



"Disabling" Femininities, Homosexuality & Eugenics: Modern Swiss Sexualities

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Introduction

During the first half of the twentieth century, eugenics became an increasingly orthodox approach to regulating sexualities across Europe. The making of Swiss Criminal Law during this time was therefore also influenced by eugenic approaches to sexuality, affecting both notions of homosexuality and perceptions of “mentally deficient” people, particularly women. This paper considers how constructions of sexuality, gender and disability intersected with particular fears and anxieties about nation and degeneracy, thereby giving rise to specific notions of citizenship and of belonging to the nation. Demarcating boundaries was crucial to the project of the nation state, not merely in relation to other nations but, more importantly, *within* the nation itself. The paper is divided into three sections: Part 1 looks at constructions of homosexuality under the influence of eugenics in the making of Swiss Criminal Law at the beginning of the twentieth century. Part 2 looks at the intersection between sexuality and “mental deficiency” in what I have termed, “disabling” femininities. Finally, Part 3 seeks to cast a comparative look at the influence of eugenics.

Homosexuality and Eugenics

After 1900, societies in Western Europe were perceived to be undergoing huge social changes which threatened traditional forms of the social order. This threat was partly perceived to invade nation states from the outside through issues of migration encapsulated in the fear of “being swamped by foreigners”. Equally, threatening the social order within, was an upsurge of social problems associated with sexuality and/or gender, such as prostitution, venereal diseases, sexual exuberance, and licentious sexuality, which for some would inevitably serve not only to destabilise the social order but would lead to inefficiency, decay, and degeneracy of the nation. The sexual abstinence model, so long favoured by those trying to contain sexualities, started to increasingly become contested as an effective measure to fight the problems associated with sexuality. Sexual reformist ideas, medicalised concepts of sexualities and a more rational approach to sexuality in general gained more momentum. However, these new conceptualisations of sexualities were merely one perspective and it is not my intention to overemphasise its importance but to draw out its influence.

The beginnings of a eugenic discourse in Switzerland can be located around 1900 although its practices particularly flourished in the inter-war years through issues such as abortion, sterilisation, marriage prohibition and guardianship. The debates about the regulation of same-sex sexual relations, or “unnatural indecency” as it was called, in the unification of Swiss Criminal Law fell precisely into a period when conceptions of sexualities were undergoing changes and intense discussion. And although new explanations about same-sex desire were emerging from the medical sciences and started to get incorporated into legal discourses, the legislators were somewhat slower in accepting the “new scientific evidence” and largely maintained a dualistic explanation of same-sex desire. Although even the most conservative parliamentarians made some concession to the medical view that some same-sex desire was due to “homosexuality”, which they saw as the explanatory concept referring to a hereditary disposition, most of the parliamentarians nevertheless continued to view same-sex relations as a moral aberration which would ‘ruin the character and destroy the moral sense’ not just for the individual concerned but for wider society and consequently the whole nation. The commission’s reporter put it most bluntly when he said that “unnatural indecency” would ‘lead to the degeneration of the nation and to the decay of its strength’ (NR Steno. Bull., 1929: 166). The role of regulation was one of prevention, for the individual as well as for the “social body” of the nation. This concern for the nation was not entirely new to the 1920s, rather the concern for the boundaries of the nation - both biological and moral - had emerged since the 1900s. An earlier version of this argument was put forward in 1913 by the judge and politician Johann Geel who held that ‘if we do not plan punishment for such things we will poison the moral sense of our nation’ (Commission, 1913).

Fierce debate characterised the development of the Criminal Law with regard to whether same-sex sexual relations should be punishable per se and in the end what was deemed punishable was the seduction of a young person between 16 and 20 years by an adult, both for women and men.

This concern with the possible dangers of seduction and the concern with young people was also fuelled by Swiss psychiatrists. Among the three psychiatrists who spoke to the commission of the National Council was Auguste Forel, psychiatrist, sexologist, social reformer, socialist, women’s rights supporter and eugenicist. One of the prominent issues was once again the question whether homosexuality was acquired or congenital and the psychiatrists explained that they distinguished

between “true” (congenital) and “false” (acquired) homosexuality. Forel argued that according to psychiatry the penalisation of “true” homosexuality was futile as it was an abnormal condition. Furthermore, he stressed that homosexuality ought not to be confused with pederasty and that both sexes needed to be treated equally. All three psychiatrists refuted the perception that homosexuality was the result of depraved conduct and stressed that “true homosexuality” was determined by a disposition and presented a constitutional anomaly (Commission, 1929).

Nevertheless, they supported a preventative mechanism where young people and their development was concerned and argued to adopt a proposition which would penalise the seduction of minors which they, like the legislators, perceived as problematic. Intervening in the parliamentary discussion by demanding a hearing the psychiatrists estimated that the occurrence of homosexuality was the same as for epilepsy, that was 0.5%. They furthermore asserted that no increase had been observed despite its increased appearance in the public sphere. Although the psychiatrists made a case for the congenitality of homosexuality they nevertheless left the door open for other interpretations of same-sex relations by distinguishing between “true” and “false” homosexuality. Yet the concern with seduction of youth needs to be understood in relation to another newly emerged scientific discourse, eugenics. Concerned with the “quality management” of the population, eugenic reasons also fed into conceptions of same-sex desire.

Forel, for instance, had argued in his groundbreaking book “The Sexual Question” published in 1905 that marriage was not a cure for homosexuality and that, furthermore, it was not advisable as it made the married partners unhappy and only covered up homosexuality. In addition, homosexual marriages (not contemporary meaning!) only took away good hereditary stock from reproduction. In his book, Forel (1905: 251) argued:

‘As long as homosexual love does not implicate minors it remains rather innocent, because it does not produce any offspring and will therefore become extinguished automatically through the process of selection. When two individuals are adult and consenting, it is certainly less harmful than prostitution, which is legally protected’.

In the text of the law, homosexuality was never mentioned. This was intentional as one of the reasons for exempting adult consenting same-sex behaviour from punishment was the aim to prevent public activism and politicisation similar to how it happened in Germany. The

preservation of Switzerland as a nation “where these things don’t happen” was a major imperative. Eugenic concerns for the biological quality of the nation and religio-moral concerns with the moral quality of the nation thus had an equal interest mapped onto young people’s sexuality which had become a paramount concern in the debates about the regulation of same-sex desire. The language of protection and the concern for boundaries of exclusion were therefore a strand of argument which was equally meaningful to those wanting to preserve the moral boundaries as well as those interested in biological boundaries, that is, eugenics:

‘The purpose of penalisation and the setting of a barrier means [...] the protection of the health and purity of our public life (*Volksleben*). The traffic among same-sexed people is apt to destroy the character and the sense of morality. Surely it is the duty of the state to prevent this. It is the duty of the collective to maintain order. If the aberration spreads more it will lead to the degeneration of the race and to the decay of its strength.’ (Steno. Bull. SR, 1931: 535)

Despite the increasing acceptance of a pathologised explanation of same-sex desire older, more religio-moral explanations continued to exist. This dualist conception of same-sex desire was successfully carried into the discussions of the Swiss Criminal Law. Thus, while the term “homosexuality” had clear medical connotations in the historical configuration of Switzerland around 1930, other explanations for same-sex relations continued to exist and far from being clearly dichotomised, people engaging in same-sex behaviour were indeed conceived of as “thinking queer”.

An overarching concern in the regulation of same-sex desire was an assessment of its danger to wider society. Same-sex relations, despite the gender neutral language implicitly always male, were repeatedly framed as posing a “threat”, “corrupting youth”, and constituting a “social danger”, that is, a danger to society. This danger, I would argue, was a threat to the moral boundaries as well as the biological boundaries of the nation, as in a climate where eugenic concerns were gaining influence, anxieties about future generations of the nation were particularly mapped onto young people and their sexual activities. The three psychiatrists intervening in the parliamentary debate were hugely influential: for one, it was astonishing that they were consulted. Also, all three were outspoken eugenicists and it is not without irony that it

was due to Forel's pragmatic eugenicism that adult consenting same-sex relations were left out of the catalogue of penalisation.

Disabling Femininities

Eugenic fears of criminality and violence, a rising tide of illegitimacy and racial degeneracy coupled with more humanitarian concerns about neglect and abuse of vulnerable individuals also prompted a heightened policy interest in people with learning disabilities at the turn of the twentieth century. The control and management of bodily desires was connected to work efficiency and social hygiene adopted the idea that in addition to physical health it was also thrift, discipline and economic productivity which made up fitness. Laissez-faire politics was dropped in favour of rationalisation on the basis that simple competition alone would not ensure that the most efficient survived, rather population and birth rate needed to be planned and managed by state policy. Thus, women's sexuality was subsumed under an obligation for 'rational, responsible and healthy motherhood', as Bland (Bland 1982) 1982: 373) demonstrated, and 'women were seen as having a *duty* to fulfil their role as "guardians of the race"'. This discourse of responsible motherhood was prevalent across Europe.

For Switzerland, Auguste Forel (1848-1931) presents a key figure in discussing the nexus of health, hygiene and sexuality as his book *The Sexual Question (1905)* was hugely influential. Forel maintained an international network, was a psychiatrist, a brain anatomist and forensic medic, an ant researcher, a social reformer, an alcohol abstinent, socialist, pacifist and a supporter of women's franchise and women's rights. His hagiographic biographies have only recently been challenged and the point has been made that he was also a eugenicist, pioneered racial-hygienic sterilisation of women in 1892 and promoted "rational breeding" (Tanner 1997). Forel subscribed to the dual concept of heredity and environment which, in his eyes, necessitated a double combat consisting of both educational mechanisms and eugenic mechanisms (Preiswerk 1991). While he affirmed the potential of socialisation processes such as education, reintegration, workhouses and the like he also underlined the existence of a dimension which escaped the formative power of society such as hereditary dispositions which only rational human selection could master. Rationalisation of reproduction and sexuality was thus part of the wider modern process of

rationalisation and figures such as Forel were highly critical towards moral appeals which they saw as insufficient in dealing with the problem of drive control.

Forel's influence went beyond Switzerland, his book *The Sexual Question* was translated in many languages and some of those translation introduced the concept of eugenics in other states. His support for women's rights, for instance, was informed with social hygienic ideas as he believed that more rights would make women better judges of sexual partners and the importance of reproduction. He had a strong belief that, if helped along, natural selection would again favour the propagation of the "able, good and healthy". As a socialist Forel's estimate of who was "able, good and healthy" was, however, not based on class but on "worthiness" resulting in a perception of society divided into "biological classes" rather than social classes. Equally, his pacifist stand was linked to his belief in eugenics:

'Wars are a terrible factor in human breeding selection. They outright destroy and mutilate the best in age and quality and leave cripples, sick people and old people alive. Besides, as we have already seen, the soldier is often impaired in his reproductive capacities, particularly qualitatively but also quantitatively, by venereal diseases and alcohol. [...] It is without doubt that wars damage the sexual conditions of people and thus gravely damage not only quantity but also quality of a nation.' (Forel, 1905: 454, my trans.)

By a way a short summary only one canton in Switzerland, notably Forel's canton of origin, knew a legal basis for sterilisation since 1928. Although for the fifty years during which this law was in place "only" 187 forced sterilisations were carried out, contrasted by some 480 sterilisations 1929 and 1931 in Zürich which never passed any legislation. Indeed, a legal basis was highly contested among psychiatrists and most preferred being left to their own devices. In fact, the absence of legal provisions proved more useful to psychiatrists in maintaining their role as "gatekeepers" of female sexuality without the bureaucracy involved of making applications. This presents a dilemma for the usual distinction between forced sterilisation and voluntary sterilisation: although the principle of voluntariness was maintained with regard to sterilisation in all cantons except Vaud, records and testimonies from medics show that women were often presented with a choice between sterilisation or referral to a workhouse, or with the threat that their poor relief would be withdrawn, that an abortion would only be carried out if women agreed to a "voluntary" sterilisation (Wecker 1998) or leave from an institution would only be granted

upon “voluntarily agreeing” to a sterilisation. Equally, access to abortion was also firmly in the hands of psychiatrists as two medical assessments were, until this year in fact, required to obtain an abortion. Thus, it can be debated which places were more detrimental to people’s, and particularly women’s, individual rights – those with a legal basis for sterilisation or those without.

Most women who were sterilised came to the attention of welfare authorities and psychiatrists in connection with illegitimate pregnancies or unlawful conduct (Grossenreiter 1994). Women were more likely to get into the machinery of welfare authorities and psychiatric care on the basis of their sexual comportment and prostitutes could legally be referred to psychiatric care when picked up. Furthermore, there was a preconception that “feeble-mindedness” was easier inherited in women than in men and there was a widespread belief beyond the realm of psychiatry that many prostitutes were inclined to pathologies. Indeed, Eugen Bleuler, Forel’s successor, maintained that the term “mental illness” was not a medical term but a social term which rendered the holder socially (and economically) incapable (Grossenreiter 1995). All in all, uncontrollable sexuality and illegitimate pregnancies could be quite enough for severe intervention.

The most named reason for assessing women’s “deviance” was “sexual unsteadiness”, a characteristic that was perceived to be contrary to the economic and social purpose of women’s reproductive capacities, their housekeeping duties and their child rearing duties. In a society dominated by rigid moral norms and conceptions of female sexuality as passive it was easy to depart from the norm, particularly for working class women. A recent study of the Vaudois sterilisation law supports the view that the conception and utilisation of the law was a form of sexual regulation of women whose comportment seemed inadequate. Boundaries between undesirable comportment and illness such as alcoholism, unsteadiness, sexual licentiousness, dissoluteness and squandermania were often as blurred as boundaries between being socially conspicuous and “feeble-minded”. But whereas the boundaries between diagnosis and moral values was fluid at best then in the concept of “moral feeble-mindedness” they were completely dissolved. Thus “feeble-mindedness” could mean any derivation from normative femininity. Invested with ascertaining the boundaries of health psychiatrists consolidated their role as

“gatekeepers” of “healthy femininities” and “disabling femininities”, as I have come to call them, and they took on the role of “protecting” those individuals from themselves and wider society from them.

A proposition to introduce a law on sterilisation on a national basis into Criminal Law was rejected in 1910 and never appeared again. This was in part because not all eugenicists were in favour of compulsory sterilisation as it contradicted the conception of individual rights, which after all was also inscribed into Swiss laws. But on the other hand, some argued that a legal basis was not really necessary as they could work far more effectively without the bureaucracy involved in official applications and also because women could, quite effectively, be persuaded to agree to voluntary sterilisations. Although the issue of sterilisation often acclaims priority when looking at eugenics, there were, in fact many social technologies available to those interested in eugenics. Swiss Civil Law of 1912 also provided some mechanisms for regulating the “mentally deficient” by prohibiting marriage and opening up options of guardianship. The Swiss Criminal Law also included two articles regulating sexual relations with “mentally deficient”, particularly women, and although this was also guided by a desire to protect, it had also much to do with a desire to control sexual relations between those deemed “healthy” and those deemed “unfit”. Although it was acknowledged by eugenicists that neither the prohibition to marry for the mentally deficient nor the threat of penalisation was necessarily an effective measure to exclude these groups from reproducing, they were measures playing a part towards building a better and less hereditarily diseased society.

A Brief Comparison

Eugenics has been an orthodox discourse in many countries after 1900 and rather than being identified exclusively with National-Socialism and its atrocities eugenics has found its way into numerous legal frameworks and social policies. Seen as a social technology capable of solving the social problems prevalent at the time, eugenics equally an attraction for welfare states interested in social efficiency. Thus, between 1929 and 1938 many states introduced legislation on sterilisation including Denmark (1929), Sweden (1934), Norway (1834) and Finland (1935) (Broberg 1996). Yet, application and targets were uneven and the implementation of eugenic

thinking differed significantly in some countries, different ethnic minorities were targeted such as gypsies in Switzerland, whereas the US focused strongly on Mediterranean races. US immigration policies, for instance, prompted fierce criticism from the French speaking legislators of the Vaudois sterilisation law calling it unjust, most likely because it was too close to the bone. Thus, the ways in which eugenics as a scientific discipline was translated into politics was arbitrary, dependent on local, regional or national pre-existing concerns and shaped by other agendas as well. In some places (Denmark) was used in relation to sexual offenders as well as varying forms of mental illness. Practice of vasectomies as form of sexual regulation for sexual offenders were also practiced albeit not necessarily as state or institutional policies. Whilst international histories of sterilisation have been appearing more widely, the connotation with sexuality and its regulation is not always explicit. Categories of mental deficiency were often moral and social categories rather than biological categories and, as the Swiss example shows, feeble-mindedness was often connotated with excessive or inappropriate sexuality. Eugenic thinking in that respect offered a rationalised way of regulating particularly female sexualities whilst also justifying intervention. Despite putting the collective interest before individual rights eugenics, particularly positive eugenics, framed sexuality as a rational affair framing female sexuality in terms of a discourse of “responsible motherhood”.

Divided into a positive and a negative strand, eugenics has influenced areas of policy making such as immigration laws, naturalisation, guardianship, marriage through issues such as marriage counselling, birth control, abortion, marriage certificates. But also “fitter family” competition, family allowances or urban planning such as *cite-jardins* in Belgium (housing estate for young healthy families wishing to raise their offspring in healthy, moral environment) (Missa 1999). Then of course, there were the interventionist measures such as institutionalisation, sterilisation and euthanasia. However, international comparison largely lag behind when it comes to positive eugenic measures, partly because no consensus seems possible as to broad to draw the boundaries of eugenic thinking. When it comes to family politics, for instance, it is much harder to draw out discernible eugenic thinking.

Conclusion

Rather than a conclusion I want to leave you with some afterthoughts on what the history of eugenics has possibly to do with contemporary and future sexual politics. Whilst the international picture and widespread appliance of eugenic politics is still being worked upon, we are faced with new technologies and a widespread belief in these technologies – that is some forms of genetic engineering. The field of genetics is predicted to be one of the main vectors for social change in Western societies over the next few decades. The challenges presented by these changes will provide an important focus for state regulation and emerging policies. The impact of this on sexuality, culture and identity may be as great as that of that of genetics' historical predecessor, eugenics. Genetics has the potential to rationalise the management and reproduction of sexuality in a similar way as eugenics had in the last century. Whilst there are clearly many differences and we need to be aware of the discontinuities between eugenics and the new human genetics. Nevertheless, taking the social and political implications of eugenics on sexuality in the twentieth century, we may want to ask how genetics has the potential to be normative in the area of sexuality and what challenges this may pose to queer studies in the twenty-first century. Should queer studies occupy itself with the way in which sexuality and genetics will be linked through policy programmes, legal regulation and ethical debates? What is the genetic 'imagination' and how could it possibly impact on queer studies? What political communities and strategies will be open to queer studies and which strategies will be impossible? What and who is included and excluded from genetically informed social policies on sexuality?

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