Perversion

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Note: *all* my lectures involve us thinking together about sensitive and difficult issues related to sex, violence, and (often disruptive) desires. Please exercise caution when reading my research. I avoid explicit descriptions, but this talk does engage with arguments concerning the exposure of genitals and sexual sadism. It also quotes homophobic slurs and other offensive language. Knowing our history, I believe, helps unmake such harmful worlds.

What do we mean when we talk about the 'perversions'? Who gets to decide what is 'normal' or 'abnormal'? The concept of 'perversion' is fundamentally medical, although grounded in theological notions of sin, evil, and immorality. It emerged from the mid-nineteenth century with the rise of psychiatry or 'alienism', as it used to be called. The sexual perversions are linked to debates about the 'medicalisation of deviance'; that is, the practice of incorporating an expanding range of marginalized behaviours into a medical paradigm. In the period spanning the 1870s to the present, sexual perversions have been classified under many different names, including 'sexual abnormalities', 'sexual deviations', and 'paraphilias' ('para' meaning deviation and 'filia' meaning attraction). This shift from 'perversion' to 'paraphilia' was first made by psychoanalyst Wilhelm Stekel in 1909 on the grounds that it was less judgemental. He also believed that the change in language would distance the discipline of psychiatry from religious precepts and moralism, thus cementing its claims to the status as a 'science'.

In the modern period, the most influential manual on sexual perversions is the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), the so-called 'Bible' of the American Psychiatric Association (APA). It is difficult to over-state the importance of the DSM, which was published in different editions between 1952 and 2013 and continues to be of central important in contemporary psychiatry. Not only is the manual the obligatory authority on psychiatric diagnoses in the U.S. It is also widely consulted in many other countries and is pivotal in determining the diagnostic categories adopted in the *International Classification of Disease* (the ICD) which is used in over 140 member countries of the World Health Organization. When the DSM designates an act or identity as a 'perversion', not only medical professionals (from GPs to psychiatrists) listen, but so too do jurists and jurors, insurance companies and newspaper journalists, those labelled 'perverted', and those who seek to distance themselves from them.

What criteria did influential psychiatrists and their associates apply when designating specific sexual activities or identities forms of psychiatric deviance? What was the role of law, ideology, politics, morality, and medicine in labelling something a 'perversion'? After all, there was no clear line between 'sexual perversion' and 'sexual offences'. As two psychiatrists observed in the late 1970s, not all sexual behaviours labelled 'abnormal' within psychiatry were illegal (masochism, for example, is not a crime); conversely, not all illegal behaviours were abnormal: for example, in many US states, both homosexuality and fellatio (even within marriage) were prohibited. Fundamentally: what is a 'mental illness'? These 'big questions' are linked to broader debates within the history of psychiatry about societal constructions of 'mental abnormality'. Even the authors of the many DSMs were uncertain about how to distinguish 'normal' from 'abnormal'. As late as its 2000 edition, they admitted that 'no definition adequately specifies precise boundaries for the concept of "mental disorder"'. They were nevertheless required to make some haphazard guesses about what should be called 'abnormal'.

The most influential, early critique of this process was Thomas Szasz's 1961 classic, *The Myth of Mental Illness*. Szasz argued that mental disorders were not scientific entities. They were value judgments

containing strong political associations and driven by the desire to enforce social norms. Szasz's insights have been echoed and elaborated upon by dozens of other scholars, such as Erving Goffman and Thomas J. Scheff. It was also one of the central arguments made by Michel Foucault in *The History of Sexuality: An Introduction* (1976) when he insisted that the 'sciences of sex' as they emerged in the nineteenth and twentieth centuries were not concerned with uncovering 'truths' about sex but with regulating and naturalizing certain norms of heterosexuality, monogamy, and the nuclear family.

Given the feverish excitability of the human imagination and desire, it is not surprising, then, that lists of sexual perversion are lengthy. For example, masturbation, oral sex, anal intercourse, female frigidity, nymphomania, and other 'arousal disorders' have been major sites of anxieties, leading to stigmatization, ostracism, incarceration in asylums and prisons, and harmful treatments. Elaborate theories had to be developed to lend scientific weight to what were moral, ideological, and political labels. By the mid-1950s, the DSM's 'perversions' included acts and identities as different as homosexuality, exhibitionism, transvestism, pedophilia, fetishism, and sexual sadism. Today, I will be focusing on three: exhibitionism, sadism, and homosexuality. These are extremely different sexual classifications, but they illustrate, in turn, the role of psychiatry in relation to policing (exhibitionism), masculinity (sadism), and morality (homosexuality).

Exhibitionism

Exhibitionism was not always considered a perversion. Prior to the nineteenth century, it was simply a criminal activity. The act of exposing one's genitals to a non-consenting stranger was a crime. It was punishable under a vast array of laws, including the common law offence of outraging public decency, vagrancy regulations, and public order decrees proscribing acts that caused an 'obstruction, annoyance or danger' to 'the residents or passengers', as the UK's Town Police Clauses Act put it in 1847. Under nineteenth-century legislation, men who exhibited their genitals (that is, they were committing an *act*, rather than exhibiting any specific *identity*) were placed in the same category as men who begged, slept outside, loitered, or solicited prostitutes. They were thrown into the company of people telling fortunes, displaying obscene prints or pictures, or 'wandering abroad and lodging in any barn or outhouse, or in any deserted or unoccupied building, or in the open air' without 'having any visible means of subsistence and not given a good account of himself or herself' (although they were nearly all men). The law assumed that men who exposed their genitals were drifters, vagabonds.

Indeed, prior to the 1870s, the category dubbed 'les exhibitionnistes' did not even exist. The term was first used by Charles Laséque in 1877 and, in the English language, the word 'exhibitionist' first appeared in print in Charles Gilbert Chaddock's 1893 translation of Richard von Krafft-Ebing's *Psychopathia Sexualis* (of which more shortly). The shift in language from the *legal* term of 'indecent exposure' to the *psychiatric* one of 'exhibitionism' represented a change from a punitive response to the *act* of exposure to a medical response that focussed more on the *identity of the person* 'doing' the act – the exhibitionist. The person who exposes his genitals became a persona, in much the same way that Foucault conceptualised the creation of the homosexual. In the course of the nineteenth century, Foucault explained, the homosexual and (I argue) the exhibitionist 'became a personage, a past, a case history, and a childhood, in addition to being a type of life, a life form, and a morphology . . . Nothing that went into his total composition was unaffected by his sexuality.' It was in the late nineteenth century, then that medical and psychiatric literatures first began propagating the idea that people engaged in exhibitionist practices were not simply expressing their 'tastes' but were a discrete category of human.

Once the idea that exhibitionists were 'mad' and not 'bad' – psychiatrically ill because suffering from a 'perversion' as opposed to simply being vagrants – began gaining support, the precise *nature* of their pathology became the main issue. Chaddock (the 'alienist' who had translated Krafft-Ebing into English) insisted that the act was 'so obviously silly and purposeless' that it had to be the result of 'anomalous mental factors'. He was influenced by Krafft-Ebings' view that exhibitionists were 'degenerates'.

In the early years of the twentieth century, however, a new generation of psychiatrists argued that exhibitionists were not degenerates; they were suffering from an obsessive or compulsive disorder. Such impulsive and obsessional behaviours made exhibitionists dangerous rather than simply 'silly'. For example, a speaker at the International Medical Congress in 1900 lamented the 'irresistibility of the need, the anguished struggle between the morbid pleasure which commended it and the consciousness which appreciated and resisted it'. The exhibitionist's 'irresistible tendency to exhibit in public' condemned him to a

life that alternated relentlessly between 'remissions and paroxysms'.

Other psychiatrists believed that exhibitionists might be suffering from the compulsive pathology they called 'satyriasis', a male form of nymphomania. For physicians such as the author of 'Insanity in Medico-Legal Bearings' (1900), the 'victim of satyriasis' suffered from a compulsive urge to 'expose his person in public', even if it ruined his reputation as a 'clergyman or dignified banker'. Neurologist David S. Booth agreed, although he sought to make a distinction between satyriasis and erotomania. For Booth, satyriasis (and its female counterpart, nymphomania) were neuroses while erotomania was a psychosis. As a result, persons afflicted with satyriasis attempted to satisfy their 'inordinate sexual desire', while sufferers of erotomania were plagued with the need to perform impulsive acts that had very little to do with sexual intercourse or orgasm. Indeed, their actions were often accompanied by 'flaccidity' of the sexual organ. Either way, this medicalization of a sexual act – the exposure of genitals to non-consenting persons – was important in cementing a psychiatric diagnosis: exhibitionism. It provided a rationale for the interventions of 'science' into the lives of men previously characterised as nothing more than wastrels and low-life.

Psychiatrists did not only distinguish between the vagrant ('degenerate' and morally irresponsible) and the medically ill. They also believed it was important to distinguish between the 'voluntarily vulgar and depraved sensualist' (typically classed as aristocratic or wealthy men, possessing a sense of sexual entitlement) and 'ordinary', middle-class sufferers whose 'involuntary exposure propensities and acts' masked a 'naturally continent and virtuous' life. To make the distinction, psychiatrists developed detailed nosologies, elaborate classification schemes, which claimed to be able to evaluate the health of a person's inner mental world through an examination of outward signs, many of which related to class hierarchies, racist profiling, and religion ('Jewish' v. Christian).

Let me take just one example. In the early years of the twentieth century, C. H. Hughes published an article in the prestigious journal *The Alienist and Neurologist*. In it, he narrated the tribulations of Charles K. Cannon, a 60-year-old widower, prominent local lawyer, and active member of the Trinity Protestant Episcopal Church in Hoboken, New Jersey. Cannon's reputation had been destroyed when 17 girls aged between 8 and 14 years accused him of exposing his penis. He was found guilty, fined $1,000, and sentenced to fifteen years in prison. Hughes, however, brooded over whether it was even *possible* for a prominent figure in the community to be guilty of such a debased crime. He even speculated whether Cannon was a victim of 'feminine morbid erotism' – that is, a pathological state that predisposed women to make false accusations. Even if the exposures *had* taken place, Hughes claimed that Cannon could not have been responsible for his actions. In Hughes' words, Cannon's age and life history

> *"suggest to the expert in psychiatry the possibility of a doubt of voluntary moral guilt. The presumption of mental decay and aberration would, prima facie, appear to be a more rational conclusion in this case."*

For Hughes, Cannon's whiteness, economic respectability, religiosity, and conformity to dominant middle-aged masculine norms were sufficient to authenticate his *moral* innocence. Hughes was left with only one explanation for Cannon's behaviour: delusions arising out of the 'erotopathic perversions of neurone disease degeneration'. In this way, sympathy could be extended to the exhibitionist, rather than the 17 young girls, and social, gender, and racial hierarchies could be retained. His case also reveals the underlying ideology of this perversion: middle-class, white, men were most easily slotted into the role of 'exhibitionists'. Their impoverished, Black counterparts continued to be classed as 'indecent exposers' and imprisoned under vagrancy and indecency laws.

The exhibitionist label was also a convenient diagnosis for the police and jurists. The prognosis of 'cure' was poor (even the most distinguished psychiatrists admitted that they were considerably more skilled at *diagnosing* perversions than *treating* them). Courts, however, were more likely to refer exhibitionists to psychiatric services than other sex offenders. Indecent exposure of male genitalia was consistent with broader norms of masculinity: exhibitionism was constructed as an (active) violation of the (passive) visual field of women and children.

It is also notable that the primacy given to the male sex organ by (male) exhibitionists was mirrored in much of the work by (male) psychiatrists and sexologists. For example, in 1950, Nathan King Rickles published what was to become one of the key textbooks on exhibitionists. It was a psychoanalytical text that viewed exhibitionism as arising from unconscious infantile conflicts especially *vis-á-vis* the mother. Rickles infused exhibitionism with what he called an 'aura of mysticism and magical significance'. He believed that exhibitionists were unconsciously telling their victims that 'This [the penis] is divine. You may look and adore, but you must not touch'. Anthony Storr, author of the influential book *Sexual Deviation* (1964), was more

unkind, claiming that the typical exhibitionist believed that he possessed 'large impressive genitals' and it was 'natural for him to think that women will be impressed by them too'. Regrettably, Storr continued, women tended to 'treat the penis as an organ for use rather than for aesthetic admiration' so were 'seldom as impressed by its magnificence as men would like them to be'. Both Rickles' exaggerated 'divine-penis' story and Storr's more blunt, realist narrative agreed that exhibitionism was a sad perversion. The man who 'symbolically shakes his penis at women as he might shake his fist' (particularly at the symbolically dominating mothers and wives) must always remain alert to possible encroachments into his power. Humiliation always lay in wait.

Sexual Sadism

Discussions about the 'perversion' of exhibitionism were infused with gendered, classed, and raced views about power, humiliation, and the sexed body. These themes were taken to an extreme when we turn to sexual sadism, the 'classic' sexual perversion. In the history of psychiatry, the frequency with which this perversion is discussed is second only to homosexuality. While debates about exhibitionism made distinctions made between 'rogues and vagabonds' (*inadequate* masculinity requiring punishment) and 'perverts' (*insecure* masculinity requiring discipline), the sadist designation revealed disturbing assumptions about the construction of 'normal' versus 'excessive' masculine sexuality.

In *Philosophy in the Bedroom* (1795), the Marquis de Sade reflected on a sexual perversion that (40 years later) was to be named after him: sadism. From its conception, sadism was naturalised as integral to masculinity. 'Cruelty', Sade claimed is 'very far from being a vice' because it is

> *"the first sentiment Nature injects in us all. The infant breaks his toy, bites his nurse's breast, [and] strangles his canary long before he is able to reason."*

While initially insisting that extreme aggression directed towards other people is natural to 'us all', Sade goes on to say that sexual violence is typically wielded by the masculine half of humanity. The 'debility to which Nature condemned women', he observed, 'incontestably proves that the design is for man' who not only 'enjoys his strength' but exercises it 'in all the violent forms that suit him best, by means of tortures, if he be so inclined, or worse'. Sade's explosive depictions of sexual torture in texts such as *Justine* (1791), *Philosophy in the Bedroom* (1795), and *Juliette* (1799) became an 'ism' for the first time in the French text by Pierre Claude Victoire Boiste called *Dictionnaire universel de la langue française, avec le latin et l'étymologies* in 1835. Boiste's dictionary defined 'sadism' as an 'aberration épouvantable de la débauche; système monstrueux et anti-social qui révolte la nature (De Sade, nom propre)'.

However, the person most responsible for popularizing this perversion was 46-year-old Austro-German forensic psychiatrist Richard Von Krafft-Ebing, of whom we have already heard. His book *Psychopathia sexualis* (1886) introduced and disseminated words for the major so-called perversions, including 'exhibitionism', 'sadism', and 'homosexuality'. Between its publication and Krafft-Ebing's death in 1904, *Psychopathia sexualis* went through twelve editions. The latest edition was published in 2011.

The book was not only read by psychiatrists and lawyers, but also the lay-public. Krafft-Ebing had not intended to popularise the term 'sadism'. He was writing for an elite audience and reverted to Latin when approaching anything particularly sexual or gruesome. Even so, many reviewers were disgusted. In 1893, for example, *The British Medical Journal* was sniffy. They admitted that they reviewed the book with great reluctance, questioning whether 'it need have been translated' in the first place. 'Anyone wishing to study the subject might just as well gone to the [German] original', they contended, noting that perhaps the *entire* text should have been rendered in Latin, 'and thus veiled in the decent obscurity of a dead language'. Admittedly, they conceded, 'many morally disgusting subjects… have to be studied by the doctor and by the jurist, but the less such subjects are brought before the public the better'.

What was it that was so disgusting for the editors of *The British Medical Journal*? In part, it was because the volume also dealt with homosexuality. But Krafft-Ebing also broke a formidable taboo in giving a voice to people who revelled in cruel, sadistic behaviours. In his numerous case studies, these 'perverts' can be heard accounting for their deeds, albeit in the language made available by Krafft-Ebing himself.

For Krafft-Ebing, sadists were degenerates, 'psychopathic individuals', or people whose 'defect of moral feeling' allowed normal, masculine, heterosexual cruelty to become 'unbounded'. He argued that 'original ethical defect, hereditary degeneracy, or moral insanity' meant that the male sadist could not master his 'perverse instinct'. Krafft-Ebing illustrated the range of degenerative 'soils' that led to this perversion. Sadists

had mothers who suffered from 'mania menstrualis periodica' or were 'hysterical and neurasthenic'. Their fathers, uncles, or other near relatives were insane, inebriates, syphilitic, epileptic, practised onanism (that is, masturbation), or experienced 'homicidal impulses'. Sadists also exhibited Lombroso-like physical signs of degeneracy, such as being undersized and stooped, having asymmetrical faces, and, as another prominent psychiatrist of the time put it, suffering from speech impediments including finding it 'impossible to say "Methodist Episcopal"'! Indeed, Krafft-Ebing and his followers described sadists in much the same way they characterised exhibitionists and homosexuals.

Crucially, however, Krafft-Ebing regarded sadism as an extension of 'normal' male sexuality. As he put it, sadism is nothing more than 'an excessive and monstrous pathological intensification of phenomena… which accompany the psychical *vita sexualis*, particularly in males'. For him, 'physiological conditions' explain why 'monstrous, sadistic acts' are more common in men than in women. He explained that

> *"In the intercourse of the sexes, the active or aggressive role belongs to man; woman remains passive, defensive. It affords a man great pleasure to win a woman, to conquer her…. Under normal conditions a man meets obstacles which it is his part to overcome, and for which nature has given him an aggressive character. This aggressive character, however, under pathological conditions, may likewise be excessively developed, and express itself in an impulse to seduce absolutely the object of desire, even to destroy or kill it [sic]."*

In sadistic sexual acts, this *normal*, heteromasculine cauldron of passion overheated and exploded, causing 'real injury, wound, or death'. There was a highly racist as well as classed aspect to Krafft-Ebing's notion of the perversion since he believed that cruelty was 'natural to the primitive man' while compassion was 'a secondary manifestation and acquired late' in the 'ascent of *man*kind'.

There are two important components to early psychiatric debates about this perversion. First, sadists were male. The most common statement was that while men possessed an 'inborn sadism', women had an 'inborn masochism'. Second, it was an excess of male *hetero*sexuality. Psychiatric books listed 'sadism' under headings such as 'Heterosexual Anomalies'. It was routinely pointed out that nonhuman males also 'courted' the female of their species aggressively. In Havelock Ellis' *Studies in the Psychology of Sex* (1903), he claimed that pain and sexual excitation were typical in animal courtships, so it was hardly surprising to find it in human male heterosexuality. The authors of books as diverse as Jungian Robert Eisler's *Man Into Wolf: An Anthropological Interpretation of Sadism, Masochism, and Lycanthropy* (1951), sexologist Walter Braun's *The Cruel and the Meek. Aspects of Sadism and Masochism* (1967), and jurists Manfred S. Guttmacher and Henry Weihofen in *Psychiatry and the Law* (1952) noted that male sexuality was aggressive 'throughout the animal world'. This was why 'the human male often shows socially modified sadistic elements in his normal sexual behaviour'. Criminal sadism occurred only when 'this aggressive element becomes abnormally exaggerated'.

When *The British Medical Journal* had originally reviewed *Psychopathia sexualis*, the reviewer concluded by admonishing physicians to ensure that the book was 'not to be left about for general reading'. However, within twenty years of its English translation, sadism had become an everyday word, and, by the Second World War, the perversion called 'sadism' had drifted free from its psychiatric moorings in Krafft-Ebing and what was previous called (very problematically!) lust-murder. The concept was used to refer to everything from the innate sadism of comic books, television programmes, and Hollywood movies to vivisectionists, teachers who resorted to corporal punishment, schoolyard bullies, men who enjoyed hunting, warmongerers, and even nurses. The mid-twentieth century saw a shift from the sadist being identified with degeneracy, to him being portrayed as exhibiting superficial, white-skinned, middle-class ordinariness that masked a vicious nature. In a world reeling from the Second World War, they were the perennial Nazis.

Even within psychiatric circles, sadism was being applied to a vast range of activities. As a diagnostic category, the label 'sadist' was applied to serial rapists, homosexuals, exhibitionists, and masturbators. Psychiatrist used the concept to refer to everything from men with compulsive habits of prowling the street in search of vulnerable women with the aim of mutilating them to adolescent boys ashamed about spontaneous nocturnal emissions. Indeed, at the same time as British newspapers headlined the horrific crimes in 1946 of sadist Neville Heath, a psychiatrist writing under the banner 'A Medical View of Sadism' bundled Heath's atrocities in the same category as bullies who take pleasure in 'teasing little girls'.

Importantly, the psychiatric diagnosis of 'sadism' was increasingly applied to *consensual* S&M practices, not just non-consensual acts of cruelty. A typical example can be seen in James Kiernan's influential article entitled 'Responsibility in Active Algophily' [that is, the sexual enjoyment of inflicting or experiencing pain] and published in *Medicine* in 1903. The article confused consensual sadomasochism with non-consensual,

violent rape. Kiernan observed that

> *"pain, not cruelty, is an essential in this group of manifestations. The masochist, or passive algophilist, desires pain that as a rule must be inflicted with love; the sadist desires to inflict pain, but often seeks that it should be felt as love."*

However, Kiernan was also referring to violent, sex criminals. The lover who desires to give pleasure was made equivalent to the vicious rape-murderer.

This confusion continues to this day. For instance, Carol Anne Davis' *Sadistic Killers. Profiles of Pathological Predators* (2007) states that 'you have to be well fed and comfortably housed before you can begin to feel sexual' but that, today 'even the unemployed sadist has his basic requirements taken care of and can find the energy to lure victim after victim to a secluded forest, safe house [!] or modified van'. Similarly, Jack Levin in *Serial Killers and Sadistic Murderers Up Close and Personal* (2008) explained that 'sadistic media fare' appeals to Americans because they 'want to feel good about themselves'. As in the character of Christian in *Fifty Shades of Grey*, the sexual sadist had become a cultural icon.

This confusion matters because eliding the difference between delight and distress, or between consensual pain and non-consensual suffering, defines the human encounter in terms of only one of the participants: the aggressors. By minimising the harm of sexual cruelty – it is as bad as 'teasing little girls' – it normalises it. Indeed, early psychiatrists regarded sadism as simply part of a continuum of male sexuality.

Homosexuality

In contrast to exhibitionism and sexual sadism, homosexuality is an example of the way people labelled 'perverse' have effectively challenged their status in society. From the nineteenth century, homosexuality had been labelled a 'perversion' (before that it was a sin or evil), believing to be the result of some external 'damage' (such as harmful mothering, inadequate fathering, or intrauterine hormonal exposure) or internal 'defect' (such as inter-generational degeneration or developmental immaturity). In the first DSM – published in 1952 – homosexuality was classed amongst 'sociopathic personality disorders'; in 1968 (DSM-II), it was reclassified within the diagnostic category of 'sexual deviations'. These diagnostic terms were largely based on psychoanalytical theories of sexual development. In a typical statement from the early twentieth century, psychiatrist Karl Menninger argued that homosexuality was evidence of an 'impairment' or 'immature sexuality' due to either 'arrested psychological development or regression'. Such views were used to justify stigmatization, the use of psychopharmaeuticals, electro-convulsive shock treatment, lobotomy, damaging psychoanalysis, and aversion therapy.

This is not the time or place to rehearse the well-known history of psychiatric ideas about the aetiology and treatment of homosexuality – that job has been done exceptionally well by numerous other historians. Rather, I want to suggest that it is interesting to study historical arguments about whether homosexuality is a 'perversion' for what it tells us about successful *resistance* to pathologization. Some of opposition to classing homosexuality as a 'perversion' emerged from scientific research. Particularly important were the works of Alfred Kinsey and Evelyn Hooker. In Kinsey's survey of the sexual habits of 12,000 American men, published as *Sexual Behavior in the Human Male* (1948), at least 37 per cent admitted to have had a homosexual experience as an adult and one-fifth had just as many homosexual as heterosexual encounters. Hooker's research – which met with extreme opposition from the psychiatric establishment – was equally important. She revealed that there were no discernible psychiatric differences between heterosexual and homosexual men when subjected to the Rorschach test, Thematic Apperception Test (TAT), and Make-a-Picture Story (MAPS). It was also no coincidence that the move to de-pathologize homosexuality took place as the APA moved away from psychoanalytic perspectives and towards more biopsychiatic models of psychiatric disorders, a shift that took place between DSM-II and DSM-III.

However, much more significant resistance to homosexuality as a sexual 'perversion' emerged from within lesbian and gay communities. An early example includes the Mattachine Society. In 1955, they published the *Mattachine Review*, which used the research of Hooker to argue against homosexuality being a mental illness. From the 1960s, gay mobilisation grew dramatically, and, by the end of that decade, the Gay Liberation Front and the Stonewall Riots saw protests against pathologization taking a more radical turn. Crucially, these gay activists not only insisted that they were not mentally ill, but they celebrated their sexuality. They were by no means 'distressed' or 'impaired' in social function (which many psychiatrists, including Robert Spitzer, who chaired the Task Force that produced DSM-III in 1980, believed were crucial

in constituting a ‘disorder), and possessed a lay knowledge that trumped so-called scientific expertise.

Gay communities and their supporters threw their energies into the fight to be regarded as ‘normal’, and therefore entitled to the same rights and responsibilities as heterosexuals. Two very different models were adopted. Some gay psychiatrists and psychologists allied themselves with the psychiatric establishment, seeking to provide scientific rejoinders to homophobic ‘science’. They argued that labelling homosexuality a ‘perversion’ was a scientific ‘error’, the reform of which would *strengthen* the power of psychiatry. One unfortunate consequence of the bid for respectability was the distancing of themselves from *other* gender nonconformist communities. For example, during a BBC broadcast in 1966, Barbara Gittings reassured listeners that

> *“There is no evidence that homosexuals wish to cross-dress any more than heterosexuals do. In fact, more transvestites are heterosexual, and they even have their own organizations. Transvestism is a fundamentally different phenomenon from homosexuality and must not be confused with or correlated with homosexuality.”*

Homosexuality was on the ‘normal’ spectrum of human sexuality; trans-people, however, were ‘perverse’.

This was a far cry from the politics of inclusion evoked within the more radical members in the movement. Many activists were profoundly influenced by anti-psychiatry. In 1970 and 1971, these activists used guerrilla, performative tactics to disrupt APA conferences, grabbing microphones and demanding to be heard. One Gay activist entitled a paper he presented at a psychiatric conference, ‘Stop It! You’re Making me Sick!’ Gay activists were also immersed in wider progressive politics. For example, the Chicago Gay Liberation Front made a powerful statement at the Black Panthers’ Revolutionary People’s Constitutional Convention in the 1970s. They maintained that

> *“The American medical profession is irrelevant to the needs of oppressed people…. Because psychiatrists emphasized ‘adjustment’ and conformity rather than liberation, because they tell us to become good citizens rather than good revolutionaries, because they favor individual solutions rather than social change, we recognize that they are not the helpers of homosexuals or any oppressed people, but serve as our oppressors.”*

These radicals were effective. In 1973, a vote by the 10,000 members of the APA decided by a majority of 58 per cent to accept the decision of the APA’s Board of Trustees to remove homosexuality from the manual of psychiatric diagnoses. Was this a revolutionary moment? Even as the activists were celebrating, one gay student in Iowa sneered: ‘Utopia at last!’ The APA ‘has waved its magic wand and cleansed us, oh joy, of our dark and horrible sickness’!

Unfortunately, the AAs decision did not mean that homosexuality was removed entirely from DSM diagnostic categories. After all, the change had nothing to do with ‘scientific evidence’: it was caused by a vote of member’s *beliefs*. Homosexuality continued to be seen as ‘abnormal’. In an official statement in 1973, the APA maintained that

> *“No doubt, homosexual activist groups will claim that psychiatry has at least recognized that homosexuality is as ‘normal’ as heterosexuality. They will be wrong. In removing homosexuality per se from the nomenclature we are only recognizing that by itself homosexuality does not meet the criteria for being considered a psychiatric disorder. We will in no way be aligning ourselves with any particular viewpoint regarding the etiology or desirability of homosexual behaviour.”*

An *Ad Hoc* Committee against the Deletion of Homosexuality was even established within the APA. A new diagnosis called ‘sexual orientation disturbance’ was included in the DSM and then, in 1980, one for ‘ego-dystonic homosexuality’. Seven years later, this was in turn renamed ‘sexual disorder not otherwise specified’. The most recent DSM, which was published in 2013, contained a diagnostic label called ‘gender dysphoria’ for people who were upset by their sexual or gender orientation. In other words, homosexuality had been *reclassified* rather than eradicated altogether. As psychiatrists such as Richard Green have pointed out, if ‘being unhappy while gay’ warranted a diagnostic category, surely too should ‘ego-dystonic *hetero*sexuality’. Homosexuals continued to be pathologised under the ‘gender identity disorders’ and Gay ‘reparative’ or ‘conversion’ therapies, especially for minors, are still carried out.

Conclusion

In this talk, I have focussed on three widely debated and very different ‘perversions’ within nineteenth and twentieth century psychiatry: exhibitionism, sexual sadism, and homosexuality. The categorisations of these sexual acts and identities as ‘perversions’ were important in drawing disciplinary lines between moral, legal, and medical authorities. The label ‘perversion’ bundled together loving relationships (gay and BDSM ones, for example) with acts of extraordinary cruelty. The longevity of these medical characterisations, along with their dissemination through society, exposes the power of stigmatisation and ‘othering’. But it also shows the ability of political actors, in solidarity, to forge more equitable and fulfilling worlds. There was no ‘truth of sex’ or ‘perversion’ to be identified; they were always sustained by webs of knowledge and networks of power. As Pierre Bourdieu put it, ‘Every established order tends to produce… the naturalization of its own arbitrariness’. This is as true of psychiatry as any field of knowledge and draws attention to the need to pay attention to history as well as the political, ideological, and moral authority of psychiatrists and the people they seek to label.

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On the 27th of November 2021, the SHaME team and the WOW Foundation are co-hosting a Shameless! Festival of Activist Against Sexual Violence at the Battersea Arts Centre. The festival will involve charities, artists, leading voices, survivors and wellness practitioners from national, international and grassroots organisations. Ticket holders will be able to explore a day-long programme of talks, workshops, performances and more. Discussions throughout the day will address topics from the normalisation of sexual violence through to the rape myths that have entered the public discourse, consent, everyday triggers and survival. Please join us by registering here: https://shame.bbk.ac.uk/events/shameless-festival-of-activism-against-sexual-violence/.

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