

in Columbus, Georgia, the writer lived in a small town world of summer heat, drab houses, greasy-spoon cafés, and small-scale factories that provides the basic setting for her work. Her typical characters suffer alienation through loneliness, inadequate financial and psychological support, and incomprehension of their fellows. McCullers further sets her characters apart by making them freaks, oddities, and outcasts. Despite this unpromising material, her central theme is love, which though often thwarted nonetheless casts a transcendent note that cuts through the otherwise overpowering bleakness. Without love the human community could not survive the corrosive pressures of fear, violence, and racial and social injustice. As she wrote: "[L]ove is a joint experience between two persons—but the fact that it is a joint experience does not mean that it is a similar experience to the two people involved. There are the lover and the beloved, but these come from two different countries . . . . So there is one thing for the lover to do. He must house his love within himself as best he can; he must create for himself a whole new inward world—a world intense and strange, complete in himself." At the time she wrote, the pre-gay liberation years, this underlying philosophy of love struck a deep chord in many homosexual readers.

As a young woman her determination to succeed was exemplified by her siege at the door of the cottage of her idol, the established writer Katherine Anne Porter, whom she forced literally to step over her. Her relationship with her husband Reeves was unhappy, and after repeated bouts with alcoholism he committed suicide. At several points in her life she felt strong lesbian attraction, as with the aristocratic Swiss Annemarie Clarac-Schwarzenbach. McCullers had major friendships with gay male writers, including Tennessee Williams, Truman Capote, and W. H. Auden.

Published when she was twenty-three, the novel *The Heart is a Lonely Hunter* (1940) presents the isolation of the

deaf-mute hero and the effort of the other characters to break through to some kind of communication with him. *Reflections in a Golden Eye* (1941) deals, in sometimes opaque prose, with the thwarted homosexual longings of an army officer, Captain Penderton. In the homophobic climate of the time, such themes earned her scorn from establishment critics, who abjured her to give up her "preoccupation with perversion and abnormality." She did not do so, and attained fame nonetheless. Although her last years were marred by illness, her New York funeral produced a remarkable outpouring of writer solidarity, reflecting esteem for her person and her work. Subsequently, material from *Ballad of a Sad Cafe* (1951) was adapted for the stage by the homosexual playwright Edward Albee.

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Evelyn Gettone

## MEDICAL THEORIES OF HOMOSEXUALITY

Since Greek antiquity medical science has pondered the issue of homosexuality, seeking an explanation for behavior that seemed to contradict the evident anatomical dimorphism of the opposite sexes in human beings. Broadly speaking, the theories proposed by medical authors fall into two categories: those which explain the phenomenon as the result of innate or constitutional factors, and those which see in it a purely psychological disorder, one possibly amenable to therapy.

*Classical Antiquity.* The Greek **Hippocratic Corpus**, the collection of medical treatises ascribed to Hippocrates of Cos but actually written by an entire school of physicians from the sixth to the first century, touches upon the issue from the standpoint of generative secretions from the parents. If both male and female

parents secrete "male bodies," the offspring are men "brilliant in soul and strong in body." If the secretion from the man is male and that from the woman is female, the former gains the upper hand, so that the offspring turn out less brilliant, but still brave. In case, however, the man's secretion is female and the woman's is male, the fusion of the two produces a "man-woman" (*androgynos*), which corresponds to the modern notion of effeminate homosexual. The same is true of girls: if the man's secretion is female and the woman's male, and the female gains the upper hand, the offspring will be "man-nish" (*andreiai*). Hence by the fourth century B.C. the Hippocratic school saw characterological intersexuality as determined by factors of procreation (*Peri diaites*, 28-29).

Aristotle formulated his own theory of homosexuality with reference to love and friendship. When love has a boy as its object, the object of sexual desire, namely procreation, is excluded, but the wish for pleasurable intimacy remains. The wise man will either resist these desires or make of them a means to win the love of the boy. The beauty of an adolescent boy greatly resembles that of a girl, and the lover can err in the object of his desire, which can become a habit strong enough to seem a natural tendency, although it has no constitutional or pathological cause. In some pederasts the desire for boys has the quality of an animal-like ferocity that resembles epilepsy, and such individuals should be regarded as mentally ill rather than as vicious (*Nicomachean Ethics*, Book 7). On the other hand, the *pathicus*, the passive-effeminate homosexual, presents a special problem because he plays the role that should belong to the woman, and in an organ not destined for sexual pleasure. The explanation for him lies in an abnormality of the channels through which the bodily secretions flow: in the *pathicus* the seat of sexual pleasure is the rectum, to which his sperm flows instead of to the penis, while those in

whose bodies the flow is divided between the two organs take both the active and the passive roles. This last point occurs in *Problems*, Book 4, a work produced by Aristotle's school, rather than by the philosopher himself.

Still later, the school of astrology that flourished in Alexandria sought to explain homosexuality and lesbianism as determined by planetary influences, in particular the position of Venus in the subject's horoscope. Remarkably enough, the ancient mind placed the woman who was aggressive in heterosexual relations (*crissatrix*) in the same category as the tribade or lesbian (*fricatix*), because both departed from the female norm of passivity in sexual relations. This theory, making the sexual orientation of the subject dependent upon environmental factors (the position of the planets at the moment of birth), but still anchored in the individual's constitution, was propounded by authors from Teucer of Babylon to Firmicus Maternus.

In the fourth century of our era, Caelius Aurelianus addressed himself to the problem of the passive-effeminate homosexual (*malthakos*, *mollis*), whom he regarded not as the victim of a disease, but as suffering from unrestrained libido that causes the subject to lose all shame, to behave like a woman and to use for sexual gratification the parts of the body that are not destined by nature for such enjoyment (*Chronic Diseases*, IV, 9). Thus for the ancients—given their strict active-passive dichotomy—the paradox was that of the passive homosexual and the active lesbian; in their thinking the active homosexual and the passive lesbian had nothing of the "abnormal."

*Medieval and Renaissance Traditions.* The medieval period was marked by the continuity of the ancient tradition in both medicine and astrology. The conservatism of medieval culture allowed for only a gradual shift in the direction of a new conceptual framework. Arab astrologers took considerable interest in the vari-

ety of sexual expression, assigning the determining role to the heavenly bodies. The notions formulated by Claudius Ptolemy in his *Tetrabiblos*, composed about 161–182, that divided the sky into masculine and feminine zones, with Mars and Venus occupying the crucial positions, continued to be echoed down to the end of the Middle Ages by Ali ibn Ridwan, Al-bubather, Ibn Ezra, Albohali, Abenragel, and Alchabitius.

For Christian authors beginning with the **Patristic** writers the notion of the "sin against nature" (*peccatum contra naturam*) little by little modified the attitudes of the ancients in regard to homosexuality. While Albertus Magnus could still quote an Arab author to the effect that inordinate itching in the posteriors caused the desires of the *pathicus* and could be relieved by a salve applied to the region in question, his contemporary Thomas Aquinas struck out on a new path. In citing Aristotle's *Nicomachean Ethics* in the medieval Latin translation by William of Moerbeek, he deliberately omitted the reference to innate homosexual tendencies, thus leaving medicine in the Western tradition with no function except the forensic task of examining the accused to determine whether his anatomy revealed signs of "unnatural abuse." The primacy of genital anatomy over the rest of the constitution thus being affirmed, modern medicine had painfully to rediscover the possibility that an individual could reach sexual maturity with no attraction to members of the opposite sex but only to his own.

The forensic tradition of the Renaissance begins with Paulus Zacchias (1584–1659), the physician at the papal court, who in his *Quaestiones medico-legales* (1621–50) dealt with the evidence for submission to anal sodomy. His views were parroted by a score of writers down to the last quarter of the nineteenth century in books duly illustrated with engravings of the areas of the body to be scrutinized by the medical examiner. The eighteenth

century saw an extensive literature, mainly in Latin but sometimes in the vernacular, that dealt with the various sexual offenses, never challenging the assumption that the guilty party was acting out of wilful depravity and merited only the sanctions adopted by the criminal codes of the Christian states from the canon law of the Church.

*Theoretical Innovations.* In the first half of the nineteenth century, psychiatry introduced a number of concepts that were to prove crucial for the understanding and classification of homosexuality in the second. The French psychiatrist J. D. E. Esquirol (1772–1840) invented the concept of monomania in 1816 for a specific type of partial insanity in which only one faculty of the mind is diseased. Two subdivisions were *instinctive monomania*, in which only the will is diseased, and *affective monomania*, in which the emotions are excessive or "perverted," and therefore distort behavior; and a quite specific type of the illness was *erotic monomania*, in which the sexual appetite was diseased and abnormal. Then in 1857 Bénédict Auguste Morel (1809–1873) introduced the term degeneration as a complex of religious, anthropological, and pathological assumptions, in particular the belief that acquired defects of the organism can be transmitted to later generations. This innovation led to the psychiatric hypothesis that a whole range of abnormal mental states could be explained by "degeneration of the central nervous system." In Germany the physician and author Ernst von Feuchtersleben (1806–1849) introduced the term *psychopathy* for "illness of the mind" in general, with the implicit notion that there could be a pathological state of the mind without a lesion of the brain or central nervous system. Alongside these, the word *perversion* had come to be employed in medicine in the sense of "pathological alteration of a function for the worse." Then *deviation* had in French assumed the meaning of "a departure from the normal functioning of an

organ." In England, to complete the series, James Cowles Prichard (1786–1848) coined the expression "moral insanity": "a morbid perversion of the natural feelings, . . . moral dispositions, and natural impulses, without any remarkable disorder or defect of the intellect or knowing and reasoning faculties, and particularly without any insane illusion or hallucination."

This was the situation on the eve of the discoveries in forensic psychiatry that were prompted by the writings of the early homosexual apologists, Karl Heinrich Ulrichs and Károly Mária Kertbeny; but crucial as their arguments were for the continuing development of "sexual psychopathology," they also had a distant background in the Greek and Latin literature which, never entirely forgotten, had preserved the tradition of a culture that had been far more tolerant of homosexual expression and certainly did not relegate it to the category of the rare and monstrous. The interplay of the ancient, medieval, and modern ideas on homosexuality thus constitutes the history of the medical theories of the period from 1869 to the present.

*The Modern Period.* The earliest paper that mentioned homosexuality in a psychiatric context was written in 1849 by Claude-François Michéa (1815–1882), in connection with the famous case of Sergeant Bertrand, who was charged with violation of graves for the purpose of engaging in necrophilia. Faced with the claim of the defense that Bertrand was suffering from an instinctive monomania, the court merely sentenced him to a year in prison. But Michéa had the inspiration that there could exist a whole series of "erotic monomanias," one of which was an attraction to members of one's own sex, and he mentioned the poetess Sappho of antiquity as having exhibited such a condition. This isolated study, however, had no impact on medical thinking at the time.

In Germany the expert in forensic medicine Johann Ludwig Casper (1796–1864) had occasion to examine indi-

viduals accused of "pederasty" (= anal intercourse) for the purpose of determining whether their persons revealed that the crime had been committed. In a note appended to a paper of 1833 by the anatomist Robert Froriep, he casually remarked that he had observed a subject in whom sexual desire for the opposite sex was absent—the first such instance in modern medical literature. Toward the close of his life he became convinced that a species of mental alienation was present in at least some of the subjects he had examined.

The medical concept of homosexuality could not, however, have arisen without the intervention of the pioneers of the movement, Karl Heinrich Ulrichs (1825–1895) and Károly Mária Kertbeny (1824–1882). All the early physicians whose papers introduced "sexual inversion" to the medical world had read the works of one or both of these authors; none arrived at the notion by his own reasoning or by pointed interrogation of a patient with the condition. If they rejected the apologetic claim that the condition was an idiosyncrasy, a normal variety of the human sexual drive, it was largely because their case material was small and atypical; it usually amounted to one or two individuals examined in prisons or insane asylums. They were confronted with an unknown and paradoxical state of mind, all the more enigmatic because Darwinian biology, which just then was becoming an issue of the day in Europe, emphasized procreation as the mechanism of the evolutionary process. The total absence of the urge to procreate one's kind, and an attraction to members of the same sex with whom coupling could only be sterile, could for the progressive psychiatrists of that era only be a pathological condition.

It was against the background of these concepts and notions that Carl Friedrich Otto Westphal (1833–1890), Richard Freiherr von Krafft-Ebing (1840–1902), and Arrigo Tamassia (1849–1917) introduced *die conträre Sexualempfindung* = sexual inversion to psychiatry in articles pub-

lished between 1869 and 1878. The condition itself they defined as "absence of sexual attraction to members of the opposite sex, with a substitutive attraction to members of one's own sex." The reasoning that underlay their definition was that in normal subjects sexual contact with members of the opposite sex excites pleasure, while with members of the same sex it elicits disgust, but in the cases which they had observed the reverse was true. The condition itself was an "affective monomania," since the rest of the personality of the subject was unaffected. At first only sporadic reports of such abnormal individuals appeared in the literature, but in 1882 the Russian psychiatrist Vladimir Fiodorovich Chizh published an article with the insight that far from being the rare anomaly that psychiatric science had assumed, this condition was in fact the explanation of many of the cases of "pederasty" that daily came to the attention of the police; and in 1886 a book earlier published in Russian and then translated into German by Veniamin Mikhaïlovich Tarnovskiĭ, *Die krankhaften Erscheinungen des Geschlechtssinnes* (The Morbid Manifestations of the Sexual Instinct), communicated this finding to the European public. In the same year Krafft-Ebing published the first edition of his *Psychopathia sexualis*, in which sexual inversion was only one of a series of newly discovered abnormalities of the sexual drive. Although the author stressed that the sexual act itself, however monstrous it may be, is no proof of the mental abnormality of the subject who has committed it, only that some individuals commit forbidden sexual acts because they are compelled by an exclusive and involuntary urge, this caveat has been too subtle for the mass mind—and even for many so-called experts—to grasp.

A long and in some respects futile controversy has ensued over whether homosexuality is to be classified as a "disease." Often the physicians who have

debated this issue have argued that they were taking a truthful middle ground between the religious attitude toward homosexuals as depraved and vicious individuals, and the claims of homosexual apologists that their condition was "normal." The medical concept of homosexuality as disease has in fact been utilized by both sides: on the one hand to deny the legitimacy of homosexual expression by labeling the condition pathological, and on the other to exculpate defendants caught in the toils of the law by claiming that they were only "sick individuals" in need of treatment rather than punishment.

In relation to the legal and political debates engendered by the issue, the psychiatric concept of homosexuality is a secondary derivative of Christian asceticism and of the condemnation of homosexual acts in Roman law by the Christian emperors, and in the canon law of the Church based in part upon it. These in turn were incorporated into European civil law between the thirteenth and sixteenth centuries. In other words, it was only because the laws stemming from the Christian Roman Empire and the late Middle Ages made homosexual acts criminal that the forensic psychiatrist had any reason to take note of them, and the homophile apologist had to argue for removing the statutes from the penal code. As an issue of private morality homosexuality would scarcely have interested the psychiatrist in modern times any more than it did in ancient Greece. And underlying the argument for legal toleration has been the (usually unstated) assumption that healthy adult human beings have a sexual drive which they need to gratify and therefore cannot be expected to practice "lifelong abstinence" as demanded by the Church of celibates. Often the debate on this issue has therefore been a kind of intellectual shadowboxing between the opponents of an ascetic morality and its defenders, who ignoring the history of its origins pretend that it is virtually coterminous with the universe.

*Psychoanalysis and Its Aftermath.* The psychoanalytic school originated by Sigmund Freud has largely perpetuated the belief in homosexuality as a mental illness, if only because its adherents rejected the theory of an innate and unmodifiable condition in favor of a search for its origins in the psychodynamics of the human personality. Some of the case histories published sporadically in the psychoanalytic press are accompanied by quite fanciful theories, while others show genuine insight into certain causal factors. But on the whole the patient universe into which the psychotherapist has delved has been atypical of the homosexual population in general, and consisted mainly of subjects with acute moral and legal, if not psychological, problems. Only recent studies by academic psychologists have been able to break out of this vicious circle and produce the experimental or statistical evidence such as Kinsey's that homosexual subjects were, on standard tests and by a multitude of criteria, indistinguishable from heterosexual ones. However, during the more than a century in which the subject has been debated, one clear line of demarcation has emerged: those who believed in the innate and constitutional origins of homosexuality have with rare exceptions been friends of the movement, while conversely those who held to a psychogenic explanation have been its often vociferous enemies—Alfred Adler, Edmund Bergler, Abram Kardiner, and Charles Socarides. And the proponents of the latter view usually reinforced the Christian dogma that the homosexual character was replete with moral failings, or else maintained that the spread of homosexuality was contingent upon some malaise within society itself—an assertion that played into the hands of dogmatic Marxists who, echoing such fin-de-siècle authors as Max Nordau and Cesare Lombroso, would dub homosexuality a symptom of the “decadence” of bourgeois society.

In 1980 the American Psychiatric Association was finally persuaded to remove homosexuality per se from its nomenclature of mental illnesses, and in 1986 even the compromise “ego-dystonic homosexuality” was stricken from the list, though the World Health Organization continues the classification. But the issue lingers within the psychiatric profession independent of any politically motivated decision, and decades of controversy echoed in the mass media have left the general public with the ill-defined belief that “homosexuality is a disease.”

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### MEDIEVAL LATIN POETRY

The classical tradition of pederastic poetry may never have completely died out despite Christian homophobia, though no examples in Latin survive from the fifth through the eighth century. But then little was written in the so-called Dark Ages (476–1000), and less survives. If the last surviving pagan homoerotic poems in Latin by Nemesianus in his fourth Bucolic were made in the reign of Numerian (283–284), Christian Latin pederastic verses appeared some two centuries later, best exemplified by Ausonius (d. ca. 395). Ausonius' library contained homosexual literature that scandalized Romans and he translated from Greek into Latin Strato's riddle about three men simultaneously enjoying four sexual postures. Saint Paulinus of Nola expressed his love for Ausonius: “As long as I am held in this confining, limping body . . . , I will hold you, intermingled in my very sinews.” (Stehling, p. 5). Production of pederastic poetry, as indeed of most other Latin literature, declined and almost ceased after 476. Whatever forms of sexuality the Merovingian kings (420–751) practiced—