretical developments.<sup>4</sup> The chronology of these definitions confirms above all that the principal change of paradigm throughout the twentieth century was a move from a model centered on binary sex differences and reproduction to one based on sexual satisfaction.

### **Before Sexuality**

Corbin’s work provides an illustration of what was still not called sexuality until after 1837. He clearly demonstrates that until 1837 there was neither “sexuality” nor “sexology” but rather approaches based on different epistemic models that were sometimes competing or even contradictory, including medicine, religion, and obscenity.<sup>5</sup> Each of these areas had their own “rules of play,” most of which were placed in the context of marriage, and reproduction was not the main subject of debate. The appearance of the term of sexuality in around 1837 (Foucault 1976; Corbin 2008) is itself a theoretical event. Medicine continued to discuss perversions and sexual aberrations within approaches that treated almost exclusively sexual pathologies (Mazaleigue-Labaste 2014). The emergence of the concept of sexuality, the exact date of which remains controversial, paved the way and provided the necessary concepts for sexology to appear several decades later.

Theories about the origins of sexuality have taken several routes. Foucault focused on the importance of the term “flesh” in the religious genesis of the experience of sexuality, enabling us to understand it as

an experience not embedded inside the apparatus of sexuality. He also emphasized the notion of “truth” as a guiding principle of his study of sexuality, thinking of it as the primary access to truth (Foucault 1984a, b, 2019) by analogy with the Freudian concept of dream as the “royal road” to the unconscious. Other historians have preferred to look for the origins of sexuality in pleasure (Molinier and Ouvry 2019). Corbin therefore preferred the term “vie sexuelle” (sexual life). This refers back to the various “ways to enjoyment” (*manières de jouir*) which may have preceded the fateful date of 1837 when the term “sexuality” initially appeared in the West. Flandrin has analyzed occurrences of the term “amour” (love) and the progressive entry of this term into medical records from the 1960s onward (Flandrin 1981). More recently, we have seen the abandonment of the term “sexuality” and the adoption of the plural “sexualities,” enabling us to take into account the many and various ways of having sex, climaxing, and sexual relations. However, in 1998, Kenneth Plummer did decide to use the term “Sexualities” as the title of the journal he was to edit (Plummer 1998). This development supports the idea that sexuality and gender overlap, and that questions of sexuality are now ultimately questions of gender (Fassin 2009).

The coining of each of the concepts discussed above has resulted in the division and construction of a field that has produced different configurations of sexuality in different eras and cultures. “Sexuality” has therefore not always been “sexuality.” It has not always drawn on the same concepts, theories, or areas of knowledge that would enable us to take into account all activities, behaviors, relationships, feelings, and understandings that the field denotes today. On the other hand, when “sexuality” was coined, it has not always referred to the same experiences, practices, or relationships. For example, when independent counsel Kenneth Starr asked President Bill Clinton if he had had “sexual relations” with the White House intern Monica Lewinsky, he answered in the negative. In his view, the practice of oral sex did not constitute a sexual relationship (Sanders and Reinisch 1999).

### **The Destinies of Sexology**

The term “sexology,” in the accepted sense of *scientia sexualis* (Foucault 1976), only appeared toward the end of the nineteenth century.<sup>6</sup> According to Foucault, it consisted of the Western model of expert knowledge of sexuality in contrast to models of *ars erotica* assigned to non-Western cultures (Foucault, 1976). It represented modernity’s

answer to sexual problems, public health issues, morality, and population control through the codification and classification of individual and collective behaviors in a context that was strongly influenced by theories of degeneracy, forensic medicine, and venereology (Clarke 1998; Crozier 2003; de Larocque-Latour 2014).

In his exploration of the emergence of sexology, Béjin discerns a “protosexology,” which appeared at the end of the nineteenth century and was focused mainly on pathology, deviance, and “aberrations and their relationship to degeneracy.” “Protosexology”—as defined by Béjin—arose in the context, and with the aim, of distinguishing and considering reproductive sexual life as the only natural, and therefore moral, sexual activity. The flip side to this distinction is that European sexology (which was placed on the margins of medicine, mainly on the side of psychiatry) was concerned with the pathologization of non-reproductive sexual behaviors, including those that were heterosexual (Katz 1995). However, this “protosexology” cannot be reduced to the dimension of the pathologization of sexual perversions. A whole group of these sexologists from Central and Western Europe have been involved in the struggle against discrimination against homosexuals and the social emancipation associated with sexual freedom (Dose 2003).

A second wave of sexology, which established the preeminence of orgasm over reproduction, appeared in Europe in the 1920s and became established in the United States through the work of Kinsey, and Masters and Johnson (Béjin 1982). After being mainly concerned with deviant and/or pathological sexualities in the context of “protosexology,” sexologists widened their field of investigation and intervention, and throughout the twentieth century supported the normalization of non-reproductive sexual behaviors and the glorification of erotic pleasure as the central dimension of sexual activity (Irvine 2005). This second wave also sees the emergence of the epistemic community of sex research and its project to bring together all disciplines working on different aspects of sexuality under the umbrella and unifying label of sexology (understood as sexual science). Later, in the mid-1970s, a third wave of sexology appeared in the form of sexual health, with approaches covering public health, sex education, and various forms of medical and psychological intervention and the prevention of risks associated with sexual activity (Giami 2002; Epstein and Mamo 2017). A fourth wave, that of sexual medicine and the increase in pharmacological treatments for sexual problems, began in the early 1990s (Perelman 2014; Giami 2017). Finally, we can discern a

fifth wave that also appeared at the end of the 1990s. This announced the arrival of sexual rights and reopened the angle of social emancipation and the denunciation of social discrimination toward LGBTQI individuals and groups, and the emergence of gender issues (Petchesky 2000; Parker et al. 2004; Kismödi et al. 2014; Giami 2016). This fifth wave of sexology revives one of the dimensions of protosexology, insofar as it is engaged in struggle for social emancipation.

Developments in the thinking of the major sexologists of the twentieth century illustrate these changes. During the second period in the development of sexology, in addressing sexual problems and sexual therapy for gay men, Masters and Johnson established an equivalence between all stimulation techniques and contacts for obtaining an orgasm. Thus, based on a physiological argument, Masters and Johnson took their turn in breaking the opposition between heterosexuality and homosexuality, and between genital and non-genital sex, and reinforced the autonomy of the erotic function of sexuality from its reproductive function. During the first phase of their work, the limitation of orgasm to heterosexual coitus (penile-vaginal stimulation) still reflected a degree of rootedness in the traditional model of the sexual instinct and the limitation of sexuality to a social script of heterogeneity. The opening of the Saint-Louis clinic (Missouri) to gay men and the recognition of the orgasmic potential of heterosexual sexual practices to zones away from the genital organs contributed to radically disassociating the erotic and reproductive functions of sexuality (Franke 2001).<sup>7</sup> The stimulation of any part of the body then became a physiological and morally legitimate source of orgasm (Giami 1999). Masters and Johnson even arrived at the view that the various phases of pregnancy, the act of giving birth, and the post-partum period were physiological obstacles to obtaining a sexual response in women, to which were added subjective feelings that Masters and Johnson viewed as archaic prejudices or a consequence of medical recommendations based on the same prejudices. Reproduction therefore became a potential obstacle to a properly functioning sexual response. It is from this time onward (circa 1970) that modern sexology began to be interested in sexual behavior that was considered normal and to treat dysfunctions as a lack or deficiency rather than an excess or deviancy. In doing so, Masters and Johnson were following in the footsteps of Kinsey who had already recognized the equivalence of all sexual contact as a means of producing “sexual outlets” and the heterosexuality/bisexuality/homosexuality continuum (Gagnon 1990; Irvine 2005).

The perspective that developed from the analysis of the respective theories of sexuality and sexology first implies that different scientific and medical discourses may represent “sexuality” and that these can be based on different aspects linked either to reproduction, pleasure, relationships, or love that existed well before the mid-nineteenth century (Jacquart and Thomasset 1985; Laqueur 1990; Baldwin 1997; Clark 2008; Laqueur 2003). These discourses existed without being located within the development of an “umbrella” discipline, which is how sexology saw itself during the mid-twentieth century (Haeberle and Gindorf 1993). Second, it implies that the object of these discourses was not always defined with the help of the word “sexuality,” and third, that the term “sexuality” also underwent change, as attested to by the definitions given in dictionaries and the work of modern sexologists of the twentieth century. Fourth, we see that scholarly discourse was not always located in the natural sciences and medicine (including psychiatry), but also located in discussions of morality, theology, and obscenity (as Corbin noted).

This volume therefore explores the analysis and understanding of the division of the epistemic unity of “sexuality” and “sexology” and attempts to establish the correspondence of these two notions, sexuality being shaped by sexology and in turn, sexology defining dimensions and components of sexuality. In doing so, it tries to demonstrate how, if this unity did in fact exist, it would only have done so at a relatively specific moment in history and always alongside other types of scientific discourse. However, it would be an illusion to continue to think that science and especially medicine were the only epistemic paradigms that aimed to address sexuality. We know that, if nothing else, the concept of sexuality has been affected by religion and the law, but it can also be shaped by notions of obscenity and aesthetics (in the visual arts and literature) and, in a general way, by common sense. More recently, it has been affected by the media, which can draw content from all or some of these various influences, depending on the environment and expectations of the time and the cultural and historic context. From the moment that the term “sexuality” appeared, each of these spheres has redefined it or invented other terms that were considered more appropriate. One can thus assume that from an epistemic point of view, sexology went through two important phases with, first of all, between the end of the nineteenth century and the end of the 1960s, the process of constitution of an umbrella discipline which would take the name of “sex research” or “scientific studies on sexuality.” Then, from the 1980s onward, we are

witnessing the explosion of this temporary unit with the emergence of the fields of sexual health, sexual medicine, and sexual rights and the specialization in specific areas referring to social preoccupations associated with the emergence of emancipation struggles such as women, gay, or trans studies as well as critical sexuality studies.

## THE CIRCULATION AND HYBRIDIZATION OF EPISTEMIC PARADIGMS

Michel de Certeau broached this question in a general way when reflecting on the contributions of psychoanalysis and historiography to epistemology in general, whereas Michel Foucault, Georges Lantéri-Laura, and Steven Marcus—and others—have engaged with the analysis of the production of knowledge on sexuality straight on. Foucault built on the idea of medicalization which had been posited as a condition of the emergence of sexuality. Lantéri-Laura took the idea of medical appropriation as his starting point, and Marcus worked from sexual science's origin in the fantasy world of nineteenth-century pornography. These different approaches provide information on the modes of circulation and hybridization of knowledge that govern the development of theories of sexuality and that will be explored here.

### *De Certeau on Psychoanalysis and Historiography*

De Certeau enables us to construct an initial methodological framework that helps us to understand the process by which ideas circulate between epistemic paradigms and communities and hence sometimes to hybridize. De Certeau teaches us that these processes can vary, with the present never wiping the slate clean but rather making use of the past in ways that can sometimes be contradictory, rejecting, appropriating, assimilating, and even deforming its content.

Psychoanalysis and historiography are therefore essentially two different ways of dealing with memory. They conceive the relationship between the past and the present in different ways. Psychoanalysis recognizes one within the other, while historiography places one beside the other. Psychoanalysis treats this relationship as overlapping (one in the place of the other), repeating (one reproduces the other in a different form), ambiguous and full of mistaken identities. (What is “in the place” of what? Everywhere

there are masked theatricals, reversals and ambiguity.) Historiography views this relationship in terms of succession (one after the other), correlation (being similar to a greater or lesser extent), cause and effect (one follows the other) and separation (one or the other but not both at once). (de Certeau 1987, p. 99)

The literature covering sexuality and sexology makes us think that the processes developed by historiography and psychoanalysis are not completely separate, but rather that they can sometimes be connected and intertwined. De Certeau's writings imply a criticism of the linearity of the historiographical model (*stricto sensu*). One question that needs considering is that of continuity and discontinuity between paradigms and theories; how they are abandoned and replaced, the way they interlock, and even the way they return having been abandoned, or to put it in Freudian terms, the return of the repressed.

More concretely, it is a question of understanding how theories of sexuality—and not only of sexuality—borrowed from different fields came to be used, integrated, transformed, or rejected in the construction of a particular sexology, which appears as the epistemic paradigm par excellence of sexuality in a situated historical moment and geographic political space, i.e., the 1960–1970s United States “sex research” community (Green 1971; Bullough 1994). This is not just about understanding how one theory develops into another within a single epistemic field, but also how theoretical models come to be borrowed from different fields and potentially also from common knowledge, and how they can become hybridized with scientific theories to form a new paradigm.

### *Foucault and Medicalization*

Michel Foucault's work on sexuality began with his Abnormal lecture series at the Collège de France in 1975 (Foucault 1994). It was in this context that Foucault raised the issue of medicalization, which he did at the outset in relation to the apparatus of sexuality. In a second instance, in a lecture given in the 1976 series *Society must be defended*, Foucault addressed the issue of medicalization from the angle of “bio-power” and “bio-politics.” Foucault thought that the process of medicalization was not restricted to either medical institutions or asylums but that its emergence was part of the development of “technologies of power.” Furthermore, it can be said that Foucault's approach to sexuality was

inseparable from its application as medicalization. Artières and da Silva take up this idea in thinking that Foucault saw medicalization as “individual processes through which a society at a given moment in its history establishes a subject or practice as being relevant to the field of medicine (the most famous example being the sexuality of children, but another is that of urban space)” (da Silva and Artières 2001). Throughout his lectures on the Abnormal, Foucault used the term “sexuality” in an ordinary sense to describe sexual practices, relationships, and social representations, and at the same time to describe the “apparatus of sexuality” while he was describing practices and phenomena which occurred long time before 1837. In *The Will to Knowledge*, which came out the following year, he described it more precisely: “The history of sexuality—that is, the history of what functioned in the nineteenth century as a specific field of truth—must first be written from the viewpoint of a history of discourses” (Foucault 1988, p. 88).

Foucault developed his analysis of medicalization in the context of the development of the category of sexuality during the eighteenth and nineteenth centuries, and the centrality of sexuality in the form of childhood masturbation in the diagnosis and treatment of psychiatric abnormalities. He constructed a theory of the medicalization of sexuality from a series of converging lines: its Christian genesis, the development of psychiatric knowledge, the medicalization of the family as a means of controlling childhood masturbation, and bio-politics as a political mechanism to control populations. The construction of the apparatus of sexuality is fundamentally founded on the religious practice of confession, a historic prerequisite for “producing true discourses on sex” (Foucault 1988, p. 86).

Foucault thus proposed an overarching concept of medicalization, which created sexuality, and that drew on various medical disciplines including psychiatry, legal medicine, and public health. He established a conceptual difference between sex, relating to the level of somatization and sexuality, relating to the process of confession as an access to the psyche. What is more, Foucault blew the genesis and deployment of medicalization out of the strictly defined field of medicine. First, he situated the foundations of medicalization in the context of historical developments and in continuity with the Catholic ritual of confession, albeit with a change of reference. Second, he placed medicalization back within the family unit, albeit a family that was “monitored” by the medical



profession. In doing so, he saw the medicalization of society—and sexuality—as arising from medical knowledge but in undefined offshoots outside medical institutions. However, the medical profession was not the only institution to monitor individuals and their bodies; the endeavor was shared with the criminal justice system. Foucault identified two ways that medicalization was deployed: through the apparatus of sexuality characterized by the surveillance and discipline of individual bodies and through bio-politics, which served to manage populations and their relationship with life and death. In short, the duality of this apparatus incorporates two different constructs of sexuality: reproductive sexuality and its conjugal framework, and perversions and sexual crimes. It thus seems to exclude eroticism from the field of sexuality, which Foucault did not consider to be within the apparatus of medicalization as it developed from the eighteenth and nineteenth centuries onward. Foucault thus overlooked the Western *ars erotica* of erotic literature and iconography, which he cast aside.

Thus, for Foucault, modern sexuality has a distant origin in the procedures of confession and avowal organized by the Catholic Church since the twelfth century, which medicine followed from the eighteenth century onward, leading to widespread diffusion in the form of medicalization. It is this process of appropriation and hybridization of confessional procedures in medical and psychoanalytical theory and practice that has constituted modern sexuality, making the theories and experience of sexuality inseparable.

### *Lantéri-Laura and the Medical Appropriation of Sexual Perversion*

Lantéri-Laura's work takes as its starting point a history and epistemology that is critical of medicine and psychiatry. Constructed from within the medical field, it aimed to identify the effects of historical, political, and ideological context on the way medicine, at a given point in its history (i.e., from the mid-nineteenth century onward), was concerned with the question of sexual perversion. Lantéri-Laura's starting point was therefore different from that of Foucault, insofar as he studied a clearly defined subject—sexual perversion—rather than a hypothetical “apparatus of sexuality,” far less the ritual of confession within its religious, legal, and psychoanalytical history and focused his research on the history of medicine and its social and ideological influences.

However, Lantéri-Laura did begin this work in the context of an investigation into the way the dominant (or in 1960s France even the hegemonic) theories of psychoanalysis looked at issues of sexual perversion. His work can be read as a critique of the historical foundations of the Freudian approach to perversion. In it, he retraces the psychiatric prehistory and development of Freud's contribution to a theory of perversion, as the theory of psychoanalysis developed by Freud as well as that of some later psychoanalysts (including Lacan) who play their part in the history of the development of psychiatry in their own right.

We have therefore tried to understand when, and under what conditions, medicine became the principal, if not sole, reference in the study of perversion, because this has not always been the case and there is no fundamental reason why it should be. The ceding of the functions of religion to the state, the limited efficacy of substantive law (which either made too much or too little of it) and the prestige of science in the nineteenth century account for what we call "the appropriation of perversion by medicine." (Lantéri-Laura 1979, p. 9)

Lantéri-Laura devoted himself to work that revealed much more than the history of medicine and the ideological influences that guided the development of medical (mainly psychiatric) ideas about sexual perversions. He constructed a centripetal model of the appropriation of non-medical fields into medicine, with the aim of elaborating on medical knowledge in a way which would not create an "epistemological break"<sup>8</sup> with popular opinion (doxa). For Lantéri-Laura, the medical appropriation of sexual perversion comes into play when certain sexual behaviors that are already considered immoral by the doxa are pathologized. Thus, psychiatrists consider them to be "perversions," with all the ambiguity inherent in the term, which is at the margins of morality. Lantéri-Laura's approach thus highlights how the process of medical appropriation of sexual perversions originates both in nineteenth-century psychiatric theories articulated with common sense, the doxa.

### *The Sexual Sciences: Popular Opinion, Pornography, or Science?*

Steven Marcus has opened up another avenue for research into the influences on the genesis and development of sexual science in the nineteenth century. Due to his cultural assumptions, Foucault had created a radical

divide between Western *scientia sexualis* and the *ars erotica* assigned to non-Western cultures. However, Marcus associated the genesis and creation of scientific discourses on sexuality in the nineteenth century in a different perspective, that of the imagination and common knowledge. While Lantéri-Laura questioned the limits of an “epistemological break” between popular opinion (the *doxa*) and the general moral values that influenced scientific constructions without the researchers themselves being aware of them, for Marcus it is the similarities between practical scientific knowledge and the erotic imagination that enable us to see knowledge produced by the sexual sciences as comparable to that of nineteenth-century English pornography. Marcus links this way of thinking to “ideological” thought, which in the Marxist tradition is considered to be, as Engels put it, “a process accomplished by the ‘so-called thinker’.”<sup>9</sup>

Since this is the study of human fantasies, it may be useful to begin it by considering that official fantasy which in the mid-nineteenth century went by the name of scientific knowledge. I use the word ‘fantasy’ not in a belittling or deprecatory sense but to describe the quality of thinking or of mind that one meets with in scientific or medical accounts of human sexuality in the English nineteenth century. This thinking, one soon learns, rests upon a mass of unargued, unexamined and largely unconscious assumptions; its logical proceedings are loose and associative rather than rigorous and sequential; and one of its chief impulses is to confirm what is already held as belief rather than to adapt belief to new and probably disturbing knowledge. And as we shall see, it shares all these qualities in common with pornography itself. No doubt most people think this way about most things most of the time - that is to say a good deal of our thinking consists of fantasy cast in the form of opinion or assertion; or in another context, such thinking has the characteristics of what in the social sciences is called ‘ideology.’ (Marcus 1964, p. 1)

Coming from a different cultural and scientific world, Lantéri-Laura takes scientific and medical knowledge back to the realm of opinion and uses almost the same terms as Marcus in relation to unverified assertions that are taken for granted.

With regard to perversions, we must remember that it is the *doxa* that defines the phenomena that the episteme will study. Opinion indicates the domain of perverted behaviors, and thus knowledge flows from opinion,

even if it modifies the extent of the field as it goes along. This is why, while taking great care to restrict ourselves to the necessary distinctions, we must both elucidate a number of psychopathological theories of perversion and understand their relationship to social representations that help our culture to cope with the existence of perversions and the presence of perverts. (Lantéri-Laura 1979, p. 15)

The proposition is clear and distinct: Medical discourse on sexual perversion is at root determined by social and ideological values. At the same time, it occupies multiple social functions that go beyond the sphere of medicine and psychiatry. Medical discourses on perversion do not achieve the “epistemological break” from religion and the law that they claim, and neither do they do so from the doxa and from the erotic imagination. Lantéri-Laura thus exposes the mechanism by which medical thought is constructed from the prejudices and presuppositions dictated by “social ethics.” The functioning of scientific thought is completely coherent and rigorous, but it may be applied to subjects dictated by principles and reason that are external and foreign to it, in the same way that Marcus sees the sexual imagination of the nineteenth-century influencing and impregnating scholarly constructions, and in particular nosographic classifications that are veritable bestiaries of sexual monstrosities of the period.

We should remember that the accepted explanatory model (whichever register it may belong to) was constructed by applying an extrinsic pathogenic process to a collection of behaviors that had been identified in advance for reasons that were external to this process, and in every case for reasons of social ethics. Even though such knowledge may make perfect sense to us, we should not forget that it has been acquired through the observation of multiple cases that have been identified as perversions for reasons that have nothing to do with this knowledge and which, in the end, always prove to be cultural. We thus see that psychiatric discourse always proves to be secondary and never agrees. (Lantéri-Laura 1979, p. 138)

The moralizing function of medicine over sexuality is therefore not founded on principles any different from those that come from popular opinion. The medicalization of perversion can therefore only create medical and scientific justifications that enable new types of control, cure, and punishment to be exercised over certain sexual behaviors that were

already considered to be deviant before being medicalized and pathologized. But things are not that straightforward, because doctors, as participants in society, are also engaged in the debates of their times and the positions that they take in turn direct their scientific and medical thinking. This issue is most clearly seen in the status given to homosexuality and the debates that developed on the subject from the mid-nineteenth century and on throughout the twentieth century. The medical appropriation of sexual perversions may, in the final analysis, be reduced to the application of language and medical reasoning to non-medical subjects and their progressive transformation into medical subjects that can be treated by medical procedures. But this transformation into medical subjects nonetheless remains incomplete.

These various analyses demonstrate the plurality of influences on the production of scientific knowledge about sexuality, as with all scientific knowledge. On the one hand, we see the importance of ideological and cognitive processes in contributing to the way knowledge is constructed, collected, embedded, hybridized, segmented, or brought together. On the other hand, we see a plurality of fields of scholarship that have contributed to the creation of sexological knowledge, and here again we find religious, legal, medical, and psychological discourses. However, we also see the importance of other epistemic registers that are relatively distant from scientific discourse, such as fantasy, obscenity, and pornography, as well as common knowledge and the dominant moral values of the time. The recognition of these influences, which are simultaneously ideological, imaginary, and thematic, may enable us to better understand the inherent organizational structures in any scientific construction of sexuality.

## NOTES

1. Translated from the French by Rebecca Mynett.
2. For a discussion of these ideas, see Meyer and Molyneux-Hodgson (2011).
3. Other terms were used that more or less covered the field of sexology including sex research, the scientific study of sexuality, sexuality studies, critical sexuality studies, and others. For more on this point, see Gagnon (1975), Dowsett (2015), Giami (2020). For a comprehensive literature review on the history of sexology, see Bland and Doan (1998), Chaperon (2007a), Bauer (2015), Fuechtner et al. (2018), Liskova (2018).
4. Gonzague de Larocque Latour's chapter develops the question of definitions more specifically, in the context of fin-de-siècle France.

5. Corbin neglects to mention the legal field, which had an important influence in the religious sphere as well as in legal medicine, where it was responsible for dealing with criminal sexual deviance.
6. In Europe, the identification of the first occurrence of this term remains a point of contention.
7. Many observers failed to notice this change and continued to think that Masters and Johnson embodied the androcentric model of sexual activity. Masters and Johnson's book *Homosexuality in Perspective* was published in 1980, four years after Paul Robinson's *The Modernization of Sex*, which greatly contributed to spreading the cliché of Masters and Johnson's supposed androcentrism. However, it should be noted that the French translation of this book dropped the term homosexuality from the title and used a more general phraseology that translates as "Sexual Perspectives."
8. The notion of "epistemological break" refers to the notion of "rupture épistémologique" elaborated first by Gaston Bachelard and then by Louis Althusser.
9. Ideology is a process accomplished by the so-called thinker consciously, indeed, but with a false consciousness. The real motives impelling him remain unknown to him; otherwise, it would not be an ideological process at all. Hence, he imagines false or apparent motives (Engels to Franz Mehring, July 14, 1893 in Marx and Engels Correspondence, tr. Donna Tour) (International Publishers, 1968). Reproduced here: [https://www.marxists.org/archive/marx/works/1893/letters/93\\_07\\_14.htm](https://www.marxists.org/archive/marx/works/1893/letters/93_07_14.htm) (Accessed 26 June 2020).

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PART I

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Political and Ideological Translations  
and Appropriations



# Sexology's Unexpected Progressiveness in the Cold War East: Shaping People's Sexual Selves, Creating Socialist Societies

*Kateřina Liřková*

The Cold War East was not sexually prudish as had been previously assumed.<sup>1</sup> In fact, socialist countries provided crucial advancements earlier than their Western counterparts. Universal equalization of husband and wife's rights within marriage, access to abortion, and, in some countries, decriminalizing homosexuality were all feats of the long 1950s. Sexological expertise played a key role in a number of these novelties that came to define everyday life under socialism for decades to come.

While gender equality was formally recognized and pursued by all socialist states from the beginning, sexual developments were a bit more uneven. In most countries, there was public silence on sexuality until the end of Stalinism in 1956. Yet, experts were hard at work, particularly in 1950s Czechoslovakia. They began exploring the female orgasm already

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A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,  
[https://doi.org/10.1007/978-3-030-65813-7\\_2](https://doi.org/10.1007/978-3-030-65813-7_2)

in 1952, engrossed in answering why some women did not enjoy sex and suggesting what should be improved. Most countries of the Eastern Bloc legalized abortion in 1956 or 1957; yet, it was Poland that was probably fiercest in its upholding. Hungarian sexologists emerged later than their counterparts in Czechoslovakia but by the last decade of state socialism came to reinterpret marital fidelity, which influenced popular attitudes toward sex outside of marriage.

Analyzing sexology's rationales—for the need of the female orgasm, for accessible abortion, on how to stay happily married—reveals a lot about the character of socialist states. I argue that through understanding expertise, we can understand the (changing) emphases of the state. Yet, I am not saying that socialist states imposed their communist ideology upon science and that scientific disciplines busied themselves bringing the desired results to the politburo. The interconnection between science and society, expertise and the state is much more nuanced—and we typically do not have problems approaching *Western* science in a more nuanced way. There we know that it would be naïve to presuppose a clear-cut divide between science and politics where the former epitomizes value-neutrality while the latter is laden with values. In reality, the two are blurred, and historians of science studying Western scholarly production have called for an acknowledgment of this fact (O'Mara 2006; Solovey 2001; Solovey and Cravens 2012). However, when it comes to Eastern science, the view still prevails that it was enslaved to the “totalitarian” state, which compromised its findings. “Eastern” science is seen as somewhere between dull and nonexistent. The images from high Stalinism in the Soviet Union (Pollock 2006) have come to represent the entirety of science east of the Iron Curtain, a science often referred to as “ideologically correct.” These scientists were said to accommodate a regime they lived under while simultaneously giving up efforts to transform it (Gordin et al. 2003). They were often charged outright as “primitive zealots [who] razed the walls of academic autonomy” (Joravsky in Walker 2003, p. 5) in order to compete with Western scientific approaches while being “instructed to ‘overtake and surpass’ Western science” (Gerovitch 2001, p. 547) à la Lenin and his “‘quote-and-club’ method of polemic against bourgeois and reactionary science” (David-Fox 2011, p. 482). More nuance is certainly needed if we are to understand the dynamics between a socialist state and expertise. I suggest employing a symmetrical approach to Eastern science: an approach that we would apply while studying a Western science, an approach that will account for more

complex feedback loops than the unidirectional “politburo → science” that thwarts our understanding of how science and expertise operated behind the Iron Curtain.

In this chapter, I will focus on three moments of innovation that were brought about by sexological expertise during state socialism in three countries: Czechoslovakia, Poland, and Hungary. Doing this, I will draw upon several years of research conducted with my colleagues Natalia Jarska from Poland and Gábor Szegedi from Hungary. It is through this close collaboration that we were able to see the developments in our respective countries in a new light and could better identify not only the similarities but also the differences in the ways sexuality was seen in various countries over time.<sup>2</sup>

While space does not provide for exhaustiveness, I chose three instances of (maybe) unexpected progressiveness<sup>3</sup> that shed light on the crucial role that sexology played in the Cold War East. I will first present these three case studies—on the female orgasm in Czechoslovakia in the 1950s, on abortion in Poland at the turn of the 1950s and 1960s, and on open marriage in Hungary in the late 1970s—and in the concluding section I will point to sociopolitical contexts that enabled the debates about orgasm, abortion, or marriage take these forms, and in effect shape people’s behavior together with their understanding of themselves and the society they lived in.

## FEMALE ORGASM IN CZECHOSLOVAKIA IN THE 1950S

Research into the female sexual pleasure and climax is an unexpected byproduct of the postwar emphasis on increasing birth rates. At the turn of the 1940s and 1950s, medical doctors argued about the role the female orgasm played in conception.<sup>4</sup> The views covered the spectrum from “no role at all, it is expendable” through “it increases the chances of fertilization” to “it is quite vital for a woman to experience climax in order for her to get pregnant.”

In the early 1950s, Czechoslovak women who could not get pregnant sought treatment in the Františkovy Lázně spa. To the bafflement of local gynecologists, about 9 percent of patients did not exhibit any somatic problems. Yet they complained about deficiencies in their sex lives and blamed their sterility on these shortcomings. Thus, experts from the Sexological Institute in Prague were invited to investigate. In 1952, sexologists conducted a complex survey of both 500 “sterile” women and a

control group of 250 pregnant women from all over the country. Doctors and trained nurses spoke with every woman at great length in hour-long interviews. The majority of sterile women (63%) stated that they had some problems in sexual function or, more generally, in their experiences with intercourse. In comparison, only about half of that number (32%) among the pregnant group reported suffering from similar issues. Women mostly complained about the duration of intercourse—35% of them found it too short. Some women talked about enjoying various sexual positions; 10% mentioned “mutual exterior stimulation,”<sup>5</sup> and a third of this percentage admitted they could only experience orgasm through these means. A third of infertile women (34%) did not know how an orgasm felt compared to 19% in the control group. Where did these problems come from? The sex doctors’ answer was that deficiencies in the marital relationship, particularly a dearth of romantic involvement, were the reason for such problems. In 20% of the marriages that were unable to conceive, a number five times higher than the marriages that were expecting a child, the wives reportedly did not love their husbands; in fact, half of them even felt hostile toward them. Sexologist Karel Nedoma of the Sexological Institute summed it up as follows: twice as often, compared to their fertile counterparts, these women entered those marriages “not because they were in love” but “for rational reasons such that she wanted to get married, move out of her parents’ house or because she felt lonely.”<sup>6</sup> Romantic love was the only valid reason for entering a marriage worthy of the new socialist man and woman. And only true love could bring orgasms to women.

At the conference devoted to the female orgasm in 1961, sexologists, gynecologists, and psychiatrists voiced their dissatisfaction with how little the medical community knew about the workings of sexual climax in the human female. They invoked a range of potential sources of the problems that women experienced in the realm of pleasure: somatic, psychosexual, and social. Doctors’ emphasis on love in marriage as a *sine qua non* of satisfactory sex did not lessen. Moreover, new voices appeared, linking women’s sexual dissatisfaction to gender inequality at home and beyond. The psychiatrist Jiřina Knoblochová insisted that men needed to participate in the housework and help raise the children: only that could bring about the woman’s orgasm:

The woman’s dissatisfaction in her sex life stems mostly from the fact that she does not have a good rapport with her husband; she feels ignored

because he does not tend to her needs, he too often leaves the care of the household and the children up to her.<sup>7</sup>

Moreover, Knoblochová warned against the idea that women were best prepared for sex after resting or engaging solely in household duties:

Often it works much better to encourage the woman to enter the work-force where she can put her talents and interests to use, than to advise her to rest which only contributes to her dissatisfaction and isolation at home.<sup>8</sup>

She described several cases where husbands would shun their wives back to the household, insisting on their own role as the primary breadwinner. Women who were forced to stay at home felt bored, which translated into sexual dissatisfaction. While people all too often attributed female sexual “neuroses” to the overburdening of employment, Knoblochová insisted that her patients were the housewives whose work remained invisible to their husbands; indeed, these women did not feel respected by their husbands and were thus frustrated, exhausted, and—as a result—became indifferent to sex. Moreover, the female psychiatrist argued against those who thought that a woman’s aversion to sex was due to some technical ineptitude: “It usually is the other way around, the road leads from estrangement, alienation or conflict to sexual dissatisfaction.”<sup>9</sup> In sexologist’s eyes, happiness in sexual life was a product of the equal involvement of both spouses in the domestic and the public spheres, of their egalitarian and respectful relationship.

## ABORTION IN POLAND

Abortion was first legalized in the Soviet Union in 1920, but the right was taken away by repressive Stalin’s regime in 1936. In Poland, abortion for medical reasons and in case of incest or rape was made accessible to women in 1932. Although the draft had included a clause allowing abortion in cases of “the difficult economic situation of a woman,” the final law did not make it possible.<sup>10</sup> The situation did not change in the aftermath of World War II. Abortion was legalized in 1956, including for “woman’s difficult living conditions.” Also, self-induced abortions and women seeking illicit abortions were decriminalized.<sup>11</sup> The law remained in place throughout the socialist period (the only modification being the



ministerial instruction of 1981 demanding abortion providers to give contraceptive counseling as well). In 1993, a new law banned abortion except for pregnancies resulting from rape or incest, posing a health risk to the woman or where the fetus is severely deformed. This law, already among the strictest in Europe, has been repeatedly attacked from the right with conservative groups demanding the access to be limited only to cases where woman's life is endangered.<sup>12</sup> In 2019, the president announced he would be willing to sign a law prohibiting any and all access to abortion.

The history of introducing abortion in Poland and keeping it legal is tied up with the struggles of the socialist state with the Catholic Church.<sup>13</sup> The legalization of abortion was preceded by extensive public debates in the press and on the radio about the harmfulness of illegal termination of pregnancy, which was commonplace. In these debates, experts, mostly gynecologists, took a rather progressive stance: abortion as such is not harmful to women's health, but an illegal procedure is. Given how many women underwent the illicit procedure at the time, putting it out in the open would not reduce the overall birth rate but could only help to preserve women's reproductive health. Curiously, reducing the birth rate was sought after by the state at the time, since too many children being born was seen as putting a strain on the limited resources and hindering technological development. Experts advising the minister of health suggested that contraception should also be made widely available. Thus, the law was adopted in 1956, and after the initially lengthy procedures the woman had to undergo, the access was made swift and easy in late 1959.

Family planning became to be propagated, and with it the idea of "conscious motherhood." A group of medical doctors, women activists, and journalists founded an eponymous Society, which task it was to spread the approach toward healthy motherhood. The Society's activities did not stop at distributing information about birth control methods but eventually ventured into producing contraceptives. Importantly, the Society for Conscious Motherhood enjoyed the support of the Party and the state, including generous funds.

Yet, the medical doctors involved with the Society for Conscious Motherhood were not keen on abortion. They saw the legal abortion better than the illicit kind, which often resulted in long-term harm to women and their reproductive functions, and sometimes even caused death. But as an anti-natalist method, abortion was in their view far from ideal. However, some women underwent abortion repeatedly,

which was—at least in doctors' eyes—in stark contrast with the ideal of conscious motherhood. In 1960, also the Minister of Health proclaimed it saddening that the number of abortions remained high.<sup>14</sup> Despite this sentiment, the state governed by the Communist Party had its bigger agenda in modernizing Polish society. The Party perceived free access to abortion as crucial to the modernization efforts. The Catholic Church, on the other hand, strongly opposed all three: communists, modernization, and abortion. Thus, one of the battles between the state and the church was fought over abortion access.

The grip of Stalinism loosened in 1956, the same year when Poland legalized abortion. At the same time, Catholic prelates were released from prison, and some became seen by people as martyrs and fighters against Stalinism. The Church became spreading its sanctioned contraceptive advice that was decidedly anti-abortion and steering believers toward calendar-based birth control. Some Catholic medical doctors advocated sexual abstinence and lambasted masturbation—ideas that had long been combatted by experts gathered in the Society for Conscious Motherhood. In fact, it was this cultural battle that inspired the state to establish the Society for Conscious Motherhood in 1957. However, the fight did not lessen. In 1958, parishioners in Poznan could read in their bishop's letter that using contraception equals “the wife's collaboration in her husband's masturbation practices.” In the view of the Church, practices thwarting reproduction constituted an attack against the family and nation. So while the state and the Party sought to reduce the population so that there would be enough resources for everybody, the Church aimed to increase the number of Poles who would swell the church ranks. The experts tried to navigate the minefield of a catholic society and communist state, insisting that the activities of the Society for Conscious Motherhood did not contribute to decreasing the birthrate and outright refusing they would want to harm the family. On the contrary, experts insisted: we want to strengthen the family by making its members happy.

However, some experts who had at first backed liberalizing access to abortion changed their tune. Witnessing the sharp uptick in abortions, they insisted this was a negative trend, and contraception should be used to control fertility, not abortion. It is easy to see why the populace opted for terminating a pregnancy instead of preventing it, since contraceptives needed to be purchased while abortion was for free. Thus, the Society for Conscious Motherhood urged the Ministry of Health to introduce a

fee for abortion. Yet, the Central Committee of the Party pushed forcefully against it, so that the Ministry ultimately decided against the fees, citing the need to quash the clerical influence. In the move countering the growing pressure, the Polish state made abortion fully available in 1959, without any obstacles. Thus, the state, fueled by its zeal against religion, became more insistent than medical experts in ensuring open access to abortion.

Throughout the 1960s, the Party continued endorsing abortion and gradually decreased its support for the costly production of contraceptives. However, by the 1980s abortion rate dropped below 2 abortions per 10 births, possibly reflecting the population's adverse attitude toward the procedure. Also, during the last decade of socialism, the opposition against the regime grew with its principal proponent, the Solidarity movement, working alongside the Church to overcome their shared enemy. Shortly after communism was toppled across Eastern Europe, the victorious forces in Poland enforced severe limits on terminating a pregnancy. The access has been getting stricter over the years, so that nowadays Poland has the harshest abortion laws in Europe.

### OPEN MARRIAGE IN HUNGARY

By the late stages of socialism, an idea of open marriage emerged in Hungary as a distinct response to the growing incidence of divorce. Hungarian sexologists had been few and far between in the early decades of state socialism<sup>15</sup> but grew in numbers and importance by the late stages of the regime. Then, they came with the idea of open marriage—a marital union where husbands and wives lived a new kind of fidelity: that of the soul, not necessarily of the flesh.<sup>16</sup>

Long after World War II, Hungary remained a socially conservative country. While Czechoslovak experts, very much in accordance with the population's behavior and attitudes, embraced pre-marital sex already in the 1950s, their Hungarian counterparts remained reserved about having sex before marriage. The topic was not publicly discussed, and the behavior in question remained stigmatized. The debate skipped considering the “before” and went directly to the “outside of marriage” in 1964 when some intellectuals, backed by youth surveys, questioned the possibility of life-long monogamy. In 1970, radical left philosophers Ágnes Heller and Mihály Vajda argued for dissolving the age-old nuclear family based on sexual monogamy. They called for communal ways of living in

which broader kin ties would be forged not only among men and women but also with children. In their vision, children would cease being an “offspring” belonging to their progenitors and begin to nourish ties with adults of their choosing. Yet in 1970, Hungarian society was not ready for any radical vision, and these philosophers were banished.

It took until the end of the 1970s for sexologists to revive, and—more importantly, reframe—the debate. Some expert texts on modern family decried the “fetish of sexual fidelity” or “strict demands of tradition,” in effect aligning their language of criticizing the family with the discourse of the broader socialist project that aimed to surpass traditional arrangements and hierarchies. Paradigm shift arrived with the 1978 publication of a marriage manual *The Future of Marriage (A Házasság Jövője)* by sexologist Vilmos Szilágyi. There the sexologist outlined the need to change the roles of men toward greater involvement in both childrearing and house chores, were the institution to survive. Marriage was indeed in peril in Hungary. By the mid-1970, one in every 4 marriages ended in divorce,<sup>17</sup> and the trends showed no sign of abating. Next to changing gender roles, Szilágyi proposed relaxing marital sexual exclusivity. Echoing the avant-garde psychoanalyst Wilhelm Reich together with more recent Western marriage manuals such as O’Neill’s *Open Marriage*, the Hungarian sexologist insisted on the need for a new kind of fidelity that he called human fidelity and which was to sustain a marriage. He saw that stressing the “old” marriage built on sexual fidelity was clearly driving spouses away from each other and toward divorce courts. On the other hand, redefining what fidelity entailed would increase solidarity between spouses and in effect marriage’s longevity. Curiously, a cover of his book featured a picture of four people: a bride, a groom, a man kissing the bride, and a woman embracing the groom. Thus, it might not be surprising that Szilágyi’s marriage manual became an instant hit with the Hungarian populace. It is astonishing, though, that also the reviews were glowing with only a minority of somewhat negative comments. However, even the more reticent commentators recommended continuing the debate out in public.

Within a few short years, non-monogamy became a fixture in both public and expert debates on marriage. In the mid-1980s, two popular magazines discussed the need to integrate extramarital partners in marriage and assessed the level of success in individual cases. Doing

so attests not only to relaxing the sexual norms but also to sexology's triumph in capturing the public imagination and shaping people's everyday intimate practices.

## IN CONCLUSION

Sure enough, sexology's path in the countries of the Cold War East was neither smooth nor linear. While there were unique advances (i.e., research on the female orgasm in 1950s Czechoslovakia), early and steadily implemented policies (i.e., abortion rights in Poland) or sea change in attitudes to marital sexual behavior (i.e., open marriage in late-socialist Hungary), there were also silences (i.e., silence on sexual matters in pre-1956 Poland or Hungary) or setbacks (i.e., gender retraditionalization in late-socialist Czechoslovakia). Several variables were at play, influencing local developments. While there was a crucial background of a unified socialist push toward equality between men and women, there were also vicissitudes of local contexts. I pointed to several local factors, such as gender cultures before state socialism and during the forty postwar years; levels of institutionalization of sexological expertise; socio-demographic development during state socialism; and political developments within countries. Some of these factors, more than others, are influenced transnationally. Specifically, expertise might benefit from transnational ties that boost research, advance institutionalization, and legitimize the standing of a particular form of expertise in the eyes of local political elites. Also, political development is seldom an effect of purely internal processes.

For the history of Cold War East, socialist accent on equality is highly significant—that mandated not only class but also gender equity and embodied these principles in state constitutions, laws, and policies. This egalitarian striving arrived into wildly varying contexts of local gender cultures. The mostly rural countryside of Poland (and to a great extent Hungary and also the Slovak part of Czechoslovakia) clung to traditional ways of organizing relations between men and women. Strengthened by Catholic creed, people resisted change. While the numbers of women in higher education and the workforce rose rapidly across all these countries, some pockets of the population remained suspicious of modernization. These frictions came to a sharp relief in Poland in the 1980s, where resistance toward modernizing measures such as abortion met with the distaste toward the Communist Party. The Catholic Church came to

represent both sentiments for wide swaths of Polish people so that after the end of communism, it was the Church that regained the decisive influence over culture and laws in the country. In another instance, gender culture was affected by political developments. The failure of the Prague Spring in Czechoslovakia led communist leaders to impose a sharp public/private divide: keeping citizens in the private realm of their homes was to prevent any future mobilizing in the streets. The accent on privatized family lent itself to retraditionalizing gender relations, which Czechoslovak sexologists perceived as vital for child development, marriage stability and thus embraced and promoted. Notably, sexologists in other countries never proposed retraditionalization of gender roles and continued to advocate women's equality.

By the last decades of state socialism, people in all three countries became familiar with sexology and attentive to both its advice—as it came through to them in marriage manuals, popular magazine columns or radio and TV broadcasts—and prescriptions as these were articulated via governmental policies, medical guidelines, or school programs of sexual education. However, the beginnings of sexology differed across our three countries. Czechoslovakia pioneered the discipline by founding the Sexological Institute already in 1921 and keeping a stable core of researchers and clinicians working together since 1945 without any interruption over the 40 years of state socialism and beyond, a unique development for any human science discipline in the Cold War East. On the other hand, it took until the late 1960s for sexology in Poland and Hungary to get off the ground after the silence that had come after the war. However, once sexology became institutionalized in its respective country, it was on the way to become a crucial form of expertise ordering the intimate lives of its citizens. Moreover, sexologists kept lively cross-border contacts with their expert counterparts and the networks extended beyond the Cold War divides.<sup>18</sup>

What sexology prescribed came to be, at least to some extent, informed by local socio-demographic developments. Hungary is a case in point: its staggering divorce rate shaped sexological thinking about marriage. The implied reasoning could be summed up as this: if infidelity is frequently cited as a reason for divorce, let's redefine what fidelity entails. Thus, if marriage was to rest on human fidelity (as opposed to sexual fidelity), the problem with growing divorce would be solved. While the proposed solution resonated with people, it did little to thwart the divorce trends.

While some contemporary scholars suggest that expertise east of the Iron Curtain was governed by communist ideology, our research presents a more nuanced picture. It is certainly true that what could be thought (by us as people or as experts) is to some extent organized—and inadvertently flavored—by the objective structures of the social world (Bourdieu 2013; Bourdieu and Thompson 1991). As such, expert interest in equality within marriage, which was especially strong during the first decade of state socialism, could be attributed to socialist accents on equality of men and women in all facets of society. Similarly, we could discern the state interest in increasing birth rates (as in postwar Czechoslovakia) or decreasing divorce rates (as in late-socialist Hungary). However, in neither case the expert line of thinking that followed and subsequent advice which sexologists presented is obvious. In Czechoslovakia, the pro-natalist climate led sexologists to explore at depth the female orgasm. In Hungary, the effort to tame divorce inspired sexologists to propose loosening sexual norms for both men and women. Moreover, in Poland sexologists stuck to their persuasion about the adverse effects of abortion and kept highlighting contraception, despite the strong push of the Party-state.

Sexology throughout its existence wove the intimate fabric of human life and people came to view themselves as sexual subjects. The histories of sexology in the Cold War East teach us about the crucial importance of expertise for the modernization project the socialist countries embarked on after the war. As a result, studying sexology and its changing descriptions and prescriptions allows us to understand the twofold motion of any modern society: both the most intimate as it is represented in sexuality and the most public as it is represented by the state.

## NOTES

1. Many in the West, scholars and lay audiences alike, have assumed that among many things wrong with the Cold War East was their sexual prudishness. Together with Kristen Ghodsee, I analyzed both how this assumption manifests itself in current scholarship and how eerily it resembles Western Cold War propaganda. See (Ghodsee and Lišková 2016).
2. Our collaborative project “Intimate life during state socialism in comparative perspective. Sexuality, expertise, and power in East Central Europe (1948–1989)” ran from 2016 to 2018. In this chapter, I will be referencing specific papers that resulted from our comparative research.

3. I employ the term *progressive* as an emic term used in the archival sources I studied. Indeed, it is inherent to socialist thinking to traffic in progress: it were *progressive* social forces who brought about *progress* from exploitative capitalism to equal and just socialism, which will continually *progress* into communism. As I show here (and following Dagmar Herzog, see Herzog 2005), love and sexual matters were at the core of the socialist project. Love and sex were both *progressively* changed at the inception of state socialism and seen as a carrier of *progress* into the future. The word *progress* often paired with terms such as *modernization*, *emancipation*, or *future* that underscore the forward-looking character of socialism.
4. This part of my research relates solely to Czechoslovakia and was conducted by me and published in my monograph (Lišková 2018b). This section is a shortened version of Chapter 3 “The female orgasm. From treating infertility to managing pleasure.”
5. Nedoma et al. (1954). Sexual life of sterile couples. *Časopis lékařů českých*, 93(15), 390–394, here p. 392.
6. Nedoma et al. Sexual life of sterile couples, p. 391.
7. Knoblochová, J. (1961). Sexual life of women in contemporary marriage and family. *Česká gynekologie / Česká lékařská společnost J. Ev. Purkyně*, 26, 358–66, here p. 363.
8. Knoblochová, J. Sexual life of women in contemporary marriage and family, p. 362.
9. Knoblochová, J. Sexual life of women in contemporary marriage and family, p. 360.
10. Zielinska in Gal and Kligman 2000, p. 25, n.5.
11. Zielinska in Gal and Kligman 2000, p. 25.
12. See more in a chapter “Women between the Public and Private Sphere” authored by Kateřina Lišková and Stanislav Holubec, 2020 by Routledge.
13. The remainder of this section is based on Natalia Jarska’s work on Poland, which was published as (Jarska 2019).
14. However, “high” is a relative term. While the 1960 abortion rate in Poland was about 1 abortion per 3 births (precisely 34,8 abortions per 100 live births, according to [Johnston 2019]), in Hungary it was approximately 1 abortion per 1 birth (precisely 110,7 abortions per 100 live births, according to Hungarian Central Statistical Office).
15. The fact Gábor Szegedi dubbed the “long silence.” See (Szegedi 2014).
16. The following is based on a paper Lišková, Kateřina and Gábor Szegedi (2021) “Sex and gender norms in marriage: Comparing expert advice in socialist Czechoslovakia and Hungary between the 1950s and 1980s” *History of Psychology*, <https://doi.org/10.1037/hop0000179>.
17. The divorce rate in 1975 was 25, 1 divorces per 100 marriages (source: Demographic Yearbook of the United Nations).
18. More on this in (Lišková 2018a).



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“Humanitarian Hedonists” as Sex Educators:  
The Medical and Political Work of Fritz  
Brupbacher (1874–1945) and Paulette  
Brupbacher (1880–1967)

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SEX EDUCATION AND SEXUAL REFORM  
AS A MEDICAL AND POLITICAL PROGRAM

Sex education in Switzerland in the first half of the twentieth century was decisively influenced by the couple Fritz and Paulette Brupbacher. Research literature on the history of sexual science has so far been dominated by a focus on Austria, Germany, Great Britain, and the USA. This chapter concentrates on the influence of the sex education and reform movements on the Brupbacher couple and their cooperation

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Switzerland AG 2021  
A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,  
[https://doi.org/10.1007/978-3-030-65813-7\\_3](https://doi.org/10.1007/978-3-030-65813-7_3)

with international activists, a connection that has hitherto been largely neglected.

As doctors, Fritz and Paulette Brupbacher ran a practice in a working-class district of Zürich. However, in addition to practicing their profession, they also distinguished themselves in various other fields.<sup>1</sup> Fritz made a name for himself as a biographer and philosophical essayist, but mainly as a politician. For many years, he was a member of the Social Democratic Party of Switzerland (SP) and represented the party on the municipal council. Later he joined the Communist Party (KP) for a number of years. At the same time, he advocated the ideology of anarcho-syndicalism in his extensive writings. Paulette shared her husband's zeal for social reform and they campaigned for the emancipation of women and gender equality in society. They were important multipliers in the dissemination of the anarchist ideology of Mikhail Bakunin (1814–1876), Fritz through his biographical and contemporary writings (Brupbacher 1913, 1924), and Paulette in her translation of Bakunin's *Confession* from Russian into French (Bakunin 1932).

Both actively participated in the *World League for Sexual Reform*. This scientific political association, which had been founded in 1928 by leading European sexologists, but which was dissolved not long after the National Socialists seized power,<sup>2</sup> had set itself social reform goals, which were also presented by Fritz and Paulette Brupbacher in their own writings: the equality of women in economic, political, and sexual terms; birth control as a rational method of procreating offspring; criminal law that did not interfere with sexual acts based on the mutual consent of adults; systematic sex education and enlightenment; and birth control for eugenic reasons.<sup>3</sup> The Brupbachers were also in close personal contact with some members of the *World League*, such as the women's rights activist Helene Stöcker (1896–1943) and the doctor and sexologist Max Hodann (1894–1946). When the National Socialists took power in Germany, Stöcker and Hodann, along with other German sex education reformers who were persecuted for ideological reasons, found their first refuge in the Brupbachers' house in Zürich (Kaiser 2019, pp. 184–185; Huser 2009b, p. 92; Grossmann 1997, p. 177). However, before this wave of emigration, their home had already been recognized as an international “meeting point of the fighters for freedom,” as the psychoanalyst Wilhelm Reich (1897–1957) retrospectively explained in his obituary of the late Fritz Brupbacher, whom he characterized as “one of the few great fighters for freedom in this chaotic twentieth century” (Reich 1947, pp. 140–141).

In countless lectures primarily addressed to Swiss workers, both Fritz and Paulette Brupbacher spoke about methods of contraception and abortion, and criticized the rigid laws against them. Numerous letters from patients, along with the many intimate questions anonymously written on cards and directed to the speakers during the lectures, show the proletarian population’s enormous interest in education and practical help (Gafner 2010, especially pp. 99–128). As a result of their promulgation of progressive sex education, the Brupbachers had to publicly justify their actions. In 1904, Fritz was accused of “incitement to lewd acts” by the Statthalteramt Horgen at Lake Zürich, but was acquitted (Lang 1975, pp. 62–63), while in 1936, Paulette was forbidden from lecturing publicly in the cantons of Solothurn and Glarus (Brupbacher 1953, pp. 263–270). Their activism through lecturing made the Zürich medical practice a well-known contact point for sex counseling and information on the supply of contraceptives. This reputation was undoubtedly increased by its mention (including the address) in the new edition of Max Hodann’s bestseller *Geschlecht und Liebe* [*Sex and Love*] (Hodann 1932, p. 257).<sup>4</sup>

However, Fritz and Paulette Brupbacher’s influence was most impressively and lastingly evident in their writings. Fritz Brupbacher’s book *Kindersegen – und kein Ende?* [*Fertility – Without End?*], which first appeared in 1903 and was frequently reprinted, was already widely distributed in German-speaking countries. By 1925, about 500,000 copies had been produced, as the author himself states in his autobiography (Brupbacher 1973, p. 102). It also reached Italian readers in a translation produced by social democrat Angelica Balabanoff (1869–1965) in 1906 (Gaillard and Mahaim 1983, p. 95). The subsequent pamphlets *Kindersegen, Fruchtverhütung, Fruchtabtreibung* [*Fertility, Contraception, Abortion*] (Brupbacher 1925; several editions), and *Liebe, Geschlechtsbeziehungen und Geschlechtspolitik* [*Love, Sexual Relations, and Sexual Politics*] (Brupbacher 1930) were also widely read and hotly debated (for the reception of these writings see Kaiser 2019, pp. 170–173). In some of his other books, including those with a literary claim that were not primarily written in the service of his pragmatic agenda, he consistently pursued his sex education reform goals. In this regard, it is worth mentioning the relevant statements in his autobiography *60 Jahre Ketzer* [*Heretic For 60 Years*] (Brupbacher 1973, original edition 1935), the medical-philosophical *Seelenhygiene für gesunde Heiden* [*Psychic Hygiene for Healthy Pagans*] (Brupbacher 1943) and *Der Sinn*

*des Lebens* [*The Meaning of Life*], which were posthumously published by Paulette Brupbacher (Brupbacher 1946).

Compared to those of her husband, Paulette Brupbacher's writings have a much stronger focus on general medical topics. In her pamphlets and books, she is mainly concerned with a generally comprehensible presentation of various correlations between nutrition and lifestyle, and medical advice thereon, which she invariably discusses with respect to promoting and maintaining good health. In this sense, her books can be seen as a continuation of traditional medical dietetics. Human sexuality has always been part of this tradition. She discusses her views in detail in the two late books, which she wrote during her time as a practicing physician in a kibbutz in Israel, and which were published by the Büchergilde Gutenberg in Zürich, namely *Meine Patientinnen* [*My Women Patients*] (Brupbacher 1953) and *Hygiene für Jedermann* [*Hygiene for Everyone*] (Brupbacher 1955). Two decades earlier, however, she had published a pamphlet entitled *Sexualfrage und Geburtenregelung* [*Sexual Question and Birth Control*] (Brupbacher 1936), the structure, content and style of which are very similar to those of her husband's previous pamphlets.

When comparing their respective views and arguments, the congruence between them becomes obvious, as will be shown in more detail in the next section. A perceptible difference seems to exist only in the method: Fritz Brupbacher impresses with aphoristic style, provocative statements, witty *bons mots* and metaphor-rich expressions. He discusses the sources of his medical knowledge only cursorily, if at all. Although Paulette also enjoys the occasional foray into wordplay, her style of argumentation is characterized by more consistent reference to scientific literature, especially medical literature. The tone is more sober and the presentation more balanced; she names the contemporary authors with whom she deals, or on whom she relies, much more frequently than Fritz does. This difference between the two partners may be due to their individual characters, but their differing academic biographies probably also played a significant role.

Paulette had received full academic honors; not only was she a doctor of medicine, but she had also obtained the degree of *Doctor Philosophiae* at the Faculty of Philosophy in Bern (Huser 2009b, p. 91). Fritz, on the other hand, had been refused a doctorate by the Zürich professors. The reason for this was the vehement criticism (in a lecture to students and then also in print) that he, as a medical student, had made of the book *Das Weib in seiner geschlechtlichen Eigenart* [*Woman's Sexual*

*Nature*] by the renowned Göttingen obstetrics and gynecology professor Max Runge (1849–1909) (Lang 1975, pp. 28–30).<sup>5</sup> He accused Runge of tendentious, pseudo-scientific thinking, dishonest methodology, and superficiality in argumentation, and asserted that Runge was absolutely incompetent on the issue of women. He opposed Runge’s theses that woman was a completely different being from man, was naturally endowed with the overriding instinct to bear children, and that more education for girls and women led to greater susceptibility to illness during menstruation. Runge argued that the urge to deceive and lie was inherent in the natural female and traceable to the shame which women carried about menstruation and pregnancy, and which therefore made them dissemblers from childhood on (Brupbacher 1899, pp. 1, 3–4, 8–9; cf. Runge 1898). The young Brupbacher countered this by stating that social structures, ideology (*Weltanschauung*), education, and environment were responsible for all these phenomena, and that even the alleged procreative instinct was a repressive construct. The presence of educated, self-confident Eastern European female students in Zürich<sup>6</sup> is his most brilliant example of the one-sidedness and falsehood of Runge’s opinions. Brupbacher advocated closing the putative natural divide between the sexes and instead giving young girls unhindered access to scientific and political discussions, as well as to middle and higher educational institutions. He unreservedly shared the argument of women’s emancipation, that it is a woman’s right to use her talents in all areas of human life, instead of being brought up merely to be a “man’s sex object” (Brupbacher 1899, pp. 5–7, 10–12, 14). His commitment to the legal and social equality of women, which prevented him from pursuing an academic career, permeates all decades of his productive work.

### THE SOCIO-HYGIENIC MOTIVE FOR SEX EDUCATION

As previously mentioned, Paulette Brupbacher in many respects followed up the ideas raised in her husband’s books, which preceded her publications. She repeatedly quoted directly from his writings. Another major influence was sexual reform literature, for example, the book *Motherhood in Bondage* (1928) by US-American nurse and feminist Margaret Sanger (1879–1966), which she quoted in the German translation *Zwangs-Mutterschaft* (1929) (Brupbacher 1953, pp. 191, 196–197). The introduction to this authorized translation was written by the physician and communist politician Friedrich Wolf (1888–1953); in it, he

recommends Fritz Brupbacher's *Kindersegen, Fruchtverhütung, Fruchtattribution* [*Fertility, Contraception, Abortion*] as required reading on birth control (in Sanger 1929, p. XV). From Sanger's work, Paulette not only adopted ideas and statistics, but also the method: Sanger had quoted hundreds of letters, most of which were written by women and addressed to her as an expert on sexuality and abortion. In these documents, the misery of American women farmers and workers was revealed, misery which was closely connected to the multiple pregnancies that were ubiquitous at the time. Sanger's aim was to present the suffering of those whom she called "enslaved mothers," showing both the diversity of their individual fates, and also their comprehensive uniformity. By quoting from the mouths of those affected, so to speak, she made their collective "cry for liberation" audible and visible (Sanger 1929, pp. 4–6). In *Meine Patientinnen* [*My Women Patients*], Paulette not only provides a series of examples from her medical practice in each chapter, but also includes numerous letters addressed to her in a comprehensive separate section. These letters are presented as she received them, without any stylistic corrections so that the voices of the suffering women speak authentically, as she says, they are "not artificial, naïve in expression, primitive in structure, faulty in spelling, objective, helpless and unsuspecting, so different in form and yet so tiringly similar in content – a single cry..." (Brupbacher 1953, p. 191).

The Brupbachers continually reiterated two grievances: one social and one sexual. The social problem concerned the excessive number of unwanted pregnancies among working-class families. It was caused by the "sexual illiteracy" of wide sections of the population (Brupbacher 1936, p. 18), which, supported by restrictive morals and legislation, led to misfortune. Lack of knowledge about contraceptive methods resulted in frequent conception, while the church and representatives of the state condemned abortions as violations of the will of God or the interests of the community, and the penal laws in Switzerland and in Germany punished abortion unremittingly. The only exception was in the case of a medical reason, *i.e.*, abortion was not penalized if a woman's life and limb were at risk through childbirth. Working-class families therefore often had many or very many children, whom they had to raise without significant support from the state or employers, and this in the highly precarious working conditions of the urban proletariat. Poverty and social misery on the broadest scale were the result. Child mortality rates among this social class were thus concomitantly high; Paulette Brupbacher branded this



“mass death” as an “irresponsible waste of life and energy” (Brupbacher 1936, p. 7).

In addition, there was the physical degeneration of the working-class women who were afflicted by many pregnancies and births, and who suffered from many diseases of the uterus and puerperal fever. As Sanger’s and Brupbacher’s collected letters make clear, permanent fear of further conception was the normal condition of the underprivileged woman. Fritz characterized this state of mental distress as “slavery by the uterus”; the large number of children at that time was the greatest obstacle to the personal advancement and free development of the working-class woman. In his opinion, too many births destroyed the woman mentally and physically and made her “a lower being, a second-order person.” Birth control was therefore a necessary prerequisite for the real emancipation of women (Brupbacher 1925, pp. 7–9; cf. also Brupbacher 1909, pp. 29–30). These conditions led Brupbacher to make a political demand for increased sex education and the decriminalization of abortion. This assessment was shared by many progressively minded doctors, women’s rights activists and sex education reformers. The *Verein Sozialistischer Ärzte* [*Association of Socialist Doctors*] and, as has been seen, the *World League for Sexual Reform*, among others, loudly advocated similar positions (Bublitz 1973; Osborne 1990, pp. 210–211; Grossmann 1997, pp. 17–19; Fenemore 2009, pp. 764–765); the Brupbachers were in close contact with both these associations.

The contraceptive methods described and discussed by Fritz and Paulette Brupbacher in their pamphlets had been treated in a similar way by other doctors with socialist sympathies, e.g., August Forel’s (1848–1931) highly influential *Die sexuelle Frage* [*The Sexual Question*] and Hope Adams Lehmann’s (1855–1916) very successful *Frauenbuch* [*Women’s Book*], even though the views of the Brupbachers regarding the efficacy and suitability of the respective contraceptives partly differ from those of their predecessors (cf. in more detail Kaiser 2019, pp. 176–182). As regards the most popular method at the time, *coitus interruptus*, i.e., the removal of the penis before ejaculation, neither considered it to be directly harmful to health – as other physicians had done.<sup>7</sup> However, it was not safe enough for the purpose of contraception, as it offered no guarantee that sperm would not enter the internal organs later if they were too close to the female genitals during ejaculation, or that some drops of semen containing sperm would be released before ejaculation (Brupbacher 1936, pp. 33–34).

Of the available options, however, the occlusive pessary or rubber pessary named after Wilhelm Mensinga (1836–1910) was the most harmless and relatively speaking, the safest (Brupbacher 1909, pp. 47–49; Brupbacher 1925, pp. 1–23). For even greater protection, Paulette recommended combining the pessary with a chemical product (e.g., safety sponges, tampons, rinses) (Brupbacher 1936, p. 41). The most radical measure, surgical sterilization by dislocation of the fallopian tubes in women or the seminal duct in men, was viewed positively, and Paulette explains the relevant procedures in detail. Passion and pleasure during sexual intercourse were not impaired by this measure (Brupbacher 1925, p. 181; Brupbacher 1936, p. 43). In addition, Paulette, referring to the experiences of the gynecologist Alfred Dührssen (1862–1933), reported that most women lost their constant fear of new pregnancies after sterilization and thus blossomed because they were given new strength and a new lust for life (Brupbacher 1936, p. 43). According to Fritz and Paulette Brupbacher, this joy in life was the crucial factor, and it is this that gave meaning and legitimacy to human sexuality. As will be seen below, this attitude was an expression of their hedonistic philosophy.

## THE ROLE OF SEXUALITY IN HUMAN LIFE

The Brupbachers' second major grievance was that in sexual matters men know far too little about female sexuality. This, however, was a problem that not only affected the proletariat, but all classes of society. Most men were “erotically blind.” Paulette referred to and confirmed the statement of the psychiatrist Carl Gustav Jung (1875–1961) that this was due to “committing the unforgivable misunderstanding of confusing Eros with sexuality” (Jung 1986, p. 146). This lack of knowledge of the biological structure of women was closely linked to a general disrespect and disregard for women’s personality. It led to serious situations of conflict due to the false assumption of women’s emotional coldness (Brupbacher 1953, pp. 127–129). Paulette asserted that there were no frigid women, only clumsy, ruthless, or ignorant men. By rejecting the concept of alleged female “frigidity,” she again joined a lively contemporary discourse in which scientists and feminists were engaged.<sup>8</sup> She taught her readers that for women, the erotic component, *i.e.*, foreplay, with expressions of tenderness and caresses, was decisive for their sexual experience. In her view, a woman had no one specific, localized erogenous zone like a man. All her external senses and her skin were erotically responsive and

excitable, and for her, the sexual act was merely the outcome or climax of the previous sensations and feelings of pleasure. Quoting a dictum of Fritz Brupbacher's, she compared erotic play to lighting a fire in an oven that would not immediately be stoked with coal and briquettes, but where the fire would have to be gradually started, first with crumpled paper, then with dry pieces of wood, etc. If men knew more about female sexuality and respected it accordingly, many marital disputes and quarrels would dissipate, partners would be able to develop their abilities in marriage and the woman would also be granted her right to pleasure (Brupbacher 1955, pp. 66–68).

For Fritz and Paulette Brupbacher, being sexually active was an essential condition of good health and well-being. A suppressed sexual instinct led to inner friction and mental illness, while sex and love enjoyed to the full, created a cheerful, compassionate and happy mind (Brupbacher 1930, pp. 13–15). Sexual abstinence might have been an option for a very small number of people – Paulette spoke of the “lymphatic temperament with anatomical and functional retardation of the glands with internal secretion, especially of the genital glands” (Brupbacher 1936, p. 20) – however, the “most beautiful happiness” offered by life would escape these people, namely the “delicious joy of the giver,” “the blissful longing and merging into another being” and “the rapturous bewitchment of the heart and the senses” (Brupbacher 1936, p. 21; similarly Brupbacher 1930, pp. 14–15). According to Fritz Brupbacher, a healthy person without sexual desire was unimaginable (Brupbacher 1946, p. 183).

The negative influence of sexual abstinence and lack of satisfaction on mental and neural health was already well-established medical knowledge at that time. Sigmund Freud (1856–1939), for example, had explained this connection in *Die Sexualität in der Ätiologie der Neurosen* [*The Role of Sexuality in the Etiology of Neuroses*] and, at the same time, had indicated that it had already been recognized to a certain extent by specialist authors in the past (Freud 1989, p. 15). The physicians Richard von Krafft-Ebing (1840–1902) and Albert Moll (1862–1939), who both worked in sexology, had also elaborated on this (cf. Oosterhuis 2012, pp. 141–143). Fritz Brupbacher barely mentioned his sources except in some later publications, in which, while affirming the danger of neurosis for the sexually oppressed human being, he explicitly referred to Wilhelm Reich's *Charakteranalyse* [*Character Analysis*] (Brupbacher 1943, p. 162; cf. also Brupbacher 1946, p. 183). Paulette,

on the other hand, made express reference to Freud and the psychoanalytical school, to von Krafft-Ebing, and to the studies of the Berlin *Institut für Sexualwissenschaft* [*Institute for Sexology*]<sup>9</sup> (Brupbacher 1936, pp. 21–24).

The Brupbachers were also vehemently opposed to the pathologization of masturbation. This was denounced by contemporary morality, but was also identified in medical literature as the cause of various diseases, in particular nervous disorders (cf. Sigusch 2008, pp. 32–34; Putz 2011, pp. 28–33). The Brupbachers, however, considered it to be harmless to health, with the only damage resulting from masturbation being remorse, as Paulette put it, following von Krafft-Ebing. The “horrifying feelings of guilt, reproaches, remorse, fear, the constant inner struggles,” which caused severe neurasthenic states, depression and hypochondria, were, however, induced by education, medical, and pseudo-medical “trash literature” and other “crap” (Brupbacher 1936, p. 25) as well as by an inculcated negative attitude toward the sphere of the sexual (Brupbacher 1936, p. 26). The Brupbachers fought against this, and thus Paulette also soberly instructed her readers in her late book on hygiene on the biological normality and meaning of masturbation in childhood, in order to prevent educators from creating a reaction of guilt or fear in the child (Brupbacher 1955, pp. 58–63).

Against this medical background, Fritz Brupbacher considered a drastic reduction of governmental influence on the individual’s sex life to be an urgent political imperative. Accordingly, he called for “freedom of sexual activity insofar as it does not harm anyone” (Brupbacher 1930, p. 38). This included a demand for the abolition of the legal punishment of homosexuality as long as no minors were seduced (Brupbacher 1930, pp. 40–41), in which he explicitly followed Magnus Hirschfeld (1868–1935). The brain anatomist and psychiatrist August Forel – who was at one time the supervisor of the young Fritz Brupbacher at the Burghölzli psychiatric clinic in Zürich, on whom he made a lasting positive impression (cf. Kaiser 2019, p. 178) – put forward a similar view in his standard work *Die sexuelle Frage* [*The Sexual Question*] (Forel 1905, p. 444). With his political propaganda, Brupbacher quite openly joined what he called the “core troop in the struggle for liberation of love,” in which he counted the aforementioned Forel, Hirschfeld, Freud, and Stöcker as well as Havelock Ellis (1859–1939) (Brupbacher 1930, p. 48).

## HUMANITARIAN HEDONISM AS A GUIDING CONCEPT

Following in the wake of these thinkers, Fritz Brupbacher saw himself as a fighter for the liberation of love. He also delineated his own position theoretically, describing himself as a “philosopher-doctor” and his philosophy as “humanitarian hedonism” or “refined individualism” (Brupbacher 1946, pp. 175–176, 191). “Hedonism” in this sense is a philosophical-ethical approach that focuses on the natural needs of the individual. In contrast to other ethical concepts, according to which good actions aim at the virtues or the accomplishment of duties either toward God or toward the community, the people, or the state, the highest good of hedonism is “lust” or “pleasure” (Greek “*hēdonē*”). A relatively simple consideration lies at the heart of this philosophy: All human beings naturally strive for pleasure. Values that go beyond this anthropological fact are regularly the subject of dispute and controversy, so that the hedonist cannot recognize supposedly higher goods as being as universally valid as pleasure. Lust is therefore regarded as good. The anthropological constant of the natural pursuit of happiness, lust, and love is raised to the norm. Hedonism therefore stands for a naturalistic ethic. Western advocates of philosophical hedonism regularly, though by no means uncritically, invoke the tradition of the ancient schools founded by the Athenian philosophers Epicurus (c. 341–271/270 BCE) and Aristippus (c. 435–c. 356 BCE) (cf. e.g., Kanitscheider 2008; Feldman 2004; Onfray 1991).

The same applied to Fritz Brupbacher, who combined traditional hedonistic thinking with the anarchist political approaches of his time. Thereby he extended hedonism, which is often notoriously suspected of being mere selfishness, by adding a decidedly “humanitarian” dimension.

Fritz Brupbacher was well versed in Epicurus’s philosophy. In his autobiography he depicted himself as being an ambitious writer even as a young man. According to this self-constructing tale, as a 20-year-old student of medicine, after having read Pierre Gassendi’s *De vita et moribus Epicuri* (first published 1647) and Hermann Usener’s text collection of *Epicurea* (1887), he wrote his own peculiar “Epikur,” the story of a man who only accepts the ability of enjoyment as the criterion for the right way of living, with special emphasis on the cultivation of the Eros. Unfortunately, this book was never completed (Brupbacher 1973, p. 40). Nevertheless, the reader of Brupbacher’s later writings frequently comes across Epicurean thought, often with direct reference to the Athenian

philosopher or his school. But Brupbacher also had great appreciation for Aristippus. He described the differences between these two heroes of hedonism as follows:

“What distinguishes Aristippus from Epicurus is that he is a real libertine who is simply on the hunt for pleasant sensations. Epicurus has no real confidence in pleasure. He is basically not a man of the senses, not someone who was completely absorbed by the senses by nature. Epicurus allows himself only those desires that give him peace of mind. He wants to have peace. He wants to be quiet. And talking with friends—something very nice—is much more important to him than all bodily pleasures. [...] Aristippus travels around the world. He is, according to Xenophon, a dissolute, intemperate man in food, drink and love. He says himself that he wants to live luxuriantly and delightfully. [...] Epicurus is a man of pleasure, as Freud, for example, would like to have him, and Aristippus is the ideal of Wilhelm Reich. Epicurus and Freud do not really have full confidence in pleasure. While Reich knows that the old maids and the paragon of virtue are always a bit sadistic.” (Brupbacher 1943, p. 121)

On the basis of a radical philosophical materialism, Brupbacher recognized the meaning of life in the satisfaction of the basic instincts of hunger and love, which for him represented the constituents of the whole of human life, including higher civilization and morals (cf. Kaiser 2019, pp. 187–188). The “soul,” *i.e.*, the function of the nervous system capable of learning and development and the “organ of self-awareness” (Brupbacher 1926, pp. 12–16, 1943, pp. 14, 58), ensured that people permanently practiced the abilities and skills necessary for satisfying their basic needs. This, however, always required cooperation with one’s fellow human beings and mutual assistance.

Brupbacher’s idea of “humanitarianism” was clearly influenced by the writings of the Russian anarchist Peter Kropotkin (1843–1921), with whom he met in 1905. The Swiss physician was deeply impressed by the book *Mutual Aid: A Factor of Evolution*, which was published in 1902 and translated into German by Gustav Landauer in 1904 (Lang 1975, pp. 103–104). There Kropotkin argued, with the help of numerous examples from animals and the history of human communities, that mutual aid is a law of nature. This solidarity – which is much more efficient than competition – enables living beings, on the one hand, to secure the basis for the permanent supply of food, and on the other, to develop higher abilities such as intelligence, culture, and morality (Kropotkin 1904).

According to Brupbacher, the basis for successful cooperation in this sense was always the individuals’ right to develop their potential as unrestrictedly as possible. This included the right to a life full of happiness in the here and now, which was achieved by intensifying thinking, feeling and acting, producing beautiful states of mind and living passionately (Brupbacher 1943, pp. 14, 167). In this way, individuals showed solidarity in order to mutually enable each other to lead a happy and joyful life. “To set all our powers on fire is the meaning of personal life. To set all humanity on fire, to increase all its powers to the highest level, is the social meaning of life” (Brupbacher 1946, p. 187). The specific task of the doctor was to help the individual achieve this happiness, *i.e.*, a life of self-determination, passion and freedom (Brupbacher 1973, p. 302).

Paulette Brupbacher also shared this view with her husband. In her pamphlet on occupational medicine *Rationalisierung und Hygiene* [*Rationalization and Hygiene*], she revealed her anthropology: “Man is not created for work alone, but for pleasure, for contemplative relaxation, for free joy in his body and mind” (Brupbacher, 1932, 26). In her later writings on sex education, she frequently reiterated the medical task of enabling pleasure, happiness, and the joy of life (Brupbacher 1936, pp. 3, 52, 1953, pp. 161, 232, 246, 258–262, 270, 1955, pp. 13–14). “Humanitarian hedonism” for the Brupbachers was thus not just the guiding concept for the successful, reflective life of the educated modern human being, but at the same time constituted their specific medical ethics.

The question arises as to why the medico-political ideas developed in the writings of Fritz and Paulette Brupbacher are currently hardly known, even though they were widely disseminated in German-speaking countries for a period of time. This is probably due to the political and philosophical preferences of the post-war period, which showed little interest in anarchistic and hedonistic thought. However, there are strong indications that the ethical discourse in the twenty-first century can adopt these concepts more impartially, and that positions of gender justice, global fairness, and global solidarity in particular could benefit from some of the arguments of the Brupbachers’ approach.

## NOTES

1. There is relatively little research literature on the Brupbachers. The most important monograph on Fritz Brupbacher is Lang, 1975, for which the

main source is Brupbacher's autobiography (Brupbacher 1973). Huser 2009a, pp. 87–91, and Burazerovic 1995, offer a good biographical overview of Fritz; on Paulette, on the other hand, see Schmidt 2008, pp. 26–36, and Huser 2009b, pp. 91–94. Various forms of the latter's name have been handed down, including Paula Raygrodski or Brupbacher-Rajgrodski. However, since the author's name is always indicated as "Paulette Brupbacher" in her own books, this is the preferred form in this paper. Within the present chapter all English translations of the direct quotations from the German original are my own.

2. Dose 2003, and Tamagne 2005, outline the history of the *World League*.
3. The aims of the *World League* are documented in the proceedings of its founding congress: Riese, Leunbach, 1929, 304. See also Riese 1928, pp. 409–412; Kaiser 2019, pp. 184–185. Birth control for eugenic reasons was primarily intended to prevent the creation of offspring by people who suffered from hereditary diseases (or those that were considered to be hereditary) or were regarded as being "degenerate." It was advocated both by conservative and right-wing oriented politicians and by the left reform movement. The general concern was principally to "cleanse" or "improve" the "body of the people" or the living conditions of the social class respectively through eugenic measures (including sterilization) (cf. Stölken 1990, pp. 97–100; Grossmann 1997, pp. 69–71; Osborne 2011, pp. 83–84; Kaiser 2019, pp. 189–190).
4. In the course of the twenties of the twentieth century, hundreds of sex counseling centers developed in German-speaking countries, but mainly in Berlin, where almost 40 such centers were established (Soden 1988, pp. 9–12). In a special *Verzeichnis der Beratungsstellen* [*Register of counseling centers*] given to clients in Berlin, Fritz Brupbacher's practice in Zürich was recommended as the only Swiss contact point for the distribution of contraceptives (ibid., pp. 176–179).
5. Runge's opinion did not cause much opposition within the medical community. However, besides Fritz Brupbacher, several other feminist writers have expressed sharp criticism of Runge's theses. Worth mentioning are the replies by Frieda Freiin von Bülow (1897), Heinrich Meyer (1899), and Marie Brühl (1902) (cf. Svestrup, and Zahn-Harnack 1984, p. 19).
6. At that time, young women from the Russian Empire made up an extremely large proportion of the students at Swiss universities, especially in medicine (see Neumann 1987). Paulette Brupbacher-Rajgrodski was also of Russian descent and an academic trained in Switzerland, as was the socialist physician Lidija Petrowna Kotschetkowa, to whom Fritz Brupbacher was engaged between 1916 and 1920 and with whom he conducted a long-distance relationship between Switzerland and Russia (on their correspondence comprising about 6,000 letters see Huser 2003).



7. Renowned contemporary physicians, such as the psychiatrist Albert Moll, had identified this practice as a cause of shock to the nervous system (Moll 1926, p. 548). Fritz Brupbacher had also judged *coitus interruptus* in his earlier brochure in the same way, and had recognized in it a cause of states of anxiety of certain patients who were accordingly disposed (Brupbacher 1909, p. 44). Later he corrected himself and attributed his previous opinion to purely theoretical knowledge, which he was able to refute through his many years of experience as a medical practitioner (Brupbacher 1925, p. 19).
8. As feminist psychologist Alice Rühle-Gerstel (1894–1943) critically stated in her *Das Frauenproblem der Gegenwart* [*The present women's problem*], experts and doctors estimated the percentage of frigid women at 60 to 90 percent of all women (Rühle 1932, p. 167). While this view was mainly held by male scientists, female writers and sexual reformers such as Ruth Bré (1862–1911), Johanna Elberskirchen (1864–1943), Henriette Fürth (1861–1938), and Grete Meisel-Hess (1879–1922) at the beginning of the twentieth century already resisted this assessment by describing the “true nature” of female sexuality, and thus redefining the female sex drive (cf. Leng 2018, pp. 84–103, 110–114). Subsequently, male sexologists such as Theodoor Hendrik van de Velde (1873–1937) and – again – Max Hodann also identified the reason for the “emotional coldness of women” not as an alleged lack of desire of women for sexual intercourse or a fundamentally less developed passion in the female sex, but as a deficient love culture and a poor knowledge of the differences between the sexes (cf. Stölken 1990, pp. 102–103). According to them, it was necessary to understand and appreciate a “woman’s sexual personality” (Hodann 1932, pp. 13–14; Rühle-Gerstel 1932, pp. 152 and 177).
9. The Berlin *Institute for Sexology* was founded in 1919 as the first of its kind by the doctors Magnus Hirschfeld, Arthur Kronfeld, and Friedrich Wertheim. It established itself not only as a popular counseling center regarding issues of marriage and sex, but also as the main center for German sexual science and a refuge for people seeking help with “deviant” sexual orientations and “abnormal” physical characteristics. Among the numerous staff and supporters of the institute was the above-mentioned Max Hodann. The institute was looted by the Nazis in 1933 and subsequently shut down by the Berlin chief of police (cf. Soden 1988, pp. 62–105; Jütte 2003, pp. 258–260; Sigusch 2008, pp. 345–364).

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# ‘Healthy’ Relationships: Feminism and the Psy Disciplines in the Political History of Sexual Violence in Contemporary America

*Stéphanie Pache*

The transformation of social problems into public health issues is often greeted with suspicion and criticism from social scientists and activists.<sup>1</sup> Critics of “medicalization” (Conrad 1992) are concerned about the individualization, essentialization, and depoliticization that medicalization may sometimes entail.<sup>2</sup> However, there are also activists who see some forms of medicalization in a positive light. For them, medicalization can play a constructive role in a process of legitimation and recognition, facilitating access to care, as well as to more efficient legal recourse. In light of conflicting responses to medicalization, the case of gender-based violence in the United States is an interesting one, since the framing of violence against women—including sexual violence—as a health issue tends to be strongly supported by many feminist advocates around the globe.

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© The Author(s), under exclusive license to Springer Nature  
Switzerland AG 2021  
A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,  
[https://doi.org/10.1007/978-3-030-65813-7\\_4](https://doi.org/10.1007/978-3-030-65813-7_4)

This chapter describes the contribution provided by alliances between feminists, clinicians, and researchers in the psychological disciplines. I will investigate how this psychological framework has contributed to forging strong links between violence, sexuality, and health in professional discourse as well as in the public sphere. At the same time, I will explore some of the ambivalence inherent for feminists in this psychologization and the wider public health ethos of this approach.

This chapter is less about scholarly theories of sexuality than the ongoing process of defining sexuality from its margins and identifying the boundaries of what is considered to be “normal sex.” I am specifically interested in the politicization of intimate relationships, particularly sexual relationships, in the aftermath of second-wave feminism. Although this story takes place in the United States from the 1970s to today, it reflects social and moral transformations that were also being expressed in other parts of the world. It describes stages in the consolidation of a political awareness of gender-based power relations and the subsequent recognition of sexual violence as a public health issue. This story aims to propose a genealogy of the current educational approach to the prevention of sexual violence that has become an education in “*sentimental health*” that encourages *individuals* to develop *healthy relationships*.<sup>3</sup>

The proposed genealogy will identify the conditions that first made it possible for sexual violence to emerge as a political issue, and those that subsequently made it into a public health issue. It will also identify the kind of knowledge that shaped the contemporary treatment of sexual violence. This genealogical perspective considers reality to be made of layers of discourses and further postulates that power relations determine which discourses will become predominant. This approach is particularly useful in bringing to light the unlikely alliances that feminists had to build in order to implement new policies against sexual violence. Furthermore, it will reveal the ways the psy disciplines were used by feminists to shift moral judgments with regard to these particular forms of violence.

This genealogy begins during a period when feminist discourse on the political role of sexist violence in the oppression of women started to receive some recognition in the United States. The critique of violence as oppression (including the feminist critique of violence against women as an oppressive tactic) constitutes one of the conditions that contributed to the contemporary public concern about interpersonal violence as *harm*. This concern came to focus specifically on harm done to the health

of individual victims. Although domestic and sexual abuse had previously been the subject of public policies and political debate, they were perceived very differently by the public.<sup>4</sup>

This genealogy brings three key moments into focus. It begins by looking at the feminist protests of the 1960s and 1970s against violence against women, and their emphasis on sexual violence. Next, it focuses on the institutional developments that have emerged in the wake of these protests, and in particular on the attempt to understand sexual violence through the lens of health institutions' classifications. Finally, it examines current questions about sexual violence and emphasizes the ambivalence exposed by this genealogy.

### THE FEMINIST POLITICIZATION OF SEXUALITY—AND ITS DISCONTENTS

Several historians have underlined how in the 1960s and 1970s revolutionary ideals not only included a transformation of the political and economic organization of society, but also a critical reappraisal of affective, intimate, and sexual relationships (e.g., Robert 2011; Echols 1989). This is often illustrated by the famous feminist slogan usually attributed to Carol Hanisch (1970), “the personal is political.” The second wave of the US feminist movement appropriated the ambitious project of cultural transformation and brought it to bear upon personal relationships. Although the feminist analysis of sexuality was in part facilitated by the sexual revolution, this revolution simultaneously became a subject for feminist critique. The sexual revolution was seen as perpetuating asymmetric power relations between the sexes. A prominent criticism was the limited space the revolution left for female desire. Some cultural feminists also denounced the “sexual revolution” as promoting the exploitation of women (Echols 1984).

Feminist sexual politics were the object of heated debates and disagreements among feminist groups themselves, especially in the early 1980s. This was crystallized in the controversy around the 1982 feminist conference at Barnard College on the topic of sex, which was coordinated by Carole S. Vance (1984). It should be emphasized that while these “sex wars”—which divided feminists into “pro-sex” and “anti-sex” factions—occurred after the creation of an anti-rape movement and a battered women's movement, they also contributed to shaping the subsequent evolutions of these movements. The principal question that split 1980s



feminists was about the nature of sex: Was it intrinsically an act of domination that could not be transformed, or was it an activity that within a patriarchal society was mostly sexist, but could be changed through a process including the sexual empowerment of individuals? These two approaches to—mostly heterosexual—sex are important in the history of anti-rape movements and activism, as they call for very different forms of political action. For example, according to the cultural feminists who opposed pornography at the end of the 1970s, all heterosexual sexual activity was seen as violence and rape. This claim recognized no boundaries between consensual and non-consensual sex. At first, as Echols (1984, p. 56) noted, the movement against rape did not condemn actions in favor of feminist sexual empowerment, such as the distribution of feminist sex manuals. Indeed, cultural feminists originally acknowledged both the “pleasure” and the “danger” involved in women’s sexual activity and both were discussed in the Barnard Conference papers (Vance 1984).

In the second half of the 1970s, two phenomena contributed to make sexual violence a central issue for the feminist movement. First, in the United States, the feminist cause was embedded within calls for women to take back control over their bodies. As Pauline Delage (2017) noted, following the *Roe vs Wade* Supreme Court decision in 1973 and the de facto right to abortion that it allowed, feminist activism became reoriented toward countering rape. Second, according to Maria Bevacqua (2008), feminists were divided between different theoretical and political agendas, and the issue of rape helped bring together feminists of otherwise opposing views on sex. Radical feminists were initially the most active and vocal on sexual violence and it was only later that liberal feminists decided to join the anti-rape movement. In particular, the liberal National Organization for Women (NOW) did not focus on rape until after two other rights seemed to have been secured, *i.e.*, abortion rights, and the Equal Rights Amendment (ERA) that was passed by Congress and sent for ratification by state legislatures in 1972 (Bevacqua 2008).<sup>5</sup>

Therefore, before, during, and after the “sex wars” (although the existence of a “postwar” period is contested), rape was probably the only issue in sexual politics around which there was a broad coalition of feminists, as well as support that extended beyond the feminist movement. As such, the anti-rape movement provided the bulk of the feminist critique of sexual relationships that made it through to a general audience.

### *Rape as a Strategy of Oppression*

The feminist analysis of sexual violence demanded that something that was not previously characterized as violence be considered as such. Defining an act as violent when it was not recognized as such by most people, and especially by the law, constituted a political action in itself. It was political to make everyone reconsider such acts as being unacceptable. The 1970s feminists, particularly radical feminists, denounced violence against women as a form of oppression that concerned all women. They did this by insisting that it could happen to any woman anywhere and at any time. In order to change the common perception of domestic and sexual violence as being individual, private matters into a collective cause for concern, feminist activists adopted strategies to demonstrate the frequency of these forms of violence. In doing so, they introduced a political and social dimension to what was at that time considered *personal* experience (e.g., Martin and Ferree 1995; Bevacqua 2000).

The specific action of collectively sharing personal experiences enabled feminist activists to become aware of the commonality of violence against women, underscoring its relationship to the inequality of power between the sexes. Another step taken by feminists was to ensure that the collective political dimension of sexual violence was visible to the wider public. Public demonstrations were organized, such as “speak-outs,” where a group of women supported an individual woman in giving a public account of her rape (Rose 1977; Brownmiller 1993[1975]). Feminist activists often used a rhetoric of revelation (Delage 2017, p. 20), as illustrated by the titles of some popular feminist books on sexual violence, such as *The Secret Trauma* (Russell 1986), or *The Conspiracy of Silence* (Butler 1978). The sharing of experiences and public collective action aimed to make sexual violence against women visible, and thereby aimed to expose the oppression of all women.

### *Redefining Rape*

Feminist activism about rape challenged restrictive legal and cultural definitions. The goal was not only to show how common and frequent acts of sexual violence were, but also to expand the scope of what could be considered sexual violence. Sexual violence had already been a focus of public policy before the feminist movements of the 1970s. As shown by historian Estelle Freedman (2013), criminal legislation was the main tool

used for its regulation. Freedman crucially highlighted the racial dimension of US criminal regulation of rape. Before the feminist claims of the 1970s, US legislation on sexual violence was first reformed in the postwar period, in the context of racial justice movements and the progressive liberalization of sexual mores, in order to assert the defense rights of the accused (Freedman 2013, pp. 271–286).

The development of a feminist critique of sexual violence started a debate about what qualified as rape, as illustrated by the recognition of the possibility of rape in marriage and the legal punishment of marital rape. The marital relationship was identified as a place where women's bodies and work were appropriated by their husbands. The recognition of marital rape contributed to demonstrating that women were in danger within their personal relationships, that they were raped not by strangers, but by their own relatives. The extension of the definition of rape and sexual violence was intended to highlight the power dimensions inherent in intimate and sexual relationships.

The feminist politicization of sexual relationships and sexuality encompasses far more than the denunciation of sexual violence. Although the issue of rape led to widespread agreement both within and beyond the feminist movements at the end of the 1970s, feminists remained divided in their views about the bases for the sexual emancipation of women. In comparison with other feminist claims, the reception of the anti-rape movement has indeed been relatively favorable, whether by medical and legal professionals and political institutions, or by the general public. The conditions that facilitated this acceptance resonated in the 1980s institutionalization of anti-rape politics.

### A MENTAL HEALTH APPROACH TO VIOLENCE—AND ITS EFFICACY<sup>6</sup>

Following the election of Ronald Reagan as president in 1980—which was seen as a conservative backlash, particularly against feminists (Faludi 1991)—organizational changes appeared in feminist movements. The “general” movements reconfigured themselves to fight for more specific causes (Ferree and Hess 1994, pp. 159–193). These transformations of feminist action can be seen as being a result of feminism's success. In other words, the expansion of feminism contributed to its institutionalization and professionalization. An important example can be found in feminist groups that began campaigning for shelters for female victims

of violence (Evans 2003, pp. 129–139). On the other hand, the cultural changes brought about by the women's liberation movement also generated a reaction from conservative groups, who presented themselves as defenders of the traditional family, which was perceived to be under attack from feminism (Evans 2003, p. 176; Faludi 1991). In reaction to this context, feminist activism in the 1980s and 1990s was most visible to the public when campaigning against violence against women (including rape and pornography), and for reproductive choice (Evans 2003, p. 222)—two causes that could be advocated for in a way that was consistent with being for “the sake of the family.”

The work done by feminist professionals contributed to this uneasy alliance. Since the early 1970s, legal and mental health professionals, as well as social workers, had undertaken action, projects, and research on violence against women. The backlash during the 1980s made American society less open to feminist claims, but at the same time, it allowed feminist professionals to strategically promote public policies that addressed violence with a different framing than that associated with feminist political rhetoric. These professionals particularly emphasized the effects of sexual violence, especially its effects on family and health, rather than focusing on revealing its underlying causes. While feminists did not distance themselves from a definition of violence against women based on structural gender power relations, many recognized a growing need for allies. Their actions in the institutional political arena thus became focused on practical solutions to fix the legal system and to offer services for victims.

American women's rights and feminist organizations succeeded in building a wide consensus on the need to take action against domestic violence and rape. One line of action that was supported by both feminists and more conservative actors was legislative reform that criminalized violence against women. This coalition between feminists and conservatives worked in favor of a new legal framework that would improve victims' access to justice and recognize the specificity of domestic and sexual violence. In 1994, the US Congress adopted the Violence Against Women Act and thereby reinforced the status of violence against women as a new category of criminal offense (Schneider 2000; Delage 2016, p. 137). This Act is federal legislation that grants the Office on Violence Against Women, under the authority of the Department of Justice, a role attributing funding to different programs across the country to prevent violence and help victims—as well as perpetrators—of violence against

women, in particular through specific training for legal professionals and police. A second consensus among the supporters of public action concerning violence against women was found in providing support for social and health services for victims of violence. The important role of mental health professionals originated in this context. This was, however, an interactive process: in particular, feminist psychologists, brought their expertise to the cause, which in turn reshaped the cause according to what the behavioral sciences had to offer.

### *Feminist Psychological Knowledge*

One of the first points that feminist psychologists contested was the common assumption that female victims of violence were “bringing it on themselves” (Caplan 1985, p. 1). In the long history of the psychiatrization of women, numerous theories stressed the idea that the cause of rape and battering could be found in the psyche of the victim (Akhtar 2017). During the 1970s, psychoanalysis continued to be prominent in US psychiatric institutions where theories of women’s masochism were often applied to female victims of violence. This framework was contested by the feminist psychologist Paula Joan Caplan in her book *The Myth of Women’s Masochism* published in 1985. The blurb printed on the book’s cover displayed the usual feminist rhetoric of revelation:

Dr. Caplan calls for nothing less than a revolution in the way that psychiatry and society perceive women [...] In the first book to confront the myth of women’s masochism in all its guises, Paula Caplan offers women the chance to develop a truly healthy view of themselves. (Caplan 1985, cover)

Deconstructing and contesting the prevalent views on the behaviors and motives of victims of violence was a first step, one which Caplan and other feminist psychologists had to buttress relentlessly. The second step was to propose their own perspective on victims’ behaviors. This second step prompted questions and suspicion. Certainly, one of the challenges for feminist psychologists was to provide an explanation for the apparently self-destructive behavior exhibited by victims of domestic and sexual violence. These “self-destructive” behaviors were regularly leading people to question these women’s status as victims, and to assume their consent to their partner’s violent behavior. The feminist psychologist Lenore

Walker (1942–), a researcher and forensic psychologist, had an important role in reshaping the public understanding of victims of sexual violence (“Awards for Distinguished Professional Contributions: 1987” 1988). Walker adopted theories from behavioral psychology to explain the conduct of victims and conducted studies in order to define specific behavioral syndromes. She used the concept of “learned helplessness” (Seligman and Maier 1967) to explain the so-called passive reactions of victims in abusive relationships. This theoretical perspective underlies her description of “battered women syndrome” (Walker 1979, 2009[1984]). Walker thus exposed the psychological effects of domestic violence in order to further dispel the myths about victims of domestic violence and their alleged self-destructive behaviors. As a result of the studies she conducted with “battered women,” she proposed a model for understanding domestic violence as a dynamic cycle with different stages. This “cycle of violence” model, although sometimes modified, is still used in theories of domestic violence and continues to contribute to the resources available for social workers as well as the general public.

Feminist psychologists participated in exposing the fact that victims’ mental health issues were more often the result of violence than the origin of it. They provided a counter-narrative to what was then frequently thought by psychiatrists (Akhtar 2017). Whether it was a “cycle” of violence with repeated victimization, or one *traumatizing* experience of sexual violence, this psychological discourse was—and still is—a socially well-accepted explanation that has been granted widespread legitimacy (Herman 1995). The original feminist project was thus gaining ground in encompassing the recognition of power relations, as Walker herself described:

The integration of a feminist gender analysis into the psychological understanding of violence against women [...] means that the comprehension of powerlessness and oppression of women, in general, is applied to individual situations. (Walker 1989, p. 697)

However, the changing political context and the institutionalization of a psychology of women and violence allowed people who were not necessarily feminist to be part of this new field. Thus, non-feminist professionals were able to appropriate the topic, and contributed to reducing the scale of observation and intervention to the individual (Caplan 2006).

### *Feminist Care*

The second professional contribution that feminist psychologists brought to the problem of violence was the development of better clinical care for victims. They developed a feminist approach to therapy, offering support without stigmatizing women. This feminist approach aimed to be particularly sensitive to women victims of violence. These feminist therapeutic perspectives emphasized ways that social interactions, norms, and socioeconomic status could contribute to psychological distress. The attitude expected from such therapists consisted of believing the patient and recognizing the value and rationality of the ways those seeking help were handling life events. Feminist therapy was supposed to be considered an “invitation” to engage in reflective work on a life situation. This therapeutic work particularly emphasized ways the help-seeker’s situation was embedded in a social context (Brown 1994).

The psychiatric notion that best represents this perspective is that of trauma as described in the American Psychiatric Association’s 3rd Edition of the Diagnostic Statistical Manual. US Army veterans, psychiatrists, and feminist mental health professionals were all involved in the introduction of the Post-Traumatic Stress Disorder (PTSD) diagnosis in 1980. PTSD is the only psychiatric diagnosis in the DSM that states an etiology in its definition, and a social one, at that. The wording chosen was the product of several contemporary anthropological changes in notions of responsibility, humanity, and violence. In particular, the idea that PTSD is a normal reaction to an extraordinary event went along with a newfound trust in the victims’ description of his or her experience (Fassin and Rechtman 2007). This marked a radical change in the treatment of traumatized individuals, who were previously suspected of either masquerading their symptoms to obtain financial or other kinds of advantages, or being susceptible to psychological fragility independently of the traumatic experience (Leys 2000). The admission of the possibility that anyone could experience post-traumatic effects allowed for an expansion of the use of the trauma category, which became the psychological “signature” of a violent experience, and thus an effective way to be granted the status of victim.

In the clinical work of feminist psychologists, trauma was therefore a very useful category in translating the effects of violence on mental health, without pathologizing the victims (Marecek 1999). Nonetheless, post-traumatic symptoms remained an indication of a pathology, but were

related to the traumatic event, rather than to a personal vulnerability. In other words, while the victim was considered to have a pathological condition, it was considered to be the result of exposure to an event and could not be attributed to the victim's psyche.

Feminists used the category of trauma as an alternative to the tendency to blame the victims, which could be done either by invoking the responsibility of the victims in their experience of violence, or by pathologizing their reaction. However, they criticized the restrictive definition of the traumatic event in the PTSD's criteria (Herman 1992; Brown 1991). They also questioned the effect of a psychiatric label on victims of violence and the elimination of violence (e.g., Becker 2004; Caplan 2006), which remained a serious preoccupation at a time when services to victims were mostly limited to mental health support or individual legal action.

### *The Numbers of Violence*

The quantification of violence against women played a great part in legitimizing public policies against sexist violence (Cavalin 2016; Rutherford 2017). In her research on the development of national surveys on gender-based violence and health, the sociologist Catherine Cavalin (2016) determined that the production of statistics, and especially recourse to an epidemiological frame of reference on violence against women, was a particularly influential impetus for policy-making, especially public health policy. She analyzed how epidemiological surveys not only revealed the high rate of violent events in women's lives, but also statistically linked this violence to health issues. In the United States, feminist psychologists and social scientists conducted the first surveys to assess the prevalence of gender-based violence. According to the historian Alexandra Rutherford (2017), they were instrumental in "realizing" violence against women, in the sense that surveys made the issue real for the public as well as the state. Rutherford argues that two statistical surveys by Diana Russell and Mary Koss, which were conducted on US university campuses, contributed in particular to an increase in concern for sexual assault and helped make sexual violence a major public policy issue.

Russell's book, *The Politics of Rape: The Victim's Perspective*, published in 1975, is a landmark in the fight against rape. It mainly leaves the floor to victims, with material collected through 90 interviews with victims and four with perpetrators of rape. Although Russell's choice was criticized by black feminists, including Angela Davis, for its over-representation



of black rapists, Russell's research supported the feminist position that rape should be understood as a traditional and frequent manifestation of patriarchy and not as the act of a few sexual psychopaths. Although this best-seller was important in the fight against sexist violence, it did not provoke the same reaction that followed the quantitative surveys that Russell, followed by Mary Koss, conducted on American campuses (Rutherford 2017).

In the 1980s, the United States already had a highly developed project-based research funding system that was able to support the growth of a new field of research faster than was the case in other national contexts with other research funding systems (Delage 2017). Russell's second survey was funded by the National Institute of Mental Health (NIMH), and more specifically the National Center for the Prevention and Control of Rape (NCPCR), which was created within the NIMH in 1976 (Cavalin 2016, p. 183). This survey, which aimed to assess the prevalence of sexual violence in a sample of women in the San Francisco area, resulted in the publication of a second book on marital rape (Russell 1990[1982]) at a time when it was not recognized as rape. This first quantification confirmed two things: the prevalence of rape was underestimated, and the majority of rapes were committed by persons known by the victims, and not by strangers.

Following Russell's work, the psychologist Mary Koss developed another survey seeking to broadly measure the experiences of sexual violence on an American campus (Kent State University). This research was also funded by the NCPCR. While the survey confirmed the high prevalence of rape on campus, the most surprising finding for the investigators was that more than half of the women who described acts that could be legally qualified as rape did not consider themselves victims of rape (Koss 1985). Later, Koss conducted a survey with a much larger sample that included more than 6,000 students from 32 institutions across the United States, and was again funded by the NIMH. This survey was also supported by *Ms* magazine, which published preliminary results in 1985 in an article titled "Date Rape: the Story of an Epidemic and Those who Deny it" (Rutherford 2017, p. 108). The figure that emerged from the survey when it was published in 1987 was that "one in four women" was a victim of rape or attempted rape (Koss et al. 1987).

The results of these surveys provoked many reactions and debates. Neil Gilbert, a conservative professor of social welfare at Berkeley University, published a highly critical article (Rutherford 2017, p. 109). He called

these surveys “feminist advocacy” in order to disqualify their validity and suggest political bias. However, his criticism succeeded in summarizing precisely what these studies achieved, as well as the limits of their political effects:

The function of advocacy numbers is to alter consciousness more than raise it, to change social perceptions of what constitutes common experience in heterosexual relations. [...] Radical feminists who promote advocacy numbers aim not so much to solve the problem of sexual assault as to change social perceptions of its very nature. In pursuit of this objective, they find it necessary to instill belief in an epidemic that would justify the feminist-prescribed social inoculation of every woman and child in society. (Gilbert 1991, pp. 64–65)

These psychological studies have been conducive to reshaping the cultural perception of sexual violence as a frequent event in the lives of women, an event with traumatizing potential, perpetrated mostly by relatives, and for which one should not blame the victims. These sets of data shed light on aspects of the reality that feminists wanted to reveal, including some crucially political elements such as the fact that the perception of a behavior as violent is socially constructed. Since the 1990s, a substantial number of psychological studies have been conducted on the psychology of sexual violence.

### THE PRICE OF INSTITUTIONAL SUCCESS

Despite these conservative reactions, the “epidemic” was recognized and the next Democratic administration implemented the Violence Against Women Act (VAWA), which was approved in 1994. This Act provides for the funding of different types of violence management programs in order to foster collaboration between legal actors and associations, to develop awareness of violence, and support victims and perpetrators. It was renewed in 2011, despite heated political debates (Delage 2016, p. 1).

This chapter’s description of the role of psychological disciplines in the recognition and framing of sexual violence is not intended to contest the effects of violence on health, and particularly mental health. On the contrary, this history illustrates how the health perspective is a strong political tool whose effectiveness relies on showing how a social issue

affects individuals. But the medicalization of sexual violence presents the risks related to any medicalization process, *i.e.*, the individualization, decontextualization, or depoliticization of the issue. The translation of the feminist perspective into the language of the health sciences granted professionals and politicians legitimacy in considering sexual violence to be the serious issue that it is.

It may be a positive first step that the recognition of an epidemic of sexual violence seems to acknowledge the political aspect of personal relationships. However, the policies that have been implemented are still embedded in a disempowering conception of individuals. In order to produce research data, contemporary health sciences rely on standardized categories—and notably statistics—validated through an empirical epistemology. These results are then used to establish and frame clinical and policy guidelines. Recourse to standardized categories and diagnoses causes health professionals, and those using their categories, to define what is or what is not violence for others, as if violence could be a substantive concept without any social and relational context. Furthermore, instead of preserving the feminist idea of a continuum between violent sexual behaviors and other sexual behaviors (or for that matter any behavioral dynamic entangled in the power relations between the sexes) the legal and psycho-medical qualification of actions and behaviors tends to accentuate distinctions, consequently increasing the risk of making the political features of sexual and intimate relationships invisible once again. The politicization of intimate violence thus appears to have been advanced, albeit at the expense of increased intervention from public administrations driven by health and legal concerns.

The psychological disciplines currently represent the main drivers in the production of knowledge and professional practice surrounding behaviors in general, both in institutions and in popular culture. For example, they provide the core knowledge used in programs designed to prevent sexual violence, which are regularly offered to students in American schools. Based on both the need to fight the epidemic of sexual violence and the will to prevent the health consequences of sexual violence, these education and support programs promote “healthy relationships,” which can be translated as relationships that do not harm. Although some envision this goal as adults transmitting “relational wisdom” to young people,<sup>7</sup> this ambitious project is often reduced to teaching about consent, and in particular, encouraging students to develop the practice of active consent, as a tool to balance power relations and end the confusion between “real”

consent and submission. As it was previously noted about sex education centered on the prevention of sexually transmitted diseases (STDs), this new focus on the prevention of sexual violence, even when reframed as the “promotion of healthy relationships,” centers sex education around potential harm and starts the conversation on sex and intimate relationships with (mental) health concerns. Not only does this focus reinforce and maintain the existing power of those who have it by making them solely responsible for the power balance in a relationship, but also the sentimental health approach replaces sex education and again puts sex itself resolutely in the sphere of “danger,” thus ignoring the second element of the tension identified by feminist scholars (Vance 1984), that of pleasure.

The “psycho-legal” approach to sexual violence dominates public policy in North America today. Even when programs proclaim that gender-based violence is systemic, actual practices are often limited to the criminalization of perpetrators, the psychological treatment of victims, and the promotion of consent. These procedures reinforce a non-political approach to sexual violence. This raises the question of how such a heavy reliance on psychological science can actually support the struggle for the sexual emancipation of women?

The health approach to sexual violence and the call for “healthy relationships” have little to do with a feminist emancipation project based on knowledge of one’s body and desires, on challenging gender norms and, above all, on collective and personal autonomy and freedom. The health discourse is normative and, still today, largely anchored in powerful and hierarchical institutions. While it is not impossible to also fight for the democratization of these institutions, it makes little sense today to adopt the vocabulary of health to promote equality. How could health language be trusted to communicate an ideal of equality, when it has supported and continues to support the condemnation of any deviation from heteronormativity, and remains a way of pathologizing sexual minorities and sexual practices?

Whether they embrace the pathological medical perspective that looks for a treatment or the wellness-oriented goals of positive psychology, psy disciplines try to understand and resolve individual difficulties, and cannot offer fair and sufficient foundations for the ambitious political project of creating more equal sexual and relational practices. The fact that they dominate the public debate on sexual violence is not only related to the fact that, contrary to these fields, feminist movements have

limited power, but that feminist movements (and to some extent sexual minorities movements) have also failed—within and outside the movements—to widely endorse a radical critique of the patriarchal institutions perpetuating sexual violence: heterosexuality, marriage, monogamy, and family.

## NOTES

1. The work for this chapter was funded by the Swiss National Science Foundation (Project P400PG\_180709 : “Fighting Violence: the Weaponization of Public Health in Contemporary America”).
2. Individualization can be defined as the limitation of the understanding of an issue and its treatment to its individual manifestations. Essentialization describes the process both of decontextualizing the issue, and of denying the social production of “issues” (i.e., a social process is required to make a particular phenomenon “an issue”). Depolitization can be summarized as the process of placing a social issue (by definition the product of power relations) outside its social and political context; e.g., medicalization typically adopts a supposedly objective scientific perspective.
3. Foucault defined genealogy as “a form of history which can account for the constitution of knowledge, discourses, domains of objects etc., without having to make reference to a subject which is either transcendental in relation to the field of events or runs in its empty sameness throughout the course of history” (Foucault 1980, p. 117). Trying to show the continuity between this definition of genealogy and Foucault’s work on governmentality, Frédéric Gros sums it up in a way that might better describe this chapter’s aims: To construct a genealogy was to show how historically determined power relations played as matrices of forms of knowledge and subjectivity (Gros 1996, p. 140).
4. For a review of the different ways, interpersonal violence was raised as a social issue in North America since the nineteenth century, see Pache (2020).
5. To date, the ERA has still not been ratified by 38 state legislatures.
6. Some elements in this section were published and discussed in Pache (2019).
7. This phrase was used by psychologist Richard Weissbourd, professor at the Graduate School of Education at Harvard University, when introducing a panel on the promotion of healthy relationships at Harvard University on April 4, 2017.

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# Saving Sexual Science: Kinsey and American Religious-Conservative Politics

*Alexandre Paturel, Véronique Mottier, and Cynthia Kraus*

## RELIGIOUS CONSERVATISM AND SEXUAL SCIENCE

The Christian Right today wields considerable influence in American politics. A key moment in its rise was Reagan's landslide victory in the 1980 presidential elections, helped by the support from televangelist Jerry Falwell's Moral Majority, a mass movement of evangelical conservatives founded in 1979 (see also Herzog 2008).<sup>1</sup> With respect to the politics of sexuality, the attempts by Falwell (1987, p. 111) and his allies to 'call

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A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,  
[https://doi.org/10.1007/978-3-030-65813-7\\_5](https://doi.org/10.1007/978-3-030-65813-7_5)

America back to God, back to the Bible, and back to moral sanity’ translated into a vigorous anti-abortion and anti-gay rights activism, which further intensified during the presidency of George W. Bush Jr. (2001–2009). The latter relied on the evangelical vote, markedly infusing his own policy statements with religious rhetoric. This led commentators such as Marsden (2006), Dershowitz (2007), or Hedges (2007) to posit a theocratic ideology underlying religious-conservative politics, opposed to the secular, pluralistic, and democratic structures of the state. Whereas Clinton’s and Obama’s presidencies constituted temporary setbacks for the Christian Right, Trump’s choice of evangelical conservative Mike Pence as his vice-president in 2016 signaled its triumphant return. The decisive electoral support of evangelicals strengthened the Trump administration’s hostility to scientific research on climate change (Hiltzik 2017) and HIV/AIDS (Stevens and Victor 2017), leading once more to predictions of the decline of secular democracy (e.g., Heer 2016; Rymel 2016). Highlighting the faith-based arguments used by religious-conservative political actors on questions of creationism, bioethics, and sexuality, historians of science have depicted the religious Right as driven by a ‘moralistic agenda,’ to use Mooney’s (2005, p. 5) phrase. Luker (2006, p. 136) similarly described its views on sex as whatever ‘the Bible says.’ Alumkal (2017, pp. 8, 15) seemed to differ, pointing out that the late twentieth-century Christian Right also drew on a ‘paranoid science’ that claimed ‘to outdo mainstream science (i.e., real science) in factual analysis,’ for example, in the ‘conversion therapy’ of the ‘ex-gay movement.’ However, this view similarly interprets the Christian Right’s appropriation of scientific discourse as a bid to create ‘an alternative reality’ where ‘religious beliefs are safe from threat’—in matters of sexuality, a thinly veiled defense of ‘God’s intention for gender complementarity’ (Alumkal 2017, pp. 5, 13).

This chapter challenges this characterization of religious-conservative attacks on science as being invariably theological. To do so, we focus on what we will demonstrate was a key site in which these political antagonisms played out over the past few decades: the science of sex. In his 1948 best-seller *Sexual Behavior in the Human Male*, former biologist Alfred Kinsey (1998 [1948], p. 5) defined scientific sexology as the endeavor to ‘accumulate an objectively determined body of facts about sex.’ In that same text, and its 1953 sequel (known together as *the Kinsey Reports*), Kinsey also claimed to have objectively—that is, scientifically—proven

the pervasiveness of premarital, extramarital, and non-reproductive intercourse in postwar America through a series of mass surveys (Kinsey et al. 1948, 1953). Famously, and most controversially, the first *Report* claimed that same-sex intercourse was not ‘rare’ or ‘unnatural’: ‘nearly half (46%) of the population engages in both heterosexual and homosexual activities (...) in the course of their adult lives’ (Kinsey et al. 1998 [1948], pp. 656–659). Furthermore, drawing on reports from adults who maintained sexual relations with children, as well as interviewees who recalled their own earliest experiences, Kinsey claimed to have proven the existence of infant sexuality (and, by implication, infant homosexuality) (Bancroft 2004, p. 16)—a point on which he echoed Freud. Kinsey also suggested that laws criminalizing behaviors previously considered ‘deviant,’ such as same-sex relations, consequently required revision (Kinsey et al. 1998 [1948], pp. 6, 392). Like many earlier sexologists, Kinsey thus intentionally challenged prevalent sexual norms and laws, provocatively stating that the demand ‘for a clean-up of the sex offenders’ would entail the conviction of ‘95 per cent of the male population’ (1998 [1948], pp. 392–393). His conclusions provoked enormous public furor (Irvine 1990; Ericksen and Steffen 1999). Reviewers from the American Statistical Association such as Wallis (1949), Cochran et al. (1953) and Brady (1954) established almost immediately that the *Kinsey Reports* contained fundamental flaws, including unsubstantiated assertions, an inadequate sampling size, and interviewing biases—all of which undermined in particular the conclusions about the prevalence of same-sex sexual encounters. Despite this, Kinsey’s findings contributed to a growing number of calls for the repeal of state laws criminalizing sodomy, with success first in Illinois in 1962 and in other states after 1971 (Kirby 2007).

After Kinsey’s death in 1956, American sexual scientists continued to attract controversy—for example, when in the late 1950s Masters and Johnson began their empirical observations of sexual intercourse in their laboratory (Maier 2009, pp. 172–173). However, the conservatism of their approach, privileging heteronormative models of sexuality, contrasted markedly with Kinsey’s radical conclusion that same-sex contact was not statistically ‘abnormal’ (Irvine 2005 [1990], pp. 128–129). This explains why, when attacks were launched against American sexual science in the context of the Christian Right’s political ascendancy in the 1980s, they targeted Kinsey in particular, twenty-five years after his death. In June 1981, a paper allegedly presented to the 5th

World Congress of Sexology in Jerusalem by Judith Reisman, a hitherto little-known American scholar, made the first of several accusations against Kinsey, recasting the long-standing methodological critiques of his research within a new charge that he had deliberately distorted his results to normalize his own (alleged) homosexuality. Furthermore, Reisman claimed that Kinsey's supposed evidence for child sexuality, of central importance in his work, was based on his personal complicity in the sexual abuse of children. As a result of these charges, the Christian right mobilized against not only sexual science, of which Kinsey was held to be the founder, but also the sexually permissive culture, laws, and policies for which he was held responsible.

Little analytical attention has been given to the relationship between sexual science and religious conservatism during this period. The political history of science has mostly focused on questions of industry and climate change, evolution, and bioethics (e.g., Hunter 1987; Noll 2001; Alumkal 2017; Fitzgerald 2017). Political scientists studying the history of religious conservatism have engaged with sexuality (particularly sexual rights, education, and public policy surrounding AIDS), but they have tended to focus on its history as an *ethical* question, rather than a *scientific* one (e.g., Cantor 1994; Smith 2000; Luker 2006; Hankins 2008). This silence is of concern, not just given the general centrality of sexuality to the workings of power (Foucault 1976), but, as Carver and Mottier (1998, p. 5) pointed out two decades ago, because of the 'particular prestige of scientific discourse in modernity, the rise of sexual science is a key factor in the construction (...) of sexuality,' and hence also of political struggles around sexualities. In the absence of a sustained political history, our understanding of the relationship between religious-conservative politics and sexual science in the American context remains limited. This chapter explores one aspect, the religious-conservative campaigns against Alfred Kinsey. We examine how the attacks on Kinsey, as they took form after 1981, were formulated and legitimized, and by which political actors; their relationship to science, and their political effects.

Our results, we argue, suggest that a revised understanding of American religious-conservative politics more broadly is required. This is in contrast to previous discussions of the post-1981 allegations against Alfred Kinsey, which rarely aimed to draw out the implications of the controversy for understanding wider religious-conservative political thought. These analyses were often preoccupied with dismissing the truth of the charges, and thus gave short shrift to understanding their political

effects (e.g., Jones 1997; Gathorne-Hardy 1998; Allen et al. 2017). With titles like *Her Kinsey Obsession* (Blumenthal 2004) and *The Plot Against Sex in America* (Rich 2004), commentators deduced the religious Right's supposedly theocratic intentions from the inaccuracy of its accusations. The groundlessness of religious-Right conspiracy theories, however, does not weaken their political significance.

Empirically, our textual corpus consists of primary sources which, though largely gathered from publicly available online databases, have never been analyzed in conjunction with one another, if at all. We collected over forty documents from archives maintained by the Christian Right group RSVP America and by Judith Reisman herself, as well as from state legislative and executive bodies. Our corpus, dating from the 1940s to today, comprises texts produced for public distribution (journalism and other publications) as well as materials pertaining to state policy, i.e., declassified FBI and CIA documents (published online in 2010 and 2016, respectively), archived campaign memoranda, and state or federal legislative proposals.

### KINSEY'S 'HOMOSEXUAL AGENDA'

The 1948 and 1953 *Kinsey Reports* were by no means the first sexual surveys, but they attracted unparalleled public controversy. Based on over 12,000 interviews, the *Reports* alleged that Americans grossly underestimated how commonly sex deviated from marital and procreative heterosexuality. In the context of Cold War anxiety over communist subversion, Kinsey's radical conclusions set him among those Hofstadter (1964, p. 24) later called America's 'clearly delineated' conspirators: 'intellectuals' whose 'betrayal at home' threatened not just 'old American virtues' but also 'national security.' Reviewing the 1948 *Report*, the psychoanalyst Edmund Bergler (1948, p. 87) was worried that Kinsey's findings about the pervasiveness of same-sex practices would be 'propagandistically used against the United States abroad, stigmatizing the nation.' FBI memoranda, however, indicate that high-ranking state authorities were primarily concerned by the threat within (FBI 2010a, pp. 14–17). A 1950 memorandum to FBI Associate Director Clyde Tolson stressed that Kinsey was 'critical of the Bureau in his views on crime, homosexuality, and other matters' (FBI 2010a, p. 15). This led the FBI's director, J. Edgar Hoover, to commission an investigation into Kinsey's activities that same year. In the words of one 1952 note, it was

‘certainly un-American (...) to seek to disrupt the force (...) of law and order’ (FBI 2010a, pp. 19–20). Kinsey’s sedition was overwhelmingly blamed on the ‘money and influence’ of the tax-exempt foundations that had funded his research (FBI 2010b, pp. 8–10), especially the Rockefeller Foundation, whose owners’ desire to ‘negotiate oil contracts with the Soviet leaders’ had allegedly even prompted the ‘recognition of Soviet Russia by the United States during the 1930s’ (FBI 2010b, pp. 8–10). Congressman B. Carroll Reece, having alleged in a 1953 speech (cited in Kiger 2000, p. 29) that oligopolistic wealth was financing a ‘diabolic conspiracy’ to ‘undermine our American way of life’ in the ‘furtherance of socialism,’ chaired a congressional investigation into the influence of tax-exempt foundations that year, which ultimately led to the withdrawal of funding by the Rockefeller Foundation for Kinsey’s research.

John Bancroft (2004, pp. 17–18), the director of the Kinsey Institute for sex research from 1995 to 2004, has argued that concerns about Kinsey’s claim that children were sexually active arose as a result of Reagan’s ‘campaign to restore “traditional values” (...) in the wake of the so-called “sexual revolution” of the 1970s.’ In reality, doubts had circulated long before 1981. For example, a 1959 FBI memorandum by one of the FBI’s most senior agents, William Sullivan, highlighted that ‘sexual relations between preadolescent children and adults (rape not being excluded)’ appeared in Kinsey’s 1953 *Report* as having, in Kinsey’s words, ‘contributed favorably to (...) their (the children’s) later socio-sexual development’ (FBI 2010b, pp. 8–10). Warning that tax-exempt funding bodies had a ‘tremendous influence on Americans today,’ Sullivan concluded that ‘the Rockefeller Foundation’s support of the Kinsey studies’ hid under a veneer of scientificity an ‘unsavory cause (...) contrary to accepted codes of morality’ (FBI 2010b, pp. 9–10). What changed after Judith Reisman’s public attack in 1981 was not the supposed threat posed by Kinsey’s work, but its reconceptualization as motivated by ‘homosexuality.’ Whereas the earlier critiques of Kinsey depicted undemocratic interests as posing a sexual threat to America, after 1981, it became ‘homosexuals’ that posed a threat to democracy. This discursive shift is crucial to our understanding of the late twentieth-century Christian Right, intertwined as it was in the broader conservative movement, which depicts heterosexuality, marriage, and reproduction as pillars of the American nation. Judith Reisman, though herself from a Jewish-American background, became the new discourse’s unexpected progenitor and champion. She was invited in 1988 to discuss pedophilia on Falwell’s

television broadcast *Old Time Gospel Hour* and later awarded a professorship at his Christian Liberty University. Her allegations were promoted by Christian Right advocacy organizations including the Family Research Council, RSVP America, Focus on the Family, the American Legislative Exchange Council, and Concerned Women for America (CWA), as well as a wide variety of Christian authors, columnists, and senior Republican politicians. They became a mainstay of religious-conservative discourse, particularly after Reisman (2003, p. 819) described the Supreme Court's landmark 2003 ruling in *Lawrence v. Texas*, which legalized same-sex sexual practices throughout the United States, as the culmination of Kinsey's legacy (leading America into 'snake-infested swamps'). In Focus on the Family's *Citizen* magazine, Mike Pence (then a Congressman for Kinsey's home state of Indiana, later vice-president of the United States) was listed as one of the representatives 'willing to challenge the Kinsey Institute's refusal to make public its records of child sexual abuse' (Adams 2004, p. 23).

Reisman's attacks centered on Tables 31–35 of the first *Kinsey Report* (1998 [1948], pp. 163–180), which demonstrate the sexual capacity of infants and children by quantifying their sexual behavior: their response to stimulation, frequency of arousal, and quality of orgasm. She alleged that these measurements were procured through Kinsey's abuse of 'hundreds of infants (...) in pedophile-biased, unmonitored "scientific" experiments' (1981, p. 1), later claiming that some of these measurements were contributed by a Nazi pedophile named Dr. Fritz von Balluseck (Reisman 1998, p. 165). John H. Court (1990, pp. vii–viii), Professor at Fuller Theological Seminary, argued that Kinsey's 'false data' for preadolescent sexuality were the 'springboard' for gay rights 'advocates.' Relying on what the editor of the Catholic magazine *Culture Wars*, E. Michael Jones (1989, p. 27), called the 'prestige' of science, Kinsey and his team allegedly used these data as part of their efforts to relax state laws relating to the age of consent and the severity of punishment for those convicted of statutory rape (defined as sexual activity with a person below the age of consent), while further encouraging lawmakers to decriminalize homosexual and extramarital intercourse (Reisman and Eichel 1990). Reisman (1998, p. 220) further accused Kinsey and his colleagues of successfully lobbying state legislatures to implement their 'homosexual agenda.' They had allegedly influenced the American Law Institute's decades-long project to standardize state common laws with a Model Penal Code, and Kinsey was portrayed as the definitive authority for the 1962 final version

of Article 213 (on ‘Sexual Offenses’). In reality, Kinsey was only one of dozens of researchers cited in appendixes to Model Penal Code drafts, as is clear from copies circulated by one of America’s oldest gay activist organizations, the Mattachine Society (1956). Nevertheless, over the next decades Reisman regularly claimed that Kinsey’s hidden ‘homosexual agenda’ was the primary cause of America’s impending extinction.

Reisman’s (1981, p. 9) characterization of Kinsey’s vision of sexuality as being one of ‘sex-hate/death-lust’ would soon appear to have been prescient, coming days after the first American gay men showed symptoms of what would be called first Gay-Related Immune Deficiency, later AIDS. The onset of the epidemic offered a rich political opportunity for the Christian Right, and their discourse shifted from treating ‘homosexuality’ as a moral evil to a medicalized danger. This discursive shift depicted homosexuality as a ‘scourge threatening the health and well-being of a putatively “normal” population’ (Terry 1999, p. 385; see also Knight 2000, p. 203). For Falwell (1987, p. 144), the ‘establishment of homosexuality’ had been one of the ‘moral cancers that are causing society to rot from within.’ For Reisman, Kinsey’s critique of heteronormativity had formed the linchpin of the ‘myth and the power of the homosexual revolution,’ which had allegedly then ‘created’ the AIDS crisis (1988, pp. 15–16). Co-writing with Christian lawyer Mary McAlister (2011), Reisman warned that like a ‘cancer spreading throughout the body, sexual anarchy has spread throughout the fabric of society.’ These metaphors recall late Victorian discourses which depict sex as an ‘instinctual and potentially overwhelming force’ as well as a ‘source of social disorder’ (Mottier 2008, p. 32). A secular vernacular of public health and national security, pivoting on the threat of homosexual contagion, legitimated an evangelical political-sexual ethic according to which unruly bodies must be disciplined. Consequently, the religious Right’s own long-standing sexual conservatism was now refigured as an epidemiological necessity.

## ATTACKING KINSEYAN SEXUAL SCIENCE

Blaming Kinsey for a pseudo-scientific normalization of ‘homosexuality’ became the basis for the Christian Right’s wider attack on state sexual policy. This targeted both the decriminalization of same-sex sexual activities and the postwar rise of state-sponsored sex education. The Sexuality



Information and Education Council of the United States, an organization founded in 1964 to champion ‘comprehensive’ sex education (the teaching of safer sex, rather than abstinence-until-marriage), was decried by Reisman (1988, 1995) as a lobby for sex education modeled on Kinseyan precepts of non-heteronormativity and preadolescent sexual availability. In a report commissioned by the conservative lobby group American Legislative Exchange Council, RSVP America’s director of research Linda Jeffrey (2004, p. 7) echoed Reisman’s warning: the ‘Kinseyan sex education monopoly’ was ‘well entrenched’ in the public school system. Reisman (1995) argued that the legalization of homosexuality, exploited by ‘minor-attracted adults,’ had resulted in an epidemic of sexually transmitted diseases among preadolescent boys, forcing homosexuals to instrumentalize public sex education in order to recruit even more children to satisfy their alleged needs. Kinsey’s alleged homosexuality explained what evangelicals called the ‘heterophobia’ of sex education: In Jones’ (1989, p. 34) words, its ‘purpose is to break down the child’s modesty and then his natural aversion to homosexual activity.’ In reply to their rhetorical question asking why by ‘1992 more than 7,000 boys and 1,500 girls have died from HIV/AIDS,’ Reisman and McAlister (2011) answered: ‘two words: Alfred Kinsey.’

Researchers affiliated with the Kinsey Institute have argued that religious conservatives in this period critiqued sexual science on the basis of a theological-moralistic discourse. For example, Bancroft (2004, p. 23) suggested that Republican hostility to sex research, from Kinsey to the twenty-first century, was motivated by the concern that the ‘prevalence of homosexual behavior would undermine the belief that homosexuality was wrong,’ while Gagnon (2002, p. 93) referred to religious conservatives as the enemies of ‘secular modernity.’ In contrast, we argue that what is striking in the statements of Reisman and other campaigners against Kinsey’s sexual science is not the presence of religious language, but its relative absence. While theistic moralism certainly was a significant element of religious-conservative mobilizations during the 1980s, it is only because of the disproportionate skew in the historiography of religious conservatism toward male preachers like Falwell, Tim LaHaye, and Pat Robertson that their religious rhetoric has often been taken to characterize the totality of religious-Right politics. Women religious-conservative leaders in this period are, for example, practically invisible in the histories of Blumenthal (1987), Hunter (1987), Neuhaus (1987),

and Capps (1990). As Brekus (2007, p. 1) points out, histories of religion seem to ‘assume that women’s stories are peripheral to their research topics.’ And yet, the campaign against Kinsey’s legacy after 1981, initiated by Judith Reisman, was driven by women’s organizations like Beverley LaHaye’s CWA and Eunice V. Ray’s RSVP America.

This is significant, because the women activists who campaigned against Kinsey, such as Linda Jeffrey and Linda Harvey, undertook to reoccupy scientific sexology’s discursive territory through a *secular* critique. RSVP America’s campaign memoranda (1998, pp. 1–2) pledged ‘80,000 CWA members and other mothers’ to ‘debunk’ the ‘fraudulent sex research of Alfred Kinsey’—though Reisman (1998, p. xiv) placed the figure at ‘500,000 women.’ The child abuse allegations reinforced the claim that Kinsey’s work relied on what Harvey (1998, p. 14) called ‘questionable methodology.’ In her 2011 article *A Personal Odyssey to the Truth*, Reisman stated that she wrote both as ‘a scholar and as a mother.’ As she had done previously (1998, p. xvii), she affirmed that her concern in researching the causes of child abuse (which she later traced to Kinsey) began in 1966, when a 13-year-old boy, allegedly encouraged by his father’s pornography, molested her 10-year-old daughter. The performative basis of her campaign was therefore not framed in terms of piety, but as a maternalistic conservatism that must engage with scientific discourse on its own terms to defend American youth. Women activists thus drew on the traditional discursive repertoire of women as mothers, and hence ‘natural’ custodians of the national community (Yuval-Davis 1997).

Neither was this subject-positioning new. Religious conservatives had long attempted to discredit gay activism by conflating homosexuality with pedophilia (Gallagher and Bull 1996, pp. 216–217). The political efficacy of this discursive strategy had been proven by Anita Bryant, the leader of the Christian Right’s most successful political mobilization in the 1970s. That gay teachers were ‘trying to recruit our children to homosexuality’ had been the basis for Bryant’s 1977 Save Our Children campaign, which successfully repealed a Florida county ordinance prohibiting workplace discrimination on the grounds of sexual orientation (see Clendinen and Nagourney 1999, p. 299). Like Reisman, Bryant had mobilized this discursive conflation to juxtapose the ‘suffering Christian mother’ with the ‘gay male predator,’ in the words of Jordan (2011, p. 129). Reisman’s most influential contribution was to extend this earlier strategy of delegitimization to the sexual institutions of the state itself. RSVP America’s memoranda (1996, p. 1) consequently argued that ‘mothers need

to act to protect their children in school from this bogus view of sexuality' (i.e., non-heteronormativity) if they were to challenge the 'source of authority for today's skyrocketing sexual dysfunctions.'

The religious Right's emphasis on a scientific, rather than moral, discourse to undermine non-heteronormative models of sexuality gained additional potency from the context of the AIDS crisis. Firstly, the inability of the state to eradicate the epidemic meant that the prestige of sexology was challenged—and not just by evangelicals, but scientists, feminists, and liberals as well. Secondly, ownership over what constituted a legitimate scientific response simultaneously became a political resource. Like other critics, religious conservatives positioned themselves as *rescuing* sexology from the subjectivities of political ideology. After all, Reisman claimed to have presented her 1981 paper to that year's World Congress of Sexology, not a church congregation.<sup>2</sup> It emphasized *shared* scientific principles, claiming that the influence of 'pedophile propaganda' constituted 'a violation of scientific ethics—a conflict of interests between scientific objectivity and truth on the one hand and the misinformation of the growing child-sex-abuse lobby on the other hand.' Reisman denounced Kinsey's 'pseudo-science' for failing basic criteria for 'verifiability' with the consequence that it 'defames the entire scholarly community, and tends to implicate us all' (1981, p. 1).

In targeting Kinsey's commitment to value-free objectivity, these attacks struck at the basis of his scientific credibility. Kinsey's publications dedicated entire sections to demonstrating the scientificity of his research, described as an 'objective, fact-finding investigation' that 'strictly avoids social or moral interpretations,' themselves 'not part of the scientific method' (1998 [1948], pp. 4–5). Both Reisman and Jones (1989, p. 33) argued that Kinsey's work, allegedly like Freud's before him, had been motivated by 'sexual compulsion masquerading as scientific interest.' The 'best explication' of Kinsey's arguments was 'biographic,' as Jones (1993, p. 17) wrote, claiming that homosexuality had driven his 'desire to subvert sexual norms.' Moreover, Kinsey became a synecdoche for sexual science generally, as in Reisman's claim (1981, 1998, p. xxiii) that the 'entire field' of sexual science rested on Kinsey. As Linda Harvey (1998, p. 15) put it, the funding of the 'child-sex-abuse lobby' explained why Kinsey's notion that 'intergenerational sex could be a positive experience' had allegedly become dogma 'among prominent academic "sexologists".'

This explains Irvine's (2005 [1990], p. 242) observation that social scientists studying sexuality—including Kinsey, Calderone, and

Foucault—are ‘routinely assumed to be gay’ by religious conservatives. However, in merely describing this as a ‘rhetoric of stigmatization,’ Irvine (2005 [1990], p. 242) overlooked how such accusations functioned to delegitimize the scientific objectivity of sexologists. The religious Right concurred with feminists like Hite (1976) in calling for a new sexual science, but argued, against feminist views that value-free science is an illusion, that scientific objectivity could emerge when the carnal passions (especially, of homosexuals) were properly disciplined. Contrary to historian of science Jewett (2012, pp. 367–368), for whom ‘fears about secularization’ drove ‘theistic modes of conservatism’ to challenge science’s value-neutrality, we thus observe that within the discursive battlefield of sexual science at least, religious conservatives defined their politics as a campaign for rational disinterestedness. Put differently, religious-conservative attacks on sexual science drew on the very positivism Kinsey himself had exalted.

## THE CAMPAIGN FOR HETERONORMATIVE SEXUAL SCIENCE

As a means of challenging the legalization of same-sex intercourse and non-heteronormative state sex education, religious conservatives thus sought to delegitimize sexual science itself. They did this by associating it with what Reisman (1988, p. 15) described as a small yet powerful ‘homosexual movement’ that, like the tax-exempt foundations that had sponsored Kinsey in the 1950s, allegedly operated through extensive lobbying and the manipulation of public opinion. Accordingly, its activities were presented as antithetical to democratic politics. As the AIDS epidemic deepened in the 1980s, religious-Right political attacks first targeted Surgeon General Everett Koop. Koop, himself a prominent evangelical, had been commissioned by Reagan in 1986 to write a report on AIDS, which ended up recommending the use of condoms and comprehensive sex education in public schools. Religious-conservative activists and Republican politicians, most notably then Deputy Under Secretary of the Department of Education Gary Bauer, attributed these recommendations to a homosexual-leftist lobby (Lindsay 2007, pp. 63–64). For example, the writer Richard Viguerie, echoing conservative leaders like Phyllis Schlafly, labeled Koop the ‘Surgeon General of the far left,’ part of ‘the homosexual lobby’ and a traitor to ‘his boss, Ronald Reagan’ (quoted in Martin 1996, pp. 250–251).

In the context of these discursive battles, the specter of Kinsey was often mobilized to attack surveys that quantified sexual behavior in order to understand the transmission of HIV/AIDS better (see Laumann et al. 1994). By the late 1980s and well into the 1990s, Republican politicians Jesse Helms and William Dannemeyer repeated Reisman's argument that Kinsey had 'fabricated his data about homosexuality' to lead the opposition to, and eventual withdrawal of funding from, a series of major NICHD<sup>3</sup> surveys designed to measure sexual variance (Bancroft 2004, pp. 10–12). These surveys, they complained, were merely a political opportunity for homosexuals once again to exaggerate their numerical importance. Thus, religious conservatives did not merely blame homosexuals for AIDS; by placing homosexuals at the core of the sexological state apparatus, they also held them responsible for the alleged subversion of American democracy. To rescue the nation from AIDS, conservatives needed to redeem the state itself, echoing Jerry Falwell's earlier call for a 'responsive government' which is truly "of the people, by the people, for the people," instead of "in spite of the people" (1987, p. 118). As RSVP America campaign memoranda from 1996, 1997, and 1998 indicate, the allegations against Kinsey became the cornerstone of a wider campaign led by Reisman and the CWA, whose strategies ranged from awareness raising and mother activism on school parent boards to lobbying and protesting outside state and federal legislatures. Soon after the AIDS crisis peaked in the early to mid-1990s, bills against Kinsey were introduced to the Indiana and federal legislatures with the aim of prohibiting the dissemination of non-heteronormative sexual science. These legislative initiatives claimed to defend a secular, democratic scientific ethic, echoing Reisman's watershed paper, which had presented itself as 'an advocacy instrument, calling for appropriate investigation and action in defense of children, of science' (1981, p. 2).

On Capitol Hill, the Child Protection and Ethics Education Act of 1995 was introduced to the House of Representatives by Steve Stockman, co-sponsored by fifty-one of his fellow Republicans (US Congress 1995). It demanded a federal investigation to determine whether the *Kinsey Reports* were the 'result of any fraud or criminal wrongdoing,' particularly the 'sexual abuse of children' (US Congress 1995). In the case that wrongdoing was found, the bill entailed that 'no Federal funds are provided to any agencies, universities, or elementary and secondary schools for any educational purpose which instruct in Kinsey's work,

and/or derivative Kinseyan scholars and/or scholarship without indicating the unethical and tainted nature of the Kinsey reports' (US Congress 1995). However, the bill was shelved at the end of that session of Congress. In contrast, Indiana, the home state of the Kinsey Institute, passed 'Concurrent House Resolution No. 16' in 1998, which recommended that public funds be prohibited from reaching institutions that further 'the claims made by Alfred Kinsey's research' (Tsang 2013, p. ix).

For religious-conservative discourse, at the heart of democratizing the state was exposing the alleged influence of 'homosexuals' on sexual policy, which was said to rest on the dissemination of Kinseyan sexual science. The Stockman bill's call for an investigation into whether Kinsey's research involved 'fraud or criminal wrongdoing' did not explicitly refer to 'homosexuality' (US Congress 1995). But religious conservatives presented Kinsey's alleged homosexuality as *ipso facto* evidence of a guilty verdict on both counts. Indeed, in 1995, when the Stockman bill was introduced into Congress, nineteen US states still criminalized same-sex sexual practices, further encouraging the discursive conflation of 'homosexuality' and criminality. As Jones (1993, p. 106) wrote, Kinsey 'spent his life snooping into the private lives of thousands of people (...) yet no one knows what this man's own sexual orientation was.' His 'homosexuality is the piece that completes the jigsaw puzzle,' he argued (Jones 1989, pp. 32–33), accusing the Kinsey Institute of blocking 'free access' to 'Kinsey's sex history' because the 'whole edifice of sex research and sex education would come tumbling down.'

Such attacks drew on a longer-standing trope that McCarthyist conservatives in the postwar era had often rehearsed: that purported 'value neutrality hid leftist biases in the social sciences' (see Solovey 2013, p. 14). In keeping with this lineage of fear about leftist subversion of American democracy, anti-Kinsey activist Linda Jeffrey (2004, p. 9) referred to the American Law Institute's redrafting of sexual penal codes in the 1960s, influenced by Kinsey's research, as a 'covert and undemocratic method for elites.' John G. West, a prominent advocate of 'intelligent design,' decried the 'elevation of technocracy—rule by scientific experts—over democracy' (2007, p. 360), comparing Kinsey's influence on 'legal and educational systems' to the harm caused by scientific theories of racial hierarchy and eugenics.

In 1996, Reisman drafted a Scientific Research Integrity Act, which proposed the prohibition of experimentation conducted without the 'informed consent of the human subjects,' particularly children, as well

as the dissemination of data derived therefrom. Reisman's draft pointed at the public scandals that had exposed the state's complicity in non-consensual human experimentation in the 1970s. Her Scientific Research Integrity Act (1996, pp. 15–16), like her later writings (e.g. 2004), referred not only to Kinsey's 'sexual experiments conducted on children,' but also to the CIA's LSD experiments, which spanned two decades from the 1950s; to the Public Health Service's Tuskegee syphilis experiments, which lasted for four decades from 1932; and to the Environmental Protection Agency's proposal in the 1980s to use data from Nazi experiments on the health effects of various chemicals.<sup>4</sup> Moreover, Reisman repeatedly described the Nuremberg trials as having been centered on the condemnation of non-consensual experimentation (e.g., Reisman and Eichel 1990, p. 51; Reisman 2004). As a result, her proposed Scientific Research Integrity Act established a discursive association between Kinsey's sexology and Nazism—the anathema of American democracy.

### CONCLUDING REMARKS

As we have shown, the religious-conservative attacks on Kinsey's sexual science discursively constructed 'homosexuals' as a threat to the sociopolitical order. More surprisingly, perhaps, they also pitched homosexual subjectivity against scientific objectivity, claiming to defend the latter through their grassroots campaign to prohibit the dissemination of Kinsey's research. These religious-Right mobilizations called for resistance against the alleged political influence of 'homosexuals' on the state, purporting to reaffirm democratic, grassroots, and electoral control over state sexual policy. To conclude, we draw out two further implications of our research for understanding the politics of religious-conservative sexual activism more broadly.

Firstly, in stark contrast to the historiography on religious conservatism, which is almost entirely concerned with its male leadership, we note the centrality of women activists within the discursive battleground of sexual science. Depicting 'homosexuals' as a threat to children, these women activists discursively placed themselves into the subject position of privileged guardians-of-children, and hence as representatives of a scientifically rigorous maternalistic conservatism. Their demand that state sexual policy be wrestled from the alleged influence of an undemocratic homosexual lobby was meant to serve as the normative foundation for a new, heteronormative, and scientific democracy.

Secondly, our analysis of their discursive strategies equally challenges standard historiographical depictions of religious conservatism as antagonistic to American modernity and its cornerstone, secular science. In contrast, we suggest that broad-brush conflict models of religious conservatism and secular modernity are misleading, since they obscure other key discourses that operated from the 1980s onward. Our analysis of hitherto neglected primary data concerning religious-Right attacks on Kinseyan sexual science establishes a more complex picture by demonstrating that religious moralism did not provide the key arguments within this particular battleground. These women activists insisted scientific objectivity could rescue the state from sociopolitical disorder, provided that a grassroots movement defended scientific objectivity from homosexual compulsion. Religious conservatives after 1981 thus foregrounded scientific and democratic, rather than moralistic, discourses.

More generally, our analysis helps to explain why religious conservatives have increasingly founded their political mobilizations not just on the argument that abortion is murder according to the Bible, but on prenatal biology (Green 2018); that ‘homosexuality’ is not just a sin, but an acquired trait (Shames et al. 2011, p. 46); and that the theory of anthropogenic climate change is not just eschatological heresy, but a scientific hoax (O’Connor 2017; Perry 2017). Against this backdrop, sweeping characterizations of religious-Right political discourses as essentially theocratic are due to the neglect of both women activists and sexual science in the broader political historiography on religious conservatism. Our research thus demonstrates the crucial importance of deepening our understanding of the complex political histories of sexology.

**Acknowledgements** We thank Jesus College, Cambridge, the Institut des Sciences Sociales de l’Université de Lausanne, and the Swiss National Science Foundation (grant no. 100011\_153080), Grant Holders Cynthia Kraus (PI), Vincent Barras and Véronique Mottier for institutional and financial support of this study.

## NOTES

1. A popular slogan of their detractors in the 1980s was ‘the Moral Majority is neither’.
2. This claim has been uncritically repeated by a number of commentators since, including within the critical literature of sexology (e.g., Irvine 2005).



[1990] p. 239). Puzzlingly, however, we found no evidence that Reisman did present her paper at the 1981 5th World Congress of Sexology in Jerusalem. There is no trace of her presentation either in the conference program, or in the conference proceedings. The latter were published in two volumes: *International Research in Sexology* (Hoch and Lief 1981a) and *Sexology: Sexual Biology, Behaviour and Therapy* (Hoch and Lief 1981b). We thank Dr. Zwi Hoch, who was the president of the 1981 Congress, for helping us to confirm these two points (Paturel, phone conversation 10 July 2020).

3. National Institute of Child Health and Human Development.
4. Reisman's critique of scientific ethics thus both drew on, and benefitted from, the broader public indignation and ethical concerns about human subject research that arose in the 1970s in the aftermath of such high-profile revelations, and from the rising worries over child sexual abuse in the 1990s. However, Reisman's proposal seems to have suffered an early death: she sent her draft to Congressman Steve Stockman, but he did not go on to submit it to the House of Representatives. We found no mention of it either in the congressional records, or in RSVP America's archives.

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# Medicine and the Paradox of the Decriminalization of Homosexuality in Switzerland: Toward a New System of Coercion (1940–1960)

*Taline Garibian*

In 1942, after more than fifty years of drafting, the unified Swiss Criminal Code making same-sex sexual relations legal throughout Switzerland came into force. At first sight, the decriminalization of homosexuality in Switzerland seems to go against the tide of history (Schlagdenhauffen et al. 2017; Herzog 2011). During the early 1940s, homosexuality faced significant repression in most Western countries and fascist and authoritarian regimes were of course implicated. In Germany, the Institute of Sexology, which had been founded in Berlin by Magnus Hirschfeld in

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Switzerland AG 2021  
A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,  
[https://doi.org/10.1007/978-3-030-65813-7\\_6](https://doi.org/10.1007/978-3-030-65813-7_6)

1919, was repressed by the Nazis in 1933 and in 1935 stricter legislation against homosexuals was adopted. Meanwhile, the Soviet Union had recriminalized homosexuality two years previously (Healey 2002). In France, the Vichy regime introduced legislation prohibiting same-sex relations between an adult and a minor under 21 years of age (Corriveau 2011, p. 105; Sibalis, 2002). But laws were also restrictive in more liberal countries. In Britain, where male homosexuality was criminalized, legal proceedings became more common during the interwar period (Herzog 2011, p. 75) and the United States was also affected by a similar backlash in the 1930s (Terry 1999). The introduction of the new Swiss code has therefore often been showcased by historians as a milestone in the history of gay liberation in Switzerland.

This new legislation stemmed from the authorities' desire to avoid the publicity and scandal that would result from prosecutions, and to maintain the surveillance of the persons concerned (Delessert 2016). In this context, greater judicial tolerance was a lesser evil. However, I would like to argue here that far from being an unequivocal step toward tolerance, the new law paradoxically coincided with the emergence of a medical approach to homosexuality, which was to become the cornerstone of a new repressive strategy. Indeed, for at least two decades from the 1940s onwards, male homosexuality was subjected to an oppressive policy partly linked to the development of health sciences.

In fact, since the 1940s, those who had been studying sexual behavior were reluctant to consider homosexuality as anything other than deviance. They did not really distinguish criminal offenses (such as exhibitionism or pedophilia) from homosexuality—which was now legal—and thus contributed to perpetuating a certain ambiguity around same-sex relations. The theories and practices developed by some medical scientists were fully in line with a policy of repression and led to new methods of coercion such as the use of castration. Hence, as I will show, the softening of criminal legislation concerning homosexuality was less the result of greater tolerance toward same-sex sexual relations than of a reconfiguration of the legal, administrative and health framework for paraphilias, in which medicine became the leading authority.

Such a paradox needs first to be understood by examining the real scope of the new code as well as the context in which it was created. Some examples of proceedings involving same-sex relationships will provide a detailed picture of the repressive measures faced by (mainly male) individuals who were convicted of homosexuality. Finally, a closer look



at scientific studies that were being conducted in the field of forensic sexology will shed light on the persistence of coercion, which transcended the evolution of legal texts.

### THE SCOPE OF THE NEW CRIMINAL CODE

Since the unified criminal code came into force in 1942, subject to certain conditions, homosexuality no longer constituted a criminal offense throughout Switzerland. Until then, each Canton had legislated independently at the criminal level, so regulations varied considerably from one region to another. However, our view of the progress represented by the new federal legislation must be nuanced. Firstly, this is because it was not a radical change. In almost all the French-speaking cantons (with the exception of Neuchâtel), same-sex relationships were not criminalized before 1942. Hence, in most of the French-speaking parts of Switzerland there was no extension of rights and the new law was not really a step forward. Secondly, it must be nuanced because decriminalization was subject to conditions.<sup>1</sup> For example, Article 194 of the new code, which punished unnatural debauchery, introduced a higher sexual majority for same-sex relationships than for heterosexual relationships (Gerodetti 2005). In concrete terms, it prohibited same-sex relations with minors aged between 16 and 20 years of age, while heterosexual relationships were legal at that age. Moreover, the article in question similarly prohibited relations with a minor of the same sex for men and women. This meant that the law was now stricter for lesbians across the country, because before the new code came into force, no canton had a law regulating sexual relationships between women. The age of consent for lesbians had therefore been the same as for heterosexuals and in most places this was well below the 21 years stipulated in the new code.

As a result, homosexual relations became subject to stricter rules than previously in the cantons in which they had not been criminalized, since the majority was now higher for this type of relationship and applied to both men and women. Therefore in some French-speaking cantons, this new law was more restrictive than the previous one. This was the case in Wallis, Geneva, and Ticino, where, until 1942, the age of sexual consent was between 12 and 15 years and applied to both heterosexual and homosexual relations (Delessert 2012, p. 127). Other cantons were seeing their criminal legislation relaxed—at least for male homosexuality—without there being any real equality between homosexuality and heterosexuality. The

partial decriminalization of homosexuality was therefore generally accompanied by the introduction of stricter legislation regarding the sexuality of minors.

Although less liberal than it may seem, the new code stood in contrast to Western attitudes to homosexuality of the time. The period directly following the First World War was characterized by a relative tolerance toward homosexuality, which was accompanied by the emergence of a subculture with bars and nightclubs in the major urban centers (Tamagne 2000). However, since the early 1930s, a headwind had been sweeping across Europe and in many countries homosexuals faced more intense repression. In this context, the introduction of a more liberal code in Switzerland, albeit one that was still stricter than that pertaining to heterosexuals, seems to go against the course of history.

### A PARTICULARLY LONG DRAFTING PROCESS

This unexpected timing is explained by the length of the code-drafting process. Work on drafting the code began in the 1890s, so it had taken about fifty years for Switzerland to adopt a common criminal code. The decriminalization of homosexuality in Switzerland, although effective only from 1942 onwards, has its origin in the involvement of psychiatrists in criminal matters as early as the beginning of the century (Delessert 2005). As the psychiatrist Paul-Louis Ladame explained in 1914, “The real solution to the question of homosexuality, from a legal point of view, will only be found when we make use of the firm foundations of modern advances in biology and psychology” (Ladame 1914, pp. 279–280). While decriminalization was adopted very early in the drafting process, the atmosphere had changed by the time the law came into force. Not only had the climate of tolerance toward homosexuality hardened, but concerns about sexual violence—especially against children and young people—had also increased. Male homosexuals, who were still widely considered to be deviant, were particularly suspected of corrupting youth and thus found themselves the focus of attention of the political authorities.

Using rare sources from doctor’s reports and administrative proceedings involving homosexuals, I will show that the treatment of homosexuals cannot be understood from a reading of the Swiss criminal legislation alone.

Firstly, this was because other criminal offenses, such as public outrage against morals and debauchery against nature, could be used to prosecute homosexual acts. In addition, many local police regulations—such as those in force in Lausanne—prohibited causing a scandal or disturbing public order. These were frequently used to prosecute both female prostitution and homosexuality. Places where homosexuals met and socialized were particularly targeted and subjected to surveillance by the police. Social behavior associated with homosexuality remained resolutely in the sights of the authorities despite the decriminalization of the act itself, as mentioned above.

Secondly, as soon as homosexuality left the fold of criminal repression it became the object of a form of infrajudicial repression that took place at the interface between the administrative and health spheres. Here, powers were extended both in the field of deprivation of liberty and the imposition of a corrective: namely castration. At this point, it should be recalled that in addition to the criminal law, which has attracted the attention of historians, Switzerland also had a series of so-called administrative measures, which were enforced extra-judicially, but which nonetheless constituted a form of conviction that could lead to detention.

The apparent decriminalization of homosexuality in 1942 did not constitute a clear break with the previous treatment of deviance, on the contrary, it seems to have coincided with the gradual construction of a paralegal framework, often specific to each canton, in which doctors, and more particularly psychiatrists, played a crucial role. By examining the work of physicians in more detail, and especially the role they played in many administrative proceedings, I aim to show how, from the 1940s onwards, certain forms of deviance were viewed as a public health and safety issue. They therefore became a topic for medico-legal research, resulting in theories that would reshape policies on this issue.

## A PARALEGAL SYSTEM OF REPRESSION

From the 1930s onwards, sexual deviance was the focus of greater attention from lawyers and doctors, who very often associated homosexuality with sexual offenses such as exhibitionism and pedophilia. Not only was deviancy, including homosexuality, treated as a medico-legal problem, but it also attracted renewed interest, perhaps because greater attention was being paid to sexual offenses, particularly those committed against children. Consequently, the study of medical knowledge on marginal

sexualities produced at that time reveals the development of a dividing line between the legal and the illegal, and also between the normal and the pathological, that was not always clear. The work of physicians makes it possible to evaluate the often ambiguous development of medical, social, and criminal conceptions of desire and sexuality.

Administrative and judicial procedures that aimed to repress public disturbances and treat abnormalities shed light on the growing influence of medicine in matters of morality. Indeed, the greater attention paid to them from the 1940s onwards coincided with the formation of a coercive system that combined criminal repression with administrative or medical measures. In addition to the prison sentences imposed by the criminal justice system, it was possible to order castration or detention. In the Canton of Vaud, for example, aside from the criminal code, four laws enacted between the late 1930s and the late 1940s, made it possible to deprive someone of their freedom. These were the Mental Patients and Other Psychopaths Act (1939), the Administrative Detention Act (1941), the Social Welfare and Public Assistance Act (1947), and the Treatment of Alcoholics Act (1947).<sup>2</sup>

The Administrative Detention Act is an illustration of the atmosphere prevailing in the 1940s. Prostitutes and those who benefitted financially from prostitution, as well as individuals who compromised public health and safety through their “misconduct” or “laziness” were particularly targeted.<sup>3</sup> A 1940 report by the Lausanne police describes the profile of those reported under the new regulations, namely: 38 “professional prostitutes” and 21 “pimps, vicious pederasts, gambling dens operators and other individuals”<sup>4</sup>

The use of psychiatric reports for moral offenses therefore seems to have become widespread by the end of the first half of the twentieth century. While it is difficult to draw general conclusions about the judicial treatment of deviancy, the reports I consulted point toward what appears to be a somewhat coercive policy of standardization.

The repression of deviancy was multi-faceted, and the frequent use of psychotherapy and relative tolerance of doctors toward acts committed between consenting adults, were not unanimously accepted by police and judicial authorities. The case of C. N., which was submitted to the Cantonal Administrative Detention Commission in 1939, provides us with an example. C. N. was born in Geneva in 1903. The Commission’s report states that as early as the 1920s, he was in contact with the “world of pederasts” and consumed cocaine and ether.<sup>5</sup> “His eccentricity and

effeminate looks” unfailingly to draw attention to the man who called himself Charlotte.<sup>6</sup> He was first incarcerated for a month in 1919, before being detained at the Cery Psychiatric Clinic (VD) for just over a year between 1921 and 1922. These stays do not seem to have had the desired effect, since he resumed his “life of debauchery” immediately after his release.

C. N. went out [...] in light clothing, with a neckline that made it possible to clearly see that he was wearing a woman’s silk blouse, sometimes adorned with a pearl necklace, and women’s shoes with high heels. Always clean-shaven, with plucked eyebrows and made up to perfection, C. N. had adopted the characteristic swaying of the hips one can observe for prostitutes and inverts of his sort.<sup>7</sup>

This appearance resulted in several infractions of the police regulations for “violation of street decency” or “scandal.” The brigadier writing the report had no doubts that this behavior was detrimental to public safety, even though there was no suspicion of indecent assault on a minor:

C. N. claims that he never takes an interest in children and adolescents and thus does not harm anyone. On the other hand, he states that many married men and fathers went to him out of ‘curiosity’ and became his ‘customers’. This is precisely what allows us to affirm that, given the detestable publicity given to his person and his nickname of ‘La Charlotte,’ this crazy individual is to be classified in the category of harmful and dangerous elements for society.<sup>8</sup>

C. N. was finally sentenced to eighteen months detention in a labor colony. The excellent behavior report issued by the supervisory board of the penitentiary in which he was being held was not sufficient to grant him early release.

As can be seen from this example, although homosexuality was no longer a crime, many morality cases involving homosexuals were brought before the courts or administrative authorities. The historian Florence Tamagne, who examined the situation in France, describes a similar situation during the interwar period. She explains that the police services kept homosexual circles under surveillance despite the absence of repressive legislation in this area (Tamagne 2000, p. 511). Thus, legislation alone does not provide a full picture of the situation.

In fact, administrative detention and castration—or threat of castration—were part of a medico-legal system that aimed to regulate deviance. The repression faced by homosexuals (even by those who complied with the criminal code) shows that the boundaries between homosexuality and other sexual offenses were rather unclear.

### THE USE OF CASTRATION

Like sterilization, castration for medical purposes had been practiced in Switzerland since the turn of the century (Heller et al. 2002). It seems that until the mid-1920s, castrations were essentially used to prevent the birth of children who were considered likely to be “abnormal” and were therefore perceived as a burden (Huonker 2003). This was explained in 1925 by François Naville, then a lecturer in neurology at the University of Geneva, “We can hardly imagine the countless inconveniences and enormous financial burdens that the existence of these crazy families represents for their loved ones, society and the State” (Naville 1925, p. 610). But, as the following cases will reveal, the idea of prescribing castration for medical or psychiatric reasons gradually emerged.

The medical reports that I consulted in the Cantonal Archives of Vaud show that this type of measure was included in the judicial arsenal, and that experts played a major role in these proceedings. In 1947, the psychiatrist Léon Duc was called upon to rule on the case of C. B., who was charged with unnatural debauchery and public outrage against morals. The questions asked by the court were unequivocal: first, to determine the degree of responsibility of the accused and second, to assess “the effects that can be expected from the castration operation concerning the said offences.”<sup>9</sup> The defendant was accused by a sixteen-year-old boy of forcing him to engage in sexual acts. C. B. acknowledges the facts, but states that his partner was consenting and even “very experienced” and that “the suggestion of anal sex came from him.”<sup>10</sup> The report written by Duc reveals nothing particular on the physical level except “feminine type pubic hair.” On the psychological level, the doctor notes that the accused “says himself that he is not concerned about the sexual problem, but only about the practical consequences of his offence.” According to the psychiatrist, C. B. himself asks for a castration operation in order to “get rid of his vice,” which Duc also sees as the most appropriate treatment, since

he explains that the operation, “has every chance of eliminating delinquency with regard to indecent assault, by completely suppressing the sexual instinct.”<sup>11</sup>

In a number of other cases, castration was only suggested as a last resort when psychiatric treatment failed. This is particularly clear in the examination conducted by Pierre-Bernard Schneider, Chief Medical Officer of the Lausanne Psychiatric Clinic, on K. C., a pastor who was accused of touching a 16-year-old catechumen and a 19-year-old parishioner. Here, the expert admits that he is not certain of the neurotic origin of the sexual disorder, which could also be of constitutional origin, which makes the chances of successful psychoanalysis slimmer, especially since the accused “is very suspicious of psychiatrists and analytical treatments.” However, Schneider considers it appropriate for the court to impose psychiatric treatment on him and notes that it “will be up to the doctor to judge which treatment is indicated.” However, he adds that “if this therapy completely fails, if the accused commits repeated offenses or if he suffers too much from his sexual anomaly, then the possibility of surgical castration must be considered.”<sup>12</sup>

Castration was also not considered relevant in the case of J. A., a professor at the School of Commerce who was accused of indecent assault on children and unnatural debauchery for having maintained “first friendly, then homosexual relations” with young people aged between 15 and 20. In this case, Steck considered the accused not to be a constitutional homosexual, but to be suffering from “a neurotic sexual deviation.”<sup>13</sup> In the psychiatrist’s eyes, this diagnosis implied, on the one hand, that his responsibility was limited, and, on the other hand, that his case may have been curable with psychoanalytical treatment. “This treatment will make it possible to clarify, even more than we have been able to do so far, the genesis of sexual deviation and the cessation of character development. The primary purpose of this treatment will be to help the accused leave his juvenile stage, to overcome certain forms of repression and, if possible, to give his sexuality a normal orientation.”<sup>14</sup>

In the medical reports I consulted, recommendations of castration seem to have been rather rare and doctors often preferred psychotherapeutic treatment. However, this observation does not enable us to conclude that castration was only used as a secondary treatment, since there is no indication that the reports consulted represent all the cases of this type handled in the canton. It should also be remembered that health practices varied from one canton to another. Moreover, although

castrations may have been rare, this policy undeniably had an intimidating effect and their mere existence was part of a repressive system.

### THE GROWING AUTHORITY OF MEDICAL EXPERTISE

As shown, physicians were often consulted in proceedings involving what was then considered deviant behavior. This was not just because authorities were increasingly keen to rely on the work of experts, but also because of the substantial developments in the field of medicine and sexual offenses since the 1940s, specifically in Geneva. Both Albert Jentzer, professor of surgery, and especially Édouard Naville, made an important contribution to this field of research. Jentzer published an article in 1938 entitled “Inverts and psychopathic exhibitionists cured by castration” in which he reaffirmed the precedence of medicine over justice in this type of case, “It is surprising to note that exhibitionists and sexual perverts are still considered to be subject to justicial proceedings. These men are incurable patients unless castration is carried out, an operation that proves to be most effective” (Jentzer 1938, p. 477).

There is no doubt in the surgeon’s mind that castration was the only way to “deliver” these patients from their sexual torment. Neither marriage nor sentences handed down by a judge seem to have been effective. Two years later, it was Naville’s turn to publish a “statistical study on sexual delinquency” and its treatment by castration, assisted by Henri Dubois-Ferrière. This work was based on psychiatric examinations conducted by the authors of criminal files provided by the Public Prosecutor’s Office. Exhibitionism, public outrage against morals and indecent assault were the main charges prosecuted. Of the 82 cases recorded by the doctors for the years 1928, 1929, and 1930, only nine concerned homosexuals. But as the authors explain:

This figure is far from representing the totality of Geneva’s inverts. Homosexuality is not a crime: the only pederasts we see in conflict with the law are those who are accused of corruption of minors, indecent assault without violence against minors or with violence against adults, habitual incitement of minors to debauchery, public outrage against morals, etc. (Naville and Dubois-Ferrière 1940, p. 873)

In fact, although these cases were clearly viewed from a forensic perspective, research on castration also focused on homosexuality, which did



not constitute a crime. In his thesis carried out under the supervision of Naville at the Institute of Forensic Medicine, Paul Ruggli addressed difficulties with cases of homosexuality.

Sometimes there is a complete failure among homosexuals who have undergone castration with a certain degree of coercion, because these patients usually do not feel at fault and their inclination is conditioned by their psychological differences. Nevertheless, these patients are almost always 'inactivated', i.e. they lose the aggressive component of their homosexual practices. (Ruggli 1943, p. 8)

It is difficult to know whether the persons concerned had been guilty of offenses punishable by law, or whether it was simply a medical treatment. Nevertheless, the medicalization of deviance, whether legal or not, contributed to maintaining a certain degree of confusion about the way this so-called treatment was used.

The authors of these studies therefore saw castration both as a medical treatment and as a crime prevention measure, whether their aim was to prevent recidivism or simply to intimidate those who were tempted to commit sexual offenses. Castration was often presented in publications as an alternative to prison sentences or detention. Although doctors claimed to practice castration only with the patient's consent, they also admitted that many patients had "been castrated with some extralegal legitimate coercion, i.e. under the pressure of a threat of detention or conviction" (Ruggli 1943, p. 44). However, the practice seems to have been far from systematic, and psychotherapeutic treatment was often preferred, at least for first-time offenders.

An article published more than fifteen years later suggests that medical progress had been made, and that doctors were now considering chemical castration. Its author, Mutrux, wrote that this had the advantage of being more acceptable to patients because it was less mutilating. However, there was no category change, since according to Mutrux, homosexuality remained, alongside pedophilia and exhibitionism, among the behaviors most likely to give rise to criminal acts (Mutrux 1961, p. 379).

## THE PATHWAY TO SEX CHANGE

The work carried out in Geneva by Naville and Mutrux is an example of the ambivalence of the forensic approach to homosexuality. Despite

the new criminal legislation ratifying the end of the prohibition of homosexuality under certain conditions, it remained, like other moral offenses, largely, if not solely, examined from a medico-legal point of view. On the one hand, this was probably due to the continued prohibition of prostitution and relations with minors over the age of fifteen, but also because of confusions that are easily noticeable in the medical literature. This medical approach supported an administrative and medical repressive system which was part of a broader policy of “normalization.” It was not until the early 1960s that homosexuality was clearly seen from a medico-social perspective.

Studies on homosexuality are therefore often integrated into work on sexual offenses including exhibitionism, pedophilia, and voyeurism. Among the many studies on these issues, there is a clear lack of research on rape or sexual violence against adults. This serves as proof that sexual offenses were conceived more as moral offenses than as violence against the person.

But it is also important to note that the castrations performed in Switzerland as part of administrative or judicial procedures were also the origin of the emergence of a transgender identity clinic in the 1940s. The surgeon Charles Wolf, who was one of the first to perform sex reassignment surgery in the early 1940s, was known for his work on castration (Wolf 1934), which is why his first sex-change patient was referred to him. It can be assumed that the surgeon’s approach was part of a process of “normalizing” his patients. Of course, they requested the operation themselves, but the favorable opinion they received from the doctor can be explained by a desire to bring these patients up to a standard.

It is likely that the assurance with which some doctors defended the use of operations owed much to the medical and social success of the first patient in French-speaking Switzerland to undergo surgery and whose civil status had been modified. Regularly cited as an example, it is undoubtedly the archetype of a so-called true healing: from a homosexual in trouble with the law to a socially integrated young woman. Thus, the prospect of marginalized people being “normalized” was certainly one of the driving forces behind the development of this therapy in French-speaking Switzerland.

## NOTES

1. Article 194 of the Criminal Code, which punishes unnatural debauchery, reads as follow: “Anyone who has induced a minor of the same sex over 16 years of age to commit or undergo an indecent act, or who has abused the state of distress of a person of the same sex, or the authority he has over him by virtue of his position, of his status as an employer or of a similar relationship, to subject him to or commit an indecent act, anyone who has made it a profession to commit indecent acts with persons of the same sex shall be punished by imprisonment” (My translation).
2. In addition to having been studied by a number of historians, the question of administrative detention in Switzerland has recently been the subject of a thorough investigation conducted by an independent commission of historians appointed by the federal state in 2014. See: <https://www.uek-administrative-versorgung.ch>.
3. The article reads as follows: “The Department of Justice and Police may order the detention in a labour colony of any person over the age of eighteen years who is in one of the following situations: (a) habitually engages in prostitution or solicitation; (b) earns his livelihood wholly or partly from the misconduct of others; (c) obtains a substantial part of his income from gambling prohibited under special laws; (d) compromises the health and safety of others by his or her misconduct or laziness.” My translation *Recueil des lois, décrets arrêtés et autres actes du gouvernement du canton de Vaud*, Lausanne, Vol. 136, 1939, pp. 145–146.
4. Archives Cantonales Vaudoises (ACV), S 132/771, «Rapport de renseignement», 15 avril 1940, F°1, in *Internement administratif dossier 4*, quoted in Collaud (2013, p. 28).
5. ACV, S 132/775 File 26, Cantonal Administrative Detention Commission, meeting of the 1st December 1939 all translations are mine.
6. ACV, S 132/775 File 26, Information report from Brigadier Stoekli, Lausanne 19 November 1939.
7. Idem.
8. Idem.
9. ACV, K VIII f 353, Letter from Léon Duc to the President of the Criminal Court of the District of Vevey, 27 January 1947.
10. Idem.
11. Idem.
12. ACV, K VIII f 358, Letter from Pierre-Bernard Schneider to the President of the criminal court of Cossonay, Lausanne, 9 September 1950.
13. ACV, K VIII f 358, Letter from Hans Steck to the investigating judge of the district of Lausanne, Prilly, 29 March 1950.
14. Idem.

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# Politics, Religion, and Sexuality: Psychoanalysis and Sexology in the Brazilian Publishing Market in the First Decades of the Twentieth Century

*Jane Russo and Sérgio Carrara*

Our discussion draws on the results of a research program we carried out for many years on the historical emergence of sexology and psychoanalysis in Brazil. As part of this investigation, we examined the books published in Brazil in the first three decades of the twentieth century, written by either foreigners or Brazilians and whose subject was “sex” and/or “sexuality.” Over the course of our research, we noticed important distinctions

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This paper was presented at the Seminar “Sexologies and Theories of Sexuality,” promoted by the European Sexologies Network, held in Paris in 2017.

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A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,  
[https://doi.org/10.1007/978-3-030-65813-7\\_7](https://doi.org/10.1007/978-3-030-65813-7_7)

within the Brazilian publishing market (concerning “who published what and by whom”). We soon realized that the analysis of these distinctions could help provide a better understanding of the degree of intellectual legitimacy of various authors and their positions in this field. It also helped reveal the relative distance between these positions and certain social and political stances during this time period. In this chapter, we identify key relationships between authors, publishers, themes, and social positions that contribute to the history of sexuality studies in Brazil.

### THE “SEXUAL QUESTION” AT THE BEGINNING OF THE TWENTIETH CENTURY: A BREEDING GROUND FOR BOTH SEXOLOGY AND PSYCHOANALYSIS

The emergence of the first Brazilian psychoanalysts and sexologists coincided with the agitation surrounding what, since the end of the nineteenth century, was referred to as the “sexual question.” In 1928, Antonio Austregésilo, a professor of neurology at the Faculty of Medicine of Rio de Janeiro, said he had been motivated to write his book *Sexual Neurasthenia and its Treatment* due to the “growing number of nervous consultants,” he had been treating in his office, “who were suffering from sexual neurasthenia.” In fact, something had happened to the “national libido” in that period, for, in the following years, people in Rio de Janeiro began attending popular courses on sexology, and special celebrations such as “Sex Day”; they started listening to radio broadcasts about sex and following news on sex education campaigns. Specialized journals and new institutions were created specially to deal with the theme of sex, which became so popular that the traditional Carnival club “Fenianos” brought an allegorical car called “Sex education” to the carnival parades (Carrara 1996). The first sexologists and psychoanalysts were opening their offices, sharing the clientele that Professor Austregésilo considered so numerous and needy. In Brazil, in Europe and, albeit less noticeably, in the United States, specialized discourses on sex were articulated mainly by physicians. Such discourses seemed to emerge from a kind of nebula whose vapors were emanating from the agitation produced by the “sexual question” at different points in the intellectual field of those days. Having the same rhetorical status as the “social question,” the “sexual question” referred somewhat inconsistently to the perception that certain institutions (especially marriage) and values (especially those that

equated sex and immorality) were inadequate or even harmful, and that they were responsible for a proliferation of social ills ranging from prostitution to venereal diseases, from pornography to child sex abuse, from sterility to national decay. Among physicians who were concerned with the “sexual question,” there were professionals from prestigious specialties, like forensic medicine, psychiatry, syphilography, eugenics, hygiene, or gynecology. Although most physicians who addressed the “sexual problem” remained within the disciplinary boundaries of their specialties, some began to publicly present themselves as “sexologists” and “psychoanalysts.” In contrast to psychoanalysis, which succeeded in acquiring some legitimacy in the field of medicine and psychiatry, sexology was suspected of immorality and sexologists ran the risk of being seen as “perverts.” The stigma surrounding sexology in the first half of the twentieth century in Brazil led it to be considered as a sort of secondary specialty in the medical field and elsewhere.

The first sexologists, in Europe and in Brazil, worked with very disparate materials, ranging from history, ethnography, sociology, and psychology, to literature, philosophy, morality, and law. Figures such as Havelock Ellis in England, or Magnus Hirschfeld and Iwan Bloch in Germany, could very well be considered as traitors to medicine. Although it was the study of the anatomy and physiology of the sexual organs that generally imprinted the aura of scientificity on the new discipline, the sexology created by the early sexologists went far beyond the study of the body and its sexual instinct, nerves, and sexual energy or glands with their sex hormones and tonics. From the outset, although it had physicians as its main supporters, sexology had very porous boundaries, and was in constant communication with the so-called humanities. Moreover, it was a propitious discipline for political activism, committed to a set of social reforms that involved defending interventions ranging from the overturning of laws that in England or Germany still criminalized homosexuality, to the fight for divorce in Brazil or birth control in the United States. Elixirs.

Psychoanalysis did not espouse such a social intervention project. It developed in relation to the mythical figure of S. Freud, forming a kind of “religious sect” around his writings. The continuing disagreements between Freud and some of his collaborators, who eventually abandoned psychoanalysis and founded another “school,” are well known. Psychoanalysis was thus a discipline (or practice) that was much more centralized and controlled than sexology.



The relation between the two disciplines—psychoanalysis and sexology—especially in their beginnings, is less clear than we may suppose. In the first of his *Three essays on a theory of sexuality* Freud states in a note “The information contained in this first essay is derived from the well-known writings of Kraft-Ebing, Moll, Moebius, Havelock-Ellis, Schrenck-Notzing, Lowenfeld, Eulenburg, Bloch and Hirschfeld, and from the *Jahrbuch für sexuelle Zwischenstufen*, published under the direction of the last named author” (Freud 1973 [1905], p. 135). Even in the two other essays, there are several references to works by Havelock-Ellis, Kraft-Ebing, Moll, and Bloch. That is, in his most important work on sexuality *stricto sensu* Freud made extensive use of the sexological literature of the time. In books written for the general public, it is common to see Freud’s name mentioned alongside those of prominent sexologists. Similarly, Brazilian authors who called themselves psychoanalysts, such as Júlio Porto-Carrero and Gastão Pereira da Silva, are also sometimes referred to as sexologists. Several Freudian “findings,” such as original bisexuality and infantile sexuality, were already present in some sexological theories of the time. Obviously, we must recognize that the broader framework of psychoanalytic theory, that aims to constitute a comprehensive knowledge about the human psyche, was absent from sexological theories. In the same way, psychoanalysis’ expanded conception of sexuality attenuates its more strict meaning, transforming sexuality into a generic force (the libido) whose impulse underpins not only the subject’s sexual life, but also the psychic, intellectual and affective aspects of his or her existence. In spite of these important differences, however, the idea of a psychic apparatus constituted by the force of the sexual impulse did indeed place psychoanalysis at the heart of the debates about the “sexual question.”

### THE EARLY DEVELOPMENT OF SEXOLOGY AND PSYCHOANALYSIS IN BRAZIL

In Rio de Janeiro in the first half of the twentieth century, there were only two doctors who can properly be classified as sexologists: the *gaúcho* Hernani de Irajá and José de Albuquerque. Irajá went to medical school in Porto Alegre, moving later to Rio de Janeiro, where he would be known for his extensive sexological production and for his artistic work. Considered at the time a “modern” painter, Irajá specialized in female nudes, and participated in numerous exhibitions. A “polymorphous talent,” as

Antônio Austregésilo would say of him, Irajá also had an office for sexological consultations. José de Oliveira Pereira de Albuquerque graduated from medical school in Rio de Janeiro, and during the 1930s became famous for fighting for sex education and for the institutionalization of andrology, a new science, in some ways analogous to gynecology for women, but devoted to the study of men's sexual problems. He founded two specialized journals: the *Journal of Andrology* (1932–1938) and the *Sexual Education Bulletin* (1933–1939). The content of books by Hernani de Irajá was publicized in these periodicals. These publications were the official organs of two institutions Albuquerque had created: the Brazilian Circle of Sexual Education, which, located in the Rio de Janeiro city center, housed a museum, a counseling space and a gallery, and the Center for Studies in Andrology. Between 1936 and 1938, Albuquerque was also the professor of the short-lived chair of the first andrology clinic that existed in a Brazilian public university—the University of the Federal District. And in 1937, he would run for congress with a sexological platform. He also maintained a clinical practice specialized in the diagnosis and treatment of impotence, and he even launched a preventive drug for venereal diseases, Venercol, whose formula he invented (Carrara and Carvalho 2016). It is important to remember that Albuquerque and Irajá were never admitted to any of the prestigious Brazilian medical academies or societies. On the contrary, especially in the case of the former, it seems that they had always stood in marked opposition to what these institutions represented politically. In his *Journal of Andrology* (1: 1, 1932), Albuquerque even accuses them of being “reminiscent of an anti-republican regime.” It seems that professional recognition only came from outside these prestigious institutions and was restricted to the network of sexologists, as attested by the fact that Albuquerque was elected a member of the Sexology Society of Paris in 1937.

This distance from the most prestigious medical institutions was not shared by psychoanalysis. On the contrary, as we shall see, the pioneers of this new specialty were, for the most part, members of the academies and associations which conferred upon the doctors of those days power and prestige.

Brazilian psychoanalysis had an “official” birth when psychoanalysts authorized by the International Psychoanalytical Association (IPA) to train Brazilian professionals arrived in Rio de Janeiro and São Paulo. The groups formed around the IPA emissaries, founded the first so-called official societies of psychoanalysis, initially in São Paulo and later in Rio (early

1940s and 1950s). The doctrine created by Freud, however, had already arrived in Brazil some time before. In the 1910s and 1920s, psychoanalytic theory spread through two main avenues: on the one hand, there was a “lay” diffusion, so to speak, among intellectuals and artists (Mokrejs 1992; Sagawa 1985; Russo 2007), as well as among the lay public. On the other hand, psychoanalysis was also discussed and disseminated by notable members of the psychiatric establishment. The two main personalities in the history of Brazilian psychiatry at the beginning of the century, Juliano Moreira in Rio de Janeiro and Franco da Rocha in São Paulo, had their names linked to the diffusion of Freudian theory. Both participated in the founding of the first Society of Brazilian Psychoanalysis in 1927. The section of São Paulo, the first to be founded, was headed by Franco da Rocha. The Rio de Janeiro section was founded the following year, with Juliano Moreira as president and Júlio Porto-Carrero as secretary-general. The provisional recognition by the IPA took place in 1929. With a more general aim of disseminating works on psychoanalysis, and bringing together intellectuals who did not belong to the medical profession, these societies enjoyed a scant longevity and never acquired the character of training centers (Russo 2002a). In fact, psychoanalysis cannot be said to have penetrated Brazilian national psychiatry through the back door; the situation was quite the opposite. In addition to Franco da Rocha—author of the first book published in Brazil on the Freudian doctrine—and Juliano Moreira, other well-known psychiatrists would be interested (to differing degrees) in psychoanalysis, using it in their works and presenting it in their conferences. In addition to Porto-Carrero, we can name Arthur Ramos, Henrique Roxo, Maurício de Medeiros, Ulisses Pernambucano, Antônio Austregésilo. All were (or became) professors, either of psychiatry (such as Henrique Roxo and Maurício de Medeiros) or related specialties (such as legal medicine, social psychology, or neurology). They were also members (some of them prominent) of the National Academy of Medicine. However, involvement with the new doctrine was unequal. Juliano Moreira and Henrique Roxo, for example, became interested in psychoanalysis in a more peripheral way, unlike Porto-Carrero or Arthur Ramos. In the course of time, Antonio Austregésilo moved away from the Freudian doctrine, creating a rather personal interpretation of mental disorders.

Among the so-called pioneers of psychoanalysis, two deserve special treatment: Júlio Pires Porto-Carrero and Gastão Pereira da Silva. Both presented themselves as psychoanalysts and, undoubtedly, were the

greatest disseminators of the Freudian doctrine in Rio de Janeiro. Each one represents a particular face of the popularization of psychoanalysis at this time. While Porto-Carrero sought to disseminate psychoanalytic theory and practice among fellow physicians, as well as jurists and educators, and to assert its scientific legitimacy, Pereira da Silva aimed above all to promote its popularization among the lay public. Porto-Carrero was a professor of legal medicine at the Rio de Janeiro Law School. He played a very active role in the institutions founded during the First Republic that sought to discuss and propose a project for the nation, especially the Brazilian Association of Education (ABE) and the Brazilian League of Mental Hygiene. Porto-Carrero learned German “in stumbling blocks” to read Freud in the original, eventually translating into Portuguese *The Future of an Illusion* (published in 1934). He published nine books on psychoanalysis or on topics analyzed from a psychoanalytic perspective and gave several conferences promoting the new doctrine, not only in the Brazilian League of Mental Hygiene and in the Brazilian Association of Education, but also in the Circle of the Higher Magisterium, in the Brazilian Bar Association and in the Brazilian Circle of Sexual Education. Such dissemination activities included “radio conferences,” of an eminently educational nature. In his pedagogical ambition, Porto-Carrero combined psychoanalysis and eugenics, finding in psychoanalytic theory a powerful instrument to promote civilization and discipline (Russo 2005).

Gastão Pereira da Silva’s pedagogical ambition took another direction. Between 1930 and 1956 he wrote 16 books on psychoanalysis, as well as novels, biographies, plays, and radio soap operas. His career, unlike that of Porto-Carrero, had none of the signs of academic or political prestige. He started his practice as a doctor in the countryside and moved to Rio in the late 1920s. In the early 1930s, he began his successful career as a psychoanalytic author, publishing *Understanding Freud*. This first book by Pereira da Silva—whose sixth edition appeared in 1942—was published at his own expense. His subsequent books were published by several publishing houses, including the prestigious Jose Olympio, who began publishing his complete works in the 1950s. Some of his titles were *Lenin and psychoanalysis*, *Crime and psychoanalysis*, *Neurosis of the heart*, *Sexual education of the child*, *Psychoanalysis in twelve lessons*, *Know yourself through dreams*, *The sexual drama of our children*, *Vices of the imagination* (first published by José Olympio in 1939, this book went through six editions until 1956). *The taboo of virginity*, published in 1943 had its fourth edition published in 1954. While authoring books, Pereira

da Silva continued to be very productive in the written press as well. In 1934, he created the column “Psychoanalysis of dreams” in the popular magazine *Carioca*, illustrated by a photograph of Freud (that gave rise to the book *Know yourself through dreams*). In the magazine *Vamos Ler*, he wrote the column “Page for the mothers” (which provided the material for the book *Know your child*). Between 1936 and 1944 he published articles regularly in the magazine *O Malho* (Marcondes 2015). Later he wrote for the magazine *Sexual Selections* with the section “Confidences.” He maintained over the course of three years the program “In the world of dreams,” on country-wide Radio Nacional, in which, according to his words, “he radioed the dreams (sent by the listeners), as if they were small stories, in sketches, interpreted by the cast of the radio station.” During the same period, he began to write psychoanalytic soap operas for the same radio station, and listed in his autobiography 44 titles that were aired. He also created a correspondence course on psychoanalysis (Pereira da Silva 1959). He began his clinical practice as a psychoanalyst in the 1930s, maintaining it until the 1980s. But he was never part of any training society. His books seem to have been very successful, some with up to 12 editions. His goal of translating psychoanalytic teachings into a language accessible to the layman is clearly expressed in his memoir, which states that, until the publication of his first books, Brazilian psychoanalysis was “hermetic,” erudite, “without resonance in the popular soul” (Pereira da Silva 1959). When compared to Porto-Carrero and other disseminators of psychoanalysis—such as Arthur Ramos, Antônio Austregésilo, and Maurício de Medeiros—Gastão Pereira da Silva can be considered as a liminal figure, neither among the prestigious scholars dedicated to the dissemination of psychoanalysis nor one of the stigmatized sexologists. His situation was somewhere in between. The fact that he called himself a psychoanalyst rather than a sexologist lent him some degree of seriousness and prestige. His writings, however, sought to approach themes of popular appeal through a more simplified language, far from the scientific scholarship sought, for example, by Porto-Carrero. Pereira da Silva’s work features abundant quotes from sexology’s classical authors, and as we shall see further on, the strategies of the publishers placed his books alongside those related to sex *stricto sensu* (Russo 2002b).

It is important to stress that those who are currently considered as Brazilian psychoanalysis “pioneers” made a reasonably free or eclectic use of Freudian doctrine, mixing Freud’s ideas and concepts with those of more or less distant or even antagonistic disciples. The combination of

psychoanalysis with eugenics or hygiene was, for example, quite common (Russo 2005; Nunes 1988), and a moralistic or normative interpretation of psychoanalysis was widespread (Mokrejs 1992). The political aim of those “pioneers” was to propose a civilizing project for a mixed race and “backward” nation. If this eclectic incorporation of psychoanalytic doctrine can be explained by local imperatives (cultural and political), it was also due to the fact that Freud was often read in Brazil through the lenses of European interpreters (such as the French authors Angelo Hesnard and Emmanuel Régis, whose introductory book on psychoanalysis was translated in the 1920s). In any case, this eclecticism led to very personalized understandings of Freudian doctrine, as was the case with Antonio Austregésilo, or to a kind of “doctrinal mix,” like the one that appears in Arthur Ramos’s book “Freud, Adler, Jung ... (orthodox and heretical psychoanalysis essays).” This eclecticism also produced unexpected combinations between psychoanalysis and sexology. The psychoanalyst Gastão Pereira da Silva, as we stated above, accepted uncritically many European sexologists’ ideas and theories, and the same can be said of the works of Ernani de Irajá. The sexological ideas developed by José de Albuquerque sought an approximation with sexual physiology *stricto sensu*. Despite being a member of the French Society of Sexology, his intellectual and professional career was quite original, and the European authors—quoted by Gastão—did not appear in his writings.

### SEXOLOGY AND PSYCHOANALYSIS IN THE BRAZILIAN PUBLISHING MARKET

In addition to attending doctors’ offices in search of relief from their sexual problems, Brazilians also began to consume eagerly a large variety of publications on the subject. The classic book of Swiss psychiatrist and neurologist August Forel, *The Sexual Question: A Scientific, Psychological, Hygienic and Sociological Study*, published in the late 1920s, sold the three thousand copies of its first edition in just two months. The presentation of its tenth edition, in 1957, called it a work of “unprecedented editorial success.” In fact, encouraged by editorial successes like Forel’s book, bookstores would receive a growing stream of works on sex, and the publishers would seek to dispel the implicit accusation that, in publishing them, they were giving in to a “morbid” curiosity of the market. Thus, for example, when the third edition of the *Psychopathology of Sexuality*, by Hernani de Irajá, was published in 1946, the editor made

a point of clarifying: “A misunderstood modernism created a veritable eagerness about the subject of sexuality or sexology. In fact, there is only one phenomenon of moral decay. But men have been convinced that it is necessary to study sexual matters. And the books appear and are devoured.” An analysis of books published on sex in the first half of the twentieth century in Brazil reveals a very diversified publishing market. Several publishers created special collections to house such literature, and, among them, it is worth highlighting the one that collected the profits of the Forel book: *Civilização Brasileira*. The history of *Civilização Brasileira* is inseparable from that of another great publisher, *Companhia Editora Nacional (CEN)*. CEN was founded in 1925 and by 1929 it produced one-third of the books published in the city of São Paulo. In the early 1930s, its catalog was characterized by pedagogical collections. Within its *Brazilian Library of Pedagogy*, inaugurated in 1931, it published the *Brasiliana series*, a collection that popularized essays on national history whose quality is praised even today. In 1932, CEN bought *Livraria Civilização Brasileira*, an important Rio de Janeiro publishing house. There was a division of labor between the two publishing houses, the *Civilização Brasileira* being directed to “the publishing of literature oriented to more sophisticated readers.” A few years after its founding, CEN became the largest publishing company in the country, being responsible for the publication of a third of all books published in 1937, which is quite impressive when we consider that there were already 146 publishing houses in Brazil in 1936. This leading position was maintained by the publisher until the 1970s. Forel’s book was published in one of the collections of *Civilização Brasileira*, the *Library of Psychosexual Studies*, which, together with the *Library of Sexual Education* collection, housed this type of literature. Besides Forel, they would include other eminent foreign sexologists. Thus, in 1933, the house published the *Ideal Marriage—its physiology and its technique* and, in 1937, *Sex Hostility in Marriage: its origin, prevention and treatment*, with a translation by the famous poet Manoel Bandeira. Both books had been written by the German gynecologist Theodor Van de Velde (1873–1937). José de Albuquerque wrote the preface for the Brazilian editions.

Between 1933 and 1936, *Civilização Brasileira* and the *Companhia Editora Nacional* published at least five books by the renowned English physician and sexologist Havelock Ellis (1859–1939). *Sexual inversion*, *Sex education*, *The sexual instinct* were the first to be published in 1933,

composing the collection *Studies of Sexual Psychology* of the Companhia Editora Nacional. *Sexual Selection in Man* and *The Evolution of Modesty, The Phenomena of Sexual Periodicity, Auto-Erotism* came to public respectively in 1935 and 1936, through the Civilização Brasileira. Havelock Ellis was already a sexology classic, but was presented to the Brazilian public as a member of the New York Legal Medicine Society. This exemplifies what appears to have been one of the publishers' strategies for publishing such literature without running the risk of being accused of licentiousness: to present sexology books as works of more respectable disciplines. Among these disciplines, legal medicine, which had a kind of license to deal with morally delicate matters, such as homosexuality, sexual crimes and the so-called degeneration of the reproductive instinct, stood out. Ellis's two books translated in the first half of the 1930s were part of his *Studies of the Psychology of Sex*, a series of works whose publication had begun in 1896, with the appearance in Germany of *Sexual Inversion*. In these works, Ellis mainly explored the continuity between the so-called sexual anomalies and what was considered to be normal sexual behavior. In addition to the works of Ellis, the Civilização Brasileira launched numerous other works by lesser-known authors. In 1936, for instance, the publisher released Monteiro Lobato's translation of *A research in marriage*, written by physician and psychologist Gilbert Van Tassel Hamilton. Hamilton's statistical work on sexual behavior anticipated some of the results of Alfred Kinsey's work, especially on the frequency of homosexual experiences between men. *Our sex life* by Fritz Khan was published in 1940, and in the same year appeared *Frigidity in Women in Relation to Her Love Life*, by Wilhelm Stekel, one of Freud's first disciples.

Among Brazilian authors, Civilização Brasileira published the fourth edition of *Understanding Freud* by Gastão Pereira da Silva, in 1935. Among sexologists, it published only one work by Jose de Albuquerque, the *Catechism of Sexual Education*, in 1940. As it turns out, the Civilização Brasileira and Companhia Editora Nacional seem to have had a certain commitment to sexology and its sex education project. They set up collections where the expression "sexual" appeared explicitly and, among several authors, published self-proclaimed sexologists, such as Havelock Ellis and José de Albuquerque.

The editorial line of the much smaller *Editora Calvino* resembled in general terms that of the Civilização Brasileira / Companhia Editora Nacional, but analyzing the titles it published one clearly perceives a much more active anti-catholicism and a marked sympathy for the Soviet regime



(According to Hallewell [1985, p. 420], Editora Calvino was closely linked to the Rio section of the Communist Party). The Editora also organized several collections with sexual themes throughout the 1930s: *the Sexual Culture, the Sexual Studies, the Library of Sexual Publicity*; and, in 1941, it launched the collection Freud within reach (*Freud ao alcance de todos*). It gave special attention to the work of the German sexologist Magnus Hirschfeld (1868–1935), a gay activist who was brutally persecuted by the Nazi regime. From Hirschfeld, the Editora published in 1940: *The Soul and Love; The Body and Love, The Sexual Question for the World: description of sexual customs through the history of the people*. In 1941, under the same label, they published: by Havelock Ellis, *Sex through the Ages*; by Freud, *Psychoanalysis of War*; by the Americans Harry Elmer Barnes and V. F. Calverton, *Sex in Education*. Among Brazilian authors, it published in 1934 *The Woman in the Proletarian Regime* by Gastão Pereira da Silva; and, in the same year, José de Albuquerque's *Sexual Education*.

United by their common interest in sexuality, sexology, and psychoanalysis coexist in the same publishers' catalogs and sometimes within the same collections. But it is important to understand, however, that there were different orientations within psychoanalysis. Among the Brazilians, only Gastão Pereira da Silva took advantage of the coexistence with sexologists to popularize psychoanalysis. The works of authors committed to the medical-psychiatric establishment are absent from Calvino catalogs. They were published by other publishing houses, such as *Guanabara (Koogan-Weissman)*.

Guanabara published the works of Júlio Porto-Carrero in the *Library of Scientific Culture* collection, whose more generic title already indicates the concern to move away from a certain sexual "sensationalism." In this same collection, some works of Freud were published: *Totem and Taboo* and *The Future of an Illusion*, translated directly from the German by Porto-Carrero, and *Introduction to Psychoanalysis*, translated by Elias Davidovich with permission of the author. From Porto-Carrero, Guanabara published *The Deep Psychology or Psychoanalysis*, in 1932; *Psychoanalysis of a Civilization* and *Sex and Culture (essays of psychoanalysis)*, both in 1933. From Arthur Ramos, the works *Psychiatry and Psychoanalysis* and *Freud, Adler, Jung ... (orthodox and heretical psychoanalysis essays)* were published respectively in 1933 and 1943; and *The Current Concept of Psycho-therapy: theory and practice* appeared in 1933. In the collection *Brazilian Library of Legal Medicine*, there were other

works by eminent professors such as *Forensic Sexology*, by the professor of hygiene at the Faculty of Medicine of Rio de Janeiro, Afrânio Peixoto (1934, 2nd ed.); and *The Inversion of the Sexes*, by the professor of legal medicine of Bahia, Estácio de Lima (1935). In addition to numerous treatises on gynecology and urology, in the 1930s, the publisher began to disseminate works by Antônio Austregésilo, such as *New Acquisitions on Nervous Pathology and Therapy*, *Life Lessons*, and *Sexual Conduct*, all in 1934, and *Fames—Libido—Ego*, in 1938. As we can see, Guanabara published the elite of the Brazilian medical milieu, and there seemed to be no room for names of activist sexologists such as José de Albuquerque and Hernani de Irajá, or even for “savage psychoanalysts” like Gastão Pereira da Silva. In fact, although Guanabara edited authors discussing the “sexual question,” it never published any uniquely sexological work. This feature of its editorial line seems to be an expression of the contempt that the Brazilian medical elite felt for sexology and its authors. And this also seems to be the case with *Francisco Alves*. This publishing house published several titles written by physician and eugenics advocate Renato Kehl, among them *Sex and Civilization: new guidelines*, in 1933. The Brazilian medical elite figured prominently in *Francisco Alves*’ editorial choices. In 1928, it published Antônio Austregésilo’s *Sexual Neurasthenia and its Treatment*; in 1929, his *Practical Advice to the Nervous*; and in 1932, his book on *The Education of the Soul*. In 1930, it published, Afrânio Peixoto’s *General hygiene*, and, in 1938, it published the 1933 Lombroso Prize-Winning book *Homosexuality and Endocrinology*, by the professor of legal medicine, Leonídio Ribeiro.

Although CEN can be considered the greatest national publisher of those days in terms of quantity of publications on sexual matters, *José Olympio* was undeniably the most prestigious. According to Sorá (1998), the bookstore of the Rua do Ouvidor that housed the publishing business was seen as “an ante-chamber of the Pantheon.” Having built a catalog composed of the most modern names in the national literature of the time, and maintaining highly involved personal relationships with its authors, José Olympio became a label that indicated the outstanding quality of the books it published. Its proximity to the sexological-psychoanalytic literature dates from its foundation. The first book published by JO in 1932 was J. Ralph’s *Know Yourself through Psychoanalysis*. The second contracted title, although it was not published, was *Sexual Morality and Happiness in Life*, by J. P. Muller (Sorá 1998, p. 59). These early choices of a novice editor seem to indicate that

this kind of psychological “self-help” literature was, at that moment, a safe investment. Titles on sexological themes appeared from the 1940s on, inside a collection entitled *Science Today*. Among such works are: *You and Heredity* and *You and Sexuality, Women and Men*, by Amran Scheinfeld, published respectively in 1943 and 1948; *Sex, Vitamins and Nutrition* (the human body), by Logan Clendening, in 1944; *The House that Freud built- exposition and criticism of his theories and applications*, by Josef Jastrow, in 1948; *Sex in Everyday Life*, by Edward F. Griffith, with Preface by a Catholic priest, 1949. In its later history, the publishing house distanced itself from sexology *stricto sensu*, and regarding the “sexual question” showed a preference for Catholic authors.

In addition to the collection *Science Today*, Jose Olympio published J. Ralph’s already quoted *Know yourself through psychoanalysis* in 1932 and, in 1936, a book by Stekel entitled *Education of the Parents*. In addition, he disseminated the work of numerous Brazilian authors, especially militant Catholics, such as Alceu Amoroso Lima, whose book *Age, Sex, and Time (Three aspects of human psychology)* would be published in 1938, and Father Alvaro Negromonte, whose books *Sexual Education—for Parents and educators* and *Bridegrooms and spouses, marriage problems* would be published, respectively, in 1939 and 1948.

Foreign or Brazilian sexology remained outside the editorial line of José Olympio during this period. The conflict between the Brazilian sexologists, especially José de Albuquerque, and the Catholic Church was intense during the 1920s and 1930s, and we should not be surprised by his absence, or that of Hernani de Irajá, among the authors published by José Olympio. Such a conflict, however, does not seem to have affected psychoanalysis. In addition to the works already cited by Ralph, Jastrow, and Stekel, three books by Gastão Pereira da Silva were published by José Olympio in his *Obras Educativas* collection. In his autobiography, written in 1959, Gastão states that the publisher would be publishing his complete works. The fact that a publisher like José Olympio would publish not one but several of his books can mean at least two things. First, that although Pereira da Silva was not, like other disseminators of psychoanalysis, an eminent scholar or academic, and despite the numerous mentions of sexology found in his books, he enjoyed a prestige that distinguished him from sexologists, probably associated with the prestige of psychoanalysis itself when compared to sexology. Secondly, the themes related to sexuality, intimacy and above all sexual “counseling” directed at

the literate strata of the population forged an important pathway followed by the editorial milieu of the first half of the twentieth century.

We can now finally consider the only publishing house that seems to have set out to be the main channel through which Brazilian sexologists could reach the shelves of bookstores: *Freitas Bastos*, which also created a collection called *Sex and Culture*. In fact, its owner, José de Freitas Bastos, seems to have closely followed Jose de Albuquerque's sexual pro-education activism, having participated in the board of the Brazilian Education Circle, founded by the sexologist in 1933 to promote sex education. When he founded the Circle, Albuquerque had already published with Freitas Bastos his second book: *Sexual Hygiene* (1929). Freitas Bastos would also publish Albuquerque's *The Venereal Danger in Peace, in War and in the Aftermath of 1941*. From Hernani de Irajá, *Sexuality and Love* was published in 1930. In 1931, the house published *Psychoses of Love, Studies on the Sexual Instinct and Woman's Morphology, The Female Plastic in Brazil*; in 1933, *Psychopathology of Sexuality, Treatment of Sexual Ills* and *Perfect Sexuality*, all of these were books by Irajá.

## CONCLUSION

From the point of view of a history of sexology and psychoanalysis in Brazil, we can identify the first decades of the twentieth century as a moment of growing popularization of a discourse on sex in Brazil. The first professionals who presented themselves as sexologists and psychoanalysts and who started to work for the constitution of these specific disciplines, emerged on the fringes of the most prestigious institutions of the Brazilian medical field, with the exception of Julio Porto-Carrero. The marginal position of sexologists is quite visible when we look at the Brazilian publishing market, where they hardly shared the same publishers who published the most prestigious Brazilian doctors' books, or who translated foreign sexologists, which, as with the case for Havelock Ellis, were sometimes situated in more acceptable disciplines, such as legal medicine.

Psychoanalysis, on the other hand, moved between both extremes of the continuum from the supposedly sexological authors to the eminent professors of legal medicine, neurology, and psychiatry. That is, its dissemination to the lay public covered a broader spectrum than sexology *stricto sensu*, which can be interpreted as a possible foreshadowing of its much

brighter and more promising future. In fact, the extreme popularity enjoyed by psychoanalysis in subsequent decades in many countries in the so-called Western world, paralleled its academic prestige—either as an auxiliary branch of psychiatry, or as a sophisticated theoretical apparatus for understanding the human being.

Other lines of tension also emerge from the analysis of the publishing market of sexological works. Religion seems to be one of the most powerful. While prestigious publishers such as Jose Olympio seem to have stayed with Catholic authors, publishers with clear Marxist (and therefore anti-Catholic) tendencies, such as Calvino, or led by Jews, such as Guanabara, seem to have reserved a larger space for literature that Catholics viewed as dangerous. Beyond religion, sexology seems to have suffered from the effects of tensions arising from broader political positions, having difficulty presenting itself as an objective and politically neutral science.

Finally, relegated to the background by contemporary historians and sociologists, the impact of this literature on behaviors, beliefs, and values of the Brazilian middle class and elite remains to be analyzed. The number of collections, issues, and authors dealing directly or indirectly with sexuality, as we have seen, leaves no doubt as to the popular appeal of the theme. The consumption of such literature seems to indicate clearly a desire for modernization, for creating a distance from behaviors and values seen as old-fashioned or “backward.” It was this very desire that sexology and psychoanalysis, in the form of a “self-help literature” *avant la lettre*, at the same time sharpened and appeased.

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PART II

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Circulation, Hybridization and Bodies  
of Knowledge



# Shaping the Erotic Body: Technology and Women's Sexuality in Late Nineteenth-Century American Medicine

*Donna J. Drucker*

Robert Latou Dickinson (1861–1950) had a six-decade career as an obstetrician/gynecologist, sex and contraceptive researcher, artist, and marriage counselor based in Brooklyn, New York. He was a hub of the American medical-scientific community investigating what he called “human sex problems.” From his earliest published work forward, he maintained a strong interest in the use of technology to form and to reform women’s bodies as not only sites of reproduction, but also of desire and pleasure (Dickinson and Beam 1931, 1934; Dickinson and Bryant 1931; Dickinson 1933, 1950). He drew illustrations of his patients’ vulvas in order to diagnose gynecological ailments and used them as sources of medical instruction. He studied the interrelationship between women’s sexual behavior, anatomy, and physiology, and overall

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© The Author(s), under exclusive license to Springer Nature  
Switzerland AG 2021  
A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,  
[https://doi.org/10.1007/978-3-030-65813-7\\_8](https://doi.org/10.1007/978-3-030-65813-7_8)



health when most obstetrician/gynecologists focused largely on sexually transmitted diseases, pregnancy, and birth. He published extensively, his personal papers collection runs to twenty-five boxes at the Countway Library of Medicine at Harvard (not to mention additional sculptures and papers at the Belskie Museum of Art and Science in New Jersey and papers at the Kinsey Institute), and he appears in histories of American contraception and sexuality. He has not appeared in any histories of technology, but this essay places him in that history as well.

A diagram of Dickinson's titled "Agencies Active in Human Sex Problems," which he drew in 1929 after more than thirty years involved in the study of human sexuality through the prism of medicine, inspired this investigation into his work (Dickinson 2017). Historians including Lynn Gorchov (2002) and Adele E. Clarke (1998) studied many of the medical and biological entities depicted therein in detail, and Ellen Fitzpatrick (1990) looked closely at the Bureau of Social Hygiene and Katharine Bement Davis's work therein. There is a wealth of scholarship on Margaret Sanger, the American birth control movement and its international ties and collaborations, the relationship of organized religion to industrialization, the relationship of birth control activists to eugenicists, and the anti-prostitution and anti-vice Committees of Fourteen and Fifteen active in the 1900s and 1910s (Chesler 2007; Connelly 1980; Engelman 2011). This diagram shows how Dickinson viewed the world of sexual science in its past decades and then-present, a world that he shaped and to which he contributed since the science's origins. The drive for, and development of, new and better technologies clearly formed that world. While interest in developing technologies of birth control and disease prevention was an obvious element of sexual science, technology is present across, and embedded in, each of the activities and aims of the organizations that Dickinson identified, from sex surveys to sterilization, from animal research to reproductive genetics, and from maternal morbidity studies to seminary education.

This essay makes two claims: first, Dickinson's perspectives on, and approaches to, the interrelationship of bodies, sex, and technology have a significant impact on the characteristics and origins of American sexual science. Those perspectives and approaches are evident in the two texts on which it focuses: "The Corset: Questions of Pressure and Displacement" (Dickinson 1887) and "Bicycling for Women from the Standpoint of the Gynecologist" (Dickinson 1895). Studying these two texts contributes to scholarship on the history of women and medicine in the Progressive

Era, the history of technology used for women's health, social histories of technology, and histories of American feminism. Second, the emergence of American sexual science in the late nineteenth and early twentieth centuries took place in the context of the great socioeconomic and infrastructural changes that late nineteenth-century capitalism wrought. Thus, history of technology scholarship must include an examination not only of the specific medical technologies used in late nineteenth-century obstetric/gynecological practice, but also of technologies of fashion (the corset), work (the sewing machine), and exercise (the bicycle) to identify the ways that technologies affected, and were in turn affected by, human bodies and sexualities. Women engaged constantly with a wide range of technologies that affected their sexual lives and pleasures, and obstetrician/gynecologists used a variety of technologies with them.

This essay examines how a late nineteenth-century obstetrician/gynecologist's opinions on, and uses of, a range of technologies affected women's sexual and reproductive health, and how his work in turn structured the nascent field of American sexual science. It concludes with a reflection on how the technologizing forces of late nineteenth-century industrial capitalism were critical to the establishment of American sexual science. Physicians, and specifically obstetrician/gynecologists, perceived that the everyday technologies women used were a specific threat to their sexuality and reproductive health. One impetus for the development of American sexual science, then, was to identify the impacts that ordinary late Victorian and early Progressive Era technologies imposed on women's sexual bodies—and how medicine could protect them.

### FORM: THE CORSET, THE SPHYGMOMANOMETER, AND THE SEWING MACHINE

The first text, "The Corset," has been a longtime and popular source of interest for historians of the body and fashion, for present-day costumers and reenactors, and those with sexual fetishes related to binding, small waists, and breathing restriction (Gau 1998; Klingerman 2004; Steele 2007; Summers 2001). The original purpose of "Corset," however, was to provide a specifically medical perspective on, and evidence for, the many ways that corsets harmed women's bodies, particularly when women began using them in their teens and continued to do so throughout their adult lives. "Corset" was Dickinson's earliest publication, inspired by the

repeated internal damage that he saw among his patients from 1882 to 1887, the first five years of his obstetric and gynecological practice in Brooklyn. He first read it before the Brooklyn Pathological Society on April 28, 1887 and published it in the November 5 edition of the *New York Medical Journal*, thus aiming both the spoken and printed texts at a medically trained audience. It was partially reprinted in the 1889 pamphlet “Dress Reform and Its Relation to Medicine,” which was available from the Boston-based women’s and children’s underwear makers George Frost & Co., who advertised their wares as being “constructed on dress reform and hygienic principles” (Knopf 1889). Dickinson’s own drawings illustrate the text, and depict the ways that corsets affected women’s interiors from the outside in.

Beginning with the reform dress movement of the 1840s, articles and books on the evils of restrictive dress (and particularly the corset) appeared regularly in the American press for the next half-century, so Dickinson was contributing to an already rich literature (Mas 2017). However, what differentiated Dickinson’s “Corset” from many similar texts was the inclusion of pressure measurement technology, along with the measurements derived from it. In “Corset,” Dickinson used a small rubber bladder attached to a sphygmomanometer to measure corset pressures on different areas of women’s bodies. He filled the sphygmomanometer’s tubes with mercury and water and observed that displacing one inch of mercury on one side was equivalent to one pound of pressure. Dickinson asked fifty-two patients with an average age of twenty-one to lace themselves up as normal while he inserted the bladder under different parts of the corset. Their regular lacings restricted their waists between 1 and 4 ½ inches, with an average restriction of 2 inches. He found that such lacings added between 21 and 88 pounds of pressure to the woman’s body, depending on her bone structure, abdominal muscle strength, prior pregnancies if any, and the tightness of the lacing. Unsurprisingly, Dickinson found that corset lacing caused a whole range of anatomical problems, including limiting lung capacity, pressuring or displacing the liver, spleen, and stomach, atrophying abdominal muscles, and placing stress on the pelvic floor. In addition, the corset was “an agent in producing uterine disease and displacement,” damaging uterine and ovarian veins and the hemorrhoidal branches of the portal vein (Dickinson 1887, p. 513).

Dickinson was notably concerned with corseted women using sewing machines, illustrating the problems of these technologies interacting

together through the interface of a woman's body. Next to a figure of a woman bending forward with and without a corset, he wrote:

The distortion of Fig. 15 does not need much commentary. The more this damsel bends, the greater the downward and backward push of her busk. Will this not account in part for the uterine troubles of women supposed to be due to many of their sedentary occupations, such as sewing-machine work? The man bending forward relaxes his abdominal wall and enormously lowers his intra-abdominal pressure by so doing, but the corseted female, who writes or sews, produces the opposite effect. (1887, p. 515)<sup>1</sup>

Given that the test subjects, "were servants of the best class. One half were native born, the other half Irish (seventeen), German, Swedish, and English," the problems would likely be greater in women who were less physically active. If the problems were notable for these "women who work, and, consequently, should have a more vigorous muscular system and better expansion than wealthier corset wearers," those wealthier corseted women were subjecting themselves to even greater problems (Dickinson 1887, p. 511).

This text is important to the history of sex and sexual science not just because it was Dickinson's first publication, but also because it identifies problems and methods for solving them that would remain important to him and to sexual science for decades. Dickinson gathered data from young women working as servants and showed little interest in any racial, ethnic, or class differences between the women studied. Simple tables are common, as are his own drawings of women's bodies. He trusted relatively simple technologies, such as the sphygmomanometer, to support his findings. His conclusion, that "the necessary observations accumulate slowly," signaled the caution that would characterize much sexual science until and even beyond the Kinsey Reports in 1948 and 1953 (Dickinson 1887, p. 515).

Further, "The Corset" showed how technology could both constrain and free women's bodies. The corset itself was an instrument of constriction that caused clear damage to women's bodies, including their sexual organs and possibly limiting or ending their abilities to conceive. It is also possible to read between the lines and to consider how weakened pelvic floors, stiff muscles, digestive problems, and recurring headaches would make sex challenging to enjoy. However, the technologies that women used in their everyday lives, including the sewing machine, were also

instruments of harm. Some technologies, like the sphygmomanometer, could be used to gather information to help women avoid or lessen technological pressures on their bodies, but their impact was limited and ancillary. In short, technologies of industrializing New York City in the 1880s were directly and indirectly hazardous to women's health and sex lives, and sexual science emerged in the context of clothing and workday technologies both to observe and to protect them.

### REFORM: THE CORSET, THE BICYCLE, AND EROTIC POSSIBILITIES

The second text, "Bicycling for Women," which Dickinson gave as a lecture before the New York Obstetrical Society on November 20, 1894 and published in early 1895, addressed the intersection of technology and sex more specifically. Eighteen-ninety-five and 1896 were banner years for bicycling and bicycling publications, including Frances Willard's *A Wheel Within a Wheel* (1895) and Maria E. Ward's *Bicycling for Ladies* (1896). The primary aim of Dickinson's "Bicycling for Women" was to lament the lack of opportunities for women to get exercise outside of their daily household chores and to point to the bicycle as an option to improve women's health. However, Dickinson, in what Rosalind Rosenberg called his "blend of liberalism and moral rectitude," found it necessary to confront the potentiality of women using the bicycle in an unhealthy way—either by sitting in the same fashion as they would to use a sewing machine or by stimulating themselves sexually (1983, p. 201n45). Using an image that he duplicated from "Corset," published seven years before, he prescribed a specific riding posture and clothing:

If a woman rides a bicycle, stooping well forward while dressed in a snug corset, with her saddle rather far back so as to be obliged to thrust forward on her pedals rather than to walk up and down on them, and with a very low gearing, we have conditions somewhat analogous to those under which she plays on the sewing machine, but should she wear loose body clothing and sit upright, so that her weight is borne largely on her tuberosities, with a level saddle placed fairly well forward, the thrust is chiefly downward, the increased intra-abdominal pressure is lacking, the leg work is very different from that on the other machine, and all the objectionable features are eliminated except the liability to sexual indulgence. (1895, pp. 29–30)

While wearing looser clothing and riding in a certain way in a certain gear could mitigate some health concerns related to posture and internal pressure, there was no way that an outsider could prevent a woman from “the liability to sexual indulgence.” Dickinson explicated his further concerns with women’s self-pleasuring and the bicycle through a veiled discussion of reports from anonymous friends who made conclusions about or heard stories of such practices. “One of the very able women who teaches physical culture in New York told a medical friend of mine that a pupil, who claimed a rather varied experience in sexual pleasures, said that she could not ask a more satisfactory development than could be obtained from the saddle of her bicycle” (1895, p. 33). However, in the next paragraph, he provided precise instructions regarding how exactly a woman could adjust a bicycle to produce the sexual pleasure that he so opposed:

The saddle can be tilted in every bicycle as desired, and the springs of the saddle can be so adjusted as to stiffen or relax the leather triangle. In this way a girl such as the one mentioned could, by carrying the front peak or pommel high, or by relaxing the stretched leather in order to let it form a deep, hammock-like concavity which would fit itself snugly over the entire vulva and reach up in front, bring about constant friction over the clitoris and labia. This pressure would be much increased by stooping forward, and the warmth generated from vigorous exercise might further increase the feeling. (1895, pp. 33–34)

Bicycling had socially approved sexual potentialities, however. Dickinson also mentioned that the sport improved the health of the pelvic floor, muscles, and vessels; that women lost self-consciousness about appearing in public without tight corsets and felt a greater sense of personal freedom while riding; and that the activity “furnishes the wife a means of comradeship in exercise with her husband” (1895, p. 31). That companionable outdoor exercise might lead to companionable indoor exercise was left unsaid. Women using technology for pleasure was only a problem for Dickinson when it led to self-pleasure, not to intercourse with a male partner.

While Dickinson pointed out only the masturbatory dangers of bicycling, the Austrian physician Richard von Krafft-Ebing also noted in his catalog of sexual maladies, *Psychopathia Sexualis* that pumping the treadle of the sewing machine was a masturbatory act in which women

engaged. Such an act, according to the 1888 French book *La Corruption à Paris* (which Krafft-Ebing used as his source), potentially led women to lesbianism, given that after some erotic interaction with a sewing machine they could be sexually satisfied without a man (Coffignon 1888, p. 301, as cited in Krafft-Ebing 1939, p. 609). Earlier, French physicians in the late 1860s and 1870s had raised similar concerns about the sewing machine's potential for physical harm, including masturbation (Offen 1988). Though it is not clear if Dickinson had read these French texts, Krafft-Ebing's book (which is a distinct possibility, given its popularity and wide reprinting in English translation), or both, he joined those other medical men in their concerns: the sexual potential of technology was everywhere (Moll 1909). If one believed Krafft-Ebing's secondary source, the use of technology had the potential to turn women toward machines, not to mention toward each other, for sexual satisfaction. However, neither Dickinson nor Krafft-Ebing claimed to have first-hand knowledge that women were using bicycles or sewing machines as sexual devices—their knowledge was secondhand, if not third-hand—but both men raised the woman-machine sexual connection anyway. Perhaps they were alluding to what Rachel Maines (1989) calls “socially camouflaged technologies,” technologies like vibrators and massagers that were advertised to release muscle tension but were almost certainly used as sexual aids. Or else they saw how the sewing machine could come together with the bicycle in a different fashion, as did the illustrator of the “Gertrude and Jessie” cartoon in the January 12, 1895 edition of the British humor magazine *Punch* (Thom 2015). All we can know for sure is that Dickinson and Krafft-Ebing introduced the topic of how machines could affect the sexual behavior and identity of the “New Woman.” They began to address the role of technologies in women's sexual lives in the context of how the ever-growing industrial state impacted women's bodies, sexualities, and desires. One way for them to tackle this issue was to medicalize human sexuality—specifically women's sexuality—and bring it under physician's authority in the guise of sexual science.

## TECHNOLOGY AND OUTER BEAUTY

In both of Dickinson's texts, and in others of the late Victorian and early Progressive Era lamenting the restrictive and damaging nature of women's fashion, the authors regularly referred to “beauty” as a form of autonomous authority. When Dickinson described the proper clothing

for bicycle riding, he stated that women should not simply take off their corsets and wear standard underclothes, as “that does as much physical harm as it does good and insures an uncomely figure.” Instead, “the best and simplest form of dress from the hygienic standpoint—and it may be said also from the aesthetic standpoint” was a “union garment” such as underwear, shoes, stockings, “equestrian tights,” leggings, a male costume with trousers, bloomers, or a shortened skirt and suit jacket (Dickinson 1895, p. 35). The need to purchase special clothing in addition to the bicycle itself, needless to say, was a significant barrier to participation in the sport, and the pressure to maintain standards of beauty remained. Dickinson was clearly not only concerned with women’s health and comfort while they were bicycling, but also with how they looked—to men like himself.

The need to maintain outer comeliness as part of preserving inner health was part of most contemporary arguments around women, dress reform, and technology. In a speech given to the Los Angeles County Medical Society on July 5, 1889, and reprinted in the pamphlet “Dress Reform and Its Relation to Medicine,” Dr. Sigard Adolphus Knopf argued that bodies unhampered by “ligatures, stays, garters, and braces” would no longer require “a good many forceps cases, [uterine retro]versions, Caesarian sections, and craniotomies” (1889, p. 3). However, he appreciated that dress reform would bring about a return to women’s clothing of the Greek and Romans, as “its adoption may in time bring back to us all the beautiful forms of the classical age” (1889, p. 4). Dr. Oscar B. Moss, a late professor of physiology and microscopic anatomy at the Homeopathic Hospital College in Cleveland, Ohio, made a related observation: “Nations which make the greatest pretensions to art have universally produced such fashions in women’s dress, as not only to defeat the highest ideal of beauty in form, but also to lay the foundation of national ill-health” (Knopf 1889, n.p.). The excerpt was from his book *Beauty, Health, and Strength for Every Woman*, which notably placed “beauty” as the first of the virtues for women to aim for (Moss 1887).

While these authors were clearly concerned about health, neither of them questioned that an external standard of beauty should hold sway over women’s decisions about clothing: indeed, many writers, male and female alike, blamed women for upholding the standards of the patriarchal society in which they lived and worked. Dr. Caroline M. Dodson, president of the National Women’s Health Association of America, typified that attitude when she wrote that “fashion is ever before us and



continually forcing upon us her lessons, while the multitude have little opportunity and perhaps little desire to inquire into, or to understand, the every-day laws of their being” (Knopf 1889, p. 2). Late Victorian and early Progressive Era women were thus in a bind. They received advice to wear clothing that required restrictive technology, to stay fit and erotically pleasing to the heterosexual male eye, and to use and to interact with technology in their everyday lives and work. At the same time, they were also blamed as conspirators in the anatomical damage to themselves—along with damage to their future children or “the race” as a whole. Physicians could shape these public conversations by establishing themselves as authorities on women’s bodies under the banner of sexual science.

## CONCLUSION

Examining Dickinson’s early work, and comparing it to those of his contemporaries, provides insight into the historical interactions of sexuality and technology as they affected women’s bodies and physician’s perceptions of them—and into late Victorian and early Progressive Era historiography more generally. He viewed some technologies as helpful to women’s mental and physical health and fulfillment, but others as potentially damaging. He understood women’s bodies and sexual behaviors as embedded within a technological network over which they had some choice, yet medical technologies and cultural dialogues that were out of their control shaped that network further. The development of Dickinson’s research and scholarship from the 1890s onward illustrates the ways that the expanding technological state affected human sexuality from the inside out, and the beginning contours of the academic field, sexual science, that aimed to study and to shape understanding of this new world.

Historians interested in exploring the intersection of technology and sexuality, and sexual science’s responses thereto, must take a broad view of both “technology” and “sexuality” as concepts.

One next step for the history of sexuality and technology is to identify the ways that two wide-ranging sets of technologies—those originally created for sexual purposes and those adopted for sexual purposes—impact sexual decision-making, identity creation and change over time, choices of partners and/or objects, and desires (Drucker 2014). Another

next step is to turn the question around to ask how desires, decision-making, identity and the sense of self, and one's choice of partners and/or objects manifested new forms and uses of technologies historically, and how sexual science in turn shaped or reacted to these new developments. How do technologies change what is possible in determining one's sexual selfhood (Archibald 2005; Comella 2017; Coopersmith 2006; Dennis 2011; Ford 2011; Lieberman 2017)? As mentioned before, one of Krafft-Ebing's sources thought that "excessive work on sewing machines" could turn women into lesbians, as lesbianism was "quite the fashion" (Krafft-Ebing 1939, p. 609). Though that example is rather silly, it is nonetheless worth thinking in a more nuanced way about how technologies have affected sexual identities in the past, and the role of sexual scientists in determining which human-technological interactions were worth studying and which were not. If, as Donna Haraway famously claimed, that "we are all cyborgs," it is worthwhile to think about how people in the late nineteenth and early twentieth centuries were becoming sexual, or sexualized cyborgs too (1991).

In the late nineteenth century, Robert Latou Dickinson used technologies like the sphygmomanometer to pursue research on the effects of corsetry on women's inner and outer selves. He observed the combined effects of technology like the corset and the sewing machine on women's pelvic and overall health and puzzled over women who might have obtained sexual pleasure from bicycle riding while he derived erotic pleasure from viewing women who did so. It is no mystery, then, why the academic field of sexual science originated during a period not only of academic professionalization in North America and Western Europe, but also at a time when major American cities like Dickinson's own were undergoing rapid infrastructural and technological changes. The restrictions of the 1873 Comstock Act on contraceptive manufacturing and distribution; the ideal of the New Woman; the development of the New York City electrical and sewerage system; vibrators for sale in the Sears, Roebuck catalog; and an ambitious obstetrician/gynecologist interested in structuring a new academic field would all come together in the development of a science that would put a professional face on the study of erotic bodies, behaviors, and desires. Dickinson's particular interests and values, as seen in these snapshots of his thought from 1887 and 1895, included gathering information from multiple subjects, an emphasis on illustration and tables as forms of explanation, an interest in sexuality as an element of a person's body and mind, and last but not least, a wide

view of the medical and everyday technologies that shaped women's sexuality and reproductive health. He and likeminded physicians shaped the specifically American, technologically oriented character of sexual science that in turn determined the focus of the multiple academic fields and institutions that he outlined proudly in a diagram thirty years later.

## NOTE

1. A busk is a strip of whalebone, wood, ivory, or steel placed at the front of the corset to stiffen it and to keep it (and the wearer) upright (Dorsey 2016, p. 45).

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# “Lack of Clarity” and “False Premises”: Partnership and Translations in Impotence-Related Petitions for Marriage Annulment in Nineteenth-Century Spain

*Marie Walin*

The promotor of justice for the Archdiocese, testifying in a marriage annulment case brought by Doña Elisa Villanueva y García on the grounds of the alleged impotence of her husband Don Luis Díaz y Sánchez, says:

It is appropriate that both parties should be examined by three legal physicians who must declare in a report (...):

1° Whether it is true that the husband was afflicted with absolute and incurable impotence before the marriage.

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«Falta de claridad» y «premisas falsas», «Nulidad de matrimonio a instancia de D<sup>a</sup> Elisa Villanueva y García con su esposo D. Luis Díaz y Sánchez», Pieza segunda, AHDM, Judicial, caja núm. 15982, 1896.

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Switzerland AG 2021

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A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,  
[https://doi.org/10.1007/978-3-030-65813-7\\_9](https://doi.org/10.1007/978-3-030-65813-7_9)

2° Whether the woman is intact and still a virgin and whether they can assure the court that the marriage could not be consummated by the husband.<sup>i</sup>

This is the way in which Doctor Camilo de Palán, who was in charge of defending the church's interests in an 1896 court case for marriage annulment in Madrid, formulates his questions to the forensic experts summoned by the ecclesiastical court. Clear and precise, they indicate the ecclesiastical experts need to examine the petition for the annulment of a marriage. Indeed, according to canon law, a marriage annulment can only be granted if sexual impotence is proved and shown to be incurable and anterior to the wedding night, or in the church's words "absolute." Only under these conditions could the marriage be considered void, because it had not been consummated and could not be so in the future. This is why the ecclesiastical court needed help from medical experts in performing this difficult and delicate task.

The church has required the support of medical science for as long as marriage annulment has existed, that is, since the twelfth century (Darmon 1979; Matthews-Grieco 2014; Madero 2015). In most of the cases studied,<sup>ii</sup> the partnership between medical science and religion went smoothly. All the physicians summoned by the Ecclesiastical Courts of Madrid and Saragossa between 1777 and 1910 were Catholic, and in most cases medical science supported Catholic sexual morals. However, during this period, medical knowledge radically changed, in particular with respect to knowledge about reproduction and sexuality. New discoveries such as the mechanism of spontaneous ovulation during the 1840s, or the emergence of new disciplines studying sexual behavior such as psychology or psychiatry at the end of the century, deeply transformed the perception of what we call "sexuality" from the 1830s onwards. The progress of medical knowledge generally increased confidence in physicians' knowledge and expertise. Over the period of our study, medical experts gained legitimacy. This could, in some cases, reverse the traditional hierarchy between the authority of the church and that of science. This paper aims to trace this evolution by focusing on the partnership between the ecclesiastical court and medical experts in impotence-related petitions for marriage annulment.

To study this partnership, we will focus on the language used by both parties to refer to sexuality. During the nineteenth century, a new medical vocabulary emerged connected to developments in clinical medicine, the

emergence of experimental medicine, and the series of discoveries previously mentioned. As Foucault demonstrated in *The Birth of the Clinic*, this vocabulary has a special relationship with the notion of “truth” (Foucault 1973). While scientific observation became the basis of new medical knowledge, scientific language began to be considered as the direct and truthful translation of observation into knowledge. From this perspective, the scientist acquires a preeminent role: they become the only one able to interpret the signs of nature and the symptoms of the body, and to translate them into scientific knowledge. But what if the observation of the scientist, this “truthful look” when translated into “truthful knowledge,” proved to be contrary to religious dogma about sexuality?

This paper will not consider nineteenth-century scientific or religious language about sexuality as truthful translations of reality into knowledge. The utopia of a perfect and neutral scientific gaze and language has been strongly criticized by philosophers, historians, and sociologists of science (Kuhn 1970; Canguilhem 1968; Latour 1984; Daston and Galison 2007; Pestre et al. 2015). They have demonstrated how that which was considered at any given moment in history to be true scientific knowledge, depended on the specific political and social context that permitted its emergence. To analyze this process, the sociologists Madeleine Akrich, Michel Callon, and Bruno Latour proposed using the concept of translation in its broader sense (Akrich et al. 2006, pp. 201–251). Translation would not be considered a direct “equivalence” between nature and scientific language alone, but would also include the process that leads to the formulation of the scientific theory. They proposed the concept of “networks of translation” to include all the actors involved in the creation of scientific knowledge. These actors were not only scientists, but also those helping them with non-scientific activities, as well as non-human actors such as material elements or financing.

The purpose of this article is to use the concept of “translation” as a metaphor for the relationship between the body, its mechanisms, and its dysfunctions (especially concerning sexual life) and the language used to describe them. We will use the idea of a “network of translation” to describe the communication between ecclesiastical and medical experts when debating the nature of sexual impotence. Our aim is to show that each party sought to impose their own conception of the body’s dysfunctions of sexual life and of sexual morality. As the philosopher of science Donna Haraway has said, “Science has been about a



search for translation, convertibility, mobility of meanings, and universality—which I call reductionism only when one language (guess whose?) must be enforced as the standard for all the translations and conversions” (Haraway 1988).<sup>iii</sup> In other words, if scientific language and research can be regarded as a process of translation, it is also related to relationships of power between various entities seeking to impose their own conception of “truth.” We will use impotence-related petitions for marriage annulment in the archives as a privileged place from which to observe these relationships of power. First, we will focus on the perspectives of the actors setting up networks of translation. This will allow us to go on to analyze the partnership and the conflicts between these actors as a result of the change in hierarchy between the authority of the church and of medicine in sex-related issues in nineteenth-century Spain.

### TRYING IMPOTENCE-RELATED PETITIONS FOR MARRIAGE ANNULMENT

According to Canon Law, marriage is considered complete only when the conjugal debt has been paid. In other words, without coitus, the sacrament does not exist. This is why impotence is one of the few cases in which the Catholic Church gives the potent spouse an opportunity to remarry another person. But the church authorities were very suspicious in these cases, concerned that some people might try to deceive Canon Law in order to free themselves from what should be an eternal bond, “till death do [them] part.” They also wanted to ascertain if impotence was merely temporary or was relative—implying that the problem only existed between these particular spouses but would not exist with another person. If impotence was proved to be temporary, the spouses were required to live together again. But if it was proved to be relative, they were permitted to remarry. The difference between the two situations could be subtle and difficult to determine.

#### *Sexual Impotence According to Canon Law and Medical Science*

What exactly was “sexual impotence” in nineteenth-century Spain? According to Pedro Murillo Velarde, a Jesuit author of a well-known textbook on canon law in Spain and Latin America, first published in Madrid in 1743, sexual impotence was:

The diriment impediment<sup>iv</sup> [which] concerns only impotence to coitus that prevents, by natural or accidental vice, the carnal union of the man and the woman performed by the vagina’s penetration and by the insemination inside it. (Murillo Velarde 1791, Tít. XV)

The medical conception of impotence was very similar, as we can observe in this definition by Antonio Ballano, author of a medical dictionary of the early nineteenth century:

Impotence. This name refers to the inability of one or the other sex to practice the venereal act, and impossibility of participating in the procreation of the human species because of a vice that prevents the execution of this function. (Ballano 1805, p. 180)

In other words, both the church and medical science defined sexual impotence as the inability to practice coitus. The only legitimate reason for sexual relations was reproduction, and as a consequence, sex was determined by the penetration of the vagina and ejaculation by the penis. So, as pointed out by Antonio Ballano quoting the famous French forensic physician Fodéré, “impotence comes from the man as well as from the woman.” Indeed, sexual impotence from the eighteenth- to the nineteenth-century designated problems of male erection, including premature ejaculation, but also a range of deformities—male or female—preventing penetration. Since the twelfth century, Canon Law had included cases of women who were considered “too narrow” to be penetrated and hence sexually impotent.

But although medical science and Canon Law had the same conception of “normal” sexual life and how sex should be performed, they nevertheless used different terms because they drew on somewhat different conceptions of the body and sexuality. In religious writings, authors called coitus “carnal union,” which refers to the status of flesh in Christianity. According to Church Fathers such as Augustine or Thomas Aquinas, flesh was what differentiated humans from God. Before original sin, according to? humans were able to control their desires. But following the Fall, desire was no longer subordinate to will. Humans could approach grace by controlling their desires, retaining their virginity for those who could, or, for those who could not, controlling their sexual desire by limiting it to marital relations. Between spouses, sexuality acquired different meanings, including ensuring the perpetuation of the Christian community and

preventing the spouse from committing adultery or fornication. In the context of sexual impotence, “carnal union” referred to the first coitus, the one that validated the marriage sacrament begun in church by making the spouses “one flesh.” Thus from a religious point of view, coitus became a symbol of the destiny of laypeople, who could approach grace by marriage and procreation, and referred to an act that had a liturgical value in the wedding sacrament.

In medical writings, the terms used for coitus were either “copulation” or “venereal act,” both of which emphasized its biological aspects. For physicians, the significance lay not in satisfying one’s desire in a struggle against sin and evil, but in procreation. However, there was a difference between sterility and impotence, the first at this time being considered as less definitive than impotence, according for instance to the conception of the physician, A. Ballano. However, there was also an ontological dimension to the medical term “copulation.” Seen from the point of view of the physicians of the first part of the nineteenth century, who were influenced by the development of Natural History, copulation was considered the duty of any human being, because humans existed to perpetuate the species rather than for themselves (Corbin 2008). The essential purpose of an individual was to achieve what nature intended, that is, the perpetuation of human species. To avoid copulation was to act against nature.

So we see that medicine and religion mostly agreed on how to define sexual impotence, but even at the beginning of the nineteenth century, they drew on different theoretical bases. This would go on to make the partnership between medical and religious experts more difficult to negotiate.

### *Experts in Court: A Variety of Positions and Perspectives*

Those involved in the ecclesiastical courts included both ecclesiastical and medical experts, but also laypeople who were present as petitioners or witnesses. Their perspectives on sexuality were influenced by the definitions mentioned above, as well as by belief and superstition. In their efforts to argue their cases, they also tried to be intelligible to others despite differences of perspective, creating a “network of translation.” Not all experts had the same education or legitimacy, and the various participants differed in authority and power. The most powerful of the ecclesiastical experts was the ecclesiastical judge, usually the archbishop,

the bishop, or a person designated to substitute for them in judicial cases, named the “judicial vicar” or the “ecclesiastic vicar” (*el Vicario eclesiástico*). Most of the time (but with some notable exceptions) he would agree with the arguments put forward by the “promotor of justice” or by the “defender of the bond,” both experts in canon law in charge of defending the marriage and the church’s interests. The promotor of justice is the one who addresses the questions to the medical experts and the petitioners. The latter are defended by a lawyer, or otherwise by the “procurator” (“*procurador*”), a person entitled to represent someone at court, but who had not completed his training as a lawyer and therefore charged less than a true expert. All proceedings were transcribed by a notary (“*notario*”), a court clerk with education in canon and civil law (though some did not receive such education). Despite their humble role, notaries were key in the process of translation because their writings are the unique trace that remains for historians to study.

Medical experts summoned to examine the petitioners figure alongside these experts and officials of the ecclesiastical court. At the beginning of the period of this study, they were appointed by the promotor of justice or by the petitioners themselves. It was possible for both parties to appoint three different experts, or even six or nine if their judgment was not satisfactory. By the end of the eighteenth century, the most powerful persons to bring their petition before the court were able to criticize the experts’ decisions and diagnoses. For instance, in 1788 the Marquess and Marchioness of Mortara opposed the ecclesiastical court’s order that a midwife should examine the wife.<sup>v</sup> Both spouses considered this unnecessary and even dangerous for the Marchioness’s health. According to the Marquess’s lawyer, Blas de la Vega, “everybody knows that midwives are so ignorant that their examination can affect the ‘integrity’ of the examined woman, that is, she can lose her virginity.”<sup>vi</sup> This critique took place in a context of a devaluation of midwives’ knowledge and skills in comparison with that of surgeons, who progressively became the new experts for all sorts of physical examinations (Ortiz Gómez 1996; Cabré i Pairet and Ortiz Gómez 2001). No evidence could be found in the archives studied of midwives being summoned after the 1830s. Throughout the nineteenth century, physicians remained the best educated and most respected medical experts. During trials, they had the privilege of making the diagnosis, based on the observations made by surgeons. The experts summoned by the Ecclesiastical Courts of Madrid and Saragossa were neither specialized in sexual matters, nor forensic medicine. The first

mention of a forensic physician and of an expert in urology dates back to the end of the period of study, 1918.<sup>vii</sup>

*Testimonies, Defense Speeches, and Questioning: Moments  
of Communication and of Translation*

These diverse and numerous actors, each with a different background, knowledge, education, and belief, still had to understand and communicate with each other in order to reach a verdict. The archives give an account of the most formal examples of communication. These are mainly composed of the speeches made by the petitioners' lawyers, the promotor of justice and the defender of the bond. The observations and diagnoses of the surgeons and physicians are mostly transcribed directly in the archives. They appear in a separate file, alongside the evidence in the case. Sometimes the exact words of the petitioners or witnesses are reproduced, mostly because they have been questioned by the ecclesiastical judge himself (a practice that gradually disappeared) or by the promotor of justice or defender of the bond. The use of a structured questioning to frame the interventions of the various actors during the trials became more frequent over the course of the period.

The practice of questioning was not the preserve of witnesses and petitioners alone. The ecclesiastical court also questioned the medical experts. In the 1896 trial quoted above, it questioned the commission of medical experts set up by the *Real Academia Nacional de Medicina* to satisfy the demands of the court. The use of questioning was not trivial. It necessarily involved a power relationship between the person asking the questions and the one responding. The questioner formulated the questions to elicit a specific response. Catholic morality is evident in the way the ecclesiastical experts formulated their questions, as is an intention to provoke the interlocutor's sense of guilt—which was, as Foucault demonstrated, the function of confession (Foucault 1976). In the trials for marriage annulment, only ecclesiastical experts did the questioning, which serves to highlight the authority of the church. Throughout the century, we observe an increase in the use of a questionnaire by the ecclesiastical court to address complainants as well as medical experts. The questionnaires tend to be longer, and the questions more numerous. It can be seen as a way of reinforcing control over a matter that seemed to be slipping away from the control of the church. In fact, if questioning demonstrated an attempt to impose one unique way—a “reductionist” way,

according to D. Haraway (1988)—of perceiving reproductive sexuality, the complainants’ answers as well as those of the physicians demonstrate that diverse conceptions of the body and of sexuality persisted, despite the strong influence of Catholicism.

## TENSIONS AND PARTNERSHIP

### *Masturbation: Mortal Sin, Morbid Vice*

During the eighteenth century, as historians such as Thomas Laqueur have demonstrated, masturbation became an obsession in western medicine (Stengers and Anne Van Neck 1984; Laqueur 2004). Traditionally defined as a sin, masturbation, then referred to as onanism, came to be considered a vice and pathology which could cause death by exhaustion, mostly among men, who were supposed to be more tempted by this practice than women. In Spain, the translation of a well-known essay on the subject, which was published in 1760 by the Swiss doctor Samuel Auguste Tissot (1760), appeared later than in other European countries due to medical censorship (González de Pablo and Perdiguero Gil 1990). The first authorized edition dates from 1807. Tissot’s text was nevertheless known earlier, as proved by this definition published in Antonio Ballano’s *Dictionary of Medical Sciences* published in 1805:

Onanism: “the excessive, solitary and irregular use of the reproductive abilities. Two evils arise from this horrible abuse, one provoking irritation of the nerves, another starvation or exhaustion as a consequence of excessive evacuation. Its physical consequences are paleness, exhaustion, extreme thinness, apoplexy [coma], lethargy, tremors, paralysis, blindness and deafness, spasms, gout [arthritis], tabes dorsalis,<sup>1</sup> tuberculosis, and eventually, death; and its moral consequences are memory loss, laziness, inertia, stupidity, melancholy, and eventually, insanity. Those are the fruits harvested by the unhappy victims of this atrocious vice”. (Ballano 1805, p. 96)

<sup>1</sup>“Tabes dorsalis, also called Progressive Locomotor Ataxia, rare neurologic form of tertiary syphilis, involving sensory deficits, loss of neuromuscular coordination, and diminished reflexes. Symptoms of this form of neurosyphilis chiefly affect the legs and may not appear for more than 25 years after the initial infection. Untreated, tabes dorsalis usually makes unassisted walking impossible and severely debilitates the victim.”, <https://www.britannica.com/science/tabs-dorsalis>, consulted the 09/02/2021.

Onanism is the most perfect instance of how religious and medical conceptions of the body and of sexuality harmonized, and how medical science participated in the “secularization of sin” during the nineteenth century (Chaperon 2007; Corbin 2008). Physicians, moralists, and later hygienists incorporated the practice of mutual masturbation into this category, but also all sexual practices other than coitus, that is those whose purpose was sexual pleasure rather than reproduction. At the beginning of the nineteenth century, and with its basic meaning of self-sex practice, onanism was mostly considered a male condition, because the shape of their genitals made it easier for them to practice it. Men were also considered less able to resist temptation, and more inclined to immoral sexual practices than women. The addictive practice of masturbation was seen as a cause of death by exhaustion due to the waste of sperm, which Tissot considered the most vital liquid of the human body (Carol 2002).

Side effects of excessive masturbation, as described by A. Ballano (“exhaustion”, “lethargy”), bear obvious resemblance to male sexual impotence. This is why during questioning in impotence-related annulment petitions, experts would try to find out if the petitioner had resorted to this practice. This was the case with Don Ventura María de Ripa, who in 1825 unfortunately confessed to having been addicted to this practice during his youth (Walín 2014).<sup>viii</sup> From that moment on, all of the physicians and surgeons agreed that his sexual impotence was due to “self-abuse” (Dr. Bonifacio Gutiérrez), or more precisely, to “an excess of masturbation during puberty, which caused an insurmountable weakness of the sexual organs in the patient” (Dr. Salvador Gosalves). Don Ventura’s genitals were consequentially described as being in a state of “lasciviousness,” “weakness,” and “languidity”—terms similar to those used by Tissot or A. Ballano in reference to onanism.

This case was the first we studied. We expected to find many others just like it (Walín 2014). Onanism appears to have been the perfect diagnosis, one that got everyone to agree on the judgment. It was considered a sin as well as a pathology, causing absolute impotence and leading smoothly to the annulment of the marriage.

But this was not the case. In the archives we have studied, onanism was only mentioned five times in sixty cases. One hypothesis is that onanism was not popularly considered as serious a sin as described in medical and religious writings. For instance, in the case of the Marquess and Marchioness of Torrenueva in 1780, the wife mentions that her husband masturbated in front of her before coitus, but the ecclesiastical

experts did not hold this against him.<sup>ix</sup> Another explanation could be that, most of the time, the petitioners would not confess to a practice they knew to be reprehensible. Indeed, one wonders why Don Ventura did not lie when interrogated. In that sense, for both ecclesiastical and medical experts to be in agreement about onanism is interesting because it would grant agency to the petitioners. Even though experts could agree on a common translation of the body and its dysfunctions, and despite their authority during the trials, they would remain dependent on the petitioners' declarations.

*"Lack of Clarity" and "Wrong Premises"*<sup>x</sup>

By the time of the trial that occurred in 1896, knowledge about sexuality had radically changed. The mechanisms of fertilization had been discovered (spontaneous ovulation in the 1840s, fertilizing ability of the spermatozoon in 1875). Hygiene, and in particular conjugal hygiene, had become a new specialized science in the study of sexual diseases and difficulties with reproductive sexuality; and psychology and psychiatry included study of the so-called sexual "perversions" and illnesses. Institutionally too, medicine had attained new social status. In 1861, the Royal Academy of Medicine of Madrid, previously a mere "*tertulia*" (salon) for scientists living in and visiting Madrid, had become the Royal National Academy of Medicine, in charge of supervising the other Academies of Spain. This lent greater legitimacy to medical experts who sometimes intervened in court proceedings to contest ecclesiastical authority.

This was apparent in the questions included in the list sent to the National and Royal Academy of Medicine, as mentioned in the introduction. The first questions were about the nature of sexual impotence (is it incurable and absolute?) and about the wife's virginity. The others also dealt with these topics, but were much more precise:

First: Can a physician specializing in illnesses that include impotence, by means of one or several examinations, be certain that a subject who does not present any malformation or deficiency in his genitals is perpetually and incurably impotent, explaining the fundamentals of his argument in a negative or positive way?

Second: Could a given subject afflicted with impotence due to a weakness of the nerves originating in onanism be treated? The approximate duration of treatment until the patient's recovery should be specified.



Third: Are there any medical cases that seem at first to have had the characteristics of impotence but which turn out to be cases of sterility? Can some of them can be listed?<sup>xi</sup>

Notice the specificity of the questions, revealing the attempt by the ecclesiastical expert who formulated them (probably the promotor of justice) to be up to date with the most current medical knowledge about sexuality. Church officials were clearly aware of the fact that onanism was no longer considered a cause of absolute impotence. Yet the ecclesiastical court still sought the advice of a specialist in this type of illness, admitting thereby its incompetence on these matters.

Even more interesting is the answer given by the Director of the Royal and National Academy of Medicine himself:

Before considering the heart of this report, we must draw attention to the way in which the aforementioned questions have been formulated, above all the first and the third, where the lack of clarity and precision is most obvious. It makes it impossible to answer them as categorically as possible, and increases the difficulties proper to this category of forensic issues, which concerns impotence and sterility as causes of marriage annulment.<sup>xii</sup>

The commission of medical experts set up by the Royal and National Academy thereby openly criticizes the “lack of clarity” of the ecclesiastical experts, which prevents the real experts—the physicians—from carrying out their task. They cannot categorically answer a question whose premises are wrong, as is made clear in the answer to the third question:

Third: To answer this question it is necessary to point out that impotence has nothing to do with sterility. The first refers exclusively to the impossibility of enacting coitus, whereas sterility signifies the impossibility of procreation, therefore this question is based on wrong premises due to the confusion it sets up between two concepts so different as the conditions known by the names of impotence and sterility.<sup>xiii</sup>

In their replies to the ecclesiastical experts, the members of the Royal Academy clearly suggest that they should abandon their idea of being experts on sexual matters. How could they assume such roles if they approach this issue with “wrong premises”? The Royal Academy is reasserting its own authority on such matters, insisting on knowledge of which the church seems to be ignorant. In the report cited, the medical

experts went on to develop an argument about the diagnosis of “absolute” impotence, and another about the presence of hymen in women: could it be considered as a certain proof of virginity? None of these issues directly address the questions posed by the court. Rather, they reproduce debates among the medical community at the end of the nineteenth century. On all these points, their vocabulary, their insistence on the classification of the illnesses, and their ambition to give certain answers by examination, are proof of the authority they have won since the beginning of the century. As a consequence of this authority, they can take the ecclesiastical experts to task for their lack of knowledge, their confusions, and their outdated representations.

## CONCLUSION

As in the cases previously discussed, the experts eventually reached an agreement. The discussion quickly strayed from the question of the husband’s impotence to that of the wife’s virginity. At the end of the nineteenth century, the hymen became the new obsession for physicians, specifically those testifying in court (Mortas 2017), who wanted to use it as proof of women’s virginity in all cases concerning sexual matters. The interests of religion and medicine would once again coincide, this time specifically at the expense of women. Several of the cases studied here, which took place toward the end of the nineteenth century, began with the husband being accused of impotence, and ended with an inquiry into the woman’s morality, demonstrating how the interests of the church and medicine coincided with those of patriarchy. Such a conflation of discourses did not always occur in these petitions for marriage annulment, which were one of the rare occasions when women were listened to (Darmon 1979; Behrend-Martínez 2007), even though courts were not always on their side.

During the eighteenth century and at the beginning of the nineteenth century, when the obsession with onanism spread, men were more suspected of engaging in this sinful practice than women. But as knowledge about sexuality became more scientific with the discoveries of the nineteenth century, the classification of indecent sexual practices became more sophisticated, with gender distinctions listed among the “perverted” practices (Mazaleigue-Labaste 2014). At the end of the century, onanism was no longer regarded as a cause only of male impotence, and it was thought that it could also affect women, producing pathologies such

as “hysteria.” The word “masturbation” began to be used, including in ecclesiastical archives. This vocabulary transfer demonstrates the increase of medical authority and legitimacy. But at the same time, the fact that such cases remained under the authority of the church until the Second Republic (and afterward, during Franco’s regime) preserved the primacy of Catholic sexual morality the language and translations used to describe bodies and sexuality in Spain even in the twentieth century.

This paper has outlined the process of transition from one lexicon to another, with the development of medical science of sexuality during the nineteenth century, and the attempt of religion, and later of medicine, to monopolize the vocabulary of sexual practices—and therefore the conception of sexuality. It has also demonstrated how these two lexicons coincided when it came to condemning “immoral” sexual practices, whose categorization changed throughout the nineteenth century, but which always returned to the normalization of established gender identities. However, these attempts to impose a “reductionist” way of interpreting sexual dysfunctions (Haraway 1988), met with some resistance from petitioners themselves, who used their own vocabulary and refused to divulge every detail of their sexual lives.

## NOTES

- i. *Ibid.*, 04 July 1897.
- ii. Our study is based on 55 impotence-related queries for marriage annulment tried by the Ecclesiastical Courts of Madrid and Saragossa between 1777 and 1919.
- iii. The ironic expression “guess whose?,” which is very characteristic of Haraway’s writing style, refers to the general topic of the article, about the androcentric and misogynist bias existing in the construction of Scientific knowledge.
- iv. In Canon Law, the “diriment impediments” designate, all the situations in which a marriage could be considered void. Along with sexual impotence, they concern include cases of consanguinity, insanity, rape, bigamy or a difference of religion.
- v. “Demanda de nulidad puesta por el señor Don Benito Orozco, Márquez de Mortara, a la Excelentísima señora Dominga Catala, su muger”, *Archivo Histórico Diocesano de Madrid-Alcalá*, caja n<sup>o</sup> 1876, exp. 1, 1788.
- vi. Blas de la Vega in the name of Benito Osorio Márquez de Mortara, *ibid.*, 20th of May of 1788, f<sup>o</sup>31.

- vii. “Expediente de nulidad de matrimonio de D<sup>a</sup> Miguela Ferragut y Morera contra Dn Pedro Esquerdo Sáez”, AHDM, Judicial, caja núm. 16239, exp. 5 (7 piezas), 1918.
- viii. “En 4 de Mayo de 1825 Pedimento à nombre de Doña Lucia García Pizarro con su marido Don Ventura María de Ripa sobre nulidad de Matrimonio”, AHDM, Judicial, caja 2132, 1825.
- ix. “Demanda sobre nulidad del matrimonio contrahido por los señores Marqueses de Torrenueva”, AHDM, Judicial, Caja 1790, exp. 24, 1780.
- x. “Nulidad de matrimonio a instancia de D<sup>a</sup> Elisa Villanueva y García con su esposo D. Luis Diaz y Sánchez”, op. cit., 1896.
- xi. “Escrito del Provisorato y Vicaria Eclesiástica del obispado de Madrid-Alcalá sobre autos que sigue D<sup>a</sup> Elisa Villanueva contra su esposo Dn Luis Díaz y Sánchez sobre nulidad de matrimonio por impotencia del varón”, RANM, leg. 185, doc. 9631, I. Comunicado del Provisorato y Vicaría General de Madrid-Alcalá, 20 October 1897.
- xii. Ibid.
- xiii. Ibid.

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# Popular Medical Books and Defloration: Shaping Femininity and Masculinity in the Nineteenth Century

*Pauline Mortas*

At the dawn of the nineteenth century, most French physicians agreed that all virgins have a hymen—a thin membrane surrounding the external vaginal opening—and that its presence proves their virginity (Mortas 2017). Thus, from a medical perspective, defloration might be expected to simply equate to the rupture of the hymen. But medical depictions of defloration and its meanings go far beyond mere anatomical considerations. Charles-François Menville, a physician from Montpellier, writes in his *Histoire médicale et philosophique de la femme*: “the transformation from girl to woman is not just about defloration and tearing the hymen; it makes truly remarkable changes to her whole system, irrespective of the large number of ailments and unhealthy tendencies it cures” (1845, Vol.

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I, p. 242). Many other medical texts published in France between the mid-nineteenth and early twentieth centuries tend to describe a woman's defloration as a turning point in her life and the making of her feminine identity.

It must be said, however, that this point of view was not necessarily shared by the whole medical profession, and does not appear in medical treatises written by professors at elite medical schools. It is rather to be found among a middlebrow, medico-literary milieu in which obscure, self-appointed, and often pseudonymous doctors, wrote affordable, popular books, such as marriage advice manuals. This literature, which flourished in France during the second half of the nineteenth century and in the first decades of the twentieth, has been identified by Sylvie Chaperon as the origin of modern sexology (Chaperon 2012). Although this chapter will concentrate on French examples, it should be noted that the popularity of this genre was not confined to France. Rather, it seems to have been a European, or even a Western phenomenon. Guereña (2013) has described the ascent of popular sex education series in Spain (some of them being translations of foreign, mostly French, books), and the same phenomenon has been highlighted in the English-speaking world by Lesley Hall and Roy Porter (1995), or more recently by Hera Cook (2004).

These books usually focused on married couples—that is, on that which was the norm in the nineteenth and early twentieth centuries—and often linger on the wedding night, which in that period would have been their first intimate encounter. However, men and women were not equal on the wedding night. Whereas it was seldom the first sexual experience for men (whose first sexual encounter was often with a prostitute or a servant), the wedding night was generally the moment of a woman's defloration, and that was still the case for 58% of French women in 1968 (Lanos 1968, as cited in Adler 1983, p. 64). This double standard can be explained by the greater importance attached to female virginity by the Catholic Church (the dogma of the Immaculate Conception was proclaimed by Pius IX in 1854 and the worship of the Virgin Mary was very popular during the nineteenth century [Knibiehler 2012]) and society, which saw it as more of an issue than male virginity, because a woman's virginity was seen by her husband as an insurance against an illegitimate birth.

This chapter aims to describe and explain how and why these books on sexuality turned the defloration of a woman into a crucial event in the shaping not just of feminine identity, but also masculine identity, as

we shall see. Furthermore, as our analysis is based on books intended for the general public, it will also examine the relationship between the medical and popular spheres. In doing so, we aim to emphasize that these pre-sexological texts are deeply infused with the social and moral considerations of their time, while at the same time they contributed to the shaping of social representations of femininity and masculinity.

The first part of this chapter will show how these popular medical books gradually made defloration a turning point in a woman's life and how it shaped feminine gender identity. The second part will be devoted to describing the features attributed by physicians to this female metamorphosis. The last part will demonstrate how insisting on the critical importance of defloration for women results in various normative injunctions toward men about what masculinity should be.

## FROM GIRL TO WOMAN: DEFLORATION AS A CRUCIAL EVENT IN WOMEN'S LIVES

In nineteenth-century France, popular medical books described defloration as a crucial event in the shaping of feminine identity. It became the turning point of a woman's life, the very moment when a young girl turns into a real woman. This change in medical discourse can be explained by two different factors: the anatomico-clinical perspective and social, moral and/or religious considerations.

### *The Anatomico-Clinical Perspective and the Invention of the Hymen Paradigm*

Religion had played a major part in establishing the value of female virginity (Cabantous and Walter 2020). However, Christian virginity was primarily defined as a state of moral purity and theologians were not really concerned with physical virginity, except in cases where an anatomical problem made procreation impossible. From their perspective, defloration had no symbolic meaning, which explains why they had little to say about it. It was therefore physicians who viewed defloration as a moment of real importance in a woman's life (Mortas 2017).

By the end of the eighteenth century, a physical definition of virginity had emerged along with the recognition of the existence of the hymen, which was defined as partially closing the external vaginal entrance in virgins. In previous centuries, physicians such as Paré and Buffon had



regarded the hymen as a “mere reverie,” a “fiction” (Darmon 1979, pp. 170–171), but by the beginning of the nineteenth century, this opinion had changed. For example, Virey states that it was now acknowledged that this membrane “is found in all virgin women” (*Nouveau dictionnaire d’histoire naturelle* 1812, p. 514). This change was due to new medical practices. The anatomo-clinical method, which developed from a transformation of diagnostic methods such as the careful observation of the patient’s body, fundamentally changed the way physicians looked at the human body and how it functions (Foucault 2000). This was particularly crucial when it came to defloration, insofar as observation enabled a better characterization of the signs of virginity. Loss of virginity was completely identified with defloration, i.e., the tearing of the hymen during the first experience of sexual intercourse. This first experience therefore acquired a new importance, since it was believed to always leave its mark in the very flesh of the woman.

### *A Medical Discourse Legitimizing and Reproducing the Social Order*

By stating the universal existence of the hymen, and consequently of a tangible proof of virginity, physicians accorded crucial importance to defloration and provided scientific backing to the moral norms of nineteenth-century French society. These treatises on defloration therefore represent a good example of how medical literature can repeat and reinforce existing social and moral norms.

Firstly, this is evident in the terminology used by physicians to describe women. The importance given to defloration is patent in the way it is used as a demarcation line in a woman’s life between being a “girl” and being a “woman.” Doctors wrote that only defloration would turn a girl into a true woman. For example, Dr. Eynon (1909) contrasts “the completely untouched young maid” with the “deflowered woman” (p. 17). Coriveaud (1884), author of *Le Lendemain du mariage*, describes the time of her defloration to his female reader in quite revealing words:

And in fact, although you will soon forever lose the right to wear the virgin’s orange-blossom crown, at the same moment you will gain new power and a new status. You were a girl, you will be a woman. (p. 12)

However, it is instructive to observe that for these authors, not all kinds of defloration are equal: only by marrying a man can a girl become a true

woman. In these writings, a prostitute is still pejoratively called a “girl” (*une fille*), and a woman giving birth without being married is called a “girl-mother” (*une fille-mère*). By equating the wedding night with a turning point in a woman’s life, physicians reinforce the existing social order, which favors conjugality as a norm. But in doing so, they also reinforce a gender norm. When they describe defloration as the turning point (rather than puberty, for example) medical writers state that a woman cannot achieve self-fulfillment, and that a man’s intervention is required for her to become a complete woman. A woman can only be her true self if she is deflowered by a man. This places women in full dependence on their husbands, thereby strengthening the hierarchies specific to gender relationships in the nineteenth century. It also legitimizes women’s legal inferiority and subordination to their husbands, as stated in the French Civil Code.

Another explanation of this emphasis on the role of defloration is the idea that a woman is primarily a mother. This idea was forged by medical writers in the eighteenth century whose works define a “feminine nature” fully focused on procreation and maternity. This view persisted into the nineteenth century and was used to scientifically justify women’s confinement to the domestic sphere and to the education of children (Knibiehler 1976). In this context, defloration can be described as a crucial event. It is the beginning of a woman’s sex life and a requisite condition of conception and motherhood.

In studying these writings on defloration, we can clearly observe the two-way link between the medical and lay spheres: physicians adopt lay conceptions of gender and sexuality and in return, by giving them scientific approval, they contribute to the reinforcement of the social order.

### WHICH FEMININE IDENTITY DOES DEFLORATION PRODUCE?

According to doctors of the period, defloration was a turning point in a woman’s life, changing all that she was into something else, that is, giving her the true feminine gender identity. They all assert this, using various words to describe the process, including “change” (Dartigues 1882, p. 33), “transformation” (Menville 1845, p. 337), and “complete metamorphosis” (Montalban 1885, p. 3). For centuries, defloration had been considered a moral and physical “wilting,” but nineteenth-century

French doctors reassessed defloration as a positive change, a true moment of flourishing for women. It was also described as a transfer of virile characteristics from man to woman, which resulted in a complex, hybrid gender identity.

*From Wilting to Flourishing: The Miracle of Defloration*

During the nineteenth century, there is a significant evolution in the medical discourses about virginity and defloration. Back in the sixteenth century, Dr. Joubert, for example, had described the virgin as “radiantly healthy and cheerful” and the deflowered woman as downcast and glum, “with sad, dull, shameful eyes” (Joubert 1579, p. 200). In the *Dictionnaire des sciences médicales* (1814), defloration still appears as a physical wilting: virgins are believed to have “firm, tensed” genitalia whereas those of deflowered women are “overstretched, loose and dangling”; breasts are said to lose their fullness, nipples their redness, and skin its elasticity (pp. 195–198). According to these texts, losing one’s virginity equated to losing all of one’s vitality and youth.

However, this view gradually changed. By the 1820s, Virey depicted some kind of vitalization occurring during defloration (Virey 1825, p. 83). From the mid-nineteenth century onwards, this tendency resulted in a clear-cut tailing off (if not a full reversal) of the discourse on defloration. The once radiant virgin becomes, according to Dr. Eynon (1909), a “pale young girl, with shadows under her languid eyes, walking unsteadily and wavering, resembling an etiolated flower, turning her face toward the ground.” She is also said to have digestion problems and “weird appetites” (p. 12). Every marriage advice manual author says the same: defloration is almost a resurrection for the young girl (Montalban 1885, p. 3). Her deflowering brings her “new freshness, radiant health,” “roses are reborn on [her] cheeks” (Eynon 1909, pp. 11–12), and even “a large number of ailments and unhealthy tendencies” will instantly vanish (Menville 1845, Vol. I, p. 242). What was once perceived as a physical and moral wilting for women is now described as some sort of universal remedy, an event which changes the young maiden into a radiant woman.

This evolution can be read as hinting at a progressive dissociation of medical texts from the religious valorization of female virginity. More broadly, this can be linked to a rejection of both celibacy and abstinence as promoted by the Church, in the context of the gradual secularization of social norms. Dr. Wylm (1907) asserts that “abstinence (...) induces an

erethistic state that can quickly become pathological” that it “unbalances the nervous system, disrupts blood circulation, overexcites the genitals and causes mental breakdowns” (pp. 151–153). This rejection of abstinence is based on the conception of a feminine nature entirely devoted to motherhood, as described above. According to Dr. Eynon (1909), the woman who remained a virgin was doomed to wilt, and her beauty to fade, because she was not “fulfilling nature’s wishes” (p. 11). This valorization of a woman’s defloration may be linked to the specific context in France at the end of the nineteenth century. The traumatic defeat of France in the Franco-Prussian War (1870–1871) has been linked to low birthrates giving rise to the fear of national decline (Cahen 2016, p. 22). In this context, it seemed an urgent necessity to encourage women to increase the birthrate and consequently to praise motherhood. The insistence on the benefits of defloration and the eroticization of the conjugal sphere can therefore be explained by the perceived necessity of increasing the birth rate. Nineteenth-century physicians thus completely transformed the representation of virginity and defloration, making the latter a crucial event in the shaping of feminine identity.

### *Is Defloration a Virilization?*

What does this metamorphosis involve? When talking about defloration, nineteenth-century medico-literary discourses completely reconstruct women’s gender identity: femininity is enhanced with a set of virile features transferred by the man to the woman during her defloration.

This idea stems from the persistence of ancient medical theories within nineteenth-century medical knowledge. Indeed, physicians refer to spermatric impregnation in order to explain how these virile features are transmitted to the woman. Dr. Dartigues (1882) explains his belief that in impregnating a woman’s body, a man’s sperm “rekindles all her body functions” and “makes her system more developed and active” (p. 34). As the nineteenth century wears on, the description of this transfer of features becomes more precise. In 1825, Virey talked vaguely about “something more virile, more masculine, bolder” (p. 85), but in the middle of the century, Menville (1845) gives a much more detailed description:

The first pleasures of love increase the energy of the circulatory system, from there, the arteries, which are fuller, convey heat and life to every part of the body. The muscles strengthen and clear fluids are less evident. In short, the sanguine temperament eradicates a lymphatic predominance. (p. 242)

This excerpt shows how the Hippocratic theory of humors was still a major influence on these physicians. Defloration induced a change of temperament in women: once lymphatic, she became sanguine. The influence of Aristotle can also be seen here, since Menville adopts his doctrine of the four primary qualities (hot–cold, dry–wet) and their gendered division, whereby the woman is presented as naturally cold with virile contact serving to reheat her.

A woman's transformation was not only seen as physiological. Defloration was also believed to impact upon the sound of her voice (which became low and rough) and her sweat, which, once odorless, acquired a specific smell. The woman's whole demeanor was also transformed. According to various authors, the previous extremely shy young woman became more resourceful, more self-confident, bolder, more daring, and even authoritarian after her deflowering. The way she stood, walked, and talked was less hesitant and more purposeful (Menville 1845, p. 242; Dartigues 1882, p. 33). The features attributed to the deflowered woman were, as we can see, features traditionally attached to the masculine gender. Bravery, for example, is one of the key elements of the Roman *virtus* from which modern western virility stems (Corbin et al. 2015, p. 9).

This virilization of the woman, which at first sight seems quite paradoxical, was in fact congruent with her assigned purpose, i.e., motherhood. According to Menville (1845):

This development, which is evident across her whole system, is a result of the newly beneficial position of her body: free to perform its functions and walk straight on to the goal assigned to her by Nature. (p. 242)

Defloration thus gives a woman masculine characteristics because maternal functions required those qualities. The apparent paradox of femininity acquired through the transfer of masculine characteristics was resolved through the vision of a feminine nature fully dedicated to motherhood.

In these texts, defloration thus appears as a crucial moment in the creation of feminine identity. A woman can only be transformed into her true self by defloration, that is, by her impregnation with masculine features. The man who deflowers is thereby given an essential role in the woman's metamorphosis, whereas she is confined to a passive, receptive state characteristic of the nineteenth-century vision of feminine sexuality. Medical discourses on defloration therefore endorsed the gender relationships of their time and contributed to reinforcing male dominance over women.

### A CRUCIAL EVENT IN THE SHAPING OF MASCULINITY AS WELL?

The husband was clearly given great importance by physicians. Montalban (1885) described him as follows:

He who is called upon to serve as a tutor and guide for a frail, delicate young being, full of ignorance and unconscious passions; he who will open and peruse the book of love with this young girl (...), this man who will soon tear in her the veil of the unknown (...). (pp. 3–4)

The husband was expected to be his wife's guide and initiator, but this important role had, as it were, a downside. The male role in the making of feminine identity came with responsibility for the couple's future sex life and happiness, a responsibility that weighed solely on the man's shoulders. Indeed, medical texts imposed many injunctions on men's sexual behavior during the wedding night, ranging from being gentle to behaving quite vigorously. These injunctions constructed a normative model of masculinity.

#### *Being Gentle, but Vigorous*

During the second half of the nineteenth century, both physicians and novelists warned their readers of the possible consequences of defloration on a couple's future. If things went smoothly, according to de Balzac (1829), the husband could be assured of a happy marriage and, more importantly, a faithful wife (p. 112). But if things turned out badly, the aftermath would be dreadful. Firstly for the wife herself, who might, in the short term, feel a great deal of pain and suffer from painful genital

inflammation and in the longer term suffer from pathological afflictions such as vaginismus or frigidity. But, as Dr. Clément warns the male reader of his *Guide des gens mariés* (1872), “it is not only the woman that can be severely injured, but also the couple’s future happiness as the memory of this event lasts throughout married life” (p. 8). If the bride had bad memories of her wedding night, this had implications for the couple as the wife might resent her husband and be unfaithful to him, which would jeopardize the whole marriage (Brennus 1895, p. 38). In a context where conjugal life was being eroticized and a fulfilling sex life was increasingly deemed essential to marital happiness (Mesch 2008), defloration therefore became a crucial event.

This is why doctors tried their best to define an ideal of male behavior during defloration. They all opposed the “legal rape” perpetrated by some brutal, selfish husbands on their innocent wives. These men were depicted as raging “bulls” or impetuous “satyrs” who only seek their own pleasure and do not care for their wife’s feelings (Coriveaud 1884, p. 14). Coriveaud (1884) also criticized husbands who turn the wedding night into a “savage rut” (p. 15). Admittedly, the wedding night was when the husband had to demonstrate that he was a man, but there was no need, according to Dr. Brennus (1895), to “engage impetuously in marital duties” (pp. 100–101). Rather than a brutal virility full of “gaucheries” and “inappropriateness” (Rhazis 1909, p. 59), sex advice manuals praised a new model of masculinity based on the mastery of one’s desires and sexual impulses. According to Dr. Désormeaux (1905), the husband must be soft and slow, gentle and delicate, and should not neglect caresses when first approaching his wife (p. 38). Young husbands must “put themselves in their young bride’s shoes,” try to understand “her innocence and her curiosity, her fears and her desires,” “reassure her,” “prepare her with tender attention” and bring her “slowly, with delicacy, with no roughness” to the act (Jaf 1907, p. 104). All the writers opposed the widespread belief that a husband should not indulge in foreplay because he could offend his wife by treating her like a harlot. On the contrary, they recommended preliminary caresses and tender words to tame the wife and help her forget the pain of her defloration.

But excessive delicacy could be as fatal as excessive brutality (Cryle and Moore 2011, p. 89): beware the husband who is clumsy, who is too weak and too soft, lacking in vigor and who fails to impose his dominance over his spouse! The behavioral norms weighing on men were particularly demanding, if not contradictory. Men had very little room for maneuver

when it came to defloration, hence, the anxieties that could beset the husband on the wedding night:

He feels a profound concern growing inside him, he is completely overwhelmed. His usual confidence has turned into fear. At this solemn, decisive moment, the bold lover feels filled with a sense of anxiety, and is on the verge of becoming, in spite of himself, stupid, brutal, ridiculous or coarse. (Brennus 1895, p. 99)

Many marital advice books mentioned, as a matter of fact, the husband's temporary impotence during the wedding night as a result of apprehension surrounding the defloration. The first night of marriage was therefore, to quote Peter Cryle (2009), "the Scylla and Charybdis of conjugal sexuality: there is danger on both sides, and any deviation from the narrow course of normality is likely to have drastic effects" (p. 57).

### *The Consequences on Individual Representations of Masculine Identity*

These normative injunctions formulated by physicians thus contributed both to turning defloration into an important moment for men, and to defining masculine gender identity. Their impact on people's sexual representations can be assessed by looking at private documents, such as letters or personal diaries. Studying male correspondence makes it clear that virility was established through sexual bragging and boasting (Sohn 2009, chapter 4): when men deflower a woman, they deliberately describe it to their friends as a meaningless event, only to reinforce the image of a triumphant, virile man. In 1831, Prosper Mérimée wrote to a friend who was worried about his reputation:

Why would you care about the opinion of this petty schemer? You deflowered her and it has made you very happy. She will never harm you as much as she pleased you by allowing you to put your mizzenmast in her stern. (Mérimée 1941, Letter to Édouard Grasset, October 26, 1831)

Théophile Gautier, writing in 1836 to Eugène de Nully, says: "I followed your dignified advice and recently deflowered our dear Eugénie at last; it amused me quite a bit; at least I won't have to live with this remorse anymore" (Gautier 1985, Letter to Eugène de Nully, March 1836). They both affect a very detached approach, in order to pretend that deflowering



a woman is a very ordinary occurrence for them. In doing so, they aim to reinforce their image of manhood (Corbin et al., pp. 136–137).

However, some testimonies reveal the other side of the injunction to be virile and show that defloration could be a real ordeal for men, one which was liable to challenge their masculinity. The story told in 1885 by a Parisian railroader whose wife was in love with someone else and married him reluctantly, is in that sense very revealing:

On the wedding night, she refused to sleep with me and had a nervous stroke; she fell on the ground and I carried her to her mother. On her mother's advice, she came to me the day after, but this scene had upset me and, for fifteen days, I tried to sleep with her but could not succeed. She laughed at me. (...) At her workshop, she spread the word that I was a good-for-nothing, that I was impotent. My railway comrades laughed at me as well, so one day, I took off my pants in front of them to prove I was a real man. (...) My mother-in-law summoned a doctor; I was forced to let him examine me. (Cited in Sohn 1996, p. 782)

This depiction makes it clear that the failure of the wedding night, though at first largely attributable to the wife, undermines the man's masculinity: he is regarded by his relatives as being responsible for it and people are comfortable laughing at his defective virility. Defloration therefore appears to be a true ordeal that could strengthen one's virility as well as destroy it.

\* \* \*

Nineteenth-century French sex advice books describing defloration thus offer a good perspective on how these pre-sexological texts are likely to have constructed and reshaped gender identities. Defloration was given a crucial role in shaping a specific feminine identity that combined feminine and masculine features. By extension, defloration also acquired an important role in the definition of masculine identity by making the man the responsible for what happens to his wife and for the couple's future happiness and destiny.

These books, written by obscure and often self-appointed physicians, can be considered as brokers between the medical scientists of their time, which they often quoted and relied upon, and the broader lay audience for which they were designed. However, in conveying medical theories, they charged them with profound moral and social implications. That

which physicians considered simply as a genital alteration (the tearing of the hymen), became a crucial event in a woman's life in these books on defloration. Medical knowledge was thus used to legitimize social control over women's bodies and sexuality, and to reinforce the conjugal norm of the time.

Nonetheless, the final example of the railroader, along with the study of private documents such as intimate diaries or letters, reveals that while doctors emphasized the role of defloration in the making of femininity rather than its role in shaping masculinity, men often appeared to be more concerned about this event and its implications on their gender identity than women (Mortas 2017, chapter 8). This provides an opportunity to question the links between normative medical discourses and social representations and practices. Far from fully internalizing the norms that weighed heavily upon them, individuals created their own reinterpretations and appropriations of these norms.

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## Girl or Boy? The French Birth of the Word *Sexologie* (1901–1912)

*Gonzague de Larocque-Latour*

In the 1930s, Eugène Humbert, president of Pro Amore, the French section of the World League for Sexual Reform (WLSR), laid claim to the word “sexology” (Dose 2003; Tamagne 2005). In the article “Sexologie” that he wrote for Sébastien Faure’s *Anarchist encyclopedia* in 1934, he explained that this neologism “not yet accepted in currently used dictionaries, was very probably used for the first time in France by Eugène Lericolais and Eugène Humbert in July 1912 when founding their Bibliothèque de Sexologie Sociale”. Humbert was referring to Lericolais’s inaugural “study of social sexology” published in 1912 with the title: *Few children. Why? How? Gonocritie or voluntary procreation of the sexes*.<sup>1</sup>

However, the word “sexology” had in fact been used earlier, in 1911, by Sirius de Massilie in the book *Sexology: Predicting the sex of children before birth*. Humbert and Lericolais never mentioned this book—even though they knew about it and it had the same theme as their own: how

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A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,  
[https://doi.org/10.1007/978-3-030-65813-7\\_11](https://doi.org/10.1007/978-3-030-65813-7_11)

to determine the sex of children before birth. Nor, a few years later, did the first “native” history of French sexology by Angelo Hesnard (1933) in the introduction to his treatise on “normal and pathological sexology” mention de Massilie’s book (de Larocque-Latour and Giami 2016). Even nowadays, the historiography of sexology in France does not seem to have any place, apart from that of a *curiosa*, for de Massilie’s book. In the work done by the historians of French sexology, this publication has figured only in a short note with the statement that the word *sexologie* “was already present in the title of a book of astrology from 1911” (Chaperon 2007b, p. 247). In addition, the sexologists who have written about their profession’s history have either simply failed to mention the book (Bonierbale and Waynberg 2007) or else stated that the initial use of *sexologie* to refer to sexing (*sexage* in French: discerning the sex before birth) “is laden with meaning: sexology will, in fact, be unable to exist as long as preoccupations with fertility override the free expression of sexuality” (Brenot 2012, p. 26). How did the word *sexologie* take root in France? This chapter proposes a history of this term precisely by trying to discern its early meanings and describe the contexts of its first published appearances (Canguilhem 2002; Veyne 1978).

## STUDYING THE HISTORY OF SEXOLOGY

Little has been written about the history of sexology in France (Chaperon 2007a); and studies by historians have focused very little on French sexology (Béjin and Giami 2007). I would like to start by placing the analysis proposed in this chapter in relation to two books, neither of which has been translated into English. They are considered to be reference works on this topic: *The origins of sexology 1850–1900* by Sylvie Chaperon (2007a) and *The harmony of pleasures: Ways to enjoy from the Enlightenment to the advent of sexology* by Alain Corbin (2008).

### *Histories of Theories About Sexuality*

Sylvie Chaperon situates her book on *The Origins of sexology* with reference to David Bloor’s call for a “new history” that refuses “judged history” and, on the contrary, claims to have a “symmetrical” method for impartially describing “winners” and “losers” (Pestre 1995). From the start, Sylvie Chaperon’s *The origins of sexology* refers sexology to the

German idea of a “science of sexuality”. Chaperon’s sources include writings on “theories on sexuality” from a large corpus “representative of scholarly texts, of works intended for a general public at the time” and (it is noteworthy) of “practical handbooks for couples” (Chaperon 2007b, p. 11). By proposing to analyze controversies “in order to bring to light the beliefs, cultural representations, logics and stakes that underlie these discourses as a whole”, she claims an affiliation with Michel Foucault “since he formulated the idea that knowledge is always a power and that knowledge about sexuality serves to govern individuals in their very intimacy” (p. 10).

The publications reviewed by Chaperon come from the United Kingdom, Germany, and France. The author seems to consider these to form a relatively homogeneous corpus owing to the abundance of exchanges between these countries. The period covered is 1850–1900, when doctors, according to Chaperon, were using the experimental method to study sexuality and when highly popular theories of evolution and degeneration provided psychiatrists in asylums with concepts for classifying perversions. Chaperon’s research situates the birth of a new science of sexuality, namely, sexology. This sexology is seen as the result of contestation by activist movements (feminists, neo-Malthusian, and homosexual) of the sexual order conceived by physicians in the second half of the nineteenth century. According to Chaperon (2007b, p. 200), the reason “the word ‘sexology’ emerged around 1910 in neo-Malthusian circles and was then picked up by French groups that supported the homosexual movement in Germany is that the intent was to make a break with medical approaches and take account of activist demands.” She has concluded as follows: “The circles of reformers that bore this movement pulled in opposite directions. Neo-Malthusians, feminists, homosexuals had more points of contention than points in common, but they happened at least to come together owing to their emphasis on individual responsibility, advocacy of sexual education for children and belief in the improvement of the human race. Besides, the word ‘eugenics’ in English, introduced in 1883 by Francis Galton (Charles Darwin’s cousin), was increasingly popular; and *eugenisme*, a word used as early as 1886 by Vacher de Lapouge to translate it, soon spread in France. Sexology and eugenics would march side by side; but that is another history” (p. 201).

This chapter will question the setting aside of eugenics as an issue to be treated separately. Our analysis will suggest that eugenics is an under-acknowledged but highly influential part of the origins of French

sexology. Furthermore, rather than conceiving contemporary sexology as the result of a break with an earlier tradition focused on “procreation” and “generation,” or as being possible due to a “liberation” from these preoccupations, our research suggests, instead, a continuity.

### *A History of Carnal Practices*

Alain Corbin’s theme, period, and geographical zone of study are completely different, as is his method. His work stands apart from Chaperon’s, which he has associated with a Foucauldian approach that consists of going back in time in order to shed light on the present situation and understand its origins (Corbin 2008, p. 457). Corbin’s intention is to make a “historical anthropology, based on a comprehensive view and on the concern for avoiding psychological anachronism” (p. 10). This will release us from our beliefs, convictions, experiences, and all concepts worked out therefrom so that we better understand both the conditions under which certain discourses emerged and the related practices, which are now foreign to us. Corbin’s analysis has focused on how carnal relations, as reported in the writings of doctors, theologians, and pornographers, were practiced. This comprehensive approach intends to define the conditions for the emergence of discourses; and the starting point for understanding nineteenth-century writings is to “study the beliefs, convictions and norms that ordered the meeting of bodies” (Corbin 2008, p. 13). To bring to light the specificity of the French case in relation to its “mental context”, Corbin has restricted his study to French-speaking areas where Catholicism prevailed, and to the period from 1770 to the 1860s in France. At the time, the prestige of Paris and Montpellier in medical circles was, according to Corbin, unquestioned; theologians debated the practice of *coitus interruptus*; and new forms of pornography were emerging in France.

Corbin’s argument is that these medical, theological, and pornographic discourses problematized sexuality in relation to the “enjoyment” necessary for both fertility and for conceiving children of the right quality. As of the mid-nineteenth-century however, this quest for a harmony of pleasures fell by the way. As the influence of psychopathology, a discipline infused with degeneration theory, grew, interest in sexuality began to focus more narrowly on the individual, neglecting earlier interest in the couple. A transition was taking place, and a “keener attention to psychology, based on a ‘pathologization’ of behaviors, was subordinated



to mental hygiene” (Corbin 2008, p. 453). Furthermore, since the early nineteenth century the French language had lost ground as an international scientific and medical language, and German now occupied this dominant position. In this new linguistic and theoretical context, “sexology constructed and then imposed its nomenclature and catalog of ‘perversions’, its procedures of confession, its ways of writing about oneself, its new forms of case studies” (p. 453). Corbin concluded that the “permeation of society by the lessons drawn from sexology concerned the 20th century; and this is a fully different history than that of the harmony of pleasures”, the theme of his book (p. 455).

### THE GENEALOGY OF FRENCH SEXOLOGY

Corbin’s work clearly claims to be a critique of Michel Foucault’s *The history of sexuality* (1976), which was said to lack precision by covering a very long period of time as well as a very large geographical area. This led Foucault to adopt a Protestant, Germanic vantage point that emphasizes perversions and does not help us understand the particular context in France. In the introduction to the second volume (*The use of pleasures*) of his history, Foucault (1984), whom Corbin never quotes, addressed this very critique. He presents the reorientation of his subject toward a “history of the man of desire,” which gave him two options: either retain the period covered by the first volume (*The will to knowledge*) and study the history of desire since the eighteenth century; or else reorganize his whole approach and instead study the slow formation of the hermeneutics of the self since Ancient Times. He chose this second option, whereas Corbin’s critique applies, in my opinion, to the first. After all, Corbin definitely wanted to describe the emergence of “new figures of the desirable” since the eighteenth century (Corbin 2008, p. 13).

This chapter follows up on the work done by Corbin and the Foucault of *The use of pleasures* by borrowing the distinction that, made between “studies of history” and “works by historians” (Foucault 1984), has to do with the uses of historical sources. The genealogical method, very close to Corbin’s comprehensive historical anthropology, consists of making a history of thought and its problematizations and not a history of cognitive representations or practices. According to Paul Veyne (1978), this method entailed, for Foucault, understanding that things are but “objectivations” of practices, of which the determinants must be brought to light. Everything hinges on this paradox, Foucault’s central tenet: “*What*

*is done*, the object, is explained by the *doing* at each time in history; we are wrong to imagine that, *doing* (practices) is expressed through what is done” (Veyne 1978, p. 403)

The discussion of Chaperon and Corbin’s works can set the stage for the present chapter’s analysis of the period immediately following the one studied by these authors. During this very short window from 1901 to 1912, the neologism *sexologie* appeared in France. I will argue that it is, however, particularly important to revisit the “mental contexts” in France preceding this first use of the term. This will help in understanding what Sirius de Massilie was doing with this term. The genealogy I propose will also consider how the meaning of this word had evolved by the time Eugène Lericolais adopted it. Finally, I will argue that this semantic exploration can help shed light on some under-acknowledged, if not entirely denied characteristics of the birth of French sexology, and more specifically, its intimate relationship with eugenics.

## THE “MORALS OF GENERATION”

Tracing a genealogy of French sexology and understanding the changing meanings of the term sexology itself necessitates the examination earlier related terms such as “sexualité,” “procréation volontaire,” “*sexuologie*,” “*gonocritie*.” In what follows, I will attempt to show how the meanings of these earlier terms contributed to the “mental context” preceding Sirius de Massilie’s coining of the term “sexology” in 1911.

### *Emergence of the Word “Sexuality” in France*

In the 1820s, the word *sexualité* cropped up in botany and agriculture in reference to the difference between the sexes (dioecy), *i.e.*, the “complete separation of the sexes in two different individuals” (Virey 1838, p. 144). Sébastien Vaillant (1718), the botanist who laid the grounds for this concept in France, contributed to the great epistemological shift in the West from a one-sex model to a model of two incommensurable sexes (Laqueur 1990). By 1828, the phrase “the sexuality of plants” was current (Wydler 1828, p. 11). The word *sexualité* rivaled *sexualisme*, in use since the end of the eighteenth century. Beyond defending the sexual theory of plant life, naturalists expanded this concept of separate sexes to animal life (Von Sachs 1892). This concept thus gradually spread from botany to zoology and then human biology.

As Corbin has pointed out, the word *sexualité* for referring to the difference between the sexes came to be applied to human beings as of 1837 in the translation by Dr. Antoine Jacques Louis Jourdan of a treatise on physiology as a science of observation (Burdach 1837, p. 391). Throughout the second part of the nineteenth century, Burdach remained the reference for this view of sexuality—to the point that, in dictionaries of medicine from 1865 to 1908, the definition of sexuality stood firm: “a mode of distribution of the genitals in a single individual (partial sexuality) or in different individuals (Burdach’s individual sexuality), and, in this case, the set of anatomical and physiological attributes that characterize each sex” (Nysten 1865, p. 1381).

In France during the nineteenth and early twentieth centuries, the word *sexualité* thus covered practices for determining the sex of a not yet born child—for both discerning and choosing the sex. The general form of this problematization brings us to see how the word *sexologie* was related to practices of procreation. During this period, words created from the Latin stems *goné* [what engenders, seed] and *generis* [birth, origin, race, group, category] were increasingly used (*e.g.*, generation, regeneration, gender, genealogy, genitor, engender, genius, eugenics, degeneration, genital, and gonad). The word *sexologie* emerged in relation to the question of how to be a good genitor. I have called this form of problematization the “morals of generation” (de Larocque-Latour 2014).

### *“Voluntary Procreation”*

Since the eighteenth century, the phrase “voluntary procreation” (*procréation volontaire*) referred to the sex-determination of children before birth and the possibility of choosing the sex of the unborn. During the Baroque Period, writings on the “art of procreating the sexes at will” abounded. After the seventeenth-century vogue of didactical poems in Latin (such as *Paedotrophia* by Scévole de Sainte Marthe or *Callipoediae* by Claude Quillet), the eighteenth century was infatuated with handbooks on *savoir-vivre* and educational books written by doctors for young couples who wanted their marriage to be successful; to cite but a few of these authors: Jean Liebault, Nicolas Venette, Michel Procope Couteau, Isaac Billet, Jean Saury, Jacques Millot, and Julien Jean Offray de La Mettrie (Darmon 1981). In many of these books, the chapter on voluntary procreation was next to the one on callipedia, the art of having beautiful children.

The key issue problematized in the nineteenth century had to do with *genia*, birth and generation—a birth for improving the species. The meaning of the phrase “voluntary procreation” shifted to mean procreation as an act of willpower, a conscious and controlled process in compliance with the “hygiene of the sexes”. Among the books illustrating this shift were: *Essay on the megalanthropogenesis or the art of making spirited children that become great men, followed by the best method of generation* (Robert 1801) and *History of human metamorphosis and monstrosities: Sterility, impotence, procreation of the sexes, calligenesis* (Debay 1845).

### “Sexuology”

Meanwhile, biologists were shifting their subject of study from the sexes of animals and plants to voluntary procreation (*i.e.*, sexing: sex-determination) in fauna and flora, an example thereof being experiments on the “production of the sexes” (Girou de Buzareignes 1827). A further step was made in 1863 with Marc Thury’s *Thesis on the law of production of the sexes among plants, animals and people*. Invoking the progress made in horticulture and zootechnics, this book presented voluntary procreation as a known, easily applicable law; and extended to human beings a problematics previously restricted to the farming economy. Thury’s “law”, founded on the state of maturation of the ovum, sparked a debate in Europe. Many scientific writings were devoted to the newly worked out concept of the “determinism of the sexes” or “sexuality”. In 1899, two articles—“Sexuality” by Felix Le Dantec (1899) and “On sex-determination among animals” by Lucien Cuenot (1899)—represented major compendiums of the abundant biological research on voluntary procreation in France and abroad.

At the start of the twentieth century, doctors soon borrowed and popularized the knowledge produced by biologists (Dartigues 1882; Garnier 1900); and midwives did as much in their specialized journals. For instance, Louise Toussaint (1910) in her *A midwife’s chat: Things seen and experienced*, devoted a whole chapter to sex-determination, in which she used her experience to defend Thury’s law. This use of “sexuality” to refer to sex-determination would finally, at the start of the twentieth century, pass into ordinary French but in the form of *sexuologie*:

“The concierges were giggling.

‘What kind of bird is that?’ Leclampin asked.

‘It’s a canary, you can see that’, the concierge replied.

‘Yes, I see, it’s yellow. But is it a male or female canary?’

‘It’s a male.’

‘Are you sure about that?’

‘By Jovess!’

‘Ah! Tell me how do you see that?... I don’t know anything at all about birds.’

The concierge gently explained to Leclampin that he would have to breathe on its stomach to part the feathers: that was how you could recognize the sex. She added incidentally, ‘If it sings, it’s a male; but if it doesn’t sing, it’s a female.’ If, after all that, Leclampin was not set and satisfied, he was definitely hard-headed, don’t you agree? He should now know the score on the sexuologie of canaries”. (Griquet 1902)

In this excerpt from an article published in 1902 in a popular weekly of humor, *La vie en Culotte Rouge*, the word *sexuologie* was not italicized (as it is here in the translation), since it was being used to define and did not need to be defined. For the readers of popular magazines in the first years of the twentieth century, the meaning was obvious: sexuology was the art or science of sexuality, *i.e.*, of sex-determination.

### THE ORACLE OF THE SEXES

On 28 September 1902, *La vie en Culotte Rouge* ran a page of advertisement for two books: *The supreme power: An esoteric mystery unveiled, a novel about the supernatural* by Marc Mario; and *The oracle of the sexes: Revelation and prediction about the mysteries of love* by an author whose pen name was Sirius de Massilie. This second book had been published in 1901 with the title: *The oracle of the sexes: Prediction of the sex of children before birth, gonocritie, a manual for mothers and wives, omens of fertility and sterility, prediction of the number and sex of children to be born, determination of the sex of a child during pregnancy, procreation of the male or female sex at will* (De Massilie 1901).

#### *Fair Weather for Occultism*

This second book’s “only goal is the sexuological question”, *i.e.*, the “gonocritic art.” Etymologically, *gonocritie* stems from the Greek prefix *goné* [the action of engendering, of coming into being] and the suffix

*krisis* [judgment in the sense of the force for making a decision]. *Gonocritie* is the discernment in advance of birth of the unborn child's sex: "sexuological prediction before birth," a "branch of astrology." The book often used the term *sexuologique* as an adjective: "sexuological prediction," "the sexuological mantic of nativities," "sexuological knowledge," "sexuological influence," "sexuological diagnosis," and even "the sexuological question."

The author behind the pseudonyms Sirius de Massilie and Marc Mario was Maurice Jogand, a journalist and master of Kabbalah (Dubourg 2009). At the time, the general public knew him through his many sentimental novels (most of them printed as serials in popular newspapers), his books for popularizing occultism, and his practice of astrology (by appointment or by mail).

Henri Chacornac, who (since the late 1880s) ran a bookstore in Paris specialized in antique and modern books on the hermetic sciences, published *The oracle of the sexes*. At the end of the nineteenth century, his home served as a center of Spiritism in Paris, a meeting place for the representatives of various currents of occultism. Maurice Jogand was a player in this movement, which was thriving in the capital. This movement, which pitted Spiritism against materialism and rationalism (Delalande 2010, Secret 1974), experienced its golden age between 1880 and World War I (Laurent 1992). Set up in 1899, the French section of the American Theosophical Society would become the Theosophical Society of France in 1908. In France, occultism and esotericism emulated each other (Lagrange and Voisenat 2005, Pierssens 1990), evidence of this being the proliferation of magazines, bookstores, and conferences, and the organization of two congresses in Paris: the one on Spiritism in 1889 and the other on theosophy in 1900.

### *The "Gonocritic Art"*

Its discursive practice presented the *Oracle of the sexes* as a "brochure" for popularizing astrology (Caillet 1913), a "handbook of mothers and wives" that teaches an astrological method known by a "large number of midwives [who] have often applied it to their clientele". This brochure claimed affiliation with major treatises on astrology (such as Auger Ferrer's, the physician of Queen Catherine of the House of Medici). It presented astrological knowledge that was not disconnected from the advances made in biology. The author examined various elements of

biological and medical knowledge from the book's astrological vantage point. His method was based on horoscopes; but in addition to the day and hour of sexual intercourse, Jogand gave advice about the necessary period of continence during the days preceding intercourse and about the sorts of food to be eaten. A final point: he did not overlook the imagination since the "energy of willpower, blind faith, confidence in the certainty of the result are also indispensable" (De Massilie 1901, p. 98).

*The oracle of the sexes* is to be related to the Schenk Affair. Leopold Schenk, a professor of embryology at the faculty of medicine in Vienna, was the target of fiery criticism following the publication in 1898 of *The influence on the sex ratio*. The Schenk method, presented therein, claimed to be infallible owing to the diet prescribed to pregnant women. Virchow derided this method for not being evidence-based; and Schenk was forced to resign from his chair of embryology and placed on early retirement (Emed 2004). This affair administered a harsh rebuke to biologists specialized in sex-determination but would give a boost to hermeticism. So, Maurice Jogand edited *The oracle of the sexes* on "gonocritie" (and *The oracle of flowers* on divination using flowers).

### *Sexology, a Branch of Astrology*

A different publisher (Henri Daragon) brought out a second edition of *The oracle of the sexes* in 1911. However, the title was altered: *Sexology, prediction of the sex of children before birth, the oracle of the sexes, a manual of mothers and wives, omens of fertility or sterility, the exact duration of pregnancy, an infallible calculation of the day of birth, the number and sex of children who have to be born, the procreation of the male or female sex at will, astral influences*. While the word *gonocritie* was removed from this new edition's cover, two phrases were added: "the exact duration of pregnancy" and "infallible calculation of the day of birth". In other words, the *gonocritie* of 1901 had become *sexologie* in 1911. But why change the title? Above all, why was the word *sexuologie* not used? After all, it was close to *sexuologique*, an adjective that Jogand constantly used to describe the astrological science of sexuality (*i.e.*, of sex-determination).

A first hypothesis is that Jogand or his publisher did not invent the word but borrowed it from the title of an American book by Elizabeth Osgood Goodrich Willard (1867). According to historians of sexuality, Willard's *Sexology as the philosophy of life: Implying social organization and government* signaled the first use of the neologism "sexology" in

English (Béjin 1982, Bullough 1994). The author, a doctor in Chicago close to circles of Spiritism and American feminism, maintained that a universal law of the sexual order explained movement and thereby life. The book's "object is the revolution and reform of society in conformity with natural sexual law, giving woman her true place in its governmental orders. It shows the perfect equality of the laws of sex, and also their great dissimilarity" (Willard 1867, p. 3). Despite the many relations between American and French societies of Spiritism, Jogand's and Willard's books were different; and their discursive practices were not the same. For this reason, the hypothesis of a borrowing from English is not very probable.

Another hypothesis is more likely: *sexologie* was a genuine semantic invention conditioned by the context. During the session of the Academy of Sciences on 22 May 1911, Léon Labbé presented a note on embryology by R. Robinson (1911) about a program for studying sex-determination. *Le petit Parisien*, a popular daily, ran an article about this on its front page with the title "Girl or boy?" (Anonymous 1911). Robinson's note shifted the problem of sex-determination toward a new field, endocrinology. Dr. Jules Regnault addressed this question in France. At the same session of the Academy of Sciences, after Robinson's, Regnault's (1911) own note on medicine was presented about the "adrenal opotherapy in vomiting during pregnancy: the role of internal secretions in determining the sex".

The fact that the prestigious French Academy of Science sponsored this sort of study is not to be overlooked. Echoes of the Schenk affair were still ringing: Robinson's note was discussed at the Academy because it moved the question of sex-determination beyond the field of empirical observations into the field of experimental science. Now, a mere injection of adrenaline sufficed to determine the sex; and all other suggestions were figments of the imagination, including those that evoked the parents' willpower. Biologists abandoned the phrase "voluntary procreation" for the more scientific-sounding "sex-determination". Robinson's study thus administered a severe blow to the partisans of astrological theories.

Maurice Jogand's invention of the word *sexology* might have arisen out of the need to make *gonocritie*, which was based on astrology, sound scientific. To be a "good" genitor, a person had to follow the recommendations of astrologists, who had knowledge about how to determine the sex of unborn children. Dressed up in the scientific garbs made by a new discipline subordinate to astrology, the word *sexologie* thus emerged



with a meaning related to sex-determination. Neither *gonocritie* nor the much too popular *sexuologie* had been able to achieve this.

## FEW CHILDREN

The word *sexualité* can also be problematized in relation to French neo-Malthusianism.

### *Regeneration and Neo-Malthusianism*

In 1900, Eugène Humbert joined the League of Human Regeneration, founded by Paul Robin in 1886 on the model of the Malthusian League in London (Demeulenaere-Douyère 1994). From his permanent staff position, Humbert imparted a momentum to the organization by rallying support from anarchists, whose figurehead was Sébastien Faure. This highly organized association conducted several actions: the distribution and sale of pamphlets, brochures, and books; adhesive labels for propagandists to post in public places; and the letters sent to the homes of newly engaged couples. The League also organized talks and conferences everywhere in France, in particular for the working class. Big posters widely publicized these meetings, which received support from local officials and MPs, current or former. “Practical courses demonstrating love free and without danger” were proposed to young women recruited at factory gates. The League also set up a network of doctors (considered to be gynecologists) and midwives whom it accredited. These supporters set aside several hours a week for free appointments to provide information on contraceptive methods (Humbert 1947).

### *“Conscious Generation”*

In 1908, ideological differences between Humbert and Robin and the joining of a new member, Albert Gros, kindled a crisis at the League of Human Regeneration (Ronsin 1980). Humbert wanted to concentrate on “the sexual problem alone” (*i.e.*, on the issue of contraception), whereas Robin’s motivation was the fight to impose “real sexual morals” (Robin 1905). In 1906, Robin had wanted to diversify the League’s activities by setting up an “agency for free marriages” or a “union of prostitutes” (Giroud 1937); but Humbert had refused to cover these initiatives. In 1908, Humbert founded an association *Génération Consciente*; and in

reaction, Gros created his own journal, *Le Malthusien* (which would be suspended at the outset of war in 1914). In 1912, Robin committed suicide. Meanwhile, the market for contraception had grown; and associations were competing, in particular to sell condoms.

The association's name "conscious generation" was a sounding board for the older "voluntary procreation". This new organization advocated organizing sexual morals around the new concept of "sexual misery"—the economic misery imposed upon unwanted children. The lower classes should benefit from the same sexual morals as the upper class, which had already been using contraceptive means for several years. "Voluntary procreation" thus came to refer to the possibility of choosing whether or not to procreate depending on the person's social class.

### *Sexology, a Branch of Eugenics*

This was the general context in which Eugène Humbert and Eugène Lericolais founded a publishing house (Bibliothèque de Sexologie Sociale) for studies on "social sexology". The first and last book published there would be Lericolais's *Few children: Why? How? Gonocritie or voluntary procreation of the sexes* in 1912.

The neologism *gonocritie* was definitely borrowed from Maurice Jogand. According to the chapter "Gonology and Malthusianism": "For us, the word 'gonology' does not at all have the too special meaning given to it by a few authors of books on occultism. We do not at all intend to inform parents of the probable sex of the children they have conceived depending on the position of the stars at the time of conception. No, our gonology will simply consist in imagining, from a scientific and medical viewpoint, the most favorable means and periods that genitors have for choosing their act of procreation" (Lericolais 1912, p. 259). Mention was then made of gynecologists' "tables of natality".

The book *Few children...* marked a medical and moral turning point for the association. Jogand's *gonocritie* as a *sexuologie astrologique* became, for Humbert and Lericolais, gonology as a medical "sexuology" practiced by gynecologists. Gonology was the study of the "good" conception, pregnancy, and birth; in other words, it was Pinard's *puériculture* (parenting or child-rearing) in association with an English selection-based eugenics at a time when the very respectable French Society of Eugenics was founded and its support solicited. According to Lericolais (1912, p. 69), "It is enormously important to us that the act of conscious procreation should

also be an act of good, excellent generation. Let us say having few children but seeing to it that this small quantity forms an elite from the physical and moral viewpoints [...] Procreate voluntarily, in full awareness; let us make not a multitude of runts but a phalanx of men.”

The phrase “social sexology” purged neo-Malthusianism of the sultry morals of free love. By making *Génération Consciente* appear new and scientific, the term “sexology” also drew attention to the association, under the prestigious aegis of eugenics, from neo-Malthusians, biologists, and doctors. *Few children...* amounted to a positive history of neo-Malthusianism since its English roots, a history that relegated Paul Robin to the past and asserted that *Génération Consciente* was the “official [association] of French neo-Malthusianism” (Lericolais 1912, p. 35).

By July 1914, *Génération Consciente* was thriving, its propaganda machine fully geared up. On the association’s premises, a “library of sexology” was set up and then a “sexological bookstore” that offered “not just books about the doctrine and practice of neo-Malthusianism but about anything related to the population question and sexual problems, novels included” (Humbert 1947, p. 88). “Sexual hygiene”, a brochure distributed by the association, provides evidence of the size of the market for contraception at the time and, too, of the key place held by *Génération Consciente*. The bookstore carried neo-Malthusian publications (including the exemplary *Prophylaxia sexualis* by Dr. de Liptay), books on eugenics, child-rearing, naturism, and physical exercises, the full collection of Dr. Pierre Garnier’s writings and the collection of books by Édouard Toulouse. What was missing? *La sexologie* by Sirius de Massilie.

*Few children...* provides, therefore, another source for problematizing and reformulating the question of the “good” genitor. The aim was no longer to discern and choose the sex of one’s child but, instead, to decide whether a genitor is apt or not to have children.

### *Sexology After World War I*

On the eve of the Great War, *Génération Consciente* was the main association of French sexology. It had antennae throughout the country and was well known worldwide in neo-Malthusian circles. Neo-Malthusian sexologists strived to turn the morals for generating children into a moral of “sexuality” (which would not emerge till after World War II). Endowed with a new meaning, the word “sexuality” would thus refer to the coming together of the sexes for the pleasure of intercourse shielded from the

reproductive potential of this act (de Larocque-Latour 2014). Without proposing, or even sketching, a history of French sexology during the 1930s, I would like, nonetheless, to mention a few established points.

Despite its importance on the eve of the Great War, *Génération Consciente* would decline after the adoption in 1920 of an act of law that forbade abortions and contraception. No longer able to do its propaganda work or to sell anything for preventing pregnancies, the association lost its sources of income. In addition, its premises were searched; and Eugène and Jeanne Humbert were arrested and accused of “having deprived France of battalions” (Guerrand and Ronsin 1990). The 1920s drew the curtain on *Génération Consciente*.

During the 1930s, members of the association turned toward naturism, which provided an opportunity for the re-problematization of the word “sexuality”. Sharing the same ideas about nudism, the Humberts, Pierre Vachet, and Victor Margueritte (a writer) had contacts with German nudist clubs—to which sexologists like Magnus Hirschfeld belonged. Pierre Vachet (1931) imported into France Hirschfeld’s ideas by translating and publishing *Sexual perversions according to the teachings of Dr. Magnus Hirschfeld*. In this context, the proposal made in 1927 to create a French section of the World League for Sexual Reform was an exciting opportunity that revived the hopes for reform that had animated *Génération Consciente* but, this time, from the vantage point of naturism. The WLSR’s French branch was called *Comité Pro Amore—Ligue de la Régénération Humaine*. This league of human regeneration was to revive neo-Malthusianism, which Humbert (1930, p. 101) described as the “elder brother of eugenics”, since both these approaches prepared for a better future.

During the 1930s, an additional new way to problematize sexuality emerged around the question of intersexuality, *i.e.*, the man–woman relationship. In July 1931, Édouard Toulouse and Justin Godart<sup>2</sup> founded the influential *Association of Sexological Studies* (AES, *Association d’Études Sexologiques*). Toulouse (1931a) declared, “The time has come to support all scientific studies about sexological problems.” In pursuit of the ideal of “perfecting humanity” and “improving life”, the AES was to address “problems of education, prenuptial examinations and eugenics” (Toulouse 1931b).

In this new competition between associations, we easily understand why Eugène Humbert thought it important to proclaim himself the

inventor of the neologism “sexology” in Sébastien Faure’s anarchist encyclopedia in 1934.

## EPILOGUE

In 1977, during the opening speech for a conference organized by the French Society of Clinical Sexology, Prof. Netter did not hesitate to declare, “In France at least, medical sexology is in its infancy; and being so young is not easy for a bastard born in murky conditions.” At the start of the 1990s, two sexologists—André Dupras and Gérard Vallès—tried to clear up the enigma surrounding the origins of sexology in France. In an article (“The first steps of sexology”) by René Nicoli (1975), Dupras and Vallès declared that the first use of the word *sexologie* dated from the 1930s. An article by André Thérive (1932) on French sexology pointed them directly to the AES presided by Édouard Toulouse. The two sexologists were apparently abashed to dig up an ancestor who had held an eminent place in the history of French eugenics. Leaving it up to Minkowski to pronounce Toulouse’s funeral eulogy, Dupras and Vallès (1991) shifted the reference to Toulouse back in time: “By tackling the problematics of fertility and eugenics, he endorsed the preoccupations of Western societies at the start of the century”. As demonstrated by my research on the origin of the neologism *sexologie*, sexology and eugenics advanced hand in hand because they were part of the same story and history: the “good” lover in our times is but a reinterpretation of the “good” genitor of yesteryear.

As Sylvie Chaperon has correctly pointed out, what marked the start of the twentieth century was the impregnation of French sexology by British and German sexology. In effect, the word sexology cropped up in 1913 in an article by Dr. Paul-Louis Ladame: “German chronicles: Recent work by German authors on homosexuality”. Ladame attributed the introduction of this new word to Hermann Rohleder, specifically the German doctor’s lectures on the libido and sexual life (Rohleder 1907). The word “sexology” definitely corresponds to the translation of *sexualwissenschaft* [science of sexuality] in German or to the “psychology of sex”, a phrase used in English. When problematized from this approach however, we must bear in mind that this source did not well up in a vacuum. In France, a eugenic sexology, important and recognized, would continue developing during the interwar period thanks to Toulouse’s Association of Sexological Studies (Drouard 1992, 2007; Dupras and Vallès 1993). To

look for the origins of the word “sexology” prior to the twentieth century, the search must be pursued in the history of biology and eugenics. In other words, when it comes specifically to the origins of the term “sexology” what must be problematized is not carnal relations, as Alain Corbin has done, but the idea of a “good” birth.

Maurice Jogand, like Eugène Lericolais, tried to use the word “sexology” to create a discipline and obtain recognition as the tenants of the most advanced version of science. The fact that research on the history of French sexology has overlooked, and still overlooks, *La Sexologie...* by Sirius de Massilie is not evidence that sexology had to be ridden of its initial astrological beliefs in order to attain the age of science. Instead, it is evidence that the discursive practice of the experimental sciences has deafened us to discourses from other sciences. It is now difficult to wrench us from the myth of positivism and discover the specific place for sexology in the management of people’s lives. When historians refer to the pioneers of sexology or describe the origins of this discipline as a new creation, we must, instead, see the “negative game of a slicing and rarefaction of discourses” (Foucault 1971).

As we see, *Few children...* was not at all created out of nothing. As an event, it was the place of coexistence of several discursive practices, including that of Sirius de Massilie’s *La Sexologie*, which it also helped erase. Astrology had an important part in the emergence of the neologism *sexologie*. This may be hard for us to imagine, as hard as it is for us to imagine the problematics of being a “good” genitor and of determining the sex of unborn children. To borrow from Michel Foucault (1969), “Notwithstanding how much the utterance is not hidden, it is not visible.”

## NOTES

1. This article, including quotations from French sources, has been translated from French by Noal Mellott (Omaha Beach, France).
2. Justin Godart created the French-English-American Cancer League in 1918, and became, in 1932, the minister of Public Health in Edouard Herriot’s government.

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# Marie Bonaparte and Female Frigidity: From Physiology to Psychology

*Sylvie Chaperon and Camille Nous*

Marie Bonaparte (1882–1962) was the great-great-niece of Napoleon and the wife of the Prince of Greece and Denmark. A close associate of Freud, she played a decisive role in the rise of psychoanalysis in France. Her extensive social networks in the fields of science, literature, politics, and psychoanalysis, her generous patronage of scientific research and her many translations and publications in a variety of fields make her a leading French scientist of the first half of the twentieth century. However, her stature has long been reduced to that of a fanciful and insignificant figure,

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seen more as an object of ridicule than acclaim. Sexologist Gérard Zwang sees her as “toquée,”<sup>1</sup> meaning “crazy” (Zwang 2001, p. 129). Elisabeth Roudinesco is no less critical, although her language is more formal. In *La Bataille de 100 ans* she writes, “We have the impression that Marie Bonaparte does not distinguish between conceptual thinking and the rationalization of her own fantasies” (as cited by Bourgeron 1997, pp. 63–64). Her first article, published in 1924 under the pseudonym Narjani, is a constant target for those who have a negative view of her work.

Marie Bonaparte can be seen as a victim of the Matilda effect, a term coined by Margaret Rossiter at the beginning of the 1980s to refer to the systematic overlooking, or even denial, of women’s scientific achievements (Rossiter 2003). Following the publication of Célia Bertin’s detailed biography of Bonaparte (Bertin 1982) some studies have rehabilitated her contribution to science (Bourgeron 1997; Amouroux 2012) and emphasized her role within psychoanalytical circles. In this chapter, I would like to draw attention to her work on female sexuality, especially her first and only article on anatomy and her place in the medical community of the 1920s.

Marie Bonaparte laid herself open to criticism mainly because she was a woman who boldly ventured forth into the world of science. Until the middle of the twentieth century, science was a field reserved for and identified with men. Even after universities and *grandes écoles* were opened up to women, there were few scientific fields in which women could hope to have a career. New fields, such as radioactivity or psychoanalysis, were among those that were open to them because they had not yet been institutionalized or gained recognition.

However, Marie Bonaparte’s scientific background was also out of phase with her times. The rise of the universities, the increasing prestige of titles and qualifications, the professionalization of knowledge and increasing specialization in many areas of research squeezed out amateur and independent scientists, who had long held a central role in learned societies. Marie Bonaparte was a self-taught scientist and had neither taken her baccalaureate nor studied medicine as she would have liked, as her family had forbidden it on the pretext that she would be badly treated by Republican examiners due to her surname. Her two main mentors before Freud, her father and Gustave Le Bon, were also self-taught amateurs. Roland Bonaparte (1858–1924) was a historian, geographer, ethnologist, botanist, and geologist. A member and president of several learned societies, he had built up a library of more than 200,000 volumes.

From the 1910s onward, Marie Bonaparte was friends with Gustave Le Bon (1841–1931). Although he had studied medicine for several years, he was never awarded the title of doctor, but wrote about a variety of subjects including physiology, history, anthropology, and social psychology. Well integrated into scientific networks and the editor of a series on popular science with the publisher Flammarion, he encouraged her to publish and to create her own literary and scientific circle, which she did.

In the 1960s and 1970s, Bonaparte's biological approach led to her rejection, and eventually to her being forgotten as psychoanalysis became linked to the social sciences rather than the biological sciences. However, this combination of biological and psychoanalytical theories was extremely common among the French pioneers and Freud himself regularly thought this way.

Marie Bonaparte is one of the scientists to have focused the most on female sexuality, on which subject she regularly published from the 1920s to the 1950s. She worked from her own experience, experimentation, and clinical observation underpinned by both biology and psychoanalysis, scientific approaches that she would never separate. Her intellectual development is interesting. She provided critical female reflection just as Freud's theory of female sexuality was becoming established. Her first article, published in 1924 under a pseudonym, is the most disparaged of her publications, however, it is worth serious re-evaluation. Firstly, it shows the improvements women made to the sciences. Secondly, it reveals the unfocused and incoherent nosography of female frigidity, and thirdly it was well received, although its author subsequently moved toward psychoanalytical orthodoxy.

### A WOMAN'S VIEW OF FEMALE FRIGIDITY

When she wrote her first article in 1924, Marie Bonaparte was 41 years old and intended to take up medicine. She therefore writes chiefly as a physiologist, even though she had discovered psychoanalysis a year earlier when she read Freud's *General Introduction to Psychoanalysis*, which had just been translated by Samuel Jankélévitch, and she had decided to undertake psychoanalysis. She published an article entitled "Considérations sur les causes anatomiques de la frigidité chez la femme" (or "Notes on the Anatomical Causes of Frigidity in Women") under the pseudonym Dr A. E. Narjani (of Paris) in the *Bruxelles-Médical revue belge des sciences médico-chirurgicales* (27 April 1924). This opportunity

undoubtedly arose thanks to her friend Paul Sollier, a doctor who was on the board of the Université Libre de Bruxelles, on which the journal was dependent.<sup>2</sup> Her study was based on the observation of “two hundred subjects randomly chosen from the population of Paris” (Narjani 1924, p. 773), to whom she had given a questionnaire and whose “clitoral-meatus” distance she measured. Marie Bonaparte, who was not a clinician, probably obtained or made these observations with help from Marthe Francillon-Lobre (1873–1956), who was the first French female doctor to work in the Hôpitaux de Paris. Rémy Amouroux has found several letters from Marthe Francillon-Lobre about this collaboration in Marie Bonaparte’s archive at the Bibliotheque Nationale de France (Amouroux 2012, p. 194). Francillon-Lobre was also interested in female sexuality. Her doctoral thesis in medicine, which she defended in 1906, was entitled *Essay on puberty in women: a study of female psycho-physiology*, and she collaborated with Jean Dalsace on several articles about infertility and sterilization during the 1920s. Subsequently, Marie Bonaparte continued her clinical observations with Dr Joseph Halban in Vienna.

The pseudonymous attribution without a first name is gender neutral, but she was perceived as being a man, due to the very small proportion of female doctors at the time and the rather daring subject of the article, which was far from the supposed and expected modesty of women. However, behind this prudent disguise it was indeed a woman, or even two women, who articulated something that would change the way the subject was addressed. Even so, she placed herself in the background, attributing her own assertions to the doctors (psychiatrists, neurologists, and gynecologists) she had interviewed. The article, which adopted the viewpoint of a heterosexual woman, attested to the large proportion of women who were sexually unsatisfied and the repeated distress that they endured. Drawing on her romantic and sexual experiences, along with the study of the women who were interviewed, Narjani enabled a female voice to be heard on the subject of heterosexuality. The intimate knowledge of female genitality, the importance given to pleasure, and the female view of the heterosexual act all appeared for the first time.

The first thing that this standpoint does is to draw attention to suffering that had largely been neglected. Female frigidity, which, if the article is to be believed, was quite widespread, was not considered to be a health issue. It was seen as an epiphenomenon, a secondary symptom noted in passing in medical texts that did not warrant any special investigation. Marie Bonaparte therefore undertook pioneering work in

dedicating a major study to this problem. She was the first to highlight its prevalence and consequences, focusing on repeated sexual frustration “because for these women, each time what should be the moment of greatest joy and abandon becomes once again the torment of Tantalus” (p. 770).

She offers several reasons as to why science is silent about this widespread experience: “women [have] (...) always sought to hide from the men who possess them and believe that they are satisfying them, what seems to them to be more a humiliation than a sorrow, and a reason for men to love them less” (p. 768) while “Men show little interest in it, being satisfied with the ease with which their own pleasure is achieved and happy to believe in women’s falsehoods, which excuses them from taking wearisome care, when they are satisfied with more stroking” (ibid.).

In the 1920s, the “frigidity of women,” as the title of the article puts it, was very seldom studied. Since the nineteenth century, the term had mainly referred to male impotence or sexual frigidity more generally, and women were rarely mentioned in the literature. There had been no original or notable work on female frigidity, and it was not until 1935 that several articles, particularly in the field of psychoanalysis, would address the issue. The first work dedicated to the subject appeared in 1937 with the translation into French of Wilhelm Stekel’s book (which she knew in German) by Jean Dalsace. The first doctoral theses in medicine on the subject were produced in the 1940s. Bonaparte therefore highlights the imprecise nature of the studies, referring mainly to Austrian and British authors, “Whether you read Havelock Ellis, Freud, Adler, Stekel or others, confusion about this subject remains the rule” (p. 769). She notes the common confusion among authors between a lack of desire (*libido*) and a lack of pleasure (*voluptas*), even though these two problems do not have a stable relationship: “Women with a weak libido, who are liable to go for months without sexual relations without ill effects, find normal sexual relations easy and pleasurable when they do occur, while others with a very strong libido have difficulty in satisfying their very intense desires ...” (ibid.). By dissociating a lack of pleasure (on which she focused) from a lack of desire, she helped to redefine frigidity, which, under the influence of neo-Galenism, had referred to a lymphatic temperament that was listless and unsuited to sex. On frigidity caused by psychological inhibition, which did not interest her, she referred back to the “Vienna school” (Adler and Stekel), and concentrated on frigidity

caused by “physical and anatomical obstacles,” “which most authors have consistently confused with the first” (ibid.).

Bonaparte furthermore proved to be very liberal and secular, lambasting the “old religious prejudice against impurity.” In her view, masturbation was extremely widespread and harmless to health. She cited female sexual desire as evidence for this. Far from expressing any prudishness or moral judgment, she affirmed (heterosexual) women’s desires and right to pleasure. In her text, sexuality is completely disconnected from marriage and childbearing, and is a sexuality that is beneficial for both body and mind. She was an early advocate for women’s sexual health: “Social equality, as much as female happiness, would gain from seeing a restoration of beneficial euphoria linked to the easy and normal achievement of one of the most important human functions for the largest number of women possible” (p. 778).

Bonaparte identified a paradox: Women can be aroused and know how to satisfy themselves through masturbation but remain eternally frustrated with their male partners. “There are many women, whom we have no right to call sexually anaesthetized, who – while being very passionate, attracted to men and susceptible to great pleasure gained through his caresses – remain implacably insensitive during coitus, and only coitus, however much they love their husband or lover” (p. 770).

Far from being influenced by Freud’s theories, she thought like an anatomist and physiologist. “The clitoris remains the main centre of pleasure for all women, whatever the vague sensitivities of the vaginal bulbs,<sup>3</sup> which will never replace the clitoris ... a normal woman can no more do without contact with the clitoris for her sexual pleasure, than a normal man can do without contact with the penis” (p. 776).

In doing so, she created new vocabulary in French that has not stood the test of time, such as “*téléclitoridie*” (the state of having a clitoris a long distance from the vagina), *téléclitoridienne* (a woman whose clitoris is too far from the vaginal opening for her to experience pleasure during intercourse) and “*asynaphie*” (being deprived of contact).

For Marie Bonaparte, as for all doctors and psychoanalysts at the time, coitus or vaginal penetration by the penis, epitomized “normal” sexuality. This is why those “tantalized” by love, when they have the good fortune to have an attentive lover, cannot feel satisfied by “caresses before, after or even during” lovemaking which are merely “ersatz pleasures.” If she envisaged positions that were more suited to female sensitivity, it was as a last resort. “Only some change in position during the embrace – the best



being a seated position face to face – that forces the clitoris into contact with the male member can give *téléclitoridiennes* a more or less accurate idea of the synchronized sharing of pleasure that is the prerogative of other women” (p. 774). Thus, from behind the mask of a pseudonym, Marie Bonaparte introduced the standpoint of a heterosexual woman into sexology. Although she was liberal and progressive, she displayed obvious contempt for “sex games at the door” which were merely substitutes for true female pleasure obtained through penetration. Bonaparte’s complete adherence to this view leads us to suppose that it was widespread even before the dissemination of psychoanalysis, which Marie Bonaparte had only discovered a few months previously.

### THE ETIOLOGY OF FRIGIDITY

Contrary to what has been said about Bonaparte’s incompetence, she had a good understanding of the sexology of her time, which as previously noted was somewhat lacking insofar as it concerned women. However, she had some difficulties with the various accepted etiologies. She challenged the idea that masturbation was a cause of frigidity. Adler and Freud claimed that “a woman who is in the habit of manual stimulation can only find pleasure through more manual stimulation. Her sensual receptivity is distorted” (p. 770) but Bonaparte thought that, far from being a cause, masturbation may rather be a symptom of “chronic insensitivity” during coitus. She then discusses the idea of “variable innervation.” Summarizing the views of “a great many doctors, psychiatrists, neurologists and gynecologists,” she shows that they locate vaginal sensitivity in a wide variety of places, including the vagina, the cervix, and the labia minora. She alludes to recent developments in histology describing the nerve papillae in the labia minora, which could “produce enormous disparities in sensitivity.”<sup>4</sup> She places Freud among those who subscribed to “variable innervations” because he went “so far as to deny the normal sensitivity of the clitoris” (p. 771), a position which she rejected. Finally, she discusses the “theory of imaginary reflexes” according to which some women, through the power of their own imaginations, can succeed in achieving orgasm without direct clitoral stimulation while others cannot. This theory “goes as far as to deny that contact with the sexual organs could be necessary for normal sexual pleasure to be achieved” (p. 771), which as a good physiologist, she rejected.

Following other doctors, she suspected that the clitoral gland in some women is located too high in the vulva to be stimulated by intromission of the penis. “Their sensitivity is intact and exquisite, their clitoral erection can even be very intense before and during sexual relations, but it is as if their sensitivity is displaced, too forward, too high and incapable of the desired adaptation” (p. 770).

This idea of the necessity of contact between the penis and the clitoral gland during intercourse for female pleasure was long-standing and widely accepted. In 1844, the German anatomist Georg Ludwig Kobelt, whose work was translated into French in 1851, posited a physiology of coitus and its pleasurable sensations. He postulated a downward lengthening of the clitoris during its erection that thus brought it closer to the vaginal opening so that it could be stimulated by the rubbing of the penis. This physiological understanding of coitus was widespread.

From the 1860s onwards, this gave rise to an anatomical explanation for female frigidity. Gustave Le Bon, who Marie Bonaparte knew well, set it out in a bestselling book *Physiologie de la génération de l'homme et des principaux êtres vivants* (The physiology of reproduction in humans and the principal living beings). He remarked that a “faulty anatomical conformation is nevertheless extremely common: The clitoris does not connect with the penis during copulation and therefore is not stimulated by its rubbing” (Le Bon 1868, p. 74). This observation was subsequently taken up by other doctors who, like Le Bon, had no solutions. There were very few who, like Paul Labarthe, recommended more precise touching. Labarthe wrote, “This sensation of pleasure (in the clitoris) can be brought to the highest level of intensity through gentle caressing with the finger or tongue. For many women, this is the only way of achieving orgasm, which sexual intercourse is incapable of producing” (Labarthe 1885). At the beginning of the century, Kobelt’s theory of clitoral downward lengthening during erection was questioned by anatomists. Henri Rieffel, professor of anatomy at the Paris school of medicine and editor of the chapter on the “female genital apparatus” in the extremely large *Traité d’anatomie humaine* (Treatise on human anatomy) edited by Paul Poirier and A. Charpy, asserts that “The claimed downwards or upwards movement is prevented by its suspensory ligament and frenulum” (Rieffel 1907, p. 604).

There was moreover no consensus on the anatomical cause of female frigidity. For some people, who were becoming increasingly numerous

by the end of the nineteenth century, the vagina was seen as the principal organ of pleasure for women and not the clitoris. This was asserted by Pierre Garnier, the French doctor who was the most verbose on the subject of sexuality. Richard Krafft-Ebing, author of the famous *Psychopatia sexualis*, however, asserted that the clitoris was most important for virgins, and then the vagina and cervix dominated after women had lost their virginity (Chaperon 2007, 2012). Freud took up this idea in his theory of psychosexual evolution.

This was therefore the current thinking when Marie Bonaparte addressed the subject. Doctors, psychiatrists, and sexologists—who spared a few lines to the subject of female frigidity as an aside in their discussion of subjects that they viewed as much more important—diverged widely in their views without seeming to notice. There was no scientific controversy because the subject inspired no research, only a variety of fragmentary comments. Marie Bonaparte would be the first to attempt a review of the medical literature on the subject. The nosographic entity of female frigidity had not yet been born.

Unsurprisingly, Bonaparte set out to test the anatomical hypothesis most prevalent in France at the time: that the distance between the glans clitoris and the vaginal opening was a factor.<sup>5</sup> She consulted recent anatomical treatises expecting them to shed some light on the question, but there was nothing. No one had taken the trouble to seriously study a question that had been raised in medical texts on sexuality for more than half a century. She did find some measurements of the vulva, but they were averages and there was no reference to sexual pleasure. She did agree with the average measurement of two centimeters between the urinary meatus and the clitoris quoted in the award-winning *Traité d'anatomie topographique avec applications médico-chirurgicales*, edited by Léo Testut (professor of anatomy in the faculty of medicine at Lyon University) and Octave Jacob (military medical inspector and director of the Val-de-Grâce Military Hospital), which appeared in several editions. She also consulted the lavishly illustrated work by Félix Jayle, clinical director of gynecology at the Hôpital Broca university hospital and founder and president of the Société Française de Gynécologie. Jayle based his “common type” of the genital area on twenty subjects of average height and weight. According to Jayle, the average distance between the clitoris and the posterior fourchette, which he called the “fente nymphéale” (the “nymphaean cleft”), is five centimeters. He noted that this distance increases according to the number of times a woman gives birth, but he

did not consider questions of sexual pleasure or the distance between the glans clitoris and the vaginal opening (Jayle 1918, p. 346). Finally, Henri Rieffel cites a few average measurements and clarifies that the clitoris is only very slightly longer when erect, extending from 2 or 2.5 to 3 cm. (Rieffel 1907, p. 604)

Bonaparte set to work on the problem. She measured the distance between the urinary meatus (chosen as a convenient point of reference) and the clitoral gland in some 200 subjects and questioned them about their sexual experiences, preferences, and sensations. Firstly, she demonstrated the wide variety of measurements in her subjects: 69% had a clitoral-urinary meatus distance less than or equal to 2 cm, 10% had a measurement of 2.5 cm, and 21% had a distance greater than that. She then established that there was a very clear correlation between a larger distance and a lower level of pleasure during “normal relations,” whatever their masturbatory habits were. She located the “threshold of frigidity” at 2.5 cm. According to her sample, “Around 70% of women have a clitoris that is close enough to the vagina for there to be contact, and therefore pleasure, during normal relations, that is in a position where they are lying on their back” (p. 773) while for 20% of women such contact is impossible and the remaining 10% vary. She determined that “the first percentage value of female frigidity ever to be based on anatomical data” (p. 773) is 30%, which was much more congruent than the fanciful proportions usually cited at the time.

Bonaparte was surprised that the evolution of the human species had resulted in the “frequent maladaptation of women for complete reproductive function,” unlike in mares, cows, and bitches where the clitoris “is found directly adjacent to the vaginal opening” (p. 777). She hypothesized that the embryological development of the clitoris was arrested later in women with a greater distance between clitoris and vagina than those who experienced pleasure from vaginal intercourse, resulting in a “more virile” temperament. Finally, refusing to accept that “the large population of *téléclitoridiennes*” should resign themselves to “uncurable misery” (p. 777), she ventured to suggest surgical procedures that could facilitate contact, including cutting the suspensory ligament, grafting on a small pad of fat to lower the clitoris, and resecting the lower back part of the pubic symphysis.

## BONAPARTE'S SURGICAL AND PSYCHOANALYTICAL LEGACY

Far from being mocked and invalidated, this article was taken seriously, proving that it was scientifically coherent for its time. Several medical reviews cited it. The obstetrician, Henri Vignes, reviewed it in *Le Progrès médical* (n° 36, 6 September 1924) and it was reviewed at length in *La Gazette des hôpitaux* (n° 85, 23 & 24 October 1924). It also generated interest among members of the international psychoanalytical community. René Laforgue, Sandor Ferenczi, Sigmund Freud, and Douglas Bryan read and commented on it, as their letters attest, and it was discussed at a meeting of the British Psychoanalytical Society in 1925 (Amouroux 2012, p. 197).

From 1925 onwards, Marie Bonaparte regularly traveled to Vienna where she underwent psychoanalysis with Freud and worked with Dr Josef Halban, a gynecologist famous for having demonstrated the endocrine function of the ovaries. Together they perfected and tested the operations she proposed, firstly on cadavers and then on Bonaparte herself on 20 April 1927.

At the beginning of the 1930s, Marie Bonaparte returned to her earlier work using her own name. She had completed her psychoanalysis with Freud, and having given up the idea of taking up medicine on his advice, she became a psychoanalyst, Freud's translator into French and one of the founders and pillars of the *Revue Française de psychanalyse*. Freud himself may have developed his thinking due to her influence. In the fifth of his "New Introductory Lectures on Psychoanalysis" dedicated to "Femininity," he seems to allow for an anatomical factor in the etiology of female frigidity: "Sometimes [the sexual frigidity of women] is psychogenic and in that case accessible to influence; but in other cases it suggests the hypothesis of its being constitutionally determined and even of there being a contributory anatomical factor" (Freud 1965 [1933], p. 163).

On May 16, 1933, Marie Bonaparte presented a paper to the Société de Sexologie (which had been founded the previous year), on "The two frigidities of women," one complete, which could in time be cured through psychoanalysis, and the other partial, which was suffered by *clitoridiennes* (Bonaparte 1933). She therefore positioned herself following in the footsteps of Freud, albeit somewhat reluctantly, because the change of erogenous zones from the clitoris in childhood to the vagina at puberty that he postulates "is quite a mysterious process."

She describes this “pubescent transfer of erogenous sensitivity from the clitoris to the genital area at the vaginal opening” (p. 165), as a “biological exploit” (p. 167). In this paper, she provides, along with supporting diagrams, more precise details of the operation perfected with Dr Halban in Vienna. Five patients underwent “resection of the suspensory ligament of the clitoris, a deep-plane suture to lower and fix it, and even supplementary shortening of the vestibule and labia minora under local anesthetic” (p. 169). She admitted that success was limited: One patient was furious that the operation failed (this may have been Bonaparte herself), two quickly disappeared from follow-up and two others were satisfied. She concluded by suggesting that hormone treatment could one day “feminize to the fullest extent those women who wanted it, treating both erogenous zones and psyche” (p. 169). A. Courtois gave a summary of this paper in an article in *Annales médico-psychologiques* (n°2, 1935).

Psychoanalysts, however, proved to be much more hostile. Wilhelm Stekel’s work (which was translated into French from the third German edition of 1927 by Dr Jean Dalsace in 1937) contained an ironic criticism of “the surgeon E.A. Narjani’s” proposal: “It is true that I have a folding ruler. My colleagues may be reassured that I will never use it to examine the biological origins of frigidity. It appears that Mr Narjani is unaware that orgasm can also be triggered by the lining of the vagina, the labia and the cervix” (Stekel 1937, p. 488).

In the middle of the 1930s, the small section of French society that promoted sexology disappeared. Under pressure from internal disputes, the Société de Sexologie and the Association d’Études Sexologiques ceased their activities and stopped publishing their journals. The French committee of the World League for Sexual Reform and its journal *Le problème sexuel* did the same (Ohayon 2003). The Société Française de Psychanalyse took up the baton in the discussion of heterosexual problems. In 1935, the *Revue française de psychanalyse* dedicated a dossier to female frigidity (vol. 8, n°2) and another to “The psychoanalysis of sexual impotence” (vol. 8, n°4). None of the four articles that discussed female frigidity were by Bonaparte and none mentioned her work. The article by René Laforgue, “On the frigidity of women,” cited those frigid women “who have themselves operated on at the slightest whim, with the surgeon who carries out their wishes barely being aware of the task they are undertaking [an attempt at castration]” (p. 221). The allusion is clear. The long article by Edouard Hitschmann and Edmond Bergler translated from German, “The frigidity of women” baldly asserts that

“the sole criteria of frigidity is vaginal orgasm” (p. 253) while specifying the very conventional aims of treatment: “In our opinion, psychoanalysis is an important means of rehabilitating women, by showing her that marriage and childbearing are preferable to celibacy, free love, resorting to boyish types, or to all those attitudes that have an unhealthy and anti-social psychological basis”(p. 313). In her contribution to the same issue, “Passivity, masochism and femininity,” Marie Bonaparte admitted that, “The biological ideal of the adaptation of female erotic function is no less than the functional suppression of the clitoris, whether active or passive, in favour of the vagina, which is entirely passive” (p. 216). Paul Hartenberg made no further mention of Marie Bonaparte’s research in his article on “female frigidity,” which appeared in *La Clinique* (October 1935).

It is somewhat paradoxical that the text which contributed to the birth of female frigidity as a nosographic entity should be repudiated at the precise moment when this entity emerged into the daylight under the aegis of psychoanalysts. But meanwhile, psychoanalysis had become emancipated from physiology and anatomy in order to assert its own psychological laws of projection and repression, libidinal cathexis and anticathexis.

However, her surgical solution was subsequently taken up by gynecologists. During the *Journée Gynécologiques de Paris* of 1943, Raoul Palmer presented a paper on “Two cases of frigidity caused by *téléclitoridie* treated surgically.” He claimed to have perfected the Narjani-Halban operation to achieve a good lowering of the clitoris. This was reported in *La Presse médicale* (n°33, 4 Septembre 1943, p. 487). He then described his operating technique in the *Traité de technique chirurgicale*. He made a long V-shaped incision, cut the suspensory ligament and tethered the stitch to the symphysis with two threads (Fey et al. 1942–1944, Vol. III, pp. 1066–1068). The operation is described in exactly the same way in the second edition of the *Traité de technique chirurgicale* (1955). In the meantime, Raoul Palmer carried the operation out on three new patients, although it was said to have “no guarantees” (Fey et al. 1955, Vol. V, pp. 386–387), but it disappeared from the *Nouveau traité de technique chirurgicale*, which came out in 1969 under the editorship of J. Patel and L. Leger.

How often was the Narjani-Halban operation, as popularized by Raoul Palmer, carried out in France? It is hard to answer this question given the current research available. The *Traité de technique chirurgicale*, which was widely available in medical schools, was no doubt read by thousands

of students and could have encouraged others to practice it. But Raoul Palmer cites only the five operations he carried out himself and none by any other surgeon apart from Narjani-Halban, which leads us to think that it remained rather unusual. It is probable that it was replaced by hormone therapy. In his doctoral thesis in medicine *La frigidité féminine et son traitement par l'hormone mâle*, André Guillot asserts that the occasional application of an ointment of “testosterone propionate” beneath the clitoral hood increases the size of the organ. More generally, implanting “testosterone pellets” in women may have aphrodisiac effects (Guillot 1946, pp. 33, 34).

Marie Bonaparte published a great many articles on female sexuality in the *Revue française de psychanalyse*. She returned to her article of 1924, but only to belittle it: “The results of intervention remain very problematic. When psychoanalysis is undertaken without these invasive adjuncts it is a more reliable and elegant solution,” before it was known that hormones could “feminize women, including her erogenous zones and psyche” (Bonaparte 1949, p. 330). Bonaparte turned away from physiology and anatomy as the principal explanation for erogenous sensitivity in favor of seeing the libido and psychological mechanisms as capable of selectively investing in some zones rather than others. Although she constantly repeated her loyalty to Freud, she did evoke one counter-melody which can only be mentioned here. She insisted on the bisexuality of women and the dual erogenous zones that flowed from it, highlighting the virility of *clitoridiennes* and confining *vaginales* to submission.

At the beginning of the 1950s, the divergent opinions on female frigidity crystallized into a controversy. This was triggered by the publication of the Kinsey report on *Sexual Behaviour in the Human Female* and the rebuttal written by Edmund Bergler and the gynecologist Kroger (Kinsey et al. 1954; Bergler and Kroger 1955; Chaperon 2002). As Marie Bonaparte summarized it: “Kinsey sees purely vaginal orgasm as impossible. Bergler sees it as the norm if only troubling, neurotic factors did not get in the way” (Bonaparte 1956, p. 738). She magnanimously criticized both sides. She challenged Kinsey because, although it is difficult to pinpoint erogenous sensitivity, “the fact is, that many women – those who are suited to their full female psychosexual function – evidently do achieve ‘vaginal orgasm.’” As for Bergler, “he consequently neglects the fundamental biological fact of bisexuality, which is the root cause of a lack of vaginal sensitivity” (ibid., pp. 738–739). Contrary to the Freudian assertion of the plasticity of erogenous zones, she asserts the highly fixed



nature of what she calls “the positions of the libido” linked “to the bisexual underpinnings of biology” (*ibid.*, p. 746).

Although Marie Bonaparte herself repudiated her first text in so far as she renounced physiology in favor of psychoanalysis, it remains an important contribution to the scientific history of frigidity. Born of her own sexual frustration and based on precise anatomical knowledge underpinned by a large-scale study, her work simultaneously shows the distinctive contribution a woman can make to science and the difficulty of gaining recognition for it. It is pioneering in the nosographic recognition of female frigidity and reveals a free and audacious spirit. It was the surgical operations that were most subject to criticism. Today, they seem to us to be as absurd as they are cruel. But the contribution to science of a piece of research must be evaluated within the context in which it was formulated and received, and not according to modern standards. The operation conceived by Bonaparte/Narjani and put into practice on herself and a few volunteers by Josef Halban is no more absurd than many others undertaken at the time, such as Dr Voronoff’s xenografts and Eugen Steinach’s “rejuvenation” treatment, which Freud underwent in 1923. The operation that Marie Bonaparte suggested was perfectly in accordance with the coital physiology of her time and she went on to feature in two editions of a very famous treatise on surgical techniques. Endocrinologists would also try to obtain the same results (the lengthening and lowering of the clitoris) through the application of hormonal creams.

In 1924, Marie Bonaparte highlighted “the intellectual repugnance of supposing that innumerable women could be anatomically, and therefore irredeemably, ill-formed for a function so important as the sex act” (p. 771). But what most repulsed the doctors, sexologists, and psychoanalysts of the time was envisaging sexuality outside coitus. This “intellectual repugnance” explains both Freud’s theory of the transfer of erogenous zones and Marie Bonaparte’s clitoral surgery. It was a case of making female anatomy fit a rigid, gendered, and reproductive view of human sexuality.

Marie Bonaparte’s trajectory illustrates that taken by one branch of sexology. Mesmerized by the aura of psychoanalysis, many doctors, psychiatrists, and sexologists abandoned their anatomical and physiological knowledge to speculate on the psychology of sexuality. Nerves, all types of corpuscles and the effects of engorgement with blood on the corpora cavernosa, corpus spongiosum, and the mucous membranes were

abandoned in favor of largely unconscious libidinal changes made up of urges and repression, displacement and fixation. For its part, the rise of endocrinology tried to feminize or masculinize bodies and minds. Nevertheless, the anatomy of the clitoris was not forgotten, but anatomy ceased to be the dominant discipline.

## NOTES

1. Given the number of misconceptions in his book, it is clear that Gérard Zwang has not read the 1924 article.
2. This friend, who was a psychotherapist, admitted years later that he had never “had occasion to see a ‘clitoral woman’ become a ‘vaginal woman’” (Bonaparte 1967, p. 245, note 1).
3. Although Kobelt has shown the term “vestibular bulbs” to be more anatomically correct, the old term “vaginal bulbs” is still used in some anatomical texts.
4. Rieffel points out the large number of nerve endings in the glans clitoris, known as Pacinian corpuscles, Meissner’s corpuscles and Krause end bulbs, as well as specialized bulbous corpuscles which Finger, Krause’s pupil, named “corpuscles of pleasure” or “genital corpuscles.” These are also found in the fossa navicularis (Rieffel 1907, p. 596).
5. In the same period in the United States, the prevailing explanation was that the clitoral hood was “attached to the head of the clitoris.” This required a small surgical operation under local anesthetic (Rodriguez 2014, p. 125).

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## Hernani de Irajá and the Early Years of Brazilian Sexology

*Alessandro Ezabella*

### MEETING IRAJÁ

Hernani de Irajá came up as a research theme during a survey of books by foreign sexologists for an archive on the subject. While visiting an antiquarian book store in the course of this work, the owner introduced me to Irajá's *Psychoses do Amôr* [Psychoses of Love] (1931), stating that the author was cursed and died young.<sup>1</sup> Irajá's books have quite exotic covers with eye-catching typography and photos of naked women, as well as vignettes and caricatures drawn by Irajá himself. Most of his sexological books were published in the 1930s by a prestigious publisher, Freitas Bastos, some of them with several reprints. *Psychoses do Amôr*, for instance, was first published in 1917 and reached 15 editions, the last one being published in 1969.

Irajá published a total of 43 books, of which at least ten are concerned with the study of human sexuality. Within his oeuvre, there are also memoirs, autobiographical novels, art and literary criticism,

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lectures, and even religious studies. When analyzing his books, one feature particularly draws attention: the plaudits of numerous doctors, writers, and renowned intellectuals. Among the doctors cited are Antônio Austregésilo, Henrique Roxo, Neves-Manta, Medeiros e Albuquerque, Júlio Porto-Carrero and Gastão Pereira da Silva. The writers include Augusto Frederico Schmidt, Humberto de Campos, Almacchio Diniz, Álvaro Moreyra and Olegário Mariano. Reviews that appeared in countless contemporary publications are also reproduced in his books. Among them, the better known and influential ones are *Fon-Fon!*, *Jornal do Commercio*, *Revista da Semana*, *O Malho*, *O Globo* and *Correio da Manhã*.

*Sexualidade Perfeita* [Perfect Sexuality], for example, quotes a large number of interesting plaudits. Several of these compliments mention his “polymorphous talent,” as Antônio Austregésilo refers to his various attributes:

Hernani de Irajá is a well-known name outside Brazil. Whether as a doctor specializing in sexual maladies (that is, in the all too vast part of medicine, ranging from venereology to psychosis and neurosis) as an art historian, as a writer or as a painter, he positions himself among the avant garde of the intellectual movements that have been formed and struggled for, and which aim for progress in Brazil. *Jornal do Rio*. (Irajá 1956b, p. 241)

However, despite his relatively successful publications, his polymorphous talent and his influential friends, none of these prevent Irajá from being read as an obscene author, in two senses: firstly, due to the audacity of his books and personal lifestyle, and secondly, because Irajá became an outcast author, he literally left the scene (obs-scene). To date, Irajá is mentioned or studied only a few times in the literature, such as in Green (1999), Paiva (2002), Russo and Carrara (2002), and Flores (2007). Talking to recently trained sexologists, I noticed that hardly anyone had ever heard of him. As a matter of fact, I suspect that the history of sexology<sup>2</sup> was seldom explored in training courses until the 2000s.

This chapter, therefore, fulfills the objective of presenting a biographical sketch of Hernani de Irajá, a sexologist and doctor who is not yet well known in Brazil and in other countries, using a microhistorical approach in which a character is examined from a reduced scale of observation (Levi 1996; Ginzburg 2007). For this purpose, besides Irajá’s scientific work, I have analyzed his literary work—especially his memoir *Adeus! Lapa*

[Goodbye! Lapa] (1967), and his three autobiographical novels, *Amores e Paixões* [Loves and Passions] (1956a), *O Homem* [The man] (1959), and *Confissões de um Conquistador de Criadas* [Confessions of a conqueror of house maids] (1968)—as well as drawn on informal conversations with his grandchildren and photos borrowed from them. As complementary material, I also present a brief history of Brazilian sexology and a brief analysis of some of the issues raised by his scientific writings.

### A BRIEF HISTORY OF BRAZILIAN SEXOLOGY: THE “GOLDEN YEARS”

Two groups of intellectuals played a key role in the development of Brazilian sexology in the early twentieth century. The first, which was closely linked to legal medicine and the more institutionalized of the two, was led by Afrânio Peixoto and published several works in legal medicine, some directly related to sexology, such as *Sexologia Forense* [Forensic Sexology] (1932), by Afrânio Peixoto, *A Inversão dos Sexos* [The Inversion of Sexes] (1935), by Estácio de Lima, and *Homossexualismo e Endocrinologia* [Homosexuality and Endocrinology] (1938), by Leonídio Ribeiro. The latter, which included a preface by Gregorio Marañón, was winner of the 1933 Lombroso award for Criminal Anthropology.

At the same time, a second group, which was linked to psychiatry and psychoanalysis, included names such as Antônio Austregésilo, Juliano Moreira, Júlio P. Porto-Carrero, Inaldo Neves-Manta and Gastão Pereira da Silva. Among the sexological works published by these intellectuals were *Psiconeuroses e Sexualidade* [Psychoneurosis and Sexuality] (1919), *A neurasthenia sexual e seu tratamento* [Sexual Neurasthenia and Therapy] (1928), both by Austregésilo, *Sexo e Cultura* [Sex and Culture] (1933) and *Grandezas e misérias do sexo* [Magnitudes and Miseries of Sex] (1940), both by Porto-Carrero. Irajá was closer to this second group. In *Adeus! Lapa* (1967), he refers to passages by Austregésilo and Neves-Manta and his books have plaudits from members of this group, which he reciprocated.

According to Carrara and Russo's (2002), psychoanalysis and sexology were imported in Brazil at the same time, with the difference that psychoanalysis was formally established by authorization of the International Psychoanalytical Association (IPA), and sexology developed from the studies and works of Hernani de Irajá and José de Albuquerque.

Albuquerque worked under the aegis of the *Círculo Brasileiro de Educação Sexual* (CBES) [Brazilian Circle of Sexual Education], an organization he created and directed in order to widely disseminate sex education in Brazil. In *Quatro Letras... Cinco Lustrós...* [Four Letters... Five Lustrums...] (1958), a commemorative book published for the twenty-fifth anniversary of the institution, Albuquerque describes a rich picture of CBES activities, including campaigns and lectures printed in newspapers throughout the country; the publication of the *Boletim de Educação Sexual* [Sexual Education Bulletin], which was censored in a few issues; the use of movies, plays and exhibitions to encourage the discussion of sexual subjects; the creation of *Dia do Sexo* [Sex Day], which was established on November 20, 1935; attendance at conferences and lectures in Brazil and abroad; and a partnership with radio stations to promote CBES campaigns, which resulted in *A Educação Sexual pelo Rádio* [Sex Education Through Radio] (1935). In addition to this work, and just like Irajá, Albuquerque wrote several popular scientific books on sexuality and also had a medical practice, which was promoted in newspaper advertisements at the time.

Less discussed in the history of Brazilian sexology is Alexandre Tepedino, who had established himself in São Paulo and published three books on human sexuality: *Alma e Belleza* [Soul and Beauty] (1930), *Amor e Sexo* [Love and Sex] (1931) and *Como evitar os males sexuaes?* [How to avoid sexual illness?] (1933). In 1914, he became the first Brazilian author to defend a thesis on eugenics. In it, he aimed to ensure the inclusion of the medical profession in the creation of laws that would benefit the “future of the race” (Schwarcz 1993, pp. 304–305).

The philosopher Jorge Jaime, author of *Homossexualismo Masculino* [Male Homosexuality] (1953) and *Monstro que chora* [Crying Monster] (1957), also presents some contradictions and requires further study. In addition to being a philosopher, he was also a writer, law graduate, actor, painter, and dancer. Green (1999, pp. 171–172) says that Jorge Jaime’s treatise *Homossexualismo Masculino* is a reproduction of medicolegal arguments used to criminalize homosexuality (believed to be caused by hormonal disorders) fifteen years previously. Jorge Jaime undertook extensive fieldwork, frequenting bacchanals and observing homosexuals in casinos and theaters.

In an interview documentary with Jorge Jaime,<sup>3</sup> he says he was a dancer. His mother was embarrassed by this, but he, on the other hand, considered himself to be ahead of his time. His academic friends<sup>4</sup> were



astonished by his performing on stage, but were not able to recognize him because of the mismatch between the ballet dancer's costume and props and the way he presented himself in front of them. Jorge Jaime also questions why naked men are not generally painted, since paintings of women and their naked bodies have always been common and esteemed. Interestingly, he was a candidate for state congressman for Aliança Renovadora Nacional [National Renewal Alliance] (ARENA), a political party that supported 1964's military dictatorship.

Having played an important role in the legal field (he was prosecutor of the Capital, federal substitute judge in Ceará section and president of Conselho Regional do Trabalho [Regional Labor Council]), Adonias Lima is distinguished among other intellectuals due to his personal views. An atheist and believer in free love, Lima was very close to Joaquim Pimenta, his colleague at law school who, according to Pereira (2003), flirted with anarchism and with whom he would found *O Demolidor* (1908), a newspaper that was fiercely opposed to the Catholic Church and religious conservatism. Both were students of Soriano de Albuquerque, a jurist and professor of sociology on the law course. Among the works published by Adonias Lima are *A mulher e sua cultura intelectual* [The woman and her intellectual culture] (1914), *Amor e casamento* [Love and marriage] (1914), *A vitória do feminismo* [The victory of feminism] (1931) and *O amor físico e a mulher* [Physical love and woman] (1949).<sup>5</sup>

Other intellectuals with less visibility contributed to Brazilian sexology field but had a more regional presence. In this context, I must mention the importance of intellectuals such as Raul Brandão and Ítala Oliveira in Bahia and others who remain anonymous and little studied. Similarly, I cannot fail to emphasize the importance of investigating the relationship between the feminist studies of Bertha Lutz, Maria Lacerda de Moura, Andradina de Oliveira and others as contributions to a predominantly male field.

### SHORT BIOGRAPHY<sup>6</sup>

Hernani de Irajá Pereira was born in 1894 in Santa Maria, a small town near Porto Alegre, in Rio Grande do Sul. He was living in Porto Alegre when he abandoned his initial engineering course and enrolled in the Faculdade Livre de Medicina e Farmácia de Porto Alegre. While at university, he worked for small-circulation newspapers, starting his career as a

journalist and critic. In 1917, Irajá graduated in medicine, with his thesis, *Psychoses do Amor*, being published in that year.

Between 1917 and 1922, Irajá's family moved to Rio de Janeiro, the country's capital city at the time. By then, the city had just gone through a "civilization process," as a result of the royal court's arrival in 1808, which caused its inhabitants to abandon their provincial ways of acting, thinking, and feeling and to assimilate the patterns of behavior and norms of the court (Motta 2004, p. 13).

Intellectuals before Irajá, such as Souza Lima, played an important role in establishing the country's place among the "civilized nations," maintaining internal unity, establishing a link with the European world and making the city a center from which civilization radiated out to the rest of the country, as well as an economic and cultural center (Motta 2004, pp. 13–14). It is not surprising, therefore, that these changes raised the expectations of young intellectuals throughout the country, leading them to believe that they could rise socially and professionally in Rio de Janeiro.

However, Irajá was disappointed by Rio de Janeiro. He did not find the city as beautiful as he had expected. In his early years in Rio, his family lived in family-run boarding houses and his father having died just a short time after they moved (Irajá 1956a, p. 33). The 1920s were formative for Hernani de Irajá. This is most evident in the various occupations he undertook, some of which were more successful than others, and also in the wide variety of topics in his publications. In 1924, one of his first jobs was as First Lieutenant of *Forte de Copacabana* [Copacabana Fort] (Irajá 1967, p. 115). However, painting remained a constant activity as well as teaching it. Another job that Irajá tried was clinical practice. Although initially without success and after spending two months without any patients he decided to seek other paid employment. While visiting Botafogo, a residential area in Rio de Janeiro, Irajá came across a crime scene—the murder of a young blonde prostitute. He then met an old friend from the south, Adolfo Alencastro Guimarães, for whom he wrote a report of the murder which was rich in "anatomical and circumstantial details." This report delighted the newspaper's editor and Irajá resumed his activities as a journalist (Irajá 1956a, pp. 34–35, 1967, pp. 80–81).

Various factors may have given Irajá, and therefore his writing, more visibility, among them his regular appearance in Lapa—a bohemian district—and also the fact that he worked in the newsrooms of the newspapers. Most of his writings of the 1920s were published by small

publishing houses or self-published. He also launched a bimonthly newspaper (*O Escarpelo*) for a group of psychiatric inmates when he worked at Hospital de Misericórdia, advertising revenue from which enabled him to make his debut as a writer. Irajá also published the following books during the 1920s: *O Esfôrço para a Beleza* [The Effort for Beauty] (1923), *Landru no Inferno* [Landru in Hell] (1923), *Cenestopathias* [Cenesthesiopathies] (1924), *Neurasthenia e Melancolia* [Neurasthenia and Melancholy] (1924), *O Ciúme* [Jealousy] (1924), *Loucos* [Madmen] (1926), *Delacroix e Gericault* [Delacroix and Gericault] (1927), and *Artista* [Artist] (1928).

It is quite possible that Irajá signed a contract with Freitas Bastos Publishing House between the late 1920s and early 1930s. The number of publications from 1931 onwards is somewhat unusual, including *Sexualidade e Amôr* [Sexuality and Love] (1932), *Morphologia da Mulher* [Morphology of Women] (1933a), *Feitiços e Crençices* [Fetishes and Beliefs] (1932a), *Tratamento dos Males Sexuaes* [Treatment of Sexual Illness] (1933c) and *Psycho-pathologia da Sexualidade* [Psychopathology of Sexuality] (1933b) and *Sexualidade Perfeita* (1933d), in addition to a reprint of the previously mentioned *Psychoses do Amor* (1931), with more audacious and commercial graphic design. It would not be difficult for readers to confuse Irajá's works with the sensation novels that were so successful at the time. On the other hand, we can hypothesize that readers were curious about human sexuality and, more specifically, about "sexual aberrations." In the late 1930s and along the 1940s, Irajá wrote only two books: *Sexo e Beleza* [Sex and Beauty] (1938) and *O Sensualismo na Arte* [The Sensualism in Art] (1945).

*Psychoses do Amôr* (1931) is, in Irajá's words, a "study of perversions of sexual instinct, of anomalies of love" (p. VII). And it was precisely the lack of scientific studies on sexuality that would have motivated him to write on the subject, since, in his words, there were daily reports of crimes related to attacks on decency or even "sexual impulses." With this book, Irajá made his mark on the early days of Brazilian clinical sexology. The public's view of sexual issues was also broadened. "Sexual aberrations" were no longer just a legal issue, but also a medical one.

One of the plaudits published in *Sexualidade Perfeita* (1956b, p. 239) gives us a rich overview of Irajá's work routine:

Hernani de Irajá is always busy. His practice is one of the most crowded in Rio. The patients there give him no respite. A crowd sometimes spreads

through the rooms, hallways and the lobby... and that tall, nice, gentle man assists everyone, stuck in a big apron, dismissing the latecomers, prescribing, applying dressings, showing assistants how to proceed in unusual cases. And so they made the most they could of the man who signs himself Hernani de Irajá on prescriptions, in the frontispieces of his books, on his paintings, and on his technical works and magazine articles.

In answer to a neighbor who lived in the same building and who was uncomfortable with his nocturnal habits, Irajá gives us some hints of his personality:

I was born under the conjugated signs of Virgo and Leo and Venus is my pagan patroness. I am an absolute contemplative in the widest sense of the word. I have the intimate sensibilities that silence us under the beauty of the nights and of the stars. I aspirate the scent of the stars. And I wander around reciting Bilac's sonnets before the mysterious pallium of the Milky Way. And I live! How do I live? Just like Mimi's lover. And if I sing, I overflow with the lyricism that invades me before all that is beautiful: the night dotted by moons and suns, the scent of divine women, music, love, adventure! (Irajá 1967, p. 163)

Irajá's bohemian and seductive lifestyle eventually put him at risk. In 1940, he faced a trial for seduction brought by the police chief, Frota Aguiar. The news made the headlines, but the crime came to be time-barred. Irajá was a very old acquaintance of Frota Aguiar and, even more, of Cinelândia's prostitutes and regulars, where he had his clinic. Therefore, it was not uncommon for Irajá to hear about Frota Aguiar's arbitrary attitudes toward prostitutes. In his view, Frota Aguiar was very severe and cruel to the prostitutes and it was not unusual for them to end up in the police station for not obeying his orders. Irajá defended them, claiming they were his patients and demanding that the police chief release them immediately, because they were under his care. Frota Aguiar gave into pressure from Irajá and, against his will, let the prostitutes go. In a different episode, Irajá promoted a contest between three pensioners (possibly sex workers) as to who had the most beautiful mons pubis. The three contestants were to take a bath in his apartment, at the time of a water shortage in Rio. The winner would be allowed 30 days of free baths in his apartment with the runners up being allocated shorter times, according to their ranking.

From the 1950s onwards, Irajá's books were published by the famous publishing house Irmãos Pongetti. The books published by Freitas Bastos were reprinted and new titles were published, such as *Segredos Sexuais* [Sexual Secrets] (1953), *Amores e Paixões* (1956a), *Impotência Sexual* [Sexual Impotence] (1957) and *Homem* [Man] (1959). Of these works, *Impotência Sexual* reveals a particular association with the author's biography. The book explores several issues related to sexual function. In the second part, there is a vignette of the author in which one first sees the two feet of a man, as if he were dead, and progressively the man gains life, with a tree in the background following the stage of life in which he finds himself. Thus, we see an elderly man in a wheelchair and the tree completely dried up until we reach the young man standing in front of a leafy tree. According to his granddaughter, in around 1936, Hernani de Irajá experienced difficulties in getting around. He was able to move his legs, but had no control over his movements and used a cane or a wheelchair when necessary.

Another complementary aspect appears in *Amores e Paixões* (1956a, p. 199). Due to his work as a gynecologist,<sup>7</sup> and also his very acute aesthetic sense, Irajá may have felt a decrease in his excitement for women. Thus, Irajá imagined that each woman he met was “a carrier of hidden evils, ailments and fetishes that only a doctor could know about and evaluate.” Once again, we see Irajá's biography merging with his work. In particular, in the case of this book it is not surprising to imagine that Irajá gave vent to his anguish when faced with a limiting and incurable disease in writing and art.

In November 1965, Irajá's family experienced a devastating automobile accident, injuring his wife, daughter and son-in-law, in addition to two maids who accompanied the family. Irajá had become more reclusive as a result of this accident. In the following years, he published most of his books with Editora Record and the memoir genre stands out in this phase. Books dating from this time include *O Sexo Nu* [The Nude Sex] (1966), *Adeus! Lapa* [Goodbye! Lapa] (1967) and *Confissões de um Conquistador de Criadas* (1968). Only *O Sexo Nu* is a work of scientific popularization.

Hernani de Irajá died on August 15, 1969, in the same year in which he released his last book, *Sexo e Virgindade* [Sex and Virginity]. Published by Record, a prestigious publisher, the book features on its cover an orchid with one of the leaves alluding to the vulva. In a public consultation with the forensic doctor Hélio Gomes, Irajá defends the

reconstitution of the hymenal membrane when it is verified that it does not exist or has been ruptured against the woman's will.

## IRAJÁ'S SEXOLOGICAL WORKS

### *Censorship and Obscenity in Hernani de Irajá and His Works*

We have already seen that Hernani de Irajá was highly acclaimed by his peers, a fact widely reported in his books. However, what draws as much attention as the plaudits he reported in his books is the absence of critical engagement and discussion with other scholars. This is also curious because Irajá was practically one of the first sexologists in clinical practice. It is easy to imagine the challenges and stigmas surrounding "sex doctors." We must remember that in Brazil the figure of the doctor gained in prestige just after the "civilization process" that brought with it the first college courses, including medicine. Before that, many doctors were seen as charlatans for employing rather exotic or dubious methods to treat their patients.

Between the end of the nineteenth century and the beginning of the twentieth century, it was relatively common for the authors of the first books on human sexuality to justify the relevance of addressing such themes, since sensation novels were quite common and easily confused with the works that were beginning to emerge. A good example is *Os Homens Aventureiros* [The Adventurous Men], written in the second half of the nineteenth century by Dr. P. M. J. Duarte. This book includes some caricatural descriptions of homosexual practice among men. Viveiros de Castro (1934, p. XI), in turn, says that "*Os Attentados ao Pudor* [Indecent Exposure] was a real *succès de scandale*". He affirmed that it was "a pornographic book, of revolting obscenity, a scripture for the delight of deviants and the excitement of impotent old men." When Viveiros de Castro published *Attentados ao Pudor*, he was unveiling the publication of works on human sexuality in an attempt to prove that the issue of human sexuality could be addressed in contexts other than erotic literature.

When we consider that Irajá was one of the first sexologists to publish his books in Brazil, we might suppose that he—or any other intellectual in this position—would take some care to present works for publication that would earn him respect and appreciation. However, the very opposite was true: Irajá gambled on a very daring offering, which makes us wonder if

(as happened to Viveiros de Castro) there was some kind of criticism or even censorship of his books.

We noted earlier that Irajá started his journalistic career in Rio de Janeiro by invitation of a journalist friend from the south of Brazil. This mutual support among intellectuals from the same region made it easier for Irajá to socialize in the federal capital. Irajá seems to have been very sociable, having created a wide network through the newsrooms of the newspapers and joined various different groups in Lapa, among others. He appealed to Oswaldo Aranha—an influential Brazilian politician of the 1930s—in response to the scandal involving his name. In *Adeus! Lapa*, Irajá says that Getúlio Vargas (former president of the Brasil, 1882–1954) was almost excited at his exhibitions, spinning sideways in search of his paintings with female nudes. Luz Del Fuego, a controversial dancer who defended naturism and was a neighbor in Cinelândia, mentions Irajá as one of her favorite writers in one of her autobiographies. In other words, Irajá had a wide and diverse social circle. Moreover, since he was one of the first sexologists, it is not hard to believe that he was seen as a trusted depository of the secrets and most intimate confessions of quite a diverse range of people.

The only censorship of Irajá's works identified so far is related to *Confissões de um Conquistador de Criadas* (1967). A censorship notice, issued by Serviço de Censura de Diversões Públicas [Public Entertainment Censorship Service] in June 1978, included a copy of this work, which was incinerated along with erotic magazines of the time and books with some allusion to sex in the title. Of these, one of the best known being *Orgia na TV* [Orgy at TV] (1977) by Adelaide Carraro, who was a controversial and quite successful writer in the 1970s.

One possible interpretation of all these facts is that Hernani de Irajá had become an obscene author, both in the literal sense of producing obscenities—works that were impure or damaging to public decency—and in its etymological root. According to Moraes and Lapeiz (1985) and Arango (1991), the etymological root of obscene (ob-scene) means “out of the scene.” In view of this, we could say that Irajá acted obscenely, that is, unlike his intellectual colleagues and other artists, he seemed to make a point of making his work and lifestyle explicit. Furthermore, his work as a sexologist, doctor and painter could be said to reaffirm this hypothesis. Irajá became obscene, in the etymological sense, when references to his work—mainly as a sexologist and painter, but also as a journalist in

prestigious publications of the time—were lost. There remain some questions about what led Irajá to become an obscene character, unknown to most clinical sexologists, and also unknown as a privileged character in the cultural and social history of Rio de Janeiro.

### *Racism and Eugenic Theory*<sup>8</sup>

According to the senior editor at Pongetti, Irajá's works fell into three categories: morphology and plasticity, sexual psychopathology, and “perfect” or normal sexuality (Irajá 1953). In a general analysis, we have seen that Irajá employed theories developed by contemporary authors of sexology (such as Havelock Ellis, Magnus Hirschfeld, Iwan Bloch, Paolo Mantegazza and Gregório Marañón), psychoanalysis and biotology, as well as concepts from eugenics and degeneration theory. Two issues worthy of some attention are eugenicist ideals of beauty, and homosexuality.

Flores (2007, p. 126) makes a rather pessimistic, but to some extent accurate, analysis of Irajá's paintings, stating in general terms that Irajá “painted women who conformed to body type, well framed in the center of the canvas with a vanishing point that creates both an internal order to the work and a social, political and moral order.” Flores even removes references to Irajá as an artist, since his name does not feature in Brazilian art literature. Although acclaimed by his contemporaries, Irajá did not really excel in painting. Rather, his nudes seem to meet his need to reproduce aesthetically attractive female bodies while enabling him to encounter models and admire or even seduce them while he was painting. Seen alongside the 1931 Salon (also known as Revolutionary Salon), an artistic event that exhibited the first works from the two early modernist generations, Irajá was closer in style to traditional painters. Drawing on this experience, Irajá and Navarro da Costa founded the Associação dos Artistas Brasileiros. Irajá would still have been a member of other institutions, such as Pró-Arte, Pen Club do Brasil, Sociedade Homens de Letras do Brasil, among others. Despite Irajá's opposition, Di Cavalcanti, a prominent Brazilian modernist painter, would illustrate the cover for *Amores e Paixões* (1956a), which happens to be the very work in which he criticizes the modernist movement.

Turning to homosexuality, Green (1999, pp. 145–146) expresses his dissatisfaction with *Psychoses do Amôr*, both in regard to Irajá's conservative ideas on the subject, and the illustrations of macabre beings and



skeletons in the chapter on homosexuality.<sup>9</sup> Green concludes, by making an anachronistic analysis of Irajá's work, since contemporary thinking on the study of sexuality was quite conservative. Peixoto (1932, pp. 116–117) helps us to understand the discussions of that time by defending the idea that homosexual people would need treatment and not prison.

Both Green and Flores seem to be looking to stereotype Irajá as a eugenicist sexologist and fail to consider subjective aspects of his identity and professional life, such as the ambiguities that permeate his biography and his studies. Correa (2013, p. 45), in an outstanding analysis of the attitude of intellectual doctors of that period to the issue of race, states that “the racism of Nina Rodrigues, so often called on to disqualify his empirical research, was shared by almost all intellectuals of his generation.” We return then to the issue of anachronism: The current concept of racism diverges from that in which Irajá and his colleagues developed their studies. So we would need to have a fairly comprehensive understanding of many issues that were debated at that time, and not merely theoretical ones.

### *Marriage and Divorce in Irajá's Works*

On marriage, Irajá (1953, p. 9) made a distinction between free love and conjugal love. The first was more associated with passion and instinctive power, while the other was associated with the bedrock of friendship that reinforces and replaces passion, requiring “the education of both in the true profession of husband and wife,” with selfishness and detachment, zeal and abnegation in both. Irajá (1933d, pp. 135–136) also criticized the indissolubility of marriage, using as a justification issues such as sterility and disaffection, along with more technical issues such as divorce, which practically threw men and women into cohabitation, masturbation or monastic life. Irajá (1953, p. 189) defends divorce, asserting it to be “a measure of pure protection for the unhappy in marriage” and criticizing the Church's interference in the issue. He also recognized that women were stigmatized as dishonest, while men were not. Ultimately, Irajá followed a consistent line of thought with his vision of marriage, employing the arguments of Heitor Lima, a communist politician and “the strongest defender of divorce in Brazil” at the time. Curiously, when living in the south, Irajá joined *O Ecrínio*, a newspaper headed by Andradina de Oliveira, the feminist author of *Divórcio?* [Divorce?]

(1912). Despite this, there are no references to this author in Irajá's writings.

Irajá's open position on marriage and divorce was very possibly linked to the fact that he had maintained an open relationship with his wife, Flora Simões, whom he had married in the early 1930s. For about 20 years his wife maintained a relationship with a colonel, who accompanied her on trips with the couple's daughter, the relationship even being recorded in family photographs. Irajá, in turn, had more casual relationships, motivated by his adventurous and seductive spirit.

Irajá's ideas on marriage and divorce were also presented in the 1934 Constitutional Assembly discussion on the issue. Vasco de Toledo, a Paraíba politician, used this same text to advocate for divorce. While reading the text, referring to Irajá as a "dissector of souls," other politicians, Cardoso de Melo and Barreto Campelo, objected. In the words of Cardoso de Melo: "We cannot consider Mr. Hernani de Irajá's opinion as the last word of science, no matter how much he does us a disservice; especially as all his books resemble a barbaric commercialism. I would ask you to show the cover of your own copy to the Assembly" (*Annaes da Assembleia Nacional Constituinte* 1936, p. 170).

Thus, we see that there was a hegemonic discourse on sexual issues at the time, which Irajá appropriated, and which is mirrored in his scientific work, as was the case with theories of degeneration and eugenics. On the other hand, at times Irajá took a more liberal position, making his work ambiguous. It is possible to work on the hypothesis that Irajá's sexological discourse oscillates between the argumentative (in its application of some theories on which he based his studies) and the opinionated (in which he rambles more openly and reveals his point of view on sexual themes, using his clinical experience and cases of which he is aware). On this point, Paiva (2002, p. 93) argues that "deciphering Irajá's thought by trying to extract a cohesive theory representative of all his thinking, would be to absorb (in an absolutely unsatisfactory way) the diversified mosaic that makes up the history of medical thought about sex in the early twentieth century." In addition, we may also consider the link between this thinking and Irajá's biography.

## FINAL CONSIDERATIONS: SO WHAT HAPPENED TO DR. IRAJÁ?

The use of biography, particularly when associated with microhistory resources, proves to be fairly fruitful in understanding the place—or not—of historical characters and their contexts. In Hernani de Irajá's case, it is possible to look beyond the multiple stigmas and stereotypes that surround him. This is especially important due to the ambiguities present in his biography and reflected in his work as a sexologist.

Beyond the ambiguities and his polymorphous talent, the character we find in Irajá is quite peculiar and multifaceted, literally moving among rascals, bohemians, intellectuals, the military, prostitutes and artists; and, a little more subjectively, between art and science, the profane and the sacred, tradition and the avant-garde, light and shadow. Thus Irajá becomes a perfect subject, acting as a thread from which we can glimpse a rich overview of the history of sexology, social and sexual customs of the first half of the twentieth century, and the arts in Brazil. From this complex grid of ambiguities, we glimpse the unveiling of the desires, fears and limitations of someone who supposedly occupies a place of rather restricted power. The vitality and drive with which Irajá dedicates himself to his multiple activities contrasts with his physical fragility, his need to experience fortuitous loves, and the bereaved and withdrawn loneliness of his latter years.

Like other pioneers of sexology elsewhere in the world, such as Havelock Ellis, Magnus Hirschfeld, and Alfred Kinsey, Hernani de Irajá has an unusual biography. Its reconstruction gives us a wider context for thinking about the role of current clinical sexologists. From a historical perspective, Irajá helps us to think particularly about the Brazilian sexologist's identity and field, although the debates on race and gender, which are so expensive and necessary in difficult times like today, need further research.

### NOTES

1. This information is incorrect and arises due to inaccuracies in Irajá's birth and death dates (1894–1969) in some biographical notes on him (Menezes 1978).
2. In this chapter, I use the term “sexology” in a broad sense, that embraces not only forensic and clinical sexology, but also sex education, gender theories, and social and feminist authors, while respecting the social and intellectual context of the time. In this regard, this conception of sexology

- is fairly close to that on which Giami and Russo (2013) and Rohden et al. (2014) base their studies.
3. Retrieved September 16, 2019, from <https://www.youtube.com/watch?v=kCSWPKab5Bc>.
  4. Possibly he's referring to his law school classmates.
  5. Retrieved from [http://www.academiacearensedeletras.org.br/revista/Colecao\\_Antonio\\_Sales/ACL\\_1894\\_Raimundo\\_Girao/ACL\\_1984\\_Raimundo\\_Girao\\_009\\_ADONIAS\\_LIMA\\_ex\\_Academico.pdf](http://www.academiacearensedeletras.org.br/revista/Colecao_Antonio_Sales/ACL_1894_Raimundo_Girao/ACL_1984_Raimundo_Girao_009_ADONIAS_LIMA_ex_Academico.pdf).
  6. This text is part of my master's dissertation, Ezabella (2010), available at <https://tede2.pucsp.br/handle/handle/17412>.
  7. About Irajá's medical activities, the telegram sent to Oswaldo Aranha helps us to elucidate how he presented himself in formal documents and described his work: "Scientific Disseminations, Gender Publications Office. Sexopathology - Neurology - Plastics - Reeducation. Plastic Surgery - Phototherapy - Electrotherapy."
  8. Although not part of this research, which was begun in the early 2000s, we must consider, at least in later studies, the importance of race, class, or gender. Feminist theories and decolonial studies, such as those by Judith Butler or Achille Mbembe, may provide a great contribution to this field of study.
  9. In fact, the illustration in the book refers to a Greek city, with naked, heterosexual couples embracing.

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## The Pornographic Object of Knowledge: Pornography as Epistemology

*Jeffrey Escoffier*

Sometime during the early 1980s, Robert Stoller, a professor at UCLA, prominent psychoanalyst and the pioneering theorist of gender identity decided to devote himself to research on the production of pornography by the adult film industry—and he spent the last ten years of his life doing that. He was led to the study of pornography through his work on sexual perversion and sexual excitement. He argued that pornography was a significant source of fantasies commonly used to produce sexual excitement and he wanted to know how pornographers were successfully able to package the fantasies for mass distribution.<sup>1</sup> He was interested in the origins of the (perverse) fantasies dramatized in pornographic movies

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My realization that pornography has an epistemological function originated in discussions with Hector Lionel and has benefited greatly from discussions with Jeffrey Patrick Colgan and Dagmar Herzog.

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Switzerland AG 2021

A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,

[https://doi.org/10.1007/978-3-030-65813-7\\_14](https://doi.org/10.1007/978-3-030-65813-7_14)



and to find out if the industry had created a ‘body of knowledge’ about how to develop such fantasies.

Stoller’s pioneering early work had focused on the conceptualization of gender identity (a term which he introduced). In the course of that work, he explored transsexuality, ‘sex change’ surgery, and intersexuality.<sup>2</sup> He believed that the conflicts and traumas associated with the establishment of core gender identity posed powerful threats to the sense of self and resulted in what psychoanalysts at that time labeled as ‘perversions’ (which he saw as completely ‘normal’ reactions) as defenses against the infant’s traumas (Stoller 1975).

Following in the footsteps of French psychoanalysts Jean Laplanche and Jean-Bertrand Pontalis in their pioneering article ‘Fantasy and the Origins of Sexuality,’ Stoller was one of the few psychoanalysts after Freud to write about sexual excitement. Based on his study of gender identity, Stoller concluded that the childhood frustrations, injuries and conflicts over gender identity were encoded as perverse fantasies (Laplanche and Pontalis 1973). These perverse fantasies played a very important role in an individual’s erotic life, basically ‘to convert these painful experiences to pleasure while still keeping the details of the earlier traumas and frustrations embedded in the fantasy, to allow an endless repetition that reverses trauma to triumph’ (Stoller 1979). He saw perverse fantasies as a reversal of trauma or frustration into triumph and along with an individual’s tolerance for emotional risk and the role of dehumanization (i.e., fetishization) they served as integral components in the production of sexual excitement (Stoller 1979; Bauer 2015). ‘Perversion is a *fantasy* put into action,’ he argued, ‘a defensive structure raised gradually over the years in order to preserve erotic pleasure’ (Stoller 1975; Laplanche and Pontalis 1973). In his view, our deepest psychic wounds and our need to undo traumas from the past were the primary sources of our erotic desires and sexual conduct. He concluded that ‘... the essential clue, lies in ... the conscious day-dreams people tell themselves or live out in the real world, plus unconscious fantasy, the private, idiosyncratic unrecognized meanings people attach to their behavior and to the objects on whom their behavior is worked out’ (Stoller 1975).

In 1979’s *Sexual Excitement*, Stoller had developed his theory of sexual excitement around the erotic experience of a single female patient, but he wanted to know more about how ‘interpersonal communication ... carries fantasy out of ourselves and into people, making contact with others’ fantasies and turning the participants on’ (Stoller 1979). After

all, sexual encounters and the sexual scripts they enact are dialogical, often involve two or more participants and are usually improvised. Individuals do not necessarily follow preexisting scripts, but they co-author their own versions. Commercially produced pornography packaged sexual ‘scripts’ and developed ‘genres’ of sexual scripts that comprised an entire repertoire of pornographic scripts. Within each grouping, there was, and is, a certain degree of heterogeneity that typically includes interactional dialogue, narrative frameworks, proverbs, and practical knowledge about sex. Pornography interested Stoller for precisely this reason: that the porn industry was in the business of producing ‘complex daydreams’ (i.e., sexually exciting scenarios) that would allow individuals to access their own unconscious fantasies and traumatic memories. To pursue this, Stoller embarked on an ethnographic research project of the pornographic film industry—what might be called an example of vernacular epistemology.

Stoller hypothesized that the industry’s production of ‘complex daydreams,’ scripts and movies was organized around the fetishisms ‘psycho-dynamically active’ among those people who worked in the business (writers, directors, performers) and that they constructed the daydreams found in pornographic film scenarios like everyone else—from the unconscious memories of traumatic events, and through which their pain and their incomplete pleasure was converted into greater pleasure (Stoller 1975). Stoller had initially posited that the production of those perverse fantasies and complex daydreams was the central dynamic in the pornographic film industry (Stoller 1979, 1991). In this paper, I want to explore Stoller’s ‘epistemological’ investigation—and how Stoller set out to find the means by which the adult film industry created and disseminated perverse fantasies and in the process inadvertently discovered that pornography itself played an epistemological role.

When he started his research, Stoller assumed that over the course of producing and marketing their work that the adult film industry had acquired a specialized ‘body of knowledge’ about what sort of scripts provoked sexual excitement and how these perverse fantasies excited their audiences (Stoller and Levine 1993). He wanted to identify the ‘intrapsychic’ sources necessary to the making of pornography, that is, the role of perverse fantasies and daydreams in the development of pornographic materials. The porn industry was, he believed, in the business of packaging, what he called, ‘complex daydreams,’ that is, the fantasies that enabled individuals to access ritualized versions of their unconscious

fantasies and traumatic memories (Stoller 1975; Laplanche and Pontalis 1973).

### READING THE MICRODOTS: ENCODING, DECODING, AND THE EPISTEMOLOGY OF EROTIC CINEMA

Most people use pornography to sexually arouse themselves. While erotic representations—stories, visual art, or movies—have portrayed some combination of both (a) *objects of desire* and (b) *narratives of sexual action*, Laplanche, Pontalis, and Stoller have argued that narratives are essential to the generation of sexual excitement. As Laplanche and Pontalis argue ‘Even where they can be summed up in a single sentence, phantasies are still scripts (*scenarios*) of organized scenes which are capable of dramatization—usually in visual form. It is not the *object* that the subject imagines and aims at, so to speak, but rather a *sequence* in which the subject has his part to play and in which permutations of roles and attributions are possible’ (Laplanche and Pontalis 1986). Stoller believed that people used pornography to search for that bundle of ‘original erotic scripts’ created by the traumas of infancy, struggles about gender identity, sexual frustration, and the perverse fantasies that begin to emerge as we approach puberty. Many of these scenarios are lost during childhood and cannot easily be ‘found’ again. While the original script may not be immediately accessible, potentially it can be psycho-dynamically reconstituted by the development of ‘fantasmic’ scenarios through substitution and displacement.<sup>3</sup> Thus, pornography serves as a kind of vernacular epistemology of sexuality—the *object of knowledge* for the spectators of pornography is ‘the script’ that provokes sexual excitement. Stoller sought to understand both how such scripts were developed and what access to self-knowledge they offered to the consumers of pornography.

Stoller conceptualized the encoded data (the perverse fantasies, the scripts, and the traumatic memories) that triggered sexual excitement as *microdots*—an early twentieth-century technological form of information storage:

Everyone knows of the microdots of sexual excitement: a genteel clean woman in a quiet marriage of low erotic intensity is stabbed with excitement at the look and smell of a physically disreputable man of clearly lower class; a twelve-year-old boy puts on his sister’s clothes, never before having cross-dressed, and has an instantaneous spontaneous orgasm, his first; a

forty-year-old woman, well-experienced in sexual activity, is with a new man, who without warning gives her a slap on the buttocks, causing her to experience, simultaneously rage, humiliation, and fierce genital excitement; a man looks at a woman with a certain hairstyle and becomes nauseated; a philosopher (male or female) looks at an erect penis and starts to write a political tract; a woman looks across a room at an unknown man and decides she will marry him. The number of examples is endless. (Stoller 1979)

Stoller's thinking drew on the work of sociologists John Gagnon and William Simon who had developed a theory of 'sexual scripts' that integrated both the social and psychological sources of sexual behavior (Stoller 1979; Escoffier 2004). They argued that in a sexual encounter individuals brought together their everyday (a) interpersonal and interactional skills, (b) their fantasy materials (a la Stoller), and (c) their society's cultural norms (about gender identity and roles, social class, geographic, ethnic, and other affiliations) to develop 'scripts' (with cues and appropriate dialogue) as a means for organizing their sexual conduct (Gagnon and Simon 1973; Simon and Gagnon 1986).

Stoller was convinced that the porn industry would help him to explore how fantasies, as well as sexual excitement, were communicated from one person to the next (Stoller 1979). He decided to take advantage of the fact he was teaching at UCLA and that the adult film industry was increasingly concentrated in the nearby San Fernando Valley. This resulted in work published in four books: *Observing the Erotic Imagination* (1985); *Porn: Myths for the Twentieth Century* (1991), *Coming Attractions: The Making of an X-Rated Video* (1993) with I. S. Levine, published shortly after his untimely death in 1991, and *Sweet Dreams, Erotic Plots*, published posthumously in 2009, eighteen years after his death.

Stoller's project promised to be an important step toward a comprehensive theory of the production of pornography; it would be supplemented by Linda Williams' analysis of the cinematic medium (and the way it failed to adequately represent female sexual excitement) and Gagnon and Simon's account of the social and historical conditions necessary for the production of pornographic films (Escoffier 2007).

Eventually, Stoller modified his theory of 'microdots' to incorporate what he called 'progression in pornography.' In his posthumously published *Sweet Dreams, Erotic Plots*, he concluded, at one point, that

‘as identity forms, grows, and changes—whether from the passage of life or treatment—one’s erotic dynamics change’ and that these very changes ‘are reflected in daydreams, including, of one’s favorite pornographies’ (Stoller 2009). The discussion of ‘progression’ suggested that, rather than the previously assumed ‘microdot,’ which implies a permanent and condensed unit of fixed fantasy material, a somewhat different metaphor might be more appropriate—perhaps a microchip with an integrated circuit—in which the perverse fantasies, daydreams, and scripts encoded interact with the individual’s intrapsychic history (Stoller 2009). This implies as well that the dynamic between perverse fantasies and pornography is a more interactional, developmental and dialectical process.

‘Sexual scripts’ in pornographic movies operate on many different levels. To some degree, directors, editors, and performers were guided by their own daydreams, fantasies, and personal scripts. But a full-length porn film (a standard format in the 1970s and 1980s) is also the product of a written film script and is shaped by the director’s own sexual daydreams as well as by each performer’s *enactment* (through some combination of acting and actual sex) of the sexual action (as choreographed by the director) and the fantasies/daydreams dictated by their own sexual fantasies, and last but not least, by the film’s editor who with or without the director assembles the final print of the film.<sup>4</sup>

Nevertheless, as reviews, audience responses, and sales illustrate, porn performances were not unconnected to the playing out of the perverse daydreams or fantasies of the audience.<sup>5</sup> In general, the effectiveness of cinematic pornography depends, as Linda Williams and others have shown, on the viewer’s belief that the sex portrayed is plausibly ‘real’ in some way, but it also requires that the porn script, in order to successfully produce sexual excitement, had to be ‘synchronized’ to some degree with the fantasies (i.e., microdots) of the spectator. It draws on the ‘documentary illusion’ generated by the photographic media itself, whereby the enactment of the sexual fantasies portrayed is certified through the photographic ‘verification’ of *real penetration, erections and orgasms*—(i.e., ‘reality effects’) (Ecoffier 2003). The psychological impact of photographically-based pornography depends upon this and upon its ‘realistic’ sexual conclusions: *visibly displayed orgasms* (Williams 1999; Patton 1988).

The successful sexual performance in a fantasy or in a porn movie protects the spectator’s excitement from being ruined by anxiety, guilt, or boredom and allows adult movie producers to simulate reality without

the anxieties and emotional risks that an individual may face in real life situations (Stoller 1975). And for many people, erotic excitement is heightened when the fantasy's outcome is uncertain—when it includes an element of risk, danger, mystery, or transgression (Stoller 1975, 1985). That's why when a porn scene is viewed many times the mystery or transgressive aspect is often lost and the scene is no longer found to be exciting.

Stoller believed that pornography made perversion safe through 'dehumanization, fetishization and reinvention,'—as the sex portrayed in porn involves no risk, demands no revenge, and does not seek to harm to anyone (Stoller 1975). Stoller's ethnographic interviews with people working in the porn film industry showed, although Stoller never explicitly integrated it into his analysis, that the industry drew not only on the participants' own sexually perverse fantasies (i.e., 'the intrapsychic script') but also on the versions of 'interpersonal scripts' and 'cultural scenarios,' a la Gagnon and Simon. His study of the porn industry did not 'prove' his theory about the dynamics of sexual excitement between men and women—nor did it contradict the theory. Nevertheless, Stoller's epistemological inquiry failed to discover any kind of systematic or rigorous knowledge base in the porn industry. Stoller had hoped to find out how pornographers could find the 'microdots' upon which their success depended. They relied, as he discovered, upon trial and error—based on sales and audience response. Yet, though he did not live to discover it, his research pointed to pornography as an instrument to discover or decode the microdots of pornography's consumers.

### HISTORY AND THE PERVERSE DYNAMIC: THE SEXUAL IMAGINARY AS DIGITAL ARCHIVE

Since Stoller's death the industry has grown enormously. While adult films constituted the most important sector of the porn business since the early 1970s, the technological changes that took place contributed significantly to that growth. During the 1980s, pornographic filmmakers shifted from shooting X-rated features on film designed for exhibition in theaters to videotapes (Beta and VHS) which could be viewed in homes on televisions. The new technology was cheaper to produce, cheaper to re-produce, and more accessible to consumers (especially to those reluctant to attend porn theaters or other public venues). In the early 1980s, the advent of the AIDS epidemic and uncertainty about the transmission

of HIV reinforced the appeal of watching pornographic videos at home. Video sales and rentals soared throughout the eighties and nineties. Each technological shift made pornographic films and video more easily and cheaply available. With the shift of video pornography to the Internet, pornography became a more readable and accessible body of knowledge. Today, porn on the Internet has become a giant archive of sexual fantasies. Laura Kipnis has argued that porn is ‘an archive of data about our history as a culture and our own individual histories...’—the pornographic archives created by the Internet (e.g., Pornhub.com) is a perfect example. In June 2017, *New York Magazine* published an article about Pornhub, an Internet website that is the largest distributor of porn in the world. The article claimed that Pornhub was ‘the Kinsey Report of our time,’ and that it ‘may have done more to expand the sexual dream-scape than Helen Gurley Brown, Masters and Johnson or Sigmund Freud’ (O’Connor 2017). Nowadays, with little or no sexual education young people search the many free porn sites looking for their exact ‘scripts’ because as Stoller, Laplanche, Zizek, and others have pointed out ‘it is precisely the role of fantasy to give coordinates of the subject’s desire, to specify the object, to locate the position the subject assumes in it’ (Zizek 1991).

The historical developments since Stoller’s death neither directly refute nor confirm his theory of sexual excitement, but one of the most important implications of Stoller’s theory was identifying the underlying dynamic of erotic change both among individuals (psychologically) and in the industry itself (historically). He had observed that pornography has a ‘short half-life’—exciting material quickly becomes boring—which he attributed to the loss of a sense of risk, uncertainty, and transgressiveness (transgression). And as people’s sexual identities and erotic dynamics changed, so did their daydreams and pornographies (Stoller 2009).

From the beginning of the porn industry in 1970, the historical proliferation of pornography has been driven by a ‘perverse dynamic,’ that is, the pursuit of kinkier and more perverse sexual scenarios (Stoller 1975). This is both *an economic dynamic* and *a drive to maximize sexual excitement*—a ‘perverse implantation’ to use Foucault’s terminology for the cultural assimilation of perverse sexual desire (Foucault 1978). Under the banner of sexual intercourse outside of the hetero-normative marriage, pornography harnessed voyeurism and exhibitionism (both forms of perverse behavior found by Stoller among porn performers) to portray

sex with multiple partners, group sex, fellatio and cunnilingus, anal intercourse, lesbianism, male homosexuality, all kinds of sexual fetichisms, sex toys, BDSM, and other sexual practices. ‘The pornography industry,’ as Stoller observed, ‘is built around the problem of protecting its consumers from boredom.... the result of loss of a sense of risk’ (Stoller 1975). Stoller certainly found much to confirm the significance of the perverse dynamic among those working in the porn industry.

This was reinforced by the intrapsychic dialectic that oscillates between desire and identification—the movement between the arousal stimulated by the set-up and for the desirable objects (the active role) and imagined substitution of oneself in place of the objects of desire (the passive role).<sup>6</sup> This reversal or oscillation between active and passive, pleasure and pain is explored in Freud’s essay on ‘Instinct and Their Vicissitudes’ (Freud 1915 [2000]; Cowie 1993; Laplanche and Pontalis 1986; Stoller 1975). Reinforced by the reality effects such moments of desire are incited through the dynamic of identification and dis-identification. It allowed men to explore a perverse fantasy at the same time protecting them from *actually* engaging in the perversion, thus minimizing or removing any guilt associated with the fantasy (Stoller 1975).

Through the operation of the perverse dynamic and its acceleration and amplification by the Internet, the porn industry has been able to accumulate a huge archive of perverse fantasies and scripts. In the late 1980s, when Stoller began to interview people working in the adult film industry, the industry produced less than 2000 videos (VHS tapes) a year—many available at the local video store. The Internet has led to a massive archival accumulation and facilitated the digital cataloging of scripts and genres.<sup>7</sup> Pornhub, for example, is the 40th most trafficked website in the world. It has more than 10 million videos available for viewing and serves 75 million visitors a day (O’Connor 2017). Pornhub has replaced the “secret museum” of the nineteenth-century as the library of sexually explicit images, fictions, and personal testimonies.<sup>8</sup>

Porn genres are basically fetish categories and they organize the spectator’s ‘fetichized’ expectations and establish ground rules for both producers and performers. Generic forms determine the narrative devices and the *mise en scene* that govern the sexual action. Genres also exist within an economic context and practices. They are the result of both commodity and sexual fetichization. Over the course of more than fifty years, the pornographic film industry has created a huge variety of sexual scripts and genres. New genres and new market niches emerged to cater



to specialty interests—gay, BDSM, transsexual, MILF (“Mothers I’d Love to Fuck”), and sexual fetishes of all kinds. New porn genres emerge or undergo changes due to historical shifts in attitudes toward certain types of sexualities.

The proliferation and the concentration of porn scenes on huge porn sites like Pornhub allow Internet users to ‘fine tune’ or ‘match’ their microdots, ‘encoded progressions,’ and perverse fantasy scripts to an unprecedented degree. Most porn genres, like perverse fantasies or the sexual scripts that circulate in society, are fairly heterogeneous—sharing only minimal thematic content and emphasizing perhaps certain cultural stereotypes, but others are highly organized. On the one hand, porn genres evolve because they are subject to the creative and spontaneous reformulations by directors and/or performers to satisfy their fantasies or expressive needs, while on the other hand the commercial drive to produce ever more perverse pornography (or some new edgier pornographic material) has expanded the society’s sexual imaginary—the repertoire of perverse sexual fantasies available to porn customers (Paasonen 2011).

This historical situation has three significant effects:

One, the porn customer must spend time to search for the porn script in which there are enough ‘matching’ details to their own fantasies.<sup>9</sup> Thus, within the context of social media, consumer ratings, and online sexual communities, the process of identifying one’s perverse fantasies has ceased to be a primarily private process discovered by individuals in the course of their sexual encounters (perverse, neurotic, or not) or in therapeutic engagement; the search process is now more ‘social’ than in the past and has given rise to the emergence of online porn communities in which spectators can discuss and share their responses to the pornographic representations (Grebowicz 2013; Paasonen 2011). Other forms of porn have become more available—“cam porn,” where the performer and spectator have some sort of direct address (or even communicate with one another) or ‘jerk-off instructions’ which is more directly an interpellation (calling out to the spectator as ‘a subject’).

Secondly, porn can also have a mimetic effect—it initiates a process of imitation and learning. It is a form of sex education and is increasingly pedagogic. A ‘hot’ sexual scene can spur imitation. Spectators can be introduced to *new* fantasies or scripts that were not necessarily encoded in their infantile ‘microdots’ or perverse fantasies.<sup>10</sup> Whether this material activates unused material from our own fantasies or implants altogether

new material is unclear. ‘Pornography’s favorite terrain is,’ Laura Kipnis has pointed out, ‘where the individual psyche collides with the historical process of molding social subjects’ (Kipnis 1996).

Thirdly, repeated exposure to pornography also familiarizes perversity.<sup>11</sup> By mining the continuum of perversions that underlies human sexuality, the industry sought to produce fantasies that represented ever more ‘perverse’ sexual combinations in order to sustain erotic excitement among its ‘bored’ fans. The sexual fantasies supplied grow out of a complex intrapsychic dynamic between the familiar and the new, the normal and the taboo, the ordinary and the perverse. Operating within its masculine ‘reality effects’ (i.e., men’s real erections, ejaculations, and orgasms), porn films demonstrate the potential viability of perverse sexual fantasies—traditionally for men and increasingly for women. Over the last fifty years, pornography, dominated as it is by its largely male audience and orientation, has, as Stoller noted, ‘condoned,’ and helped to normalize masculine perversity (Stoller 2009). The dynamic of a polymorphic sexual economy promotes the process of fetishization and the selection of ‘risky’ objects of desire (Williams 1999; Escoffier 2014). It serves to normalize not only perverse sexual fantasies, but also some of the activities they represent.

The effects of the proliferating pornographic ‘public sphere’ on the Internet—whether (a) it’s ‘finding one’s script,’ (b) ‘adopting or learning a new script or how to have sex,’ and (c) the process of familiarization are common experiences in the pornosphere of the late twentieth and early twenty-first centuries.<sup>12</sup>

Stoller proposed a theory of the psychodynamics of cinematic porn production, both psychologically and historically. Linda Williams’ exploration of how the medium itself shaped its ability to represent sexuality, especially female sexuality, is a necessary complement to Stoller’s work and John Gagnon and William Simon’s theory of sexual scripts identifies the social frame within which the production of pornographic films took place. These contributions—all of which were acknowledged by Stoller—are essential ingredients to understand the production of cinematic pornography. This synthesis of theories about pornography—of Stoller, Williams and Gagnon and Simon—helps to explain the *history* of porn production and *the role of the porn archive* in our culture since Stoller’s death.

As pornography is increasingly integrated into the contemporary psychological and social world—it has become a widely accessible form

of social knowledge. This suggests that the perverse dynamic of the porn industry does not only rely on the perverse fantasies, as characterized by Stoller, but also on historical and social processes of learning. The developments on the Internet have taken place in a new social and cultural context. Pornography is increasingly integrated into the contemporary psychological and social world—it has become a widely accessible form of social knowledge. This suggests that the perverse dynamic of the porn industry does not only rely on the proliferation of perverse fantasies, as characterized by Stoller, but also on historical and social processes of learning. From the study of how his patients used pornography over time, Stoller concluded that individuals develop new scripts as their erotic dynamics change and are reflected both in their daydreams and favorite pornographies. Stoller would, no doubt, have sympathized with Laura Kipnis' claim that 'Pornography is the royal road to the cultural psyche (as for Freud, dreams were the route to the unconscious)' (Kipnis 1996). In the future, historical changes in parental practices will generate new historically specific injuries to the gender and sexual identities of children in subsequent generations—which may lead to the development of new identities, new sexual scripts, and daydreams, and perhaps even new patterns of sexual behavior will change.<sup>13</sup>

## NOTES

1. In *Perversion: The Erotic Form of Hatred* (1975), Stoller argued that the traumas associated with the development of gender identity were the source of 'perverse' fantasies that generated sexual excitement.
2. See Stoller, M. D., R. J. (1968). *Sex and Gender: Volume I, On the Development of Masculinity*. New York: Science House; Stoller, M. D., R. J. (1973). *Splitting: Case of Female Masculinity*. New York: Quadrangle Books; and Stoller, M. D., R. J. (1975). *Sex and Gender, Vol. II The Transsexual Experiment*. New York: Jason Aronson.
3. See Silverman, K. (1983). *The Subject of Semiotics*. New York: Oxford University Press, pp. 87–125.
4. Levine's shooting script is reproduced in (Stoller and Levine 1993, pp. 62–75).
5. Stoller did not refer to this body of literature, but see Holliday (1986). Stoller interviewed Holliday (Stoller 1991, pp. 160–180). He is also the author of the 'concept' for 'Stairway to Paradise' (Stoller and Levine 1993, pp. 76–90).
6. Christian Metz discusses the dynamic of identification and dis-identification in the cinematic medium (Metz 1982, pp. 42–52).

7. Holliday offers a survey of the best (successful) porn a sampling of the best porn made between 1970 and 1986 (Holliday 1986, pp. 13–158). See Stoller’s interview with Holliday (Stoller 1991, pp. 160–180).
8. The ‘secret museum’ was a gallery, not open to the public, established to house the erotic art found during the excavation of Pompeii and Herculaneum. It represented along with the ‘Private Case’ at the British Library, the early modern European attitude toward pornographic and erotic materials (Kendrick 1987).
9. Laplanche has a discussion on ‘finding’ or ‘re-finding’ one’s object (Laplanche 1976, pp. 19–25).
10. This is what Stoller called ‘progression in pornography’. See Stoller, *Sweet Dreams*, pp. 67–71.
11. See Stoller’s chapter on “Risk vs. Boredom,” in *Perversion*, pp. 114–134.
12. Laplanche discusses the ‘finding’ or ‘re-finding’ of one’s object’ (Laplanche 1976, pp. 19–25).
13. Stoller devoted a chapter to ‘The Necessity of Perversion’ in (Stoller 1975, pp. 215–219). In his last book, he gives an account of how daydreams and sexual behavior may change over time. For example, he states that ‘As time passes, shifts in importance of details: interpretations of what is going on may change, parts of the background may change, parts of the background may move to the foreground and so’ (Stoller 2009, p. 10). Also see the section called ‘Progression in Pornography’ (Stoller 2009, pp. 67–71).

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PART III

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Inventions of Deviant “Others”



# African Hypersexuality: A Threat to White Settlers? The Stigmatization of “Black Sexuality” as a Means of Regulating “White Sexuality”

*Delphine Peiretti-Courtis*

## INTRODUCTION

According to Michel Foucault (Foucault 1976), during the nineteenth century, the explosion of theories about sexuality, which aimed to control and confine the topic to a strict framework, in fact led not only to prohibited practices but also to the intensification of sexual desire in France. Moreover, Freudian analysis (Freud 1929)—which inspired Frantz Fanon (1952) and Edward Said (1978) in their reading of colonial sexuality—sexuality, which was repressed in the West, was projected onto indigenous women. Edward Said also raised the issue of how an imaginative fantasy that encompassed the East was constructed and projected. This sexuality, which was perceived as liberated, provided a mental and “physical”

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Switzerland AG 2021

A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,

[https://doi.org/10.1007/978-3-030-65813-7\\_15](https://doi.org/10.1007/978-3-030-65813-7_15)



outlet for white men. Images of the East were created in opposition to those of the West, where moral values and sexual control constituted the ideological foundations of society. In colonial historiography, Freudian analysis was one of the greatest influences on studies on sexuality in the colonies (Gilman 1985, 1986, pp. 223–261). However, this Freudian conceptualization of the sources may take us farther away from the sources themselves. However, a reconsideration of these texts shows how the discourse of “black sexuality” was also used in this colonial context to regulate “white sexuality.” While A. L. Stoler (2010) adopted the concepts of Freud, Fanon, and Said, she also underlined the fact that intimate relationships between settlers and indigenous people did exist outside these frameworks, and that loving feelings between them did develop. Many arguments and recommendations were made about a sexuality that was supposedly specific to Africa, a sexuality shaped by race, climate, and culture, which threatened the white settlers in the colonies. Medical and anthropological work on human races, medical dictionaries, hygiene guides, and reports of colonial doctors have been analyzed for this study. They reveal scientific and colonial representations of African sexuality in the nineteenth century.

The aim of this chapter is to show how medical descriptions of “black sexuality” contributed to creating a sexual norm intended to control “white sexuality,” particularly that of the settlers.

The first part of this chapter shows how a structural opposition between an “African sexuality,” perceived as excessive and immoral, and a “European sexuality” viewed as civilized and controlled, was constructed. It then goes on to demonstrate how polygamy, which was condemned, was conceived as a cultural consequence of the “natural hypersexuality” of black people. Finally, it raises the issue of interracial sexual relations between white and black people and the denunciation of those relationships in the medical literature of the time.

### AN EXCESSIVE AND IMMORAL SEXUALITY IN AFRICA?

During the colonial period, two diametrically opposed representations of sexuality were at variance in medical literature. The prudish, modest, moral, procreative, and moderate sexuality of civilized people living in temperate countries stood in opposition to a free, liberated, immoral sexuality given over to the pleasures and satisfaction of the primary instincts innate in the primitive inhabitants of warm countries. In his book *Races*

*humaines et leur part dans la civilisation*, published in 1860, Dr. Adolphe Clavel (1860, p. 89) stated that “the love of the Negro is a passion that wants to be assuaged at whatever cost and does not shrink from violence (...) it seems to come from the heart and amass in the overdeveloped sexual organs. The sheer proportion of the sexual organs is, in fact, one of the characteristics of the Ethiopian race.” Doctors in the first half of the century viewed the wantonness of black men and women (which was one of the most common prejudices toward Africans in nineteenth-century medical literature) as being a result of their sexual and cerebral anatomy.

According to a powerful stereotype of the time, the oversized genitalia of black men and women were closely correlated with the practices of heightened sexuality. The hypertrophy of Africans’ sexual organs and their intense sexual activity were also believed to result from innate racial factors, linked to a particular anatomical composition of the brain. Indeed, according to several nineteenth-century doctors and anthropologists such as Broca, areas in the brain that were devoted to passion, the emotions and primary instincts were overdeveloped in black people, unlike white people, the size of whose cerebral zones for reflection and reason were overvalued. Thus, Africans’ intellectual weakness went hand in hand with their hypersexuality, as seen in this quote published in the *Gazette médicale de Paris* in 1841: “This is why, with a Negro’s intellectual organs being less developed, their genitalia acquires greater preponderance and extension” (*Gazette médicale de Paris* 1841, p. 701). Moreover, these scientific theories were disseminated to the general public through encyclopedias and dictionaries up until the last third of the nineteenth century. What follows was written in the article “Femme” (Woman) in Pierre Larousse’s *Grand Dictionnaire Universel du XIXe siècle* in 1872: “Women, like men, of the Negro race are much more lascivious than white women. Nature seems to have granted to the physical functions of this race what it has refused to the intellectual functions” (Larousse 1872, p. 203). This sentence, taken from a scientific work written in 1815 by the pharmacist and naturalist J. J. Virey (1815, p. 513), testifies to nineteenth-century knowledge and beliefs conveyed about the sex and sexuality of Africans in France. On the other hand, “white” sexual temperance was seen by the doctors as being the result of greater intellectual development.

Thus, faced with this type of representation, models of sexual conduct started appearing in medical dictionaries from the end of the eighteenth century, and were plentiful in their instructions and recommendations

regarding sexuality and its dangers: “Temperance, moderation and abstinence from pleasure are therefore reasonable acts, based on the very nature of man. It will be in his own interest, in the desire to preserve his health and existence, that he will find reasons to be sparing with pleasures that could quickly turn into wretchedness, were he to indulge without reserve in the violent impulses of a passionate temperament” (Macquart 1790, p. 161). Whereas self-control and the practice of reproductive sexuality characterized civilized European inhabitants, the African model—one considered to comprise intemperate, inconsistent, and unproductive people—acted as a deterrent. Even though racial influence was blamed for the uncontrollable sexual behavior of Africans, even becoming seen as a fundamental factor in the first half of the nineteenth century, the environment was still considered responsible for the burning passions of black men and women. This hot, burning climate in African countries could even cause the downfall of white men. In 1798, Dr. Macquart (1798, p. 257) underlined how strongly sexuality was influenced by the climate, at a time when the climatic paradigm was still the predominant factor used to explain the physical and cultural diversity of the Earth’s people: “In very hot climates, love is for both sexes a blind and impetuous desire, a bodily function, an appetite, a cry from nature, whereas in temperate countries it is a passion that is still based on morals, that is calculated, that is analyzed and that is often the product of education.” The Larousse dictionary also conveyed this theory in the 1870s and added more weight to it by expanding on racial and innate characteristics. In these discourses, moderation and self-control seemed only to be embodied by those from temperate countries, while Africans symbolized excess, deregulation and chaos in climatic, physical, moral, and sexual terms. Subsequently, it was moral excess and sexual overindulgence that colonization, supported by the colonists, proposed to control. It was essential that Black Africans’ primary instincts—their way of life and behavior—were controlled by the settlers. Nevertheless, there was dissent, with some denouncing colonial civilization as a carrier of sexual vices for the indigenous people. Yet at the same time, they spread the idea of an African sexuality that was natural and instinctive. René Trautmann, a colonial doctor in the Congo, in a book published in 1922, evoked the natural simplicity of the sexual act among black people. Like various people before him (including Dr. Jacobus in 1893, the colonial physician Armand Corre in 1894, and colonial administrators for Burkina Faso,

such as Louis Tauxier in 1917 and former administrator of Benin Denis-Pierre de Pedrals in 1949). Trautmann asserted that vices against nature were produced by civilized populations. Consequently, he thought that Africans should be commended for their virtuous sexuality, even though its intensity should be controlled. Subsequently, although criticism of modern civilization, its culture, and its influence on the development of sexual perversions and vices emerged in the twentieth century, they are nevertheless used to prove the Africans' simple lifestyle, which was seen as primitive and even animalistic by nature.

### POLYGAMY: THE SOCIAL CONSEQUENCE OF PHYSIOLOGICAL EXCESSES

Climatic and racial influences were expounded as the reasons for Africans' sexual amorality, and these were also held partly responsible for the existence of polygamy on the continent (Hallé 1787, p. 329; Blumenbach 1804, p. 23). In their view, the reproductive instinct—stimulated by the climate and seen as highly developed in black people—encouraged men to multiply the number of partners they had and the sexual pleasures they enjoyed, so as to satisfy their irrepressible desires. As a result, polygamy became a social fulfillment of male physiological needs. It was also an example that was regularly used by colonials to illustrate the questionable morality of black people, for it demonstrated the overwhelming impulses as well as the repercussions stemming from the Africans' incapacity to implement any self-control on their lifestyle. In Africa, the body dictated the culture, while in Europe the body had to succumb to culture.

While polygamy was accepted and embraced by the men, French scientists also cast doubt upon black women's fidelity. Legally, they had no right to have several spouses, yet scientific writings described them as frivolous, with no particular concern about their virginity or the notion of fidelity, especially when it came to seducing a white colonist. These descriptions were often accompanied by a moralistic and denunciatory judgment of African women, castigating their lack of morality as well as their male counterparts' lack of authority. Their casual attitude toward sexuality, marriage, and the family—the three pillars of French society's morality, functioning, and stability in the nineteenth century—was strongly criticized by scientists. Moreover, their behavior was perceived as being the fundamental reason for the instability and misery of African societies.

Evoking polygamy's adverse effects on society revealed the anguish caused by this type of practice. Indeed, it paved the way for different societal models in Europe. Uncontrolled sexuality and the absence of a monogamous structure in many African countries were in complete contrast to the forms of classical European marriages. This led to doctors redefining the matrimonial norm and categorizing polygamy as deviant. Beyond the social chaos it caused, it also seemed harmful to the body and to health, and according to Dr. Clavel, writing in 1860, it "exhausts man and produces the degeneration of his children" (Clavel 1860, p. 24; Corbin 2008). Children from polygamous families were described as weak, and physically and morally fragile (Bricheteau 1827, p. 221). Some colonial doctors, such as P. Barret writing in 1888, blamed polygamy for the degeneration of the black race. This degradation of the African people was perceptible through the larger percentage of girls' births than boys, caused by the parents' physiological weaknesses. It was thought to be the beginning of the race's extinction (Barret 1888, p. 153). Barret used the city of Libreville as an example to demonstrate this theory.

The doctors and colonial authorities, who supported the injunctions against polygamy, also sought to demonstrate that the practice reduced fertility. They opposed the common view that an increase in the number of sexual relationships should be conducive to fertility. On the contrary, they thought that early and intensive sexual activity would fatigue men and women, causing them to cease "to conceive at an early age" (Bricheteau 1827, p. 220; Broc 1836; Dutroulau 1865). This hypothesis was supported by doctors who addressed the issue of polygamy in Africa as well as in Arab countries and India. Polygamy would damage families and disrupt the birth rate. This concept was supported up until the 1930s by doctors, administrators, and ethnographers, such as Delafosse, who were interested in African demography and sought to promote a pro-natalist policy (Delafosse and Poutrin 1930).

Finally, polygamy was perceived as a practice that dishonored women. From the beginning of the nineteenth century, Dr. Bricheteau (1827, p. 220) spoke of the "enslavement of women." A woman was not only perceived as a man's sexual object, but was also seen as subservient to his wishes. Malek Bouyahia examined this issue in the context of Algerian colonization (Bouyahia 2011). By bringing the subjugation of women to the forefront, the colonizer was able to construct his case highlighting the inferiority and barbarity of the indigenous people, therefore justifying French intervention.

Around the middle of the twentieth century, polygamy was no longer considered in the same way by some observers. Some thought that women tolerated this practice, owing to the fact that female circumcision left them indifferent to marital sexual activity (Gautier-Walter 1951, p. 119). Moreover, many practitioners at that time slightly modified the causes put forward by their predecessors to explain the custom. They dropped the idea of deterministic and racial explanations and instead promoted the effects of culture. Consequently, from the 1930s onward, cultural relativism brought with it greater tolerance toward the cultural practices of foreign populations, such as polygamy.

Beyond men's polygamous practices and women's lasciviousness, dance—perceived as essential in African culture—was seen as a physical expression of the overflowing sensuality of African populations. The all-powerful body and its desires were what influenced human reason and life. So, according to the doctors, the culture of African people was fantasized as sensual and erotic and potentially jeopardized French people. Whether the predispositions to sexuality were natural or cultural among Africans, they represented a threat to the colonists and colonization.

### INTERRACIAL SEXUAL RELATIONSHIPS: A CORRUPTING OR BENEFICIAL SEXUALITY?

While doctors carried out numerous studies on African sexuality throughout the nineteenth century, their interest was also drawn to the long-term settlement of white men in the colonies. It was therefore necessary for scientists to consider interracial relationships, and in particular, to try and understand and explain the reasons for their existence. They turned to external factors to justify a white man's attraction to a black woman, for in their view, neither education, nor society, nor the Europeans' moral values could explain this weakness. Therefore, the origin of these shortcomings could only be attributed to colonial conditions. As the number of white men was significantly higher than that of white women in Africa, forced celibacy was one of the authors' arguments to justify sexual activity between a colonist and an indigenous woman (Orgeas 1886, p. 337).

In the absence of European women, the stability necessary for a white man to settle in the colonized lands in the nineteenth century had indeed been contemplated through an ongoing relationship with a black woman. This generated as much debate about their questionable and degrading

status as it did about their beneficial and practical nature (Stoler 2002). Thus considered essential, sexual relationships between white men and black women were often tolerated. Cohabitation, or “keeping” an indigenous woman, was seen as second best as it avoided the need for contact with multiple women and prostitutes, at a time when syphilis was one of the main epidemics that the medical profession struggled with and fought against in metropolitan France. Consequently, in the absence of a white woman, the colonists’ health was preserved by reproducing a European couple’s monogamous lifestyle. In addition, this stability kept him away from alcohol, which was ever-present in the colonies, as well as from sexual promiscuity. A female presence thus enabled the settler to assume his status and, if need be, provided household care. In his guide for “the military, civil servants, traders, settlers and tourists” in West Africa, Dr. Barot (1873–1951), a doctor with the colonial troops, pleaded for what he called a “necessary evil” (Barot 1902, p. 330). “How should Europeans conduct themselves in West Africa? For those who do not have the strength to endure two years of absolute abstinence, there is only one possible course of action: a temporary union with a well-chosen, healthy, indigenous woman.”

Like most of his contemporaries, he sought to put things into perspective and excuse the colonists’ attitude toward the colonized: “these unions are reproachable but the differences in civilization, the environment, the country and the difficult circumstances in which we find ourselves in the colonies must be taken into account.” Occasionally, these mixed relationships were even encouraged, so as to benefit the colonial enterprise. Marriage between a colonist and an indigenous woman was in particular perceived by some as a way of “strengthening the bonds of affinity that bound blacks to the Europeans, thus facilitating the country’s administrative tasks (...) of quickly learning the indigenous language (...) in a word a key to understanding the black soul” (Barot 1902, p. 329). Some doctors, such as Orgeas in the 1880s and Richet in the 1920s, considered these relationships to be contrary to the primary instinct that drove men to seek a woman of their own race and vice versa. Nevertheless, when the relationship became a reality, it was explained by the fact that the reproductive instinct proved to be more powerful than ethnic affinity, and that external pressures were stronger than natural determinism (Orgeas 1886; Richet 1919).

Thus, once again, the climate was proffered as another essential factor in explaining white men’s sexual excesses, along with isolation in the

colonies, celibacy, and boredom. The third “external factor” responsible for the fall of white men was the black woman herself. Her naked body, lascivious behavior, and liberated morals were paramount in inciting European settlers to licentious conduct. These explanatory factors became commonplace in racial science and general literature (Bory de Saint-Vincent 1827; De Salles 1849; Larousse 1872; De Rochebrune 1877; Hartmann 1880; Gourdault 1882; Berthelot 1902; Muraz 1945), thus absolving the colonists of their desires and the carnal relationships they had with African women. According to the colonial physicians Nicolas, Lacaze, and Signol in 1885: “Whether or not heat is the cause, Africa, in particular, has seemed to us to be one of the lands on the globe where the reproductive instinct is the most intense. The contrary would be quite surprising: in Europeans, the sexual function is incessantly solicited through natural excitement: the woman (...) naked, sensual, provocative and relatively desirable” (Nicolas et al. 1885, p. 211). Their arguments—cited in the works of some colonists such as the Belgian lieutenant C. Lemaire (1863–1925), who had been posted to the Congo—had an impact on the European medical and colonial sphere (Lemaire 1897, p. 56). A woman, like a metonymy of the African land, appeared seemingly submissive and open to the colonists’ desires. She embodied the relationship that united the colonist to the colonized territory (Willis and William 2002; Yee 2000; McClintock 1995). Upon their return from the colonies, many of those who had relationships with African women justified their own behavior, in an indirect way, by warning future settlers of the temptations that were present in these environments. In his *Medical Guide for the Colonist in Africa*, printed in 1913, Dr. Vallet stated:

One of the inevitable consequences for a European living in warm climates will be the reproductive appetites that emerge in him and whose intensity was unknown to him in temperate countries. The newcomer, especially a young man, will indulge in sexual excesses with all the ardor of their youth, facilitated by the moral laxity of the natives, through the lack of importance that black society attaches to the conduct of young girls, as well as the “spectacles” of daily life where young women and girls can be seen, dressed only in a length of cloth tied around their waist. (Vallet 1913, p. 80)

Subsequently, colonial doctors, as well as travelers and racial theorists in metropolitan France, sought to warn men of the physical and moral



dangers of reproductive excesses. The risk portrayed was that intense sexual activity with indigenous people would particularly weaken the white man to the point of resembling a primitive. Moreover, a range of ailments awaited him: in addition to possible syphilitic contamination, the young colonist could develop anemia, “muscle tremors,” hysteria, neurasthenia, and even general paralysis (Vallet 1913, p. 80). According to A. Vallet, “there is no doubt that sexual excesses generate many more adverse consequences for men than for women” (Vallet 1913, p. 81). This belief showed a reversal of nineteenth-century medical thinking that had initially attributed the most violent and harmful sexual and mental disorders to the female sex. More importantly, it was adapted so as to conform to the political and ideological requirements of the time, and the need for moral standards for those men who had been dispatched to the colonies. Evoking the dangers that awaited the concupiscent man brought to mind the risks invoked by doctors such as Tissot, Chambon, and Brieu de in the eighteenth and nineteenth centuries for men and women who enjoyed “unnatural” rather than reproductive sexual practices. Thus, health and medical recommendations were tangled up with political and social interests. Some theorists denounced the white man who gave into his impulses and thus bore the responsibility for the moral decadence and degeneration of the European race (Barth 1860, p. 263; Richet 1919; Martial 1939, 1942). Another concern was to preserve male “resources” and prevent him from becoming exhausted during sexual intercourse. Michel Foucault evoked the idea that the bourgeoisie transferred its values of moderation, sobriety and infrequency to sexuality in order to oppose the aristocratic and libertine wastefulness of the eighteenth century, while Corbin spoke of “sperm management” (Corbin 1991, 2008). This curtailing in activity advocated by the doctors revealed the longevity of a vision that considered bodily fluids, including sperm, as a source of power and energy.

Although sexual activity between blacks and whites was tolerated during the nineteenth century and the beginning of the twentieth century, doctors often tried to demonstrate that it was immoral or even dangerous. Relationships between black men and white women were explored but always rejected. Some even expressed the impossibility of a union between a black man and a white woman due to a physical mismatch between the sexes. Relationships between white men and black women were permitted, but only to the extent that they remained temporary and did not result in a birth. Interracial relationships introduced an image of a multicultural and mixed-race nature that was full of meaning and

consequence. While some doctors such as Dr. Barot praised the effects of interbreeding, it remained in the background of scientific thought at the turn of the nineteenth and twentieth centuries. The more common anti-miscegenation theories, such as those of Broc or Martial, highlighted the perceived risks associated with interbreeding, and in particular the degeneration or even extinction of races.

This chapter has therefore shown that the medical literature about “black sexuality” didn’t have only a scientific aim. In a colonial environment, it also aimed to protect colonizers from African sexuality, which was considered to be dangerous.

In order to tame the sexual appetites of white males, especially French settlers, scientists sought to expose the “deviant sexuality” of black people as a whole. Not only did they discredit interracial relationships as being unethical, they also introduced public health and political dimensions to their condemnation. In their view, the mental and physical health of the colonists was at stake, which jeopardized the wider colonial endeavor.

This chapter has also underlined the way contemporary representations of African sexuality paved the way toward nurturing and framing European sexuality. One of the goals of these texts about “black sexuality” and “sexuality with black people” was to portray a dangerous sexuality in Africa and to set a virtuous benchmark of sexuality for white people. When the doctors referred to black people, often they were talking about themselves, about their own society and about white populations in their entirety. A side effect of medical and anthropological studies of African hypersexuality was that it put the normality of European sexuality into perspective. Moderation was broadly presented across Europe as a characteristic of white people, while excess was embodied by black people in Africa.

Sexuality was used as a racial marker in order to dissociate civilized people—people of reason and culture—from uncivilized people, who were driven by emotions and nature. Sexuality seems to have set the bar when it came to assessing the stage a “race” had reached in terms of human development. Beliefs and knowledge revolving around sexuality contributed to defining the roles attributed to each race during the colonial era. Mastering sexuality seemed to confer supremacy and, according to scientists of the period, justified the superiority of the colonists over African people.

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Sexological Discourses and the Self  
in Rachilde's *Monsieur Vénus* (1884)  
and Radclyffe Hall's *the Well of Loneliness*  
(1928)

*Ash Kayte Stokoe*

This chapter will build on Lisa Downing's perceptive argument that analyzing the impact of sexological discourses in given literary texts

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This chapter explores aspects of *Monsieur Vénus* which I examine in my monograph, *Reframing Drag: Beyond Subversion and the Status Quo* (2019). I am grateful to Routledge for allowing me to develop my analysis of *Monsieur Vénus* in this chapter.

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Switzerland AG 2021

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A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,  
[https://doi.org/10.1007/978-3-030-65813-7\\_16](https://doi.org/10.1007/978-3-030-65813-7_16)

necessitates a contextualized analysis of these discourses and their socio-historical contexts. As Downing states, examining the proto-queer dimensions of literary works requires: ‘looking with a careful historical awareness at the kinds of discourses about social, medical and sexual subjectivity that prevailed at a given moment and which are even partially challenged or denaturalized in a given creative text’ (Downing 2012a, p. 18). Although this chapter does not examine the proto-queer per se, it seeks to establish how Rachilde and Radclyffe Hall mobilize the medical and sexological discourses available to them, both in the extradiegetic sense, to create a particular effect on the reader, and in the intradiegetic sense, as discourses which enable the characters to shape and understand one another’s lives. This chapter questions whether *Monsieur Vénus* and *The Well of Loneliness*—henceforth described as *The Well*—denaturalize or challenge the discourses that they explore, and if so, to what extent. In order to understand whether these texts disrupt the ideas about gender and sexuality which circulated in their specific social and cultural contexts, it is necessary to appreciate the norms which they reference. As the concept of ‘inversion’ shifted between the publication of *Monsieur Vénus* in 1884 and that of *The Well* in 1928, my chapter will pay close attention to the sexological models available to each author.

This chapter will explore how the principal characters in *Monsieur Vénus* and *The Well* convey and illustrate changes in medical thought toward inversion, while treating these characters as subjects who have an active and reflexive relationship to this medical corpus. Looking at the life trajectories and behaviors of the protagonists of *Monsieur Vénus* and *The Well* would only provide a partial account of these texts’ clever uses of inversion discourses. Examining the inner lives of Jacques and Raoule in *Monsieur Vénus* and Stephen and Mary in *The Well* will enable me to provide a richer account of the workings of inversion in these texts, and to establish how these texts might contribute to a fuller understanding of inversion as a whole. As I contend in this chapter, both authors’ use of inversion is more subtle and complex than may initially appear. While an initial examination of *Monsieur Vénus* and *The Well* might suggest that their uses of inversion discourses are antithetical to one another, each mobilize inversion to create a particular effect.

In order to analyze the strategic uses of inversion in *Monsieur Vénus* and *The Well*, this chapter deploys what Judith Jack Halberstam terms a ‘scavenger methodology’ (Halberstam 1998, p. 8). Using an approach deriving from cultural studies and the critical medical humanities will

allow me to scrutinize medical discourses which originated within and outside sexology, while also interrogating the literary features of *Monsieur Vénus* and *The Well*.<sup>1</sup> In this respect, my chapter may be likened to Lisa Downing's 'Sexual Perversion as Textual Resistance in the Works of Rachilde and Monique Wittig' (Downing 2012b) and to Jay Prosser's "'Some Primitive Thing in a Turbulent Age of Transition": The Invert, *The Well of Loneliness*, and the Narrative Origins of Transsexuality' (Prosser 1998). These works establish that the works of Rachilde and Hall can shed light on contemporaneous medical and social discourses about gender, sex, and sexuality, while also engaging thoughtfully with the literary techniques that these works use, and exploring the subjective experiences of the characters they depict.

In addition to shaping my responses to inversion discourses, Jay Prosser's chapter, which questions how the concept of transgender identity can elucidate *The Well*, inspired me to deploy twenty-first-century discourses about LGBTQIA + embodiment and identity when exploring texts which deploy medicalized discourses of inversion to frame their characters.

Concepts drawn from trans studies and queer theory—heteronormativity and binary gender, for example—provide us with precise language to examine exactly what *The Well* and *Monsieur Vénus* convey about gender and sexuality, and enable us to examine the practices and identities within these texts with a queer, twenty-first-century lens. Further, while I think that it is essential to understand these texts in terms of inversion discourses, rather simply than positioning them, potentially anachronistically, as texts which contain LGBTQIA + characters, I also think that using sexological terms without situating them in terms of current understandings of gender and sexuality would be a mistake, at least in the context of this chapter. As members of the twenty-first century, our understandings of late nineteenth- and early twentieth-century sexological concepts will always be mediated by twenty-first-century understandings of gender and sexuality. Therefore, using twenty-first-century terminology, while highlighting the contextual specificity of 'inversion,' facilitates a fuller understanding of what inversion does, and what kinds of desire and embodiment it medicalizes.



## MONSIEUR VÉNUS AND THE BIRTH OF INVERSION

Rachilde, born Marguerite Eymery, was dubbed ‘Mademoiselle Baudelaire’ (Hawthorne and Constable 2004, p. xiii) for her supposedly ‘perverse’ texts, which employ a decadent style and depict non-normative genders, sexualities, and desires. As its title indicates, *Monsieur Vénus* engages extensively with gender play, transforming linguistic and social genders and foregrounding gendered and sexual identities. The central characters Raoule de Vénèrande and Jacques Silvert are described—and describe themselves—using different pronouns and gendered epithets as the novel progresses (see Rachilde 2004, pp. 37, 96–97, 111–112). In order to convey this fluidity while keeping fixed pronouns for each character, I shall refer to both Jacques and Raoule with the pronouns ‘they/them’ in this chapter.<sup>2</sup>

At the beginning of the novel, Jacques and Raoule both broadly occupy the gendered roles associated with their assigned sexes (Rachilde 2004, pp. 11–12), although both possess androgynous features. Raoule, an intelligent and manipulative aristocrat, decides to seduce Jacques, an artificial flower maker, and to transform them into the perfect mistress. Raoule increasingly embodies masculine characteristics, positioning themselves as the archetypal, powerful male lover, who controls and dominates their partner (2004, pp. 129–131). As I have argued elsewhere (Stokoe 2019, pp. 116–125), *Monsieur Vénus*’ central relationship parodies the heteropatriarchal model of male dominance and female subservience, while consciously referencing and playing with other discourses regarding gendered and sexual embodiment. In Raoule’s words to their former suitor, Baron de Rattoilbe, Jacques ‘is a beautiful twenty-one-year-old male, whose instinctively feminine soul has mistaken its envelope’ (2004, p. 74). As Katherine Gantz argues, this formulation, which resembles the ‘born in the wrong body’ trope to which trans people are frequently subjected in the twenty-first century, resonates with sexological discourses of inversion (2005, p. 126).<sup>3</sup> Indeed, the term ‘inversion’ appears three lines before Raoule’s description of Jacques (2004, p. 74), used to mean ‘reversal,’ while subtly referencing the sexological discourses with which the novel plays. As this chapter will contend, *Monsieur Vénus* mobilizes traits of inversion when developing its characters, but does not allow this framework to determine its characters’ natures or its plot. Although sexology was only in its infancy when *Monsieur Vénus* was published, the medicalized figure of the invert had begun to emerge (Rosario 1997,

p. 78). The first French study of inversion was published in 1882 by Jean-Martin Charcot and Valentin Magnan, and developed existing research by German sexologists (Rosario 1997, pp. 78–80). As Vernon Rosario has demonstrated, initial approaches to inversion were informed by theories of ‘male hysteria’ (1997, p. 79), which were well established at the close of the nineteenth century. As Rosario notes, hysteria had previously been assumed to be a specifically female disorder but in the nineteenth century, doctors began suggesting that hysteria had physical components, and that people assigned male at birth could also experience it (1997, pp. 80–81).

Late nineteenth-century medics such as Legrand du Saulle characterized ‘male hysterics’ as emotional, susceptible, and feminine, and often used heredity to inform their diagnoses (Rosario 1997, pp. 79–87). The resonances between ‘male hysteria’ and inversion discourses are clearly visible in an account by Paul Fabre, physician at the Vaucluse asylum (Rosario 1997, p. 80), who stated that “the individuals stricken with this neurosis offer certain psychological and physical analogies that seem to distance them from the sex they belong, to direct them to a new sex [...] whose neutrality and exaggerated impressionability are the principal attributes” (1997, p. 80). As Rosario summarizes, ‘for Fabre, hysteria in both sexes presented a neurological gender imbalance - literally a female brain in a male body and vice versa’ (1997, p. 81). Readers can clearly perceive these concepts at work in *Monsieur Vénus*. The narrative emphasizes Jacques’ naivety (Rachilde 2004, p. 33), the ease with which Raoule manipulates them (2004, p. 43), and the history of prostitution in Jacques’ family, thereby placing Jacques in the category of the ‘héréditaire’ or hereditary degenerate. Androgynous from the outset (2004, p. 9), Jacques overcomes an initial, learned reluctance to perform femininity (2004, p. 90) and adores adopting the mistress role that Raoule allots them. Having undertaken a program of reading prescribed by Raoule (2004, p. 93), Jacques believes in, and internalizes, the discourses that define them as a ‘héréditaire’ and invert. Shortly before their death, Jacques tries to rationalize their misguided attempt to seduce de Rattoilbe, blaming it on a hereditary disposition to vice:

Besides, none of it was his fault!... Prostitution is a disease! They had all had it in his family: his mother, his sister; how could he struggle against his own blood? (2004, p. 203).

In my view, although Jacques' relationship with Raoule has a profound effect on their identity, Jacques' femininity does not stem wholly from this relationship. Rather, readers' can perceive Jacques' identification with femininity from the beginning of the text, when they state 'for the time being, I'm Marie Silvert' (2004, p. 9), instead of explaining that they are temporarily working as an artificial flower maker in place of their sister. Looking at Jacques' behavior with a twenty-first-century lens for a moment, I would also suggest that Jacques' unconvincing attempts to perform masculinity at the beginning of the text (2004, p. 17) recall Julia Serano's description of transfeminine people who try to act like men in order to assimilate to the norms expected of them (2012, pp. 180–181). While Jacques is depicted as naïve throughout, they seem far more comfortable in their feminine role than in the male role they attempted to mimic. Reading *Monsieur Vénus* with the benefit of twenty-first-century concepts and terminology, one could argue that constructionist models surrounding LGBTQIA + identities present a greater insight into Jacques' identity and behavior than sexological templates of inversion are able to do. However, while *Monsieur Vénus*' tongue in cheek treatment of sexological discourses seems to caution against reading Jacques as *an illustration of the essential truth of inversion discourses*, it is important to remember that *Monsieur Vénus* refuses to provide absolute answers about its protagonists' identities and the factors which may have shaped them. Unlike *The Well*, which seemingly provides a clear explanation for its protagonist's deviation from gendered and sexual norms, *Monsieur Vénus* constantly teases its readers with the familiar riddle of nature versus nurture. The novel *does* provide convincing arguments to suggest that Jacques' identity falls outside heterosexual, male, masculinity—for whatever reason that might be. Jacques possesses characteristics that place them within typologies of male hysteria and inversion, can be described accurately using these typologies (Rachilde 2004, p. 74), and is unable to perform the role of a heterosexual man when urged to do so by Raoule (2004, pp. 110–111) or by de Rattoilbe (2004, p. 193). In twenty-first-century terminology, Jacques deviates from norms associated with their assigned sex in their dress (Rachilde 2004, p. 197), their mannerisms (2004, p. 180), and their identification as Raoule's wife (2004, p. 111). However, the novel also invites its readers to question whether Jacques' femininity is wholly the product of Raoule's desires: *Monsieur Vénus* regularly emphasizes the hold Raoule has over Jacques and highlights Raoule's capacity to use others' belief systems—such as their aunt's belief

in Christian charity (2004, pp. 27–28) and in chastity prior to marriage (2004, p. 162)—to achieve their own aims. This second discursive thread might have led contemporary readers to perceive Jacques, and particularly Raoule, as practitioners of ‘vice’ (2004, pp. 27, 89), rather than as illustrations of sexological concepts.<sup>4</sup> In light of the complex discursive play in this text, I suggest that, rather than reading *Monsieur Vénus* as promoting sexological discourses or as subscribing to religious discourses about vice, we read it as a novel which cleverly employs diverse ideas, discourses, and forms to encourage the reader to think further about gender and sexuality and about the gendered power dynamics which are endemic in patriarchal societies.

Part of the mastery of *Monsieur Vénus* is that the characters’ play with gender is mirrored by the text’s parodic appropriation of literary styles, references, and techniques. Prior to Jacques’ acceptance of their cosseted role, Rachilde breaks off the narrative, and commences Chapter 7: an exaggerated account of heteropatriarchal behaviors and structures. The chapter begins:

The man seated on her right in the clouds of some imaginary heaven has relegated his female companion to the second rung in the scale of beings.

In that, male instinct has prevailed. The inferior role that her form imposes on women in the generative act evidently gives rise to the idea of the yoke of slavery.

Man possesses, woman submits. (2004, p. 90).

In a different context, one might read these phrases at face value. Here, however, it appears as a parodic citation, layered upon the text, to remind readers that Raoule is beginning to achieve their aim of transforming Jacques into the ideal mistress—an aim that they stated to de Rattoilbe shortly after meeting Jacques (2004, p. 74). Chapter 7 describes a patriarchal order as though it were a natural given, before emphasizing how Raoule and Jacques reject established gender roles. As the chapter continues, it solemnly reminds readers that people have transgressed societal norms since antiquity, and that Raoule and Jacques are following in the tradition of characters depicted by Virgil, Catullus, Sappho, and Horace (2004, p. 93). Finally, the chapter closes by inverting one of its earlier phrases, stating, baldly: ‘Raoule de Vénérande will possess Jacques Silvert’ (p. 94). As a whole, Chapter 7 emphasizes its protagonists’ non-conformity on two interconnected levels. First, on the surface

level, through the juxtaposition of approved heteronormative behaviors (pp. 92–94) with the so-called deviant actions of Jacques and Raoule (pp. 95–96). More subtly, the decision to break the narrative’s plot and flow with this parodic episode acts to draw attention to artifice and surface, and thereby to mirror the protagonists’ adoption of gender non-conforming roles (p. 95).

This layering strategy also draws attention to the text’s mobilization of sexological constructs. The use of parody in Chapter 7, acts, alongside Raoule’s manipulation of people and discourses, to caution readers against a surface reading of *Monsieur Vénus* as a simple ‘literary version of pathologizing medical discourse’ (Downing 2012a, p. 18), which endorses the sexological models it references. *Monsieur Vénus* draws on discourses of inversion and ‘male hysteria’ to shape Jacques’ character, yet does not allow them to determine the workings of gender and sexuality in the novel. This is perhaps most obvious when we contrast Jacques, a seemingly paradigmatic example of the invert, with Raoule, who employs masculinity and femininity to suit their mood (Rachilde 2004, p. 210), and appears to use constructs like inversion to justify their desire to be a dominant, masculine lover, who takes a feminine, submissive mistress.

### A PLEA FOR TOLERANCE? ANALYZING INVERSION IN *THE WELL OF LONELINESS*

The following section of this chapter will examine *The Well of Loneliness*, underlining key aspects of this text and its seeming difference from *Monsieur Vénus*. First, I want to compare these texts’ responses to inversion, highlighting the seeming lack of playfulness in *The Well’s* use of this framework. On the surface, there appears to be no room in *The Well* for an ironic play with inversion discourses; instead, these narratives are Stephen’s savior—the means by which she and her father can codify her difference from ‘normal’—that is, cisgender, heterosexual—people (Hall 2014, p. 186). After her father’s death, Stephen encounters his notes on sexological volumes, including Krafft-Ebing’s *Psychopathia Sexualis* (2014, p. 186), and is deeply sad that he was unable to tell her that he had ‘known’ (p. 186) about her identity and desires. Nevertheless, Stephen appears to feel some comfort that doctors have studied ‘cases’ like her own, and that she is not alone in her pronounced discomfort with heteronormative gender roles (2014, pp. 13, 65, 90). At this point in the text, Stephen has been depicted as a tortured hero who, from her

childhood, has simultaneously experienced attraction to women (2014, pp. 11–12, 129–130) and a markedly masculine identity (2014, pp. 90, 129). Significantly, the narrative voice of *The Well* supports Stephen's view of inversion. Prior to her discovery of her father's notes, the narrative repeatedly hints that Stephen has a distinct identity outside that of 'normal' embodiment (2014, pp. 45–46, 95), and that she will find information which confirms this fact. Yet, although there is no lighthearted mockery of inversion in *The Well*, the novel does carefully deploy inversion discourses to create a particular affect. Radclyffe Hall asserted that *The Well* was intended to promote a 'more tolerant understanding of the inverted' (Souhami 2008, p. ix), and the novel's features, and the decision to invite the sexologist Havelock Ellis to write its preface (Saxe 2014, p. x) both support this assertion. Using the medicalized model of inversion enables Hall to suggest that Stephen's sexuality and gender non-conformity are an inherent affliction, which Stephen cannot help or change. Far from being eager to engage in 'unnatural' sexual practices—like the protagonists of Decadent fiction, and indeed like Raoule in *Monsieur Vénus*—Stephen is presented as a noble character, with an almost reverent attitude to so-called normal sexuality (Hall 2014, p. 392). When Stephen falls in love, mutually, with Mary Llewellyn (2014, pp. 271–272), after serving with her in an Ambulance unit in the First World War, she is deeply unwilling to initiate a sexual relationship with Mary, as she is acutely aware of the hostility Mary would receive as a result (pp. 272–273). Stephen wishes she could protect Mary from discrimination, and, due to her sense of honor, she only commences her relationship with Mary once she is certain that Mary understands the discrimination that she is likely to experience (p. 284).

Although the solemn atmosphere of *The Well* means that it cannot center happy, fulfilled inverts, it does indicate that this identity does not necessitate a life of unhappiness. Readers even witness the subtle suggestion that, due to their sensitivity, inverts may be more likely to be talented writers and artists than 'ordinary' people. This is stated most clearly when Puddle, Stephen's mentor, encourages her to write, saying: 'just because of what you are, you may actually find that you have an advantage. You may write with a curious double insight—write both men and women from a personal knowledge' (2014, p. 187). This argument is then strengthened by examining the depiction of Jonathan Brockett, a literary recreation of Noel Coward (Souhami 2008, p. x), who writes 'fine

plays' (Hall 2014, p. 206), while possessing a camp manner (pp. 208–209) and 'hands as soft and white as a woman's' (p. 205). The narrative also makes it clear that Brockett is capable of living up to his genius because, unlike Stephen, he does not shut himself off from the world, but instead feeds 'his genius on live flesh and blood' (p. 213).<sup>5</sup> When looking at these moments in the narrative, twenty-first-century readers can perceive that although we are intended to take the suffering of an invert seriously, there may be not-so-secret upsides to existing within this category.

As noted previously, *Monsieur Vénus* references narratives of male hysteria and appears to build on the early images of inversion discussed by Charcot and Magnan in their 1882 paper. By contrast, the inversion models referenced in *The Well* are fully fleshed; by the late 1920s, Symonds and Ellis had published their English monograph on inversion, and Krafft-Ebing's *Psychopathia Sexualis* had existed for long enough that Hall could suggest that Stephen's father discovered it during her youth (Hall 2014, p. 186). For Krafft-Ebing (Krafft-Ebing 1998, p. 189; Storr 1998, pp. 18–19), the umbrella category of 'inversion' subsumed both 'acquired' and 'congenital' forms. Krafft-Ebing's typology includes four categories, and ranges from desires for multiple sexes (Storr 1998, p. 18) to a full identification with another gender than that which one was assigned at birth (p. 18). Inverts who fell into the final categories were classified as having a congenital disorder (Storr 1998, pp. 18–20). Although Havelock Ellis did not employ a typology (Prosser 1998, p. 147), his case histories allowed him to recognize differences among inverts. Notably, both Krafft-Ebing and Ellis wrote about individuals who experienced their identities with a cross gendered framework, and felt that they had been 'born in the wrong body' (Prosser 1998, p. 147): a narrative which is repeated throughout *The Well*. Similarly, both sexologists acknowledged that inverts could have physical characteristics which fitted their identified gender (Storr 1998, p. 18; Prosser 1998, p. 141), but affirmed that this was not necessarily the case. As Jay Prosser points out, *The Well* is careful to present Stephen as the paradigmatic example of the congenital invert (1998, p. 157): her childhood mirrors that of Krafft-Ebing's patient Sandor (Prosser 1998, p. 157), her body is markedly masculine, and like one of Ellis' patients, she perceives herself as loving partners 'as a man loves a woman' (Prosser 1998, p. 161; Hall 2014, p. 183). The development of inversion discourses between the 1880s and 1920s meant that Hall could mobilize a model which medicalized inverts

without condemning them, and therefore enabled Hall to further her goal of promoting acceptance for inverts (Souhami 2008, p. ix).

At this stage, it is worth examining the depiction of Mary in light of models of acquired inversion. This analysis will enable me to uncover a strategic action on Hall's part vis à vis inversion discourses. Significantly, while *The Well* repeatedly emphasizes the concept of inversion in relation to Stephen, it is careful to make it clear that Mary is not a congenital invert, but is a woman, who, 'herself being normal' (Hall 2014, p. 369), happened to fall deeply in love with Stephen.<sup>6</sup> When first looking at *The Well* through the lens of inversion discourses, one might assume that Mary fits the profile of an acquired invert. As opposed to a congenital invert, who is innately predisposed what might now be called same sex desire and gender non-conformity, an acquired invert is someone who as a result of certain behaviors (such as masturbation) or of trauma (Krafft-Ebing 1998, p. 189) becomes attracted to people of the same sex. Acquired inversion, in certain cases, is positioned as treatable with therapy (1998, pp. 187–188). Yet, Mary is never shown to exhibit such behaviors and it is never suggested that she has undergone traumatic sexual events—rather, the novel emphasizes her normality and makes it clear that, prior to her relationship with Stephen, she had been a virgin (Hall 2014, p. 385). Given that *The Well* is keen to emphasize inversion discourses, why is Mary not positioned as either a congenital or an acquired invert?

Although it may initially appear counterintuitive, I would argue that the depiction of Mary is intended to further heighten sympathy for inverts in general and for Stephen in particular. Hall's decision not to depict Mary as an acquired invert functions on two levels. First, avoiding references to factors which could have influenced Mary's sexuality—and particularly, to masturbation, which may have been seen as distasteful—strengthens the text's reoccurring emphasis on inversion as an *innate* condition, which cannot be changed and should be accepted (see, e.g., Hall 2014, p. 187; Hall 2014, p. 272). Second, the fact that Mary is a 'normal' woman, who is suffering unduly from the hostility to which she has been subjected as Stephen's partner (2014, pp. 336–337), is what motivates Stephen to sacrifice her relationship with Mary for the latter's own good (2014, p. 392). This presents Stephen as a noble, tragic figure who would do anything for the woman she loved, while underlining the impact of discrimination on gender and sexual minorities. Had Hall presented Mary as a confirmed invert, Stephen would not have been able to make this ultimate sacrifice. Examining the text's emphasis on



Mary's 'normality' thus allows us to recognize a strategic use of inversion discourses on Hall's part. However, while I contend that *The Well* cleverly deploys these discourses to achieve its aims, its overall approach means that, unlike *Monsieur Vénus*, it cannot treat sexological constructs as a subject of parodic play.

While previous critics of *The Well* have tended to focus on either sexuality or gender (Prosser 1998; Newton 2000), I want to emphasize the simultaneous medicalization of gender and sexuality in this text. Like Prosser (1998, pp. 135–169), I contest the idea that Stephen's gender and masculinity can be wholly subsumed within her sexuality, under a model of lesbian identity. Significantly, despite the frequent characterization of it as a lesbian novel (Prosser 1998, p. 137), *The Well* does not employ the term 'lesbian' to refer to Stephen, but instead refers repeatedly to 'inverts' and 'inversion' (2014, pp. 167, 219, 399). As I have indicated throughout this chapter, one of the key distinguishing features between inversion models and twenty-first-century models of LGBTQIA+ identities and desires is that inversion connects, and pathologizes, both gender and sexuality, while current models tend to separate these features.<sup>7</sup> Stephen's identity is described in a way which reflects the simultaneous emphasis on gender and sexuality found in inversion discourses (see, e.g., Krafft-Ebing 1998, pp. 195–196)—her desire for women and her gender non-conformity are connected from the beginning of the novel, when she describes feeling like a boy and experiences a deep attraction to the housemaid (Hall 2014, p. 13), Collins, who she refers to, with a certain classist inevitability, by her second name alone. As a young adult, when trying to justify her attraction to a neighbor to her mother, Stephen proclaims:

As my father loves you, I loved. As a man loves a woman, that was how I loved – protectively, like my father. I wanted to give all I had in me to give. It made me feel terribly strong... and gentle. [...] If I loved her the way a man loves a woman, it's because I can't feel that I am a woman. All my life I've never felt like a woman [...] (2014, p. 183).

To describe Stephen as a lesbian would therefore be to underestimate or minimize her identification with maleness and with heterosexuality. In presenting Stephen as the paradigmatic example of inversion, *The Well* does not position Stephen as a woman attracted to women, but as a person whose identity is centered both on her sexuality and on

her gender non-conformity. In positioning either sexuality or gender as the ‘truth’ of inversion, critics may be conflating sexological paradigms with twenty-first-century categories, which focus predominantly on either gender identity or object choice. I suggest that readers take Stephen’s account of her identity seriously, and recognize that it is shaped by the models which were available to her and to her author.

### CONCLUDING THOUGHTS: THE NEGOTIATION OF INVERSION IN RACHILDE AND HALL

As this chapter has demonstrated, *Monsieur Vénus* and *The Well* each testify to, and elucidate, a specific moment in the history of sexology—*Monsieur Vénus* was published as sexological discourses were beginning to circulate in France (Rosario 1997, p. 78), and, when *The Well* was written, discourses of inversion had proliferated in Europe, and in some cases, had been displaced by a medicalized model of homosexuality (Prosser 1998, p. 155). This chapter has also established that *Monsieur Vénus* and *The Well* foreground the impact of sexological discourses on (certain) literary works, and, therefore, that these works gesture toward a wider discursive interplay between sexology and literature. As Anna Katharina Schaffner and Shane Weller have argued, ‘when conceptions of sexuality change, literary representations of the erotic will tend to reflect these changes, either by embracing them or by engaging critically with them’ (Schaffner and Weller 2012, pp. 3–4). Given the significance of sexology in reshaping popular and medical understandings of sexuality (2012, p. 2) and gender (Prosser 1998, p. 139) in the late nineteenth and early twentieth centuries, *Monsieur Vénus* and *The Well* might productively be understood as part of a wider canon of texts which mobilize and remodel sexological discourses about gender and sexuality. Consequently, examining these texts sheds light on the way in which inversion discourses operated to confine and define certain forms of embodiment and desire within strict, medicalized models, and establishes how this reframing of gender and sexuality was negotiated by particular authors.

Both *Monsieur Vénus* and *The Well* provide insight into the way in which inversion discourses connect, and medicalize, gender and sexuality, while foregrounding the idea of ‘normal’ behavior that underlies discourses of inversion. In *Monsieur Vénus*, Jacques’ gender expression is intimately connected to their sexuality. While expressing femininity seems to be a source of deep contentment to Jacques (Rachilde 2004, p. 111),

Jacques' gender expression is demonstrably shaped by their enthralled attraction to the powerful, manipulative, masculine-coded Raoule (2004, pp. 83–84, 111). Jacques' subservience is also clearly seen to reflect the expected conduct of women—within the novel's logic, if Jacques has a 'feminine soul' (p. 74), they must be the 'kept' partner in the relationship (p. 28), and the partner who relinquishes control to their lover (p. 83). As Chapter 7 demonstrates, the relationship between Raoule and Jacques clearly parodies expected heteropatriarchal relations (pp. 90–92), yet gives heteropatriarchy the finger by refusing to allow gender to neatly map onto sex (see, e.g., pp. 91–92, 209). *Monsieur Vénus* takes its play with, and parody of, inversion discourses further by drawing extensively on discourses of hereditary degeneracy (pp. 25–26, 203), which Jacques appears to wholly believe (p. 203), yet which Raoule appears to instrumentalize as a method of controlling Jacques (p. 93).

As I have argued, *The Well* similarly foregrounds inversion discourses and the way in which these discourses codify and pathologize gender- and sexual non-conformity. From the beginning of this text, Stephen is depicted as someone whose identification with masculinity complements, and maybe even explains, her attraction to women (Hall 2014, pp. 13–14). In both *Monsieur Vénus* and *The Well*, then, the protagonists' inversion is depicted as a matter of gender *and* sexuality (Rachilde 2004, pp. 75, 183), rather than as stemming from one of these factors in isolation. In both texts, the only characters who are broadly gender-conforming while being attracted to people of the same sex—for example, Mary in *The Well* and de Rattoilbe in *Monsieur Vénus*—are presented as *less fully* inverts than the protagonists. As this chapter has demonstrated, *The Well* depicts Mary as a woman who is predominantly heterosexual in order to heighten sympathy for inverts and to strengthen the image of inversion as a congenital condition. In *Monsieur Vénus*, Rattoilbe appears to feel a moment of desire for Jacques (2004, pp. 191, 206), but cannot allow himself to admit this fully. Instead, Rattoilbe demonstrates that he is so invested in performing heterosexual masculinity that he is willing to follow Raoule's plan and to duel Jacques to the death (2004, pp. 198–199, 204).

As the above summary indicates, these texts elucidate the category of inversion in starkly different ways. Although both *The Well* and *Monsieur Vénus* mobilize inversion in a self-aware manner, the former repeatedly emphasizes the authority and validity of inversion diagnoses, while the latter undercuts any such authority by presenting inversion as only

another framework which Raoule de Vénérande abuses to get their own way (2004, p. 93). Equally, the reverse discursive play in *Monsieur Vénus* can encourage readers to interrogate the very idea of ‘normal’ gender and sexuality,<sup>8</sup> while in *The Well*, the category of the normal is bolstered by the author’s plea for toleration from normal, respectable individuals. Despite their differences, however, both texts provide insights into the dominant discourses about gender and desire in the 1880s and 1920s, and shed light on the creation of the ‘invert’ as a distinct figure.

## NOTES

1. This chapter can also be meaningfully situated within or alongside the critical medical humanities. As Anne Whitehead and Angela Wood argue in their Introduction to *The Edinburgh Companion to the Critical Medical Humanities*, this field seeks to extend the medical humanities beyond an analysis of exchanges that take place in the consulting room to ‘explore new scenes and sites that may be equally important to our understandings of health and illness—the laboratory, the school policy, the literary text’ (2016, p. 2). As I indicate above, this chapter will examine inversion discourses as they are presented in medical texts such as Kraft-Ebing’s *Psychopathia Sexualis* (1886), but will also explore how they are negotiated, parodied, and denaturalized in *Monsieur Vénus* (1884) and *The Well of Loneliness* (1928).
2. My use of ‘they/them’ pronouns to refer to Jacques and Raoule is not intended to suggest that these characters would have identified, or been presented, as transgender or non-binary if those terms had been available when *Monsieur Vénus* was written. Rather, this pronoun choice aims to convey the gendered liminality that Rachilde evokes for these characters without switching between ‘he’ and ‘she’ for both Jacques and Raoule, as Rachilde does. When I refer to the Baron de Rattoilbe, Raoule’s suitor, I will use ‘he/him’ as Rachilde only ever uses this pronoun for the Baron. When analyzing Hall’s novel, I will follow the author in referring to Stephen with ‘she/her’ pronouns, while highlighting Stephen’s status as an invert.
3. Gantz and I share the view that *Monsieur Vénus* deploys and transforms sexological discourses. For Gantz, the novel’s emphasis on the connection between Jacques’ non-conformity and their desirability (2005, p. 126) means that Rachilde transcends the inversion trope.
4. Like ‘inversion,’ vice is specifically referenced in *Monsieur Vénus*. For example, before one of their first sexual encounters with Raoule, Jacques exclaims: ‘Do what you like with me now: I can see that the vice-ridden don’t know how to love!’ (2004, p. 89).

5. I suggest that this is a simultaneous reference to Brockett's capacity of using others' experiences for inspiration and his rejection of celibacy.
6. As well as underlining the suffering of inverts, *The Well* highlights the particular plight of so-called normal young women, like Mary, who fall in love with inverts: 'There was Dickie West and many more like her, vigorous, courageous, and kind-hearted youngsters; yet shut away from the pleasures that belonged by right to every young creature—and more pitiful still was the lot of a girl who, herself being normal, gave her love to an invert' (Hall 2014: 369).
7. My criticism of the use of the term 'lesbian' to refer to Stephen is not intended to suggest that twentieth- and twenty-first-century terminology can never be useful for analyses of *The Well*. Rather, while I argue that twenty-first-century terminology can be useful as a mode of understanding 'inversion,' I suggest that it is reductive and incorrect to position Stephen as a lesbian without acknowledging Hall's choice of 'inversion' as a central discourse in *The Well*.
8. I am indebted to Lisa Downing's insightful chapter 'Sexual Perversion as Textual Resistance in the works of Rachilde and Monique Wittig' (2012b) for drawing my attention to the value of Foucault's concept of reverse discourse for elucidating Rachilde's work, and for shaping my response to *Monsieur Vénus* and its strategic use of sexological and literary constructs.

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# The Various Stages of the Alphabet Soup: From Sade to Modern Times

*Gert Hekma*

## INTRODUCTION

This chapter discusses the alphabet soup as it has today become concrete with the LGBT list to which is sometimes added ITTAAQQ (Intersexual Transsexual Transvestite Asexual Allies Queer Questioning). One wonders what may follow next: PP for Pansexual and Polyamorous? Some people use a + : LGBTIQ +, including unnamed variations. A SOGI terminology (Sexual Orientation and Gender Identity) or one related to human (civil, intimate, sexual, citizenship) rights is gaining popularity (Waites 2009; Plummer 2003). This change in the basis for understanding sexuality involves a move away from sexual practices themselves toward an identity and orientation-based terminology, closely linked to gender issues. This shifting away from behavior—from ‘doing’ to ‘being’ as Foucault (1976, p. 59) summarized in his famous sentence of the sodomite and the homosexual—moving from a legal definition of an act

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to a medical concept of an identity. It parallels the move from a real world (bars, saunas, discos, cruising) to a digital world (grindr, tinder, tumblr). This was already a problem more than a century ago: when ‘being a homosexual’ had little to do with actual sexual practices; one could ‘be’ a uranian but ‘doing it’ was something else both from religious and medical standpoints. A main idea of sexologists at that time was that the homosexual identity should be respected, but that the behavior could be prevented. Uranian activists themselves subscribed to a similar message: one could be homosexual but should not behave in accordance. Poet and activist Raffalovich (1896) criticized Wilde for practicing homosex with (old and young) males. Uranians should not be engaged in the anal acts that were apparently the most abject for everyone. The Dutch doctor and activist Von Römer (1905, pp. 25–31) claimed: homosex could only be accepted within loving love relationships, not outside of these. Such messages were popular among Christians: accept the sinner but not the sin. The chapter will go through this history of homosexual-naming and the related meanings in European thinking, and will conclude with a suggestion for the current state of affairs.

## SADE

The marquis de Sade (1730–1814), radical sex philosopher of the late Enlightenment was one of the first and most important authors to write apologies for *pédérastie* or *sodomie* (boy love; sodomy standing for anal sex or all non-marital sex) and many other forms of sex, while decrying coital sex as abject—the practice seen as the only natural and permitted sexual act by church, state, and most Enlightenment philosophers (Sade 1795; Hekma 2016; Edmiston 2013). This novel by Sade *La philosophie dans le boudoir* includes a sexo-political pamphlet ‘Français, encore un effort’ where he defends sex between men and lesbianism, incest, prostitution, theft, lust murder and opposes the death penalty among others. He opposed sodomy to coitus like incest to marital reproductive sex. In Sade’s work, the question of origins of homosexual behavior pops up already and he gives three explanations for this preference: for some people it is a natural inclination; all people are able to enjoy all kinds of pleasure including same-sexual ones and finally he sees it as a question of principles in a way that is comparable to much later claims like those of the lesbians of the 1970s who sometimes considered their erotic interest as a political choice (Hubbard 2016). Sade’s work is violent: life and death or ‘eros



and thanatos' are one; nature is inherently cruel and agnostic regarding life so it is not humane (Le Brun 2014). He took the cause of sodomy as he was a sodomite who was sentenced to death for this 'crime' but was saved because he escaped arrest. His work is polysexual and Sade pays a lot of attention to lesbianism, women's clits and fluids, options to fuck with their genitals or a dildo, homosex, prostitution, promiscuity, sadism, masochism, shit sex, humiliation, blasphemy. He himself was probably a pansexual and masochist who became sadist when partners resisted his masochist, sodomitical, and blasphemous desires. What did the other enlightened male philosophers change in the sex and gender system when we compare their approach to the attitudes of church and state? Mostly that they demanded chastity from women and youngsters (no masturbation) but not from themselves. For Sade, it is more than a question of personal freedoms but rather a political and philosophical issue: the struggle against the straight state based on the reproductive family and coital sex. So Sade's proposals, except for their violence, precede Gayle Rubin's 'charmed circle' of critique (2011, pp. 150–155) and inspire my suggestions here.

### ACTIVISTS AND DOCTORS ON MALE LOVE AND PERVERSIONS

Homosexuals and doctors introduced new terms, declarations, and theories on *male love* (Hössli 1836, p. 1838), *philopédie* (Michéa 1849), *uranism* (Ulrichs 1864, 1870), *sexual inversion* (Westphal 1869) or *homosexuality* (Kertbeny 1869), and many other perversions making the late nineteenth century the most productive time for the creation of new words and identifications (I prefer this word to identify because it is more fluid). This was very much a development of both medicine (Krafft-Ebing 1886; Hirschfeld 1914; Oosterhuis 2000; Tobin 2015) and homosexual activism<sup>1</sup> in continental Europe. Medical and enlightened ideas inspired by these activists and doctors took over from religious and legal views on sexual behavior and stressed ideas of innate identities. Hössli (1836, 1838) was a non-academic and probably male-loving hatter from Switzerland who used Greek theories and enlightened ideas to oppose existing prejudices and practices (Thalmann 2014). The case of Desgouttes who murdered his lover/scribe and was subsequently executed for this homicide inspired Hössli to take this cause. Hössli saw male love as a natural given that was neither sin nor heresy and by no means warranting the

death penalty. A central explanation of same-sexual behavior became gender inversion, the femininity of homosexuals and the masculinity of lesbians, and the idea that this inclination had a natural cause. According to Michéa (1849; Féray 2015), the men involved in *philopédie* had a remnant of a uterus that was responsible for their feminine characteristics. For Ulrichs (1864, 1870; Sigusch 2000), a *uranian* or homosexual was a female soul in a male body, making the homosexual a mental rather than a physical hermaphrodite—and an urninde or lesbian was likewise a male soul in a female body. Sexual inversion was considered to be the result of gender inversion, a male homosexual was a queen and a female one, a butch. And because lust was attraction between opposites as was the case in mainstream heterosexual relations, following the analogy of attraction between positive and negative electrical poles, the object of homosexual desire was not another uranian, but its opposite, a dioning or heterosexual man, a male soul in a male body, and for lesbians a female soul in a female body, a normal straight woman—in other words, butch with femme. In the nineteenth century, this theory developed in cities with an abundance of sex workers, not only women for men and sometimes for women, but also ‘normal’ youngsters for inverts, and effeminate young queers for straight and gay clients. Cities like Paris, Berlin, and London harbored places to meet, to cruise, with bars, balls, and bordellos for uranians who created communities and identifications. There were few similar communities for other perversions in bordellos or in more private spheres. The creation of more varied sexual communities and identifications is a more recent development since the 1950s: for BDSM-ers, certain fetishisms (leather, boys), et cetera. The creation of these categories gradually put an end to promiscuous worlds that were multi- or pansexual, mostly located in Red Light Districts where sex workers could be found.

The interest in the non-normative moved from doing (sexual practice, crime, sin) to being (*sexual invert*, *pervert*, pathological identities). According to Alfred Binet (1887), creator of the concept of sexual *fetishism*, people could be involved in occasional perversities but for many of the sexually debauched it was the central aim of their sexuality, not a one-time digression. The same was the case with *sadism*, *masochism*, *voyeurism*, *exhibitionism*, *necro-*, *copro-*, *zoö-*, *agora-*, *pedophilia* (love for dead bodies, shit, animals, public sex, and lads) and other varieties: these were not passing whims but well-engrained sexual variations. The acronyms of all these orientations would not make it into the

present-day alphabet soup with homosexuality as its basis. The extensive series of works by Wilhelm Stekel *Störungen des Trieb- und Affektlebens* (Disturbances of passionate and affective life 1920) contained volumes on masturbation, homosexuality, sadism and masochism, fetishism as well as on impotence and frigidity. Stekel would already name his set of perversions ‘paraphilias’: mental disorders besides love, apparently next to normal or straight love). US psychiatrists began to use this term more widely since the 1960s. Although after 1973, this no longer included homosexuality that had received the stamp of normalcy, joining heterosexuality (Bayer 1981). All other paraphilias kept the stigma of disorder—and this constituted a major breaking point between homosexuality and its sister perversions of the past.

### WORLD LEAGUE FOR SEXUAL REFORM

Some doctors and psychiatrists realized quite early that not all homosexuals were mentally disturbed or in need of a doctor. Krafft-Ebing, the founder of the tradition of sexual psychopathology and sexology, would say so at the time of his death and Freud would acknowledge there was not much wrong with most homosexuals except that they could not live a ‘normal’ familial life. Magnus Hirschfeld and others took on the task of contributing to an international struggle against the criminalization of homosexual behavior, founding the German Scientific-Humanitarian Committee (the WHK) in 1897, and Hirschfeld was also active in the depathologization of homosexuality. Later on, sexual reformers and doctors collaborated in *The World League for Sexual Reform* (WLSR 1928–1935; founders Hirschfeld, Henry Havelock Ellis and August Forel; see Loomis and Bonds 2003). As important as the creation of this organization was, its creators were not very liberal on all issues pertaining to sex and gender. The aims of the League, probably in a compromise between the many participants, were on the liberal side of sexual equality for men and women, legalization of divorce, sex laws that only criminalize non-consensual sex between adults (but what is adult, consent?), sex education, family planning, protection of unmarried women and their children. But they were less liberal and more controversial (conservative?) in their efforts to combat prostitution and venereal diseases. Seeing sexual disturbances as pathological and not criminal was presented as a rational attitude toward sexual variations including homosexuality and racial improvement by eugenics. In those times with the

advance of Hitler, Stalin, Mussolini, Franco, and with doctors suggesting castration of ‘sex criminals’ (maybe rational?) and other conservative politics it became always more difficult to promote liberal sexual politics and one wonders what were the ideas about eugenics in the context of heterosexual aims. It was an interesting effort to create an international sexual movement, but it remained stuck in the contradictions of the time. There was no comparable effort after the Second World War to restart global sexual politics.

### FIFTIES AND SIXTIES

After Hitler and the Second World War, the main location of homo/sexual theorizing and naming moved to the USA, where some sexologists had migrated and Kinsey and his collaborators developed their ideas on varieties of *outlets* and a *homo-heterosexual scale to replace the previous dichotomy*. Their work was more practical than theoretical and Kinsey’s main contribution was to show how a range of sexual practices (outlets) were, according to his survey results, very common in the USA, but were nonetheless criminalized. His studies received much international attention and provided a strong case against the abjection sexual practices were held in. In this manner, Kinsey and his team were predecessors of the ‘sexual revolution.’ His research was very much about what people actually did and his classification was based on categories regarding with whom what sex practice occurred: with oneself; with a person of the other sex before, in or outside marriage; with a person of the same sex; with an animal and in the case of men, with prostitutes or more (a plurality of?) partners. He paid little attention apart from interest in homosexuality and bestiality to the other variations with only some pages on erotic material (pp. 270–272), SM, fetishism, and transvestism (pp. 676–681) which is mostly attributed to males, but placed in the Volume on *Sexuality in the Human Female*. There was no discussion on identities, inborn or not, for him: his prism was the scale, so variety, and the various outlets. His interest was in the diversity of what white people did notwithstanding possible identifications. His explanations were not in drives or minds, but in sociological variables such as age, education, class, religion, or urban/rural—but not ethnicity. For Kinsey sex was more based in society than in nature or in persons. This was his critique of psychiatry and psychoanalysis. In later surveys, psychological data on

sexual identity would be added to existing indicators on behavior and desire (Laumann et al. 1994, p. 299).

After the Second World War, new ideals of sexual *equality* between man and woman and homo and hetero became stronger as seen in the work of Simone de Beauvoir (1949). Her main aim was equality between men and women, including lesbians. Starting in the sixties with the ‘sexual revolution’ (Hekma and Giami 2014; Hekma 2008), ideals of gender and sexual equality replaced older ideas of attraction between sexual opposites, not only between husband and wife but also between prostitute and client, poor and rich, young and old, black and white. Sexual excitement was seen as a tension between positive and negative electrical poles, following the male–female example. An old system of *sisies* going for *trade* or real men and *butches* going for *femmes* broke down: *gays* took on the male gender role and went for sex with other men like themselves while *lesbians* identified with the female gender and desired same-sex partners. The gender- and sexual inverts of the past went to normal and equal: ‘simply the same’ (title of his book) as Dutch psychiatrist Wijnand Sengers (1968) stated. So the male homosexuals and lesbians may have kept the same name but became another species. They went for political integration while sexual integration with border crossings between sissy and butch at the one and straight and femme at the other hand slipped away. Male and female homosexuals stopped—as it was called—‘betraying’ their gender<sup>2</sup> while identifications solidified: as homo and masculine and as lesbian and feminine. Slowly, there came an end to their gender and sexual inversion. And gradually the idea disappeared that gays and lesbians were sinners, criminals, and/or insane people. Homosexual emancipation would now be about their equal rights, public visibility, and social acceptance. After abolition of homosexual crimes from the law books, equal rights were about relations (marriage, children), professions (teachers, soldiers, clergymen) and being protected by civil law against discriminations (housing, jobs, care, welfare). This process that started in the seventies—the long march through the institutions—is far from ended in the contemporary world—with the Western world hesitatingly going forward and many gays and lesbians everywhere being stuck in legal and social homonegative practices.

## THE ORIGINS OF THE ALPHABET SOUP

In this period of gender equalizing words like homosexual and gay that may have included lesbians were seen as mainly for men and the terminology broadened to *gay and lesbian*. The ILGA was first called IGA and subsequently ILGA—with the further innovation that the L came first. In Belgium, the abbreviation became *holebi* (Borghs 2015) with the addition of bisexuals, the ho still coming first. In Germany, they turned to *schwullesbisch* (so gay and lesbian) like in the French-speaking world: *gaislesbien*, and recently more often the reverse in both languages. Soon the T was added to LGB. The old terms had been transvestite and transsexual but the rising star since 1990 was the term transgender, or simply trans, taking the place of women who had been butch or masculine and men who had stopped being sissies but were now straight acting gays. The disappearance of sissies and butches since the sexual revolution seems to have facilitated the rise of transgenders, or the reverse, so the rise of the latter, the fading of the first.

In the slipstream of gays and lesbians, other groups started to fight for their emancipation. In the Netherlands, the Dutch Movement for Sexual Reform (NVSH)<sup>3</sup> became in the seventies a cover for minority groups, the main ones in the NVSH being transsexuals and transvestites, sadomasochists, exhibitionists and pedophiles. The first group soon had their first successes with the acceptance of transsexual operations and the legalization of a gender identity change. Local laws that forbade dressing as the other gender or same-sexual dancing disappeared. In the longer run, the T's (now mainly seen as transgender) made it into the short-list of LGB, now becoming LGBT and part of the gay instead of the sexual movement. Always more rights were bestowed on them in the Netherlands and elsewhere such as not needing an operation for an official sex change. The sadomasochists or leather men already found a place since the fifties in the gay scene or entered more independent straight and mixed organizations like the US Eulenspiegel and Janus Societies. BDSM-people have now become more numerous than LG's according to Dutch surveys, respectively, being a bit more than 10% versus less than 4% (Bakker and Vanwesenbeeck 2006, pp. 58, 170–171).<sup>4</sup> The exhibitionists had monthly events in one of the NVSH's buildings and had a quiet, rather unremarked existence. Although the double of looking and showing off, making oneself subject or object, is an essential part

of sexuality, the couple exhibitionism and voyeurism remained a silenced theme.

The final group of pedophiles made some progress in the 1970s and 1980s, after which they became a largely demonized group. Over the course of these two decades, propositions were made that pedophilia should go the same way with the same arguments as happened with homosexuals: it was no disease and people didn't feel it was a disease; there were no cures and arguments for sexual self-determination of youngsters against parents and other figures of authority were made. Criminalization and pathologization did not work and were expensive. The best thing psychiatrists could do was helping pedophiles with abstaining from sex with youngsters. Police-officers, lawyers, and psychiatrists made the argument that pedosex was less an evil than were the negative reactions to sex with 'minors' by family, police, and courts that traumatized the kids. These arguments found response among other mental health and legal officials, sexual activists and politicians who supported the idea of bringing down the age of consent to 12 years but this failed first due to a growing feminist concern: the sex law committee rejected it and—uncommon for the period—a majority of its members were kind of feminists; see also the report (Melai 1980; Draijer 1988) about fathers abusing their daughters.

And what was discovered on abuse inside the family was in second instance projected outward: the stranger danger. It shows a change in ideas about the family by feminists, gays, and others from critical to supportive; about ideas on self-determination of youngsters who were sexually active and knowledgeable on ideas of risks and dangers they were running versus the need of protecting them (Hekma 2013, pp. 290–292). Pedophiles fell out of favor and couldn't claim the status that homosexuals received and transgenders were beginning to enjoy. In the end, T's were added to LGB but no BDSM, no P and neither acronyms for exhibitionists and voyeurists.

Another change took place in the times of Aids. Because health workers discovered that not all men who had gay sex were homosexually identified; they made a new category for such men who did not embrace a same-sexual self and were difficult to reach for Aids-care and prevention: MSM, men who have sex with men but don't identify as gay, homosexual, etc. Maybe being the biggest group of queers: men who are in the closet and not open about their preference, or even denying it. A new

aim became reaching this new target group for Aids-prevention as they had been ‘overlooked’ (Ward 2015).

## THE EXPLOSION OF THE VARIATIONS

The T-ing opened the way for others to create new gender belongings: from the old *genderfuck* and *androgyny* to *trans*; *FtM*; *MtF*; *drag queen* and *drag king*; *boy*; *intersexual*; *bigender*; *gender queer* and always more gender identifications while novel or updated sexual preferences, rarely included in the alphabet soup, popped up out of hidden corners into both queer and straight (often digital) worlds: *sadomasochists* or *BDSMers*; *kinky* people and all kinds of *fetishists*; *skinheads*; *lads* with an interest in *sportsex*; *bears*, *cups* and *puppies* (hairy and sometimes kinky men and their lovers); people into *public* and *promiscuous* sex or acts like *fistfucking*, *oral* or *anal* sex, *handjobs* or *cumming*; into *rubber*, *piss*, *shit*, *water* or *oil*; *sexworkers* and their *clients*; *polyamorous* and *pansexual*. What about all the specific clothing fetishes: *nurses*, *police*, *army*, *sport*, *leather*, *silk*, *satin*, *plaster* or certain situations for sex like elevators, airplanes (*mile-high* club), dentist chairs, beaches, parks, dark rooms, barracks, pillories, red light districts. The list is endless. Have a look on grindr or tumblr for the dozens of sexual fetishisms. Straight men took to *shemales* (Escoffier 2011) or had sex with each other without taking a gay identity, the *not-so-gays* (Ward 2015). One could mention *masturbators*, or consider the awkward position of women in heterosexual and coital relations. Many gay men went the other way calling themselves *straight-acting* gay.

There are many remarkable points about the alphabet soup, to mention five: first that the list is continuously *expanding*; second that the gays, lesbians, and bisexuals *rather* seem to embrace a *gender identity*-based nomenclatura than one based in *sexuality*; third that it *excludes the major classical perversions* (BDSM, fetishism, pedo-, necro-, copro-, zoöphilia, etc.), fourth that *names and meanings change continuously* between places and times and that ‘homo’ and other terms were never the same and fifth that notwithstanding all divisions the *common enemy* remains similar: the heterosexual or, more precisely, the *coital norm* that marginalizes or excludes all other sexual variations in different degrees. This is the idea that sex should be orgasmic penis into vagina in monogamous, not paid relations between two adults of similar age in private dismissing all those other sexual practices and preferences. Not a reason to be proud of this



long term, very limiting result of mixing religious, legal, and scientific traditions.

### NON-COITAL (OR SODOMITICAL, NOITAL)

It should be my suggestion for sexual politics, erotic liberation, and citizenship rights—whatever those may mean—to exclude no sexual variation—not even the pedo-, necro-, assassino—or coprophile desires: the limits are abuse of power and absence of consent (much discussed but remaining vague, see the work of Downing 2007 and Cowling and Reynolds 2004). The point many people miss on questions of sexual variation is that fantasies are central and most desires need not to be enacted in immediate reality but they often happen in indirect and imaginary ways. Sexual preferences can be staged. We are still living with a sad history where sexuality is seen as a natural (coital) flow that comes automatically and should not have anything to do with fantasies and doesn't need the imagination (a reason masturbation was considered to be so dangerous). But, as Sade stated, sex cannot go without language or the imaginary. Sex is first a dream and then a deed.

An important issue is the idea of sexuality as an innate biological drive and natural sexual flow (Montesquieu in Merrick and Ragan 1996, pp. 154), most often leading to the coitus that for most people does not need an explanation or the work and cultivation of the imagination. The idea that coital sex is self-evident and comes naturally makes all other sex 'weird,' 'evil,' 'insane,' 'sick,' 'strange,' 'unnatural,' 'abnormal,' sometimes 'childish' or 'infantile,' 'a phase' and 'only a game.' But because they are often not reproductive, they fit much better in a world that needs less people rather than more. All non-coital sex acts are demonized (but interestingly not to the same degree) whether they are practices like 'cumming in the face of your partner' or an identification like homosexual. These acts are not seen as pleasures or possibilities.

In that sense the old politics against masturbation and sodomy still work that make those pastimes into secret vices and dangerous practices to engage in: no freedom to join but restrictions to endure.

The best summary for all those sexual variations would be *anti-* or *noncoital*—perhaps summarized as *noital*—that Sade summarized as anal, sodomitical, or with the substantive 'sodomy'—being the exact opposite or inversion of coitus. Breaking coital norms would also break the gender dichotomy while the opposite is not the case: breaking gender norms

does not open up sexual diversity. Much gender activism (labor, care, schooling, family) often excludes or overlooks sexual issues. Gender issues could be better split off from issues of sexuality as is the case with other so-called physical questions of race and age. Sex and gender are intersectional but separate. The sexual movement could better focus on its main issues of sexuality and noncoitality and should be aware of the mentioned issues and sociological variables of gender, religion, urbanity, education, class, ethnicity and what Kinsey referred to. This is my suggestion what should be the kernel of the struggle for equal sexual citizenship rights for all: rather than primarily engage with questions of LGBTQ identities or gender performances focus on the fight for sexual pleasures for all citizens and against privileging the coital system.

## NOTES

1. All these men were homo- or bisexual except Westphal.
2. Homosexuals wondered why older generations had imitated—with their system of inversions—the habitus of the gender they did not desire. It certainly helped in their professional life: the men hair-dressers, fashion designers, comedians or in the arts; female police-officers, soldiers, in sports and other masculine jobs.
3. It is an interesting question why with the waning away of the NVSH there were no new general sex-political movements, but only homosexual and queer ones in the Netherlands, elsewhere and globally (ILGA, Human Right Watch)—and rather weak BDSM ones like Eulenspiegel and Janus in the USA and the Spanner ones in Europe. The NVSH had at its high-point in the mid-sixties 250.000 members.
4. Under the paraphilia's they mention (all in percentages) SM desire men 10.7—women 9.1; practice men 6.7—women 7; pedophilia desire men 2.8—women 0; practice men 0.7—women 0; fetichism desire men 10.5—women 4.2; practice men 8.4—women 3.7 and elsewhere for gays and lesbians: men attraction 3.1—women 1.8 while bi-attraction men 10.3—women 16.4 and practice ever for men/men 12.7—women/women 12.3.

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# The Origins of the Theory of Sexual Fetishism: Articles by Charcot and Magnan (1882) and Alfred Binet (1887)

*André Béjin*

The publication in 1887 of an article by the psychologist Alfred Binet (1857–1911) on “fetishism in love” marked a turning point in the history of sexology. In this article, Binet suggested that fetishism could be a common feature of various “perversions” and also of “normal” sexuality, that is, the sexuality of the majority of people. In his view, fetishism is due to the fact that sexual desire is mainly, or even exclusively, based on a particular fetish (e.g., a part of the body, a psychological quality, or even an inanimate object such as fine lingerie or shoes) if it had aroused the first and/or most striking sexual emotions in the individual in question, particularly during childhood or adolescence. Binet’s article pays homage to that published in 1882 by psychiatrists Jean-Martin Charcot (1825–1893) and Valentin Magnan (1835–1916) on the “inversion of genital desire,” and he situates his study within a continuation of their argument.

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Switzerland AG 2021

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A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,

[https://doi.org/10.1007/978-3-030-65813-7\\_18](https://doi.org/10.1007/978-3-030-65813-7_18)

When he published “*Le fétichisme dans l’amour*,” Alfred Binet was thirty years old. Born in Nice on July 8, 1857, he arrived in Paris in 1869. After his secondary education at the Lycée Louis-le-Grand, he studied law, biology (working in the embryology laboratory of Balbiani, his future father-in-law), and medicine (which he did not complete). Today he is generally known as the first person to suggest a test intended to measure the intelligence of school-age children, which was devised in collaboration with Théodore Simon in 1905. However, he also published works on the psychology of reasoning (1886), animal magnetism (with Charles Féré in 1887), “double consciousness,” which is what we now call multiple personalities (1889–1892), the psychology of expert calculators and chess players (1894), “intellectual fatigue” (1898), numerous pedagogical texts, and around ten stage plays (the latter being written in collaboration with others). He died on October 28, 1911, at the age of fifty-four.

In this chapter, I propose to shed light on how Binet reinvented the analysis of “love fetishism,” as Charcot and Magnan had sketched it. I will refer to the original version of Binet’s article as I republished and prefaced it in 2001 (and not to the abridged 1888 republication, which removed about 7% of the text, including some very interesting passages). In the interests of brevity, when referring to Binet, 2001, I will simply give page numbers.

### THE ARTICLE BY CHARCOT AND MAGNAN ON “THE INVERSION OF GENITAL DESIRE” (1882)

At the beginning of his article, Binet writes with some humility, “Messrs. Charcot and Magnan have published the best observations of fetishism, and my study will simply be a commentary on these observations, to which I have added some new ones; these relate to degenerates who experience intense genital arousal during the contemplation of certain inanimate objects that leave a normal individual completely indifferent” (pp. 30–31). However, Charcot and Magnan had not in any way drawn from their observations a definition of the “perversion” for which five years later, in 1887, Binet would propose the term “love fetishism” and which later, others would call “erotic” or “sexual” fetishism, or simply “fetishism.”

Firstly, we note that the description of these “perversions of genital desire” or “of the genital instinct” (Charcot and Magnan 1882, pp. 53, 320) appears in an article entitled “Inversion of Genital Desire,” an article

whose main aim was to understand this “strange phenomenon in our civilization [which is] a genital appetite for the same sex to the exclusion of the other” (Charcot and Magnan 1882, pp. 53–54).

The article presents four cases of fetishism which have as their object parts of the human body or objects, as follows:

- the “buttock region” of women. When this man “saw a woman, his thought went to the buttock region and he could not help but look at the buttocks. This became more pressing when it came to little girls. In crowds he would rub himself against the women’s buttocks, but as soon as he got an erection, he would quickly move away and avoid groups” (Charcot and Magnan 1882, p. 306).
- the nails on women’s boots and shoes (an observation communicated to Charcot and Magnan by Dr. Émile Blanche). “Around the age of six or seven, Mr. X ... was already driven by an irresistible instinct to look at women’s feet to see if there were any nails on their shoes; [...] [in his daydreams] he inflicted the most cruel tortures on the young girl, he nailed horse shoes to her feet, or sometimes he cut off her feet while masturbating; but this was not just because he gained physical pleasure from it; it was rather an accompaniment to the fantastic story that charmed his imagination [...]. The intensity [of his excitement] also increased gradually if after seeing shoes in the shoemaker’s shop, Mr. X ..., saw them on a woman’s feet, especially if there were many nails and if the nails were large, if they were on shoes rather than boots, and if the woman wearing them was young, pretty and elegant. This would sometimes bring him to the point of fainting, or he would be seized with nervous and uncontrollable laughter lasting several minutes” (Charcot and Magnan 1882, pp. 308, 311–312).
- nightcaps. “At the age of five, having slept for five months in the same bed with a relative in his thirties, he experienced a singular phenomenon for the first time: genital arousal and erection as soon as he saw his bedfellow wearing a nightcap. Around the same time, he had the opportunity to see an elderly maid undressing, and as soon as she put a nightcap on her head he felt very aroused and an erection occurred immediately. Later, the mere thought of a wrinkled and ugly old woman’s head wearing a night cap would cause genital orgasm [... At thirty-two years of age] he married a twenty-four year old girl, who was pretty and for whom he felt a strong



affection. On the wedding night, he remained impotent beside his young wife; the next day the situation was the same until, in despair, he evoked the image of the wrinkled old woman wearing a nightcap; the result was not long in coming; he could immediately fulfill his conjugal duties. In the five years that he has been married, he is reduced to the same expedient, he remains impotent until he recalls his favorite image” (Charcot and Magnan 1882, pp. 315–316).

- white aprons. “At the age of fifteen, he saw an apron drying in the sunshine, floating and dazzlingly white. He approached, grabbed it, tied the strings around his waist and moved away to go and masturbate in contact with the apron behind a hedge. Since that day, aprons attract him, he cannot help but take them, uses them to practice onanism, then puts them back in the place from where he took them, or else he throws them away, or leaves them in a corner at home. When he sees a man or woman in a white apron, he follows them, taking no account of the sex of the wearer, the apron alone offering all the attraction” (Charcot and Magnan 1882, pp. 317–318).

Are Charcot and Magnan trying to understand why and how the individuals who desire these objects have come to attach themselves, sometimes exclusively, to them? Hardly. They simply note that these objects are often chosen at a very young age. For example, about the lover of nightcaps, they write, “This patient, has numerous inherited psychopathic disorders. From the age of five, without any preparation—passively as it were—he was invaded by an unhealthy idea and became a slave to the strangest obsession. From that day on, nightcaps weighed down his whole existence. Who could suspect such a profoundly sad situation, apart from the patient and the doctor in whom he confides? And yet, the morbid predisposition he inherited from his parents is revealed in so many symptoms: hallucinations, obsessions of all kinds, impulses, imaginary fears, extreme emotionality, melancholy tendencies, suicidal thoughts; nothing is missing” (Charcot and Magnan 1882, pp. 316–317). In their view, the main phenomenon to be taken into consideration is not the form of the obsession, but the morbid heredity of this patient: for they must, as psychiatrists, assess whether or not it prevents the patient from being held legally responsible for his actions. The authors conclude that “these four cases of perversion of the genital instinct are sufficient to demonstrate that these various delusions are episodes of the same disease; in all these patients heredity makes its influence manifest. Very early on,

even before a perverted education (...) has had time to change the individual, the impulse is urgent and irresistible, with all the characteristics of irresponsibility that make it stand out” (Charcot and Magnan 1882, pp. 320–321).

We shall see that Binet, without in any way neglecting the influence of heredity, primarily aimed to highlight the “to some extent acquired and random” (p. 73) nature of the fetishes he studied. As he put it, “It is certain that heredity has merely paved the way; heredity cannot have given a specific form to a sexual impulse” (p. 50).

### BINET’S ARTICLE ON “FETISHISM IN LOVE” (1887)

In his article, Binet makes new observations, proposes a new name for the phenomenon he studies, and formulates a new theory to explain it based on pertinent comparisons. To clarify these different points:

1. Binet adds numerous observations to the four cases presented by Charcot and Magnan mentioned above. These are borrowed from psychiatrists, notably from Benjamin Ball (in the case of “the lover of the eye” pp. 38–41, 102, 107, 122), and the criminologist Cesare Lombroso (the fetishism of white linen p. 71). Binet also leans on philosophers such as Condillac, according to whom “amorous preferences” or “bizarre penchants” could originate from a “connection of ideas.” Thus, “Descartes always retained a taste for a squint, because the first person he loved had this defect” (p. 37). Binet also quotes writers, including Rousseau (a case of “a delight in pain,” which is analyzed at length pp. 80–89, 92, 106), Alexandre Dumas *filz* (a fetish attraction for a tenor voice pp. 59–60: the only case of female fetishism presented by Binet) and Adolphe Belot (the case of a “lover of the female mouth” pp. 118–122). Finally, Binet adds his own personal observations, notably one concerning the “lover of the hand,” an intelligent young man he knew during the years when he was practicing medicine. This man “got an erection from the mere contemplation [of a pretty woman’s hand] (...); when he speaks to a gloved woman, it is as if he were courting a veiled woman (...). He only needs to have seen a hand for a minute and he will never forget it; (...) he wants the hand to be medium-sized, or fairly large (...). The sexual arousal produced by the contemplation of the object is increased by all the jewels that may adorn it [...]. Here we observe

the emergence of a second sexual perversion, which has been grafted onto the first [...] as a association of contiguity” (pp. 41–46).

2. To refer to all these “bizarre” love “preferences,” Binet proposes the term “*fétichisme*.” It was not a new word, but a word used in a new sense, a neologism of meaning. The term was coined around 1756 by Charles de Brosses (1709–1777) to denote the religious worship of a material object to which the fetishist attributed a mysterious power. In sexual fetishism, Binet tells us, “religious adoration is replaced by a sexual appetite” (p. 31). This expression was very quickly adopted to describe the psychopathology of sexuality and was translated into many languages.
3. Binet treats the fetishism that he qualifies as “minor” or “light” (p. 122) simultaneously with that which he qualifies as “major” or “true” (p. 33), the latter being a “pathological (*i.e.* exaggerated)” (p. 30) form of the former. As such, this presents the advantage of making it easier to see what characterizes love fetishism in general.
 

It is true that by adding common “attenuated” (“*atténuées*,” p. 122) types of fetish that were “in no way noisy” (*n’ayant “rien de bruyant”* p. 33), such as a non-exclusive preference for a part of the body of the loved one, to the extreme forms of fetishism presented by Charcot and Magnan, Binet gives more importance to his subject. But above all, this allows him to show “that everyone is to some extent fetishistic in love; there is a constant dose of fetishism in the most normal love. In other words, there is major and minor fetishism, as there is major and minor hysteria, and this is what makes our subject of exceptional interest” (p. 32). “The great psychological interest of these studies (...) lies entirely in the comparisons between the normal state and its deviations. The dividing line is very difficult to draw” (pp. 99–100). “There is no fetishism whose attenuated form is not found in regular life. All lovers are in love with the beauty of their mistress’s eyes, like Mr. Ball’s patient. (...) Fetishism is thus distinguished from normal love only by degree, one can say that it is found in normal love in embryonic form” (p. 122).
4. Binet does not expect to discover the “ultimate meaning” of fetishism, as some have later believed they could do by citing a search for transgression or a desire to take revenge for humiliations suffered during childhood, or by claiming that fetishism helps to overcome the anguish of castration. He is content to

define the *function* of fetishism. In his view, this is quite simply to provide the fetishist with sexual excitement by means that are largely contrary to procreation (pp. 32, 98), the “major fetishist” (*grand fétichiste*) avoiding heterosexual vaginal intercourse as much as possible, while the “minor fetishist” (*petit fétichiste*) engages in it willingly, but accompanies it by imagining the “admiration or feeling of the beloved thing” (p. 110). Orgasm may result from this arousal, but in Binet’s view, this is not what the “major fetishists” are primarily looking for. Many of them, he writes, experience long periods of sexual abstinence and suffer from shyness or “psychogenic impotence” (p. 110). They derive pleasure primarily through the imagination, reveling in what he calls the “erotic rumination of the chaste” (p. 115), which enhances their “erotic imagination” (p. 112).

Binet does not call these “beloved things” “fetishes” as Krafft-Ebing and many other authors do later. He calls them “focal points” (p. 32) of desire, “objects of predilection,” (p. 43) “objects of obsession,” (pp. 31, 89) or “objects of worship” of the fetishist (pp. 106, 120), or even the “talisman through which a woman can charm” (p. 90). Binet groups them into four categories:

- the exclusive preference for, or attraction to, “parts” or “fractions” of the beloved (their eye, hand, hair, etc.), which he calls “plastic love.” (p. 36)
- the preference for, or exclusive attraction to, the “emanations” (smell, voice) of the beloved. (pp. 54–62)
- the preference for, or exclusive attraction to, “simple material objects” or “inanimate objects or things.” (pp. 31, 65–66) (Binet notes that at this point “we are sinking into pathology.” (p. 65))
- finally, there is the fetishization of a “psychological trait.” Binet studies this “refined form of love fetishism,” (p. 80), this “spiritual love” (p. 90), on the basis of Rousseau’s testimony about his fetishism of the proud woman, which Krafft-Ebing will later describe as “masochism.” Rousseau “loves the proud, disdainful woman, crushing him at her feet with the weight of her royal anger. What is all that if not a psychological reality? It may therefore be concluded that fetishism can have as its object not only beautiful things, but also

spirit, soul, intelligence, heart—in a word—a psychological quality.” (p. 89)

Binet’s analysis has inspired many authors, starting with Richard von Krafft-Ebing (2010, 2011), although Krafft-Ebing dropped the second category, that of fetishism of “emanations.” In any case, by studying sadism, masochism, and other “perversions” separately, he emptied Binet’s fourth category—that of fetishism of psychological traits—of its content. Many authors who later followed Krafft-Ebing limited fetishism to the exclusive preference for, or attraction to, parts of the human body or material objects. Secondly, Binet suggests in a footnote that there are “undoubtedly subjects in whom fetishism has as its object their own person. The fable of the beautiful Narcissus is a poetic image of these sad perversions” (p. 105). In this “fetishism,” Havelock Ellis will go on to see, in 1898, the manifestation of a “Narcissus-like tendency,” an expression that Paul Naecke rendered a year later into German by a neologism that was translated into French by the word *narcissisme*. Finally, Binet goes so far as to consider “sexual inversion,” (*i.e.*, homosexuality) as a form of fetishism determined both by heredity (“the cause of causes”) and by “accidental circumstances” (pp. 72–75).

5. According to Binet, fetishism is *acquired* and becomes pathological to varying degrees, depending on the *inherited* ground in which it develops. (pp. 57, 73, 78) It results from an “association of ideas caused either by their resemblance or their contiguity.” (p. 49) This association can occur in two main ways. Firstly, it can result from a coincidence between, on the one hand, a “chance event, an accident,”—in the case of Rousseau, it was “the correction received at the hands of a young lady” (p. 83)—and, on the other hand, highly significant feelings of love or strong sexual arousal. If the coincidence occurs in a young subject, *i.e.* “at an age when all associations are strong” or “in a child whose nervous system is unbalanced,” (pp. 77–78) and especially if the subject enjoys “ruminating on the memory of this event” in his fantasies while masturbating, the chances are that he will retain a taste for the type of stimulation associated with the original “accident.” This is essentially what Freud learned from Binet, “Binet was the first to maintain (what has since been confirmed by a quantity of evidence) that the choice of a fetish

is an after-effect of some sexual impression, received as a rule in early childhood. (This may be brought into line with the proverbial durability of first loves: *on revient toujours à ses premières amours.*)” (Freud 1905, p. 154).

But Binet also highlights another form of association of ideas: “the association of ideas and feelings generated by custom. (...) Everyone knows that in our civilized societies we generally prefer ‘refinement’ to beauty. But what does refinement consist of? It is made up of certain traits and manners that are usually found only in the wealthy classes of society. As Dumont says, there are noses that become fashionable only because they are found on the faces of people in high places. Here again, it is custom that shapes our tastes. And by custom, we mean associations of ideas that are frequently repeated.” (p. 63).

6. According to Binet, the “specific characteristics” of “perverted” fetishism are:
  - an “exaggerated sexual importance” (p. 101) attached to the fetish. In order for “major fetishists” to experience sexual arousal, they need to see or call to mind their fetish, and this alone is often sufficient. To borrow Binet’s terms, the fetish is *necessary* for arousal due to its “*hypertrophie*” (p. 103) and it is often *sufficient* to arouse because it “completely erases the rest of the person’s body and mind,” (p. 102) *i.e.*, it “causes the atrophy” (p. 103) of all the other potentially exciting elements of that person.
  - A “tendency toward abstraction.” (p. 103) The “major fetishist” considers his fetish to be a distinct entity separate from real people (pp. 46, 56, 66, 103–105, 120).
  - A tendency toward “generalization,” (pp. 105–106) for example, the eye fetishist liked eyes in general, not the eyes of a particular person. The fetishism of inanimate objects can, of course, more easily fall into abstraction and generalization than that of parts of the human body.
  - A tendency to exaggerate the features of the fetish. In general, “major fetishists” want the object of their worship to have “considerable size” (“big eyes, thick and fleshy lips,” pp. 107, 120) or to be enhanced by clothing, jewelry, make-up, or perfume (pp. 108–109).

7. It can also be noted that, in order to make himself understood, Binet felt a need to support his argument by providing many comparisons between “love fetishism” and religious adoration (hence, in particular, his new use of the term “*fétichisme*” p. 31), appetite (for the pleasures of the flesh but also, in the case of “erotic ruminants,” for the “pleasures of the imagination” pp. 111, 121), hypnosis (the fetishist seems hypnotized by what he has fetishized pp. 79–80) and, finally, theatrical performance (the major fetishist’s fetish is an extra who takes the place of the leading role, p. 127).

Several of these analogies are combined at the end of his article (pp. 126–127): “Normal love thus appears to be the result of a complex fetishism. One could say (we use this comparison for the sole purpose of clarifying our thinking), that in normal love fetishism is polytheistic: it results, not from a single arousal, but from a myriad of arousals, it is a symphony. Where does the pathology begin? It is at the moment when the love of one detail becomes predominant, to the point of erasing all others. Normal love is harmonious; the lover loves all the elements of the woman he loves to the same degree, all parts of her body and all manifestations of her mind. In sexual perversion we see nothing new appearing; only harmony is broken. Love, instead of being aroused by the whole person, is aroused only by a part of them. Here, the part replaces the whole, the accessory becomes the principal. Polytheism is replaced by monotheism. The perverted person’s love is a piece of theater in which a lowly extra steps into the limelight and takes the place of the lead role.”

## CONCLUSION

In 1887, in a sensational article of fewer than fifty pages, Binet did more than name, define and analyze a “perversion” which in its “attenuated form” (p. 122) seems to be very widespread. By exploring a range of “fetishes” in a new way, in particular the “delight in pain” and the fetishism of the proud woman in Rousseau, and by evoking the fable of the beautiful Narcissus and the fetishism of oneself, Binet paved the way for the detailed scientific analysis of masochism (first by Krafft-Ebing) and narcissism (notably by Havelock Ellis), from the 1890s onward. In short, he contributed greatly to the development of the psychopathology of sexuality. By explaining why “everyone has their own particular tastes

in love,” (p. 36) and “everyone has their own way of loving, as they do of thinking, walking or breathing,” (p. 59) due to the infinite variety of “accidents” in childhood or adolescence that can determine sexual preferences for the whole of one’s life, Binet also contributed to the development of a “psychology of love” (p. 97) and a “individual psychology” (*psychologie individuelle*) of sexuality.

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PART IV

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## Conclusion



# Sexology and Sciences of Sex as an Observatory for Political Histories of Science

*Sharman Levinson*

This volume began by exploring various ways of approaching ‘what sexology is’ and writing its history. In the Introduction, Alain Giami distinguished ‘sexology’ from ‘theories of sexuality’ in order to examine the circulation of theories, both globally and between institutions and disciplines. An approach focused on circulations allows for a close investigation of the avenues through which theories were taken up or produced by sexology *among other* sciences and studies of sex around the world. Furthermore, with reference to Michel de Certeau’s (1987) comparison of psychoanalysis and historiography, Giami’s Introduction also suggested temporal ‘circulations’ of ideas past and present in intellectual history. This conclusion focusses in particular on this sort of circulation.

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A. Giami and S. Levinson (eds.), *Histories of Sexology*,  
Global Queer Politics,  
[https://doi.org/10.1007/978-3-030-65813-7\\_19](https://doi.org/10.1007/978-3-030-65813-7_19)

This final Chapter returns to the question of relationships between sexual science, past and present, this time focusing on the *scientists*, *scholars* and sometimes *activists* involved in the production and shaping of scientific and/or academic knowledge about sex. In this regard, it is important to remember that this book is not a ‘history of sexuality’ but rather a collection of historical essays on *the study of sex*. In other words, it is about history of knowledge and science. This conclusion highlights ways the book has shown this history to be political, be it in reference to the production and dissemination of knowledge on sex and sexuality, or to those who were subjected to this knowledge. As we have seen, the latter have often demanded participation in the creation of knowledge concerning them. I am thus using the term political here in a broad sense, where emphasis is placed on power, legitimacy and subjects (as either or both the creators of knowledge and those subject to the knowledge created).

Essays in this volume have described political and ideological forces shaping theories of sex and sexuality, but also, they pointed to ways that the sciences of sex have influenced larger political platforms. For example, Patrel, Mottier & Kraus examined the contribution of debates on sexual science to the rise of the New Christian Right in the United States. Stephanie Pache explored American feminists’ ambiguous endorsement of the ‘healthicization’ of ‘sexual violence’. In former Eastern Bloc countries such as Czechoslovakia, Poland and Hungary during the Cold War period, Liskova discussed ways that sexologies presented themselves as ideological forces of ‘progress’, consistent with state socialism’s support of aspirations toward equality of men and women in the work force and in the home. And Gert Hekma took his readers on a voyage from the Marquis de Sade to what he refers to as today’s LGBTQ + Alphabet soup, showing how non-coital practice-based categories have been replaced with identity-based categories that constitute ‘communities’. Hekma observed that these identity categories have done nothing to reduce the stigma that continues to affect the non-normative sexual practices pathologized since at least the nineteenth century.

Readers also discovered, through Christian Kaiser’s Chapter, the early twentieth-century Zurich couple, Friedrich and Paulette Brupbacher’s conciliation of anarcho-socialism and sexual liberation. And in the case of Brazil, local sexologies followed closely European imports such as August Forel’s *Sexual Question* shaping public demand for sex education. The study of sex through the interwar period was also related to a large array

of eugenic projects and legal frameworks, such as those supported by Havelock Ellis, but also lesser known earlier examples from France were discussed in Gonzague Delaroque's contribution to this book. According to Delaroque, the history of French sexology is largely consubstantial with the development of eugenics, although historians tend to separate these into 'parallel developments'. Taline Garibian's discussion of psychiatry's proposals of 'treatment' (that could include sterilization and castration) following the decriminalization of homosexuality in Switzerland, can also be examined in light of these eugenic perspectives. Indeed, as studied by Delphine Pereitti-Courtis, medical justifications were created to protect 'white' colonists from a mythical 'black hypersexuality' in attempts to preserve French colonial interests in the nineteenth and early twentieth century. In addition to these examples from our Book, where we can observe very explicit and voluntarily established relationships between politics and sciences of sex, this volume in its entirety, should be read with the political in mind.

Another political *grille de lecture* can be developed by examining modern medicine and science's claims to ideological neutrality, and the distrust with which this claim was treated in histories of medicine and science starting in the 1970s. Claims to neutrality, based in part on the ideal of the removal of subjectivity from 'science' seem to have played an important role in making medical and scientific knowledge into particularly reputable and *legitimate* sources of knowledge. Paradoxically, as we saw in Stephanie Pache's chapter, the framing of political problems (in this case involving the oppression of women through intimate violence) as problems of public and population health (an 'epidemic of sexual violence'), contributed to making American feminists' claims seem less ideological and more universally relevant across the political spectrum. In other words, even 'depoliticization' strategies such as those referring to medicine and health can be politically motivated and have political consequences. During the earlier decades of the twentieth century, trust placed in medicine and science was intimately related to the ideal that they are *not supposed to be* primarily based on the *authority* of doctors and scientists, but on 'evidence' or at least 'seen with a trained eye' (in the case of clinical medicine). Interestingly, in the case of sciences of sex and sexuality, idealized 'objectivity', already difficult to ascertain in the nineteenth and early twentieth century, grew to be particularly questioned in the final third of the century.

This conclusion will briefly discuss two ‘moments’ in the history of sexology where objectivity came into question and the scientists and scholars of sex had to anticipate criticism in this regard. I will first set the stage by discussing why this could be a particularly important issue with the sciences of sex. The scientists and clinicians who made this their specific focus, seem so particularly intent on explaining and defending this choice to their publics, that one cannot help but ask what was so ‘special’ about the topic of ‘sex’ that it would require so much emphasis on the physician or scientists’ objective position. A first significant moment in this history can be found in the late nineteenth to early twentieth century, when sexology and psychoanalysis were introduced as ‘new’ sciences. A second moment can be situated at the end of the twentieth century and the beginning of the twenty-first century, when Sexuality Studies proposed a new source of interdisciplinary knowledge that *no longer sought legitimacy through reliance on ‘Science’ or ‘Medicine’* and was often critical of these two, or at least of their uses. We will conclude this analysis with a plea for renewed dialogue between the ‘sciences of sex’ and various forms of ‘sexuality studies’.

When it comes to sex and sexuality, scientist or doctors’ *subjective experience* seems to have been consistently a source of suspicion. This suspicion seems to have given rise to particularly difficult struggles for the legitimacy of knowledge and even the legitimacy of seeking knowledge on the sexual. For this reason, instead of further developing what science and medicine have brought to the understanding of sex, I will instead attempt to open a larger perspective on what sex brings to the understanding of ‘limits’ that have been—or can be—attributed to ‘science’ and ‘medicine’ at different periods in history. More specifically, I will look at how authors of academic work on sex and sexuality have dealt with *subjectivity* considered first as an *epistemological threat*, but later, towards the end of the twentieth century, for a growing number of actors, as a source of *political promise*. This subjectivity-problem, I will argue, makes the study of sexuality not only relevant to those interested in sexual subject matter, but also it opens the field towards a wider scope of scholarship in political histories of science. In making this argument, I am emphasizing that the history of sexology is valuable beyond its usual publics of already enlightened activists, sex researchers, sexologists and academics in sexuality studies.

THE SUBJECTIVITY PROBLEM—FROM  
‘DISTURBING PRACTICES’ AND ‘DIRTY WORK’  
TO ‘DISRUPTING SCIENCE’ AND ITS ‘BOUNDARIES’

In examining what authors of theories of sexuality during different periods in history claimed to be their main objectives, one can usefully bear in mind the lessons that Laura Doan says she learned in preparing her (2013) book, *Disturbing Practices: History, Sexuality and Women’s experience of Modern War*. According to the author, the encounter with the contents of archival research for this book made her question her previous historiographical perspective that she described as ‘genealogical’. Doan used this term in a much more concrete way than that used by Michel Foucault and to which several authors in this book refer (see Gonzague de Laroque and Stephanie Pache, in particular). The genealogical perspective that Doan came to criticize while doing the research for *Disturbing Practices* refers to a sort of ancestral quest, or ‘recovery work’ that could make visible ‘gay’ or ‘lesbian’ individuals who were ‘absent from history’. Doan emphasizes here the realization that an approach based on current LGBT identity categories, could not help her address the ‘beings who [came] into existence as the result of transitory conditions of war, with no equivalences and therefore untranslatable’ (p. 132). Criticizing her own earlier work, she states in the Preface to *Disturbing Practices*, ‘what vexes me now about my earlier account of a nascent lesbian subculture in modern Britain is that—from the very start—I believed I knew more about female sexuality in the 1920s than the individuals I was researching (p. xi). Doan’s ‘disturbing practices’ thus refer both to the practices of the historian and to the sexual practices of the women she studied. Finally, it suggests that these women’s practices and experiences could not be neatly subsumed by today’s identity-based categories. Reading across the Chapters in the current volume, what struck me was that beyond ‘disturbing sexual practices’ that were sanctioned, pathologized, or stigmatized, one can also notice what appears to be a tendency among late nineteenth and early twentieth-century producers of sexual theories to explicitly distinguish their ‘work’ (in sciences of sex) from the *experience of sex or sexuality*, their ‘object’ of study. In other words, could the topic of sex itself constitute a disruption of boundaries set between subjects and objects of scientific and medical inquiry?

Indeed, in the nineteenth and early twentieth centuries one often notices in scientific or educational books and articles on sex, a particularly belabored insistence on their scientific and/or educational purposes. It would be easy to attribute such disclaimers to the scandalous nature of ‘sexuality’, that is, of even talking about it, or worse, of writing about it for a large untrained audience. But I will argue here that there is another problem underlying these disclaimers. It is as though sexologies could involve a sort of *disruption* to science itself, and that this was what the scientist should defend himself (less often herself) from, or at least, one finds evidence that he or she should camouflage any disruptive intent.

Saying that even the production and dissemination of sexual sciences can constitute a sort of ‘disruptive practice’ requires that we look more closely at what exactly was being ‘disrupted’ first by nineteenth and earlier twentieth-century research and scholarship on sex and again, particularly after the 1970s. One might also want to take into account that the public demand for knowledge of the sexual might play a role in the disruption that could be attributed to the sciences of sex. This would be consistent with Janice Irvine’s (2014) perspective according to which sex research is and continues to this day to be a form of ‘dirty work’.<sup>1</sup> Irvine refers to Hughes’ (1958, 1962) analysis of dirty work as occupations that entail a mix of public need and repudiation.

Sexuality research is a compelling case study of dirty work, since the field itself produces paradoxical cultural reactions. On the one hand, venues for academic research have expanded over the last decades, many people are eager for the knowledge that sexuality researchers produce, and in some circles the field is respected, even trendy. On the other hand, sexuality researchers have attempted for over a century to establish academic legitimacy in the face of deep cultural anxieties about their subject of study. (Irvine 2014, p. 633)

Although Irvine makes a compelling case for ‘sexuality research as dirty work’, I believe there is an additional layer to this problem, and that the ‘deep cultural anxieties’ that Irvine considers in part responsible for a

<sup>1</sup>The anthropological discussion of ‘dirt’ as ‘matter out of place’ developed in Mary Douglas’ (1966) *Purity and Danger* has recently enjoyed new attention. See Pickering & Wiseman’s (2019) article, Dirty Scholarship and Dirty Lives: Explorations in Bodies and Belonging that introduces a special issue on this topic published in the *Sociological Review Monographs*. This discussion is particularly relevant to the point of view developed here.

century of efforts to establish *legitimacy* of sex research are one possible place to start ‘digging’, if one hopes to unearth any underlying reasons for such constant defensiveness. Looking closer at the actual rhetorical features of scientist and sex researchers’ claims to legitimacy over the course of the period discussed in this volume can perhaps help bring to light *the changing bases* upon which these claims to legitimacy have been made. Of course, a concluding Chapter hardly provides the space for a systematic study of these claims and their changes over the course of the last 150 years, but I can at least suggest some future directions that such a project could have; and at least begin to make a case for sexology and the sciences of sex as a particularly propitious *observatory* for political histories of science. In other words, my claim is that research on knowledge production related to sex can reveal some interesting facets of science itself (facets that might otherwise be concealed when the ‘object of study’ is not largely considered to bring about unavoidable subjective reactions from the scientist). In this claim the epistemological (removal of the observer from the field of the observed, training the clinical gaze, etc.) meets the practical (how to justify one’s position and for whom) and the political, that took on very different forms in the early and late twentieth century. For example, early sexologists aimed to contribute to the growth of scientific and scholarly work on sex when faced with rival sources of knowledge (or censorship) outside of science, and later scholarship aimed to reintroduce the ‘voices’ of those who had in earlier times been subjected to pathologization and the clinical gaze.

When Thomas Gieryn (1983) introduced the term ‘boundary-work’, he was complementing a long tradition of *epistemological* debate on demarcation between science and non-science, shifting focus to contemporary *sociological stakes of demarcation strategies*. Gieryn’s concept of ‘boundary work’ dealt exclusively with the *practical* activity that scientists are engaged in, in order to make and reinforce distinctions between science and non-science. In the case of histories of sexology, and the potential ‘disruption of science’ that it may be thought to introduce, it is important to realize ways that demarcation strategies change, but also their meanings change. The next two sections address these changes as new directions that could usefully be developed in future research in histories of sexology. We will look at demarcation when sexology was first presented as a ‘new science’ or a ‘new topic’ for science at the end of the nineteenth century through the beginning of the twentieth century, and a second period starting around the 1970s, when the reference to ‘science’



as an unquestionable source of legitimacy came into question and those categorized became involved in the production of new knowledge valuing the scholar's subjective experience.

### DE-EROTICIZING THE PRACTICE OF THE SCIENCES OF SEX IN THE NINETEENTH TO MID-TWENTIETH CENTURY: NOVELTY, PERMANENCE OR RE-ACTUALIZATION?

This section pursues the exploration of overlap between the 'practical' and the 'epistemological' issues involved in boundary work in nineteenth and early to mid-twentieth-century sciences of sex, the period with which this volume is almost exclusively concerned. Drawing on some of the Chapters, as well as other work, I suggest future perspectives for this book in the form of a hypothesis. Namely, that the ways that researchers since the nineteenth century, sometimes in spite of a rhetorical strategy focused on 'pioneering' and 'demystifying', were drawing on *a memory* of demarcation practices, offsetting with a conservative rhetoric on what *science* is, the supposed novelty but also the particular stigma of *sexual science*. Viewing how authors present sciences of sex can help elucidate ways that past demarcation strategies have been *selectively* reactualized; and can help shed light on the mechanisms of this selection.

It is useful to begin with a few descriptive observations on the rhetoric of *demarcation* and highlight a few examples of 'strategies' that typically recur in the period covered by this book. What is interesting is that in the sciences of sex, it would seem as though there continues to be a particular need to affirm that one is conducting 'scientific investigations' and, sometimes, that this serves a particular social utility. This sort of emphasis is, of course, absent from research on particle physics (where we do not see signs that authors need to insist that this subject be explored *through science*), but is also not an obligatory feature of most other topics in the social sciences where particular topics are presented as interesting or useful, but without the emphasis on the necessity of 'scientific inquiry' per se. In these cases, the framing looks more at specific theories and disciplines that 'should' invest the topic. Thus, one should stop to consider what it was about 'sex' and 'sexuality' that made it so necessary to insist on 'science', before explaining what sort of science one would use.

One often finds the 'Science-as-demystification' argument in connection with the introduction of 'new sciences'. This argument occurs

particularly when there are larger intended audiences and sometimes with political agendas in mind. Those who preferred writing science exclusively for other scientists, would, on the contrary, use jargon that was only accessible to those with a particular form of training. Writing science for scientists could be presented as a moral argument such as the necessity of 'making sure that sensitive material didn't fall into the wrong hands'. But the selection of a specialist audience could also be justified by the necessity of particular forms of professional training and expertise necessary to comprehend the scientific stakes of the field; suggesting a particular stage of 'development' of the field. None of these strategies are specific to the topic of sex but were often particularly emphasized when presenting research on sex.

A useful source to investigate the hypothesis that insistence on the scientific had other functions than to simply allow for the exploration of a 'new topic' can be found in the abundant recourse that late nineteenth and early twentieth-century scientists of sex had to 'disclaimers' in their publications. These provide an interesting starting point for addressing some particularities of sex research when it came to boundary work and to examining the extent to which **this boundary work relied, at least according to our hypothesis, on a form of *memory work***. The particular need to affirm the scientific character of one's work seems to stem from the idea that there was something about sex that could threaten an *already established characteristic* of science. Something upon which science could found its particular stamp of legitimacy: the disinterested observer seems to have played this role. Here, the observer is not disinterested because of his or her uniquely altruistic qualities, but because there existed a recognized series of procedures through which the subjectivity of the observer could be neutralized. The case of clinical practice had a somewhat ambivalent and changing position towards 'science' or 'experimental medicine' and the problem of sex was particularly risky in revealing this ambivalence. The balance between impersonal science and clinical acumen could be easily upset. The focus on 'science' could help tip the balance back and help further legitimize the trained (rather than purely subjective) eye of the clinician and give him (or in rare cases her) the desired legitimacy.

Psychoanalysis and its investment of the sexual is another interesting example here, because this 'science' was placed squarely in the middle of

the clinical/scientific balance. It upheld the ‘medicalization’ of sexuality<sup>2</sup> whether with Latin terms or newer medical jargon (that incorporated some of these), but also it aimed to redefine sex and/or sexuality as ‘transcending’ its material manifestations, its behaviors and even its rootedness in bodies. Psychoanalysts beginning with Freud chose the strategy whereby sex could (also) be a revealer of the mind or the imagination.<sup>3</sup> (See Russo and Carrara in this volume.) Interestingly, this Freudian strategy did not suffice on its own to guarantee legitimacy, as Freud also deemed it necessary to introduce various disclaimers, warnings and instructions for his readers to ensure<sup>4</sup> that they read ‘scientifically’, regardless of the sexual subject matter. For example, in his preface to the Dora case study, after explaining different ways he respected the confidentiality and anonymity of the patient, and had taken great pains to ensure the case would not end up in the hands of those outside the medical community, Freud also showed suspicion towards those within his Viennese medical community:

I am aware that—in this city, at least—there are many physicians who (revolting though it may seem) choose to read a case history of this kind not as a contribution to the psycho-pathology of the neuroses, but as a *roman à clef* designed for their private delectation. I can assure readers of this species that every case history which I may have occasion to publish in the future will be secured against their perspicacity by similar guarantees of secrecy, even though this resolution is bound to put quite extraordinary restrictions upon my choice of material. (Freud 1905, p. 9)

First, we see that doctors, for Freud, are not by virtue of their profession, above the vile curiosity about which he warns his readers. For these reasons, he says he has gone to great pains to mask the identity of the

<sup>2</sup> See Tiefer (1996) and Lantéri Laura (1979).

<sup>3</sup> Of course, this sort of semiological approach based on ‘clues’ and on ‘details’ that could reveal a hidden reality was a particular feature of nineteenth-century science and literature described by Carlo Ginzburg (1979) *Clues: Roots of a Scientific Paradigm, Theory and Society*, 7(3), 273–288. But in the case of Freud, this approach did not dispense him from having to recur to disclaimers in order to show that the sexual content ‘revealed’ or the ‘sexual signifiers’ of mental life, needed other sources of justification in order to be acceptable forms of scientific inquiry.

<sup>4</sup> He probably knew this would ensure nothing of the sort, so one can take Freud’s position to be above all preventive. If people read with prurient interest, it had been made clear that the problem lay with them and not the author or the topic.

patient. He argues that this case study is not just about a particular girl, but a 'contribution' to psychopathology. But, in addition to the issue of patient confidentiality, especially with regard to the subject matter, Freud also defended himself from those who would reproach his 'frank and honest' discussion of sexual matters with his young female patient. In these prefatory remarks, Freud deflected the accusation of prurient interests back at his anticipated readership.

Now in this case history—the only one which I have hitherto succeeded in forcing through the limitations imposed by medical discretion and unfavorable circumstances—sexual questions will be discussed with all possible frankness, the organs and functions of sexual life will be called by their proper names, and the pure-minded reader can convince himself from my description that I have not hesitated to converse upon such subjects in such language even with a young woman. Am I, then, to defend myself upon this score as well? I will simply claim for myself the rights of the gynecologist—or rather, much more modest ones—and add that it would be the mark of a singular and perverse prurience to suppose that conversations of this kind are a good means of exciting or of gratifying sexual desires. (Freud 1905, p. 9)

Freud's comparison with the 'rights of the gynecologist' is quite significant here, as is the requalification 'or rather, much more modest ones'. Situating his investigation as analogous in its legitimacy to that of the physician specialized in the female sexual and reproductive organs, he also suggests a displacement from the tangible to the intangible (one can assume his 'modesty' refers to the exclusively verbal exploration of 'sexual matters'). In the case of psychoanalysis, this participates in a sort of 'less is more' strategy. The focus on the 'strictly' verbal allows here for an expansion rather than a restriction of scope of 'sex'. In other words, sex here can be 'signified', but it is also a 'signifier' of the 'intangible mental life', this being equally unknown to the patient, without the help of her analyst-doctor.

One could be tempted to attribute Freud and his other contemporaries' frequent prefatory disclaimers (that often involve the 'heterosexual' couple of older male scientist and young girl exploring matters of sex together) to the novelty of psychoanalysis and sexology at the end of the nineteenth century and in the early years of the twentieth century. Theirs were scientific projects in need of legitimation. But such 'disclaimers', inserted into the prefaces of scientific work on sex and sexuality, and

even woven into the principal contents of publications on these topics are persistent features throughout twentieth-century works in the sciences of sex. Such remarks and their rhetorical aspects over the course of the century could certainly compose an interesting corpus in their own right.

But for the purposes of this conclusion, the idea is to emphasize that writers of ‘scientific’ and ‘educational’ works on sex and sexuality had to take particular pains to distinguish their content from the prurience they feared<sup>5</sup> could be attributed to them. The frequency and recurrence of such attempts to direct readers’ attention away from any arousal, moral turpitude, or even just ‘amusement’ that could be attributed to reading about this topic, or worse, used to discredit the authors would seem to indicate, although somewhat unsurprisingly, that sex was a particularly problematic subject to study. What is perhaps more significant here is that the way the ‘scientific arguments’ that were used to justify these investigations say as much about sciences, their methods and ideals, as they do about sex. Indeed, these justifications ‘in the name of science’ seem to consistently suggest that sexual matters existed in a fuzzy zone, where observer and observed could be particularly difficult to distinguish. Those who claimed to study sex not just scientifically but medically, made particular reference to ‘respectable medicine’ (even while acknowledging problems with individual doctors) be it clinical or in the domain of ‘public hygiene’.

The importance of medical and social hygiene justifications for the study of sex since the late nineteenth century, can cause us to be short-sighted when it comes to boundary setting and the rise and maintenance of ‘scientific’ legitimacy. The rise to prominence of empirical science was itself founded upon a progressive marginalization (or at least upon the attempt at marginalization) of the ‘experience of the subject’ (see Licoppe 1996; Shapin 2008). But, in the case of medicine, perceptions of the physician’s subjective ‘experience’ fluctuated between being considered a source of legitimacy (such as with clinical acumen) and a source of distortion or suspicion.

Although *sciences* of sex promoted themselves over the course of the nineteenth to the mid-twentieth century in contradistinction to ‘experiences of sex’, it is worth considering how this is analogous to the much more drawn out—and not so straightforward as one might think—process

<sup>5</sup>Or in any case they needed to show that they were aware and concerned with these possible misreadings or mistrust of their interest in the matter.

of establishing a separation between observer and observed in the history of the empirical sciences, in general. If we wish to determine whether there is something particular about the topic of sex that involves a higher risk of potentially ‘contaminating’ the scientist and his or her public, or if, on the contrary, we are simply observing another iteration of ‘new sciences’ struggles for legitimacy and for maintenance of legitimacy, one has to consider, even briefly, earlier struggles such as those of medicine, biology and perhaps psychology.

The medicine/science relationship is also particularly important when one looks at the history of sexology. With the sciences of sex, the irruption of the doctor’s feelings was to be mastered by the education of a clinical gaze and a disciplining of ‘intuition’. This is different from the situation of the experimental sciences where the ‘observer’ is interchangeable, and subjectivity is to be neutralized by ‘rigorous’ methodological procedures. Between medicine and science, early sexology was situated in a place of vulnerability. Interestingly, sexologists did from the beginning document their own experiences and use them as sources of clinical intuition. But their legitimacy was proclaimed to be based on science, medicine and social utility. In these three areas, subjective feelings remained a notorious epistemological threat, its force echoing in sexologists’ belabored insistence on the necessity of the scientific and medical contribution as a ‘neutral’ and ‘objective’ stance.

### NATURE OR CULTURE? SCIENCES OR STUDIES? RETURN OF SEXOLOGY’S SUBJECTS AS A NEW POLITICAL AND EPISTEMOLOGICAL POSITION

The assumption of Sexology’s inherent threat to objectivity, was reframed within a larger recognition of the latter’s impossibility, as sexual science found a competitor in the sociology of sexuality and then in the form of sexuality ‘studies’. This, of course, happened within a much larger context of criticism of ‘science’ and ‘medicine’ that took on a variety of forms starting in the 1970s. Social historians of medicine seized upon an observed decline in the moral authority of medicine, to examine the earlier history of the discipline’s professionalization (see, e.g., Freidson 1970; Shortt 1983; Starr 1982) and doctors’ sometimes difficult acceptance of scientific methods. Serious historical enterprises, these social histories of medical professionalization also served (whether or not it

was part of their purpose) a memorial function: readers were reminded of the political rise of a profession, its actors and their rivals, as conflicts between medicine and science were particularly emphasized if not in some cases over-emphasized (Sturdy 2011). Embracing science, the reader was reminded, was a political choice for medicine rather than an evolution intrinsic to ‘progress’ in the field. These social histories of medicine revealed a new perspective on considering a present decline in medical authority. The Science once embraced, could also be considered as part of the downfall of the humanistic physician-subject, as he or she herself, became a cog in the machine of the health and later, the pharmaceutical, sciences.

During this time (the 1970s and 1980s), new criticism of ‘science’ from the perspective of sociology, focused similarly on the struggles for legitimacy of its once occulted ‘actors’. Furthermore, in history of medicine, new trends in the examination of the patients’ view (Armstrong 1984; Condrau 2007; Porter 1985), emphasized not only the partiality of the doctor, but resurrected the forgotten patients’ experience of the medical encounter. The field of sex also brought with it a slew of new authors who could identify with this ‘patient’s view’, among them feminists and gay rights activists. As medicine and science were more largely re-inscribed in their political, professional and disciplinary contexts, invoking ‘science’ was no longer sufficient grounds for legitimacy. Newfound concern with ethics made scientists and physicians even further accountable to a public that no longer placed blind trust in their promise of ‘progress’.

Thus, during the 1970s, the ‘epistemological threat’ in the form of the scientists’ excluded or repressed ‘subjectivity’ was harnessed as a source of ‘political promise’, when those subjected to theories of sexuality began to demand an active role in the scholarly production of knowledge on sex. Interestingly, this came primarily from sociology, history and literature, and ‘Science’ was introduced to a new alternative and critical strand of research federated through the term ‘Studies’ (women’s studies, gender studies, LGBTQ + Studies, queer studies, sexuality studies, trans studies, crip studies, etc....). Of course, the lumping together of these different ‘studies’ amalgamates a lot of very important differences among them. For the purposes of this Chapter, though, I will focus on a common point shared across these different ‘studies’: their legitimacy stemmed both from the way they took ‘subjectivity’ and first hand experience into account, and from their presentation as ‘Studies’ rather than ‘Science’.

While Sciences of Sex and Sex Studies are object-driven before being disciplinary, their overall epistemologies diverge significantly, and especially when it comes to the status of subjectivity, resulting, at least in part, from differing standpoints on the possibility of ‘objective’ science and even the desirability of producing ideologically neutral knowledge.

### PERSPECTIVES ON THE RETURN OF SCIENCE’S EXCLUDED SUBJECTS

In referring to Michel de Certeau at the beginning of this Chapter, I am borrowing his psychoanalytic metaphor of the ‘return of the repressed’ to similarly raise a historiographical problem with regards to the ‘sciences’ and ‘studies’ of sex. De Certeau (1987) explains that for Freud, when an unconscious conflict is excluded from consciousness, it can return in another, disguised form, that of a ‘symptom’. By recurring to this metaphor, this conclusion discussed the idea that sexologists in the late nineteenth and early twentieth centuries were particularly involved in *defending* the ‘scientific’ and/or ‘medical’ legitimacy of their work on sex, as well as insisting upon the usefulness of scrutinizing this topic through science. Rather than attributing these ‘defenses’ and ‘disclaimers’, where writers distanced themselves from ‘prurience’, to an inherently scandalous nature of sex and sexuality, I suggested that the topics of sex and sexuality held the particular ‘threat’ of arousing the ‘observer’s’ subjectivity, in other words that neutral, disinterested observation would be impossible, and thus scientific observation itself ‘tainted’. Of course, the idea of moral scandal or ‘deep cultural anxieties’ (Irvine 2014) are not incompatible with my hypothesis related to what would have been deemed to be the incursion of subjectivity into the field of observation (or ‘projected’ onto the patient), for nineteenth century or early twentieth-century scientists who would have ascribed to tenets of positivism. The two ideas are, to a certain extent cumulative and inter-related as sexuality would give rise to the ‘ultimate’ epistemological threat.

I further developed this interpretation by suggesting that the boundary work, or rhetorical demarcation found in nineteenth and early twentieth-century authors defensive disclaimers distinguishing ‘science of sex’ and other forms of ‘investigations of the sexual’ (such as ‘doing it’ or ‘being aroused by it’), were a form of ‘memory work’. These authors were relying on past ‘success stories’ in which it was science’s exclusion of



the Subject (the observer's subjectivity, feelings and personal perceptions) that had made Science into the legitimate force it had by then become.

In other words, I suggest that in research on sexuality and sexology in the nineteenth and early twentieth century, scientists used disclaimers (often found in the prefaces of their works) to present their work as being objective and thus legitimate, defending themselves against the 'incursion of subjectivity' considered inescapable with the topic of sex. These defenses continue throughout the twentieth century, relying more and more on references to *scientific methodology* (famous examples can be found in the work of Alfred Kinsey, and in Masters and Johnson). My analysis thus joins that of George Devereux (1967) in seeing such demonstrative insistence on method and procedure as forms of 'defense mechanisms'.

The second part of my argument dealt with the period beginning in the 1970s, when research on sex and sexuality began to see another form of *return* of the excluded or if one prefers, repressed subject. This took the form of a reversal in which those who were previously 'subjected to' knowledge on sexual deviance and pathology (particularly women and homosexuals at this stage) began to demand participation in the production of knowledge concerning them: whether in reopening historical investigations of sexology, psychoanalysis and sexuality itself, or through sociological and political studies in current contexts.

Here is where the Freudian metaphor of the 'return of the repressed' (in the form of science's repressed subject) needs some modulation. Freud speaks of the return of the repressed as a symptom, meaning that for him such a return would thus be pathological (or in any case a sign of underlying pathology). In this case, the involvement of women as well as gay and lesbian researchers and activists in the study of sexuality can only be a favorable evolution. The same can of course be said concerning later involvement of racialized/non-white people in the study of sex and race, or the participation of disabled people in social science and historical research on sex and disability. Where once excluded, repressed or censored, subjectivity, be it in the form of authorship, testimony or even just a greater sensitivity to the experiences of human 'subjects',<sup>6</sup> became particularly valued. This was not merely an epiphenomenon of the study

<sup>6</sup>In 1994, the American psychological association's publication manual even suggested that from then on, the term subject referring to a research subject or experimental subject should be replaced by the term 'participant'. See APA (1994).

of sex and sexuality. Testimony of holocaust survivors during this period was also embraced as a necessary component of history.

The distrust of science's historic pretense of neutrality was also extended into history of science and medicine. My earlier reference to Roy Porter's 'patient's view' is a well-known example that was part of a larger trend of interest in the 'Illness experience' and even 'Doctor's narratives' (Kleinman and Fitz-Henry 2007). But also, a lot of research in the history of medicine began in the 1970s to 'disclose in the past the abuses of biomedical authority [historians] deplored in the present' (Warner 1995). Further research can tell us to what extent the critical developments related to the return of the Subject in the field of sexuality played a pioneering role in these other developments in history of science and medicine, or if they were simply a more publicly visible part of a larger tendency to expose the ideological dimensions and power relations intrinsic to science and medicine.

This new onus placed on Subjectivity did lead to concern about possible excesses in the form of 'ultra-relativism', whereby everything would be considered 'socially and culturally constructed' or everything would be seen as exclusively discursive productions. Interestingly, some historians of medicine consider the AIDS epidemic as a sort of turning point where activists began to look for ways to bring the social and the biomedical back into dialogue. Warner (1995) refers to historian Charles Rosenberg's analysis of this period: "Aids has, in fact, helped create a new consensus in regard to disease, one that finds a place for both biological and social factors and emphasizes their interaction. Students of the relationship between medicine and society [now] live in a necessarily postrelativist decade." For Warner, what Rosenberg observed for the influence of the Aids epidemic in the historiography of disease is also true in the broader field of history of medicine. But in the case of histories of sexologies, sciences and studies of sex today reveal situations where dialogue has been more difficult to re-establish between 'sciences' and 'studies'.

Looking at the histories of sexology, and seeing the now leading role of science's earlier excluded subjects (both as sources of knowledge and as those subjected 'to' it), perhaps it can be an opportune moment not only to begin 'mainstreaming' history of sexuality (as Jeffrey Weeks [2000] suggested in his book, *Making Sexual History*), but also to begin investigating ways that the study of sex has been a revealer of tensions between the epistemological and the political in science and in medicine. This book

has hopefully taken a step in this direction, one that can be followed by bringing a larger geographical panel to the fore (for example Asian and Middle Eastern medicine, medical institutions and medical practices regarding sex and sexuality). Historians of early modern and even earlier periods would also be of particular value in the evaluation of what is often presented as a rupture and a sudden interest among scientists and physicians in the erotic life and related behaviors in the late nineteenth century. In particular, the continuities with earlier sciences and knowledge of sexual reproduction, embryology, heredity, generation and regeneration could help re-attach this period's new sexologies to earlier fields of inquiry, earlier ideas on 'experience' and 'experiments' as well as on earlier religious thought and practices. Foucault's (2001) courses at the *Collège de France* in 1981–1982 on the *Hermeneutics of the Subject* were an important step in this direction that could be followed with further historical scholarship and close readings of new sources.

Although new forms of concern had definitely emerged in the late nineteenth century, and intimate practices had been disturbed by attempts to classify and in some cases 'treat' them, this book suggests continued work to increase dialogue with those outside the current perspectives of sexuality studies. This could lead to a mutual exchange of benefits while trying to understand together what was, and what currently remains, so special about the sciences and knowledge of sex.

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