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## 'Against the Dignity of Man': Sexology Constructing Deviance During 'Normalisation' in Czechoslovakia

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### Introduction

Normalisation is the official name for the period following the failure of Czechoslovakia's Prague Spring of 1968, which had a tangible impact on the ways in which citizens were able to identify and express their sexuality. The 1960s were a time of changing political climate not only in Western Europe and the United States, but also in some Soviet 'satellites'. In Czechoslovakia, calls for reform and political emancipation went hand in hand with cultural awakening and artistic experimentation. The prevailing political effort was to 'humanise' socialism and steer it away from rigid post-Stalinism. This social upheaval and hopeful anticipation culminated in the Prague Spring; however, the Soviet tanks came on 21 August 1968 and quashed the hopes of millions of people wishing to live under 'socialism with human face' (Křen, 2005). A reconstructed political cadre came to power with a new slogan – 'the normalization of conditions' (Křen, 2005). Its aim was to eradicate any opposition and extinguish any spark of revolt. The regime oscillated on 'the border between authoritarianism and (exhausted) totalitarianism' (Křen, 2005: 874), requiring conformity from its citizens and their political obedience.

The re-established communist order enforced a regimentation of public life that encouraged retreat into private life. Contrary to the previous decades, active participation and belief in communism were no longer expected, it sufficed not to protest and to blend into the crowd. Citizens were to become uniform and deviation from the norm was not tolerated (Holý, 2001: 21). This social contract was 'based on (mutual) hypocrisy and lies' (Křen, 2005: 875). The emerging atmosphere of normalisation, characterised by stillness and hopelessness, and described as 'the Eastern iceberg, because life in those countries was ossified and motionless and as if frozen' (Ouředník, 2006: 68), lasted with only few changes until November 1989.



Various scholars have since analysed what was happening politically in this time period (Kaplan, 1993; Vykoukal, Litera and Tejchman, 2000; Holý, 2001; Křen, 2005); activities of protest have been well documented by historians, there are oral histories of key political figures, dissenters as well as those persecuted by the regime in their everyday lives.<sup>1</sup> Interestingly, what is absent are analyses of the scholarly disciplines, especially those pertaining to the everyday lives of people. Two decades after the regime change, we still lack accounts of how science functioned in communist society, particularly a science directly affecting one of the most intimate areas of people's lives – that of sexuality. This absence can be partially explained by the fact that communist power curtailed science and research with the exception of deploying it to serve the needs of the Party and the state.

Today it might seem that 'communist' scholarship would simplistically mirror the Party line, resulting in superficial and thus analytically uninteresting research. These days normalisation is customarily presented as 'the Eastern iceberg' – a period in which nothing changed, social life – including science – stood still and was limited to mere reproduction. I want to challenge this view. Unlike disciplines studying people and their relationships that were banned or severely restricted, such as sociology or philosophy, sexology enjoyed a special status under communism. Never banned by the Party, sexology continued to exist throughout the whole communist period. However, the object of its study invoked a certain marginalisation; since its beginnings in the nineteenth century, sexology was at risk of being ridiculed both for its 'lowly' object and exclusion from public understanding and scrutiny via its inaccessible language (Weeks, 1985). The combination of official tolerance and relative obscurity created a niche that granted sexology not only uninterrupted development but even space for the formation of a field relatively free of constraining oversight.

In this chapter, I will analyse sexological texts written and published during 'normalisation' (1969–89). My aim is to juxtapose *normalisation* as a historical era with the scientific understanding of its opposite, *deviance*. Analysing the discursive renderings of sexual deviance as articulated by the discipline of sexology, I will explore the ways in which sexual (and implicitly gender) normalcy was constructed. Also, I hope to capture tensions between the categories of the normal and deviant and its presence and absence in Czechoslovak sexological discourse.

I ask the following questions: What kinds of sexual practices and gender identities did Czechoslovak sexology diagnose as pathological or deviant,<sup>2</sup> and what forms were deemed normal? How stable were the categories of normal and deviant? What deviant sexualities were rendered visible by sexological accounts? What was the supposed origin and genealogy of deviance? What was the role of the family in the genealogy and definition of deviance? What attributes were ascribed to deviants beside non-normative sexual practices? How was gender understood and connected with deviance?



What was the extent of sexology's disciplining drive? And to what extent did it allow for agency, reflexivity and change? These issues have remained unexplored, to the detriment of understanding the specificities of discursive constructions of gender and sexuality in the Eastern European context. My chapter thus attempts to redress Western-oriented scholarship and suggest possible queering moments in sexology, which is usually understood as a disciplining force. However, the normalising drive of sexology seems to be strengthened by the fact that the discipline analysed here operated under an authoritative regime.

## Framing sexology

Western sociological research into sexology has shown the great extent to which sexuality is a product of sexological discourse (Weeks, 1985, 2003; Hall, 1995; Bland, 1995; Bland and Doane, 1998a/b; Duggan, 2000; Oosterhuis, 2000; Irvine, 2005; Marcus, 2007; Bauer, 2009). This stream of thinking follows Foucault's analysis to explore the key concepts of disciplining, regulation and governmentality asserting itself via the proliferation of discourses on sex in the Western regime of *scientia sexualis* (Foucault, 1980) – which is in fact sexology and the neighbouring disciplines of forensic medicine and psychiatry.

My chapter is informed by a Foucauldian approach and by the work of Judith Butler. It is her focus on the axes of sex-gender-desire (Butler, 1990) that structures my analysis of sexological disquisitions written during the last two decades of state-socialist Czechoslovakia. Butler pointed out the quintessential connectedness of socially intelligible subjects, heterosexual men and women, with the heteronormative status quo based on the socially regulated family (i.e. Butler, 1997). Guided by her 'question of how normative sexuality is reproduced to the queer question of how that very normativity is confounded by the non-normative sexualities' (Butler, 1997: 272), I want to challenge the seamless equation between normal and heterosexual on the one hand, and non-normal and non-heterosexual on the other. I suggest that exploring deviant heterosexualities, as captured by the sexological pen, might bring new insights into the construction of sex-gender-desire and subvert an easy alliance between family-normal-heterosexual.

Sociologists and historians of sexuality tend to agree that sexology reasserted the modernist notion of difference defining people as varying in their anatomy, physiology and intellect (Oosterhuis, 2000) and linking this difference, as along with sexuality, to biological imperatives (Weeks, 2003). It was the Darwinian paradigm shift that 'encouraged the search for the animal in man, and found it in his sex' (Weeks, 2003: 43). The sexual and the biological were thus inextricably linked, finding their expression and codification in sexology. Contrary to this established understanding, I argue that the Czechoslovak sexology during normalisation identified social



phenomena rather than biology as underpinning sexuality, especially in its deviant forms.

The discipline of sexology has constituted an unusually strong tradition in the Czechoslovak republic. The Sexological Institute has been an integral part of Charles University's Medical School in Prague. It was founded as the first university-based sexological department in the world in 1921.<sup>3</sup> Sexologist Raboch, however, claimed that the institute was founded after World War II 'as a manifestation of the progressiveness of our socialist society' (Raboch, 1977: 227). As much as the 'true' origins of the Sexological Institute are unclear, it seems that sexology during normalisation was reluctant to attribute its own genealogy to the democratic First Republic<sup>4</sup> but rather professed itself a component of a communist system. This nevertheless attests to the willingness of the official discourse to include sexology in its tradition. As a result of the East/West divide after World War II, Czechoslovak sexology was to a large degree cut off from discussions and developments occurring within Western sexology and related disciplines. Up until the present, however, there is no analysis of its operation.

Sexology in Czechoslovakia did not vanish. Compared to other disciplines studying people, it even flourished. In my analysis, I will focus on scholarly presentations from annual Sexological society conferences and on transcripts of sexological scholarly gatherings from the normalisation period (1969–89). The chief reason for choosing these kinds of materials instead of books was their semi-official character. In the Janus-faced society of normalisation, where nearly everything and everyone had their 'official' non-contradictory side as well as the 'unofficial' one, I believe more candid insights and open discussions can be found in materials meant only for internal purposes. I unearthed these documents in the archive of the Sexological Institute in Prague. They are not available in libraries – not intended for the public eye they were published in small mimeograph prints of about 500 copies, typed on typewriters. These edited volumes ('sborník') published from 1978–87 (analysing 'cases' and 'data' since the early 1970s) consist of short conference papers given by sexologists as well as psychiatrists, psychologists and forensic scientists. Especially invaluable were the literal transcripts of discussions among presenters included in some of the volumes. Virtually all the authoritative figures speaking (and writing) during this period here are sexologists and psychologists who are still influential today – publishing medical textbooks and often quoted in the popular media.

These volumes cover a wide range of topics from fertility disorders and their cure, teenage sexuality, sex education, contraception and abortion, venereal diseases, victimology in case of sexual offences, orgasm in women, sexual performance disorders in men, to minority sexualities such as homosexuality, transsexualism, sexuality of the mentally ill and sexual pathology and deviance. I will focus on those papers discussing deviance in all its forms.<sup>5</sup>



To make sense of the written sexological texts, I will use the methods of discourse analysis. The discursive approach works on the assumption that language does not mirror some outside-existing reality but that it productively constitutes reality; a methodological approach in line with the post-structuralist theories of Foucault and Butler. Discursive methods focus on structures of meaning – the forms, orders and patterns – present in a text, to reveal meaning-making processes and offer rich interpretations (Jaworski and Coupland, 1999).

## Understanding deviation and the norm

Sexology was founded in the nineteenth century as a medico-forensic science,<sup>6</sup> and close cooperation between sexologists, forensic scientists, criminologists and psychiatrists was still visible at sexological conferences during the period analysed. Presenters often discussed deviance in terms of various sexual ‘state of facts’ that resulted in varying legal qualifications. Typically, sexual offences belonged to the category ‘against the dignity of man’ (Máthé, 1982: 39). However, other legal framings were used in communist law, ranging from infringement of personal liberty through disorderly conduct to disruption of socialist relations. Thus non-conforming sexual acts were deemed as aimed against individuals (and against oneself) sometimes the communist legal system identified them as directed against the whole of society.<sup>7</sup>

Sexologists during normalisation seemed to be aware of the social forces forming sexualities. The sexologist Kočiš in his paper ‘Evaluating sexual delinquents’ states that: ‘The perception of sexual delinquency is in every society burdened by a disorganised web of fixed and flexible attitudes, values and norms. The perpetrator of such criminal acts arouses different attitudes in society compared to perpetrators of other offences. Every sexual delinquent is understood as a manifestation of deep alienation from social norms’ (Kočiš, 1982: 15). Similarly the psychiatrists Molčan and Žucha claim ‘such manifestations are deviant which psychogeneity is almost exclusive’ (Molčan and Žucha, 1982: 395). These authors thus identify social, mostly changeable phenomena as constructing a sexually deviant act. Placing deviance fully in the social and mental realm contradicts the established sociological perception of sexology as deeply rooted in biology. Weeks in his analysis of sexology unequivocally claims that ‘sexual theorists adopt[ed] a firmly essentialist idea of sexuality’ (Weeks, 1985: 80) while ‘their achievement has been to *naturalise* sexual patterns and identities’ (ibid., italics in original).

The normative social fabric defining deviance is difficult to navigate, especially for the expert. As Kočiš explains: ‘On a daily basis while creating expertise, we get into situations when we have to – not only for ourselves but also for other experts – time and again define basic psychopathological



terms, examine the concepts of psychopathological, psychiatric and sexological theories. [...] Nowhere are the borders between health and illness, norm and abnormality so indistinct where the medical and especially social consequences of expert diagnosis so grave as in these cases' (Kočiš, 1982: 16). Sexological evaluation is perceived as fluid, constantly (re)defining its own apparatus. These shifting grounds, though, have serious consequences for the diagnosed person. Often, Kočiš says, 'the expertise reflects the ideology of the expert' (Kočiš, 1982: 20) and is filled with prejudices, moralising and pseudo-theories. Moreover, the situation is difficult for the expert himself as he encounters problems that question his competence and pose a high risk of misdiagnosis. Medical experts in court often discuss 'problems and conflicts that should be dealt with on an academic level, in a small circle of experts' (Kočiš, 1982: 16). Despite such diagnostic errors and even pseudoscience, the legitimacy of sexological experts was not being doubted. Despite terminological fluidity, misgivings were to be covered and debated out of the public view. Sexology thus posed the potential to disrupt the normalisation order by shifting its own apparatus, with repercussions for the legal apparatus. This possibility is, however, limited by the closeted operations characteristic of sexology as a discipline.

The expert scientific methods of sexology replaced the guilt and absolution of religion as the chief authority deciding the truth and being of subjects (Foucault, 1980). However, Czechoslovak sexologists realised that medical diagnosis to a large extent exonerated the deviant— it is not his fault, he is ill. Instead of imprisonment, protective treatment of deviants was often ordered in specialised psychiatric facilities. In many of these cases, sexologists deemed the treatment inefficient. It led some of them to re-introduce guilt (and the subsequent need for punishment) into sexological lexicon: 'Taking away the experience of guilt leads inevitably to relapse and closes the way to correction' (Hubálek and Zimanová, 1982). Moreover, exculpation brings about 'the feeling of victory over authority' (ibid.) which is uncalled for, especially in an authoritative society such as normalisation Czechoslovakia. Disease is faultless; breaching human dignity by sexual deviance was to be viewed as a moral issue that must not go unpunished. In another register, guilt is connected to confession. Foucault (1980) translates the Christian logic of guilt-confession-absolution to modern Western *scientia sexualis* where it functions as guilt-confession-truth. Where Foucault presupposes disciplination through the truth of sex, normalisation sexologists called for the ultimate disciplining through imprisonment. Sentenced sexual deviants whose conduct was deemed dangerous or simply objectionable were institutionalised in psychiatric facilities. The duration of their sojourn was unlimited and their treatment fully in the hands of psychiatrists (Hubálek and Zimanová, 1978) who were explicitly aware of their disciplining power: 'The situation resembles that of a pediatrician's waiting room: the patient is not expecting efficient help, someone more powerful



in a white coat is about to dispose with his time and body' (Brichcín and Hubálek, 1987, unp).

However typically referring to particular diagnoses and legal 'state of facts', deviance is occasionally expanded to include non-normative lives such as those of unmarried lone men. Normalcy, abnormality and deviance merge and diverge in the following discussion (Sborník, 1985: 149–155) of a paper by the psychologist Tichá on the lives of men who live alone (Tichá, 1985):

- Zvěřina: We always a priori suspect these lone men of deviancy. Well, it might not be right to a priori suspect deviancy. But when a man is older than 30 and is alone, then we have to first exclude deviancy. [...] I don't know what the percentage is, it is probably complicated, but certainly there are deviants.
- Finková: But there are divorced, not only single men?
- Zvěřina: Yeah, I get that, well but a divorced man, he is a guy who has problems ...
- [Bohumila] Tichá: [...] I would like to react to the question if they are deviant or not. This is not – Věra is shaking her head at me and I am not sure exactly why?
- [Věra] Capponi: ... they are weird.
- Tichá: I, they are weird. Well, they are, there is something else. I work in counseling, I don't work with pathology much. I don't mean that the people wouldn't be weird but I don't work with pathology in my own thinking. [...] And that they are not having intercourse, well it needs to be said there is a great level of identification with the mother's view that sometimes almost feels like these guys are homosexual. When I started doing the get-together dancing lessons I felt like there were 90% latent homosexuals and these are usually guys fixated on their mother. Věra, you are shaking your head again?  
[...]
- Capponi: ... but I'm afraid, Bohumila, that there is some deviant focus in many of them – or more or less we should work therapeutically with them in the sense that loneliness is not a defect, that it's not a disease.

The statements of each discussant in this exchange shift from refusing abnormality (of lone men) to suggesting their deviance, or the other way around. None are unambiguous in their diagnosis. The sexologist Zvěřina starts by questioning the sexological practice of assuming deviance in lone men only to finish by surmising their deviance, even in those who had not



been alone all their lives. The psychologist Tichá, who presented the paper on lone men, strives to defend the normalcy of such men only to then slip into admitting her presumption of these 'weird' men's homosexuality, thus equating homosexuality with deviance. The psychologist Capponi fervently counters Tichá's belief in her subjects' normalcy but ends equivocally by suggesting that they are not deviant or pathological. Ambiguity thus seems to be the defining feature of these sexologists' attempts at defining deviance. The ambiguity is even stronger in efforts to delineate the border between deviance and aggression.

### **Deviance, aggression and its significance**

Sexually deviant behaviour equals neither sexual deviation nor psychological disorder: there are various ways in which sexologists approach deviation. Kočiš (1982: 18) muses:

Considering the increasing dissonance between the experiential and reproductive character of sexuality, we can recognise as normal, from a biological as well as medical perspective, such sexual behavior which aims at the mutual satisfaction of consenting mature individuals of the opposite sex. Sexual conduct labeled as normal in this way has prevailed in all known cultures. [...] Sexual conduct labeled as normal has an advantage over other forms of sexual conduct for biological reasons – it contributes to procreation.

This definition starts out very open-minded, reflecting the non-reproductive character of most sexual encounters and stressing mutuality and satisfaction as key factors. The legitimacy of normalcy defined this way is confirmed by biology and medicine – interestingly, biology functions to define the normal while pathology is defined through the social, as shown previously. However, the inclusiveness of normalcy under this definition is breached by the invocation of heteronormativity. Kočiš contradicts his opening 'sex is for pleasure' by concluding that 'sex is for reproduction'.

Deviance is often conflated with aggression; aggression can be both deviant as well as non-deviant. Sexologists Zvěřina and Pondělíčková open their paper 'Diagnosis of sexual deviance in sexual aggressors' (Zvěřina and Pondělíčková, 1982) by stressing the importance of distinguishing between 'true sadists' and 'pathological sexual aggressors'. The authors analysed 264 forensic evaluations made throughout the 60s and 70s by 11 sexologists. The diagnosis of sexual deviance was made in 74 men; this number includes both 'sadists' as well as the 'pathologically aggressive' because 'both terms are used in insufficiently unified meanings and both essentially mean the same as the sexual motivation of an examined man is deviant, that is qualitatively changed' (ibid.). The authors thus effectively undermined their



opening statement insisting on the necessity of distinction. Moreover, they found that the diagnosis of sexual deviance varies widely with various forensic scientists – it ranged from 15 to 77%. The authors, puzzled by the dispersion in expert evaluations, attribute this disparity to the lack of a unanimous definition of sexual deviance. The (il)logic comes full circle.

Sexologists present some characteristics distinguishing sexual deviants from non-deviant sexual aggressors. The authors mention their age first. Deviants were younger, mostly in their twenties. That would suggest that deviance disappears later in life. The authors state that 'the third decennium is the time when socio-sexual defectiveness peaks' (ibid.). Sexual deviance is thus not a lifelong defect but is 'somehow connected to the process of socio-sexual maturation in men' (ibid.).

The generic anticipation of violence in men combined with their perceived lustfulness offers itself as an explanation for both sexual excessiveness as well as sexual aggression. As such, sexual deviancy in young men is not disruptive to social order but rather quite affirmative of it in its re-enactment of the already expected (especially since it will pass with time). Normative gender characteristics of masculinity are diagnosed here as deviant. In Butlerian terms, male sex combined with pronounced masculine gender characteristics brings about, surprisingly, deviant desire. The only redeeming feature of this combination is its transitory character.

While age is the first characteristic of a deviant, according to sexologists there is another, possibly age-related: the deviant's partnership status. Deviants did not have a partner and were deemed more inept in their relationships with women. Having a partner is considered a sign of normalcy, connecting (normal) sexuality with (possible) procreation. And the proper scene for normal procreative sexuality is the family.

### **It's all in the family**

In search of etiology, the deviant's family of origin is primarily identified as the culprit. Again, it was not biological characteristics that were examined but exclusively the social attributes of the deviant. According to Brichcín and Koubek (Brichcín and Koubek, 1982), aggressive non-deviants typically grew up in a family with an aggressive and alcoholic father, generally from the lower echelons of society. Deviants were dominated by a hostile mother as children while their father was weak or missing. Similarly Drdková identifies the 'incomplete and dysfunctional family' as the cause of deviance, namely 'exhibitionism, pedophilia and homosexuality' (Drdková, 1987). Parents of future deviants had somatic diseases; over 80% of them completed only primary school and 9% had been prosecuted and charged with criminal offences. Fathers often had a mental diagnosis and suffered from alcoholism while mothers were 'benevolent and inconsistent in their upbringing' or raised children alone (ibid.).



Deviance develops when the gendered and heteronormative assumptions of the two-parent family characterised by a feminine woman and masculine man are disrupted. Deviance can be triggered by a family where the sex and gender attributes of parents are mismatched. The unhealthiness of such conditions is underscored by illness and criminality, connoting the undesirable. Yet, as with aggressive deviants whose sex-gender characteristics were excessive/hyperbolised, sexual non-normalcy might develop from a mixture where parental sex-gender features line up and even are exaggerated.

'Normal' family of origin is believed to foreground the future normalcy of an individual. The psychologist Weiss and sexologists Hubálek and Zimanová (Weiss, Hubálek and Zimanová, 1985) stress the role of the father. Their sample of 100 patients hospitalised in the sexological ward of the psychiatric facility in Horní Beřkovice between 1976 and 1981 was divided into three groups: patients who grew up in a complete family, patients with an alcoholic father, and patients without a father. The second and third groups constituted 18 and 16% respectively, which the authors sum up as 44%. Despite the authors' claim, this number in fact indicates that more than half of their patients come out of families that conform to the norm of 'complete', without a problematic father figure. This inconsistency goes unnoticed and unresolved by the authors. They admit not being able to identify 'the specific pathogenic mechanism' (ibid.: 133) distinguishing between those who grow up healthy despite their 'maladapted' family of origin and those who do not. Zimanová, Weiss and Fuka point out the 'mutual interaction of both sexes in family life' (Zimanová, Weiss and Fuka, 1985: 137) as the main condition for 'healthy sexual development' since children tend to reproduce their parents' marriage model in their own future families.

This concept of mimetic heteronormativity functions solely to reproduce the norm discursively, as it explains neither why there are 'deviants' brought up in 'normal' families, nor why there are 'normal, healthy' individuals brought up in 'maladapted, dysfunctional' families. As in the previous study, the authors assert 'up to 50% of sexual delinquents come out of divorced or incomplete families' (Zimanová, Weiss and Fuka, 1985: 137). However high this proportion might seem, the chances of future sexual distortions still resemble those of a coin flip.

Moreover, the authors linked the level of family pathology to particular diagnoses. Exhibitionists, heterosexual paedophiles and sexual aggressors show the lowest levels of family pathology while 'a group of homosexual individuals comes out of this comparison as significantly worse in all observed factors' (Zimanová, Weiss and Fuka, 1985: 138).<sup>8</sup> Decidedly worst are homosexual paedophiles deviating both in sex as well as age of their preferred object. Whatever the criteria for their deviance acceptability scale, it betrays the authors' heteronormativity. Only in a heterosexually-centered universe can aggressors and paedophiles (as long as they are heterosexually oriented) score better than homosexuals (irrespective of their age



preference). Family distortion, possibly alongside the axes of sex and gender, instigates deviant desire in children. The deeper the distortion, the further away it pushes one from the hetero-centre.

The psychologists Plaňava, Capponi and Weiss discussed the topics of nature vs. nurture and (dys)functional families. Plaňava challenged the 'linear and mono-causal model' (ibid.: 149) of the absent father model presented by Weiss, Hubálek and Zimanová. He deems it both well-known as well as insufficient, lacking any role for the mother and the individual himself in the explanation. Having disclaimed the mono-causal social model, he concludes his exposé by reasserting the biological one, asking 'to what extent the deep delinquency of the father transfers genetically' (ibid.: 150). Biology as referred to by Plaňava implies inevitability as did the social causation model presented originally by Weiss,<sup>9</sup> Hubálek and Zimanová. The psychologist Capponi also disagrees with the father-son social transfer claiming that dysfunctional and incomplete families are not synonymous. She claims 'divorced families adapted [to the new situation] are actually of the same quality as the harmonious families. And I am afraid it is so' (ibid.: 150). Although manifestly disproving the good-evil binary of complete/harmonious-incomplete/dysfunctional, Capponi tacitly reinforces the two-parent married family model by signifying the undivorced families as harmonious as well as by sighing at the end of her contribution. Capponi attributes this otherwise 'completely abandoned model [of father-son social transfer] as valid especially in very low and socially pathological groups in the population' (ibid.). Weiss accepts his colleagues' comments limiting the explanatory power of his original model: 'Essentially, it is proven they fail but we cannot say in what realm the failure will take place' (ibid.). Stereotypical genealogies of abnormality (linearity, biology, incomplete unhealthy family) are challenged and even abandoned in favour of unaccustomed ones (complex causation, social factors and new family models). Despite these innovations, the discursive constructions of sexologists reveal an undying effort to reach definitive answers, which would work with the force of gravity. Their cursory remarks hint at the impossibility of this task.

## Sex, gender and normativity

In the psychiatric hospital Horní Beřkovice, there were 87 men diagnosed with sexual deviance who were institutionalised consecutively between 1975 and 1978. Among them, there were heterosexual paedophiles, exhibitionists, homosexual paedophiles, sexual aggressors, fetishists and '4% of atypical deviant behavior'. Hubálek and Zimanová describe their inmates: 'Their defective sexual behavior is usually the only obvious pathological element in their personality and thus out of all diagnostic groups of patients treated by psychiatry they externally come nearest the norm' (Hubálek and Zimanová, 1978). The line between normalcy and deviance is precarious



and remains invisible outside the context of sexual conduct. Doctors thus support their diagnoses with observations unrelated to sex:

Regarding their value system, they are as a group more conservative compared to their peers; they usually maintain the value system of their parents' generation. They come from disharmonic families, an absent father authority in their upbringing is prevalent. [...] Overall, the behavior of these patients is shifted towards infantility and femininity.

(*ibid.*)

The sexual pathology of these incarcerated men manifests as gender deviance. Since desire does not offer itself for immediate inspection, it is gender as its stand-in that is examined by sexologists. Desire can be substituted for gender as long as it is expected that sex, gender and desire are linked in a binary fashion, allowing for only two distinct and obvious outcomes: feminine women and masculine men desiring the opposite sex. It is femininity that is indicted in the cases of these sexually deviant men: beginning with the predominant mother figure in their childhoods, who is implicitly blamed for their future failure, and represented by their own femininity in adulthood.

Similarly, deviants' gender deviance shapes their partner relationships (Weiss and Zimanová, 1984). The authors, to their surprise, found that the marriages of deviants are stronger and more permanent than those of the 'normal population' (*ibid.*: 156). Their original explanation was 'pathological equilibrium' of the couple or a 'social or other handicap of the wife' (*ibid.*). Next the authors decided to study the wives more thoroughly and applied a 'role in/consistency test' based on the 'traditional stereotype of a woman and man' (Weiss and Zimanová, 1984: 157). This test works on the assumption of binary oppositions between men and women and the necessity of consistency of perceived levels with the self-identified ones of masculinity and femininity in the couple. The authors identified high consistency in masculine and feminine roles in their patients' relationships; women scored even higher than the population average. However, women scored lower in their femininity index compared to the general female population while men scored higher in the masculinity index. The authors ascribe these findings to their patients' deviance: 'Due to their defect, they perceive women with all the feminine attributes as endangering and anxiety inducing because of their possible failure, they prefer partners whose behavior does not show such traits. High levels of perceived masculinity of men in couples could be explained through the mechanism of hypercompensation' (Weiss and Zimanová, 1984: 158).

This sexological explanation circumscribed a circular arc from (sexual) pathology through a hint at (sex-gender) discrepancy to (gender) pathology. Diagnosed sexual deviants and even their close ones are inadvertently



labelled as deviant in other social characteristics. While men deviate in their sexuality (which endangers their masculinity), women deviate in their gender (which strengthens their relationships). Male sexual non-conformity has its counterpart in female gender non-conformity. This sex-gender-desire mismatch has the potential to disrupt the sexological status quo of binary embodied existence. This inconsistency is even more intriguing for the couple cohesiveness it brings about, because it is precisely the heterosexual coupled norm that is the archetype and legitimisation of the sex-gender-desire binarism. However, if, a queer gender-sexuality mix works better for the stability of partnerships than normal settings do for the 'normal' population, then it questions the presupposed heteronormative foundations and furthermore contests the family as a site where these foundations are seamlessly lived and reproduced.

Normative expectations included bodily attributes. Some deviants were treated with synthetic female hormones after preventive roentgen radiation, which was supposed to prevent 'undesirable gynecomasty'. Feminisation of a male body was deemed deeply undesirable because the main aim of the treatment was 'the adaptation to heterosexual non-deviant activity' (Hubálek and Zimanová, 1978), which implicitly presupposes two opposite genders with appropriate bodies. Pharmacotherapy for others consisted in the administration of lithium to suppress sexual potency (Bártová et al., 1984). Deviant men were treated through attenuation of their sexuality while their gendered bodily characteristics were upheld. Behavioural therapy was recommended in cases where deviation coincided with conventional heterosexuality. Treatment thus lay in punishing deviant sexual practice and curing by 'heterosexual performance-related incentives' (Molčan and Žucha, 1982: 397). This heteronormative frame propelled the re-construction of binary gender characteristics together with normal heterosexual practices. Such sexological limitations on sexual practice are worth noting. Heterosexuality in itself is not enough: it is the particular practices deemed normal that make one a healthy individual.

The subversion of sexual norms, however, is not accompanied by general non-conformity among deviants. These sexologists describe their patients as conservative and, interestingly, point out characteristics that were normally highly valued by communist society. Patients are characterised as diligent workers with positive evaluation of their 'civic-work duties'<sup>10</sup> who took on various posts in communist societal organisations. The authors label these activities as 'hypercompensation', 'cover-up' and 'mimicry' (Hubálek and Zimanová, 1978). A question remains whether these sexologists dismissed their patients' characteristics because no deviant could pride himself on such qualities (and be this well integrated into society) or whether sexologists knew only a deviant would publicly present himself with attributes normal people did not aspire to (because to be integrated into society, to its public realm, was looked down on and ridiculed during normalisation).



Whatever the reason, these authors structured their therapy in an unconscious consonance with communist practices: 'Individual communication with a patient is reduced to a minimum. All decision-making has to pass through the community. The senior doctor has the right to veto' (ibid.). As in the rest of society, rules seemed to be democratic and decision-making processes collectively shared. And as in the rest of society, there was a strong limiting factor to it.

## Conclusion

Was sexology under normalisation normative? There is no unequivocal answer. It certainly resorted to heteronormativity as the gold standard for all sexuality and gender identification, extended deviance from non-normative sexualities to non-normative lives, conflated deviance with violence and connected it with crime. On the other hand, the structure of the texts reveals ambiguities, occasionally even tendencies towards openness and inclusiveness of non-normal sexual conduct and its bearers. At times, sexologists seem to be aware of the instability of diagnoses and their consequences, particularly for those who could end up behind bars as a result of diagnosis. Sexologists insisted on clear distinctions, while providing confounding definitions. As a discipline, sexology approached reflexivity, yet refused to unveil its discussions to the public eye.

Sexology surely provided valuable expert knowledge that the 'normalised' state could use. It also strengthened the secular character of the communist state. The discipline of sexology brought about emancipatory discourses of breaking taboos and affirming pleasure, which stand as a powerful antidote to religious doctrines that have restricted sexuality for centuries. But again, the situation is equivocal: sexology has propagated enlightenment against the obscurantist approaches of the church while also effectively appropriating its discourse of guilt, discipline and redemption as I have shown in the case of normalisation sexology. However, while mainstream Christian doctrines preach procreative sex and abstinence, sexology prides itself on exploring and understanding various practices of bodily pleasures. Often retreating to clandestine operations, which put its godly powers out of reach for ordinary mortals (where nineteenth-century sexology used Latin, normalisation sexology publishes volumes 'for medical personnel only'), sexological discourse has been contested by sexologists themselves; there is everything but general unanimity among sex doctors.

Sexual deviance, mostly unavailable for direct observation, was for the purposes of diagnosis implicitly substituted by gender deviance. Deviant men exhibited feminine gender traits and if they had wives these tended to be less feminine compared to the norm. Queer gaps are thus revealed in a normal sex-gender-desire line-up. Moreover, deviance can break out not only in situations where the set sex-gender-desire is disrupted but also,



and not infrequently, where these axes are coherent according to a classical heterosexual matrix.

There are certain silences in the texts analysed; the desire of women is not discussed. This oversight is not entirely negative, given that what is being scrutinised is deviant desire. Women, traditionally perceived as desire-less, might have escaped the sexological gaze as desiring subjects. They, however, were present discursively through the notion of femininity. It is femininity in men and/or the femininity of their mothers that is blamed for their deviancy.

Therapy was structured along the lines of sex-gender-desire while upholding proper bodily characteristics (in the case of hormonal treatment) and encouraging appropriate gender attributes (in the case of behavioural therapy). In terms of desire, the whole notion of deviance points to a further narrowing down of the hetero-norm: having sex with a partner of the opposite sex is not enough; what matters are (normal) practices. Deviant heterosexualities trouble the 'normal' that heterosexuality seems to signify.

The almost exclusive reliance on social factors while attempting to explain the origin and genealogy of sexual deviance is striking. In the accounts analysed here, sexologists identify non-normative family arrangements as the generator of future sexual deviance in children. Similarly, deviance manifests itself by living out of the coupled norm. The regime that initially strived to dissolve the nuclear family is, in its normalisation phase, back to normal: only the conventional two-parent family begets (sexual) normalcy. However, sexological accounts normatively advocating the normal family reveal that the so-called normal family does not guarantee (sexual) normalcy nor explain non-normalcy. It serves solely to reproduce itself as the golden rule against which anyone can be measured at any time to account for their deviancy. Contrary to sexological (and often sociological) claims, family does not provide a venue for the inescapable reproduction of strictly heteronormative sex, gender and desire. This understanding has the potential to queer the equation of family-normal-heterosexual.

Sociology usually points to sexology's naturalising and biologising drive when accounting for sexual conduct and its motives. The essentialising drive in sexology, identified by Weeks (1980), is characteristic of the discipline as practiced during normalisation in Czechoslovakia. But there, the ultimate cause shaping (deviant) sexuality was not biology. Natural causation connotes rigidity, unchangeability and in the case of deviance an air of degeneration. Social genealogy, on the other hand, promises to inject openness and malleability into our understanding of sexual traits. In the materials analysed, however, social explanations functioned as rigid schemata possibly reflecting the stale climate of the normalisation 'iceberg'.

The power of definition in sexological (and subsequently juridical) hands is paramount. But vocabulary, evaluation and diagnoses, as I have shown,



are not fixed. Sexology constantly redefines its own apparatus. Sexological discourse is up for grabs, possibly by those who are subjectified by it. The reclaiming might start as the 'silent ignoring and disguised mocking' typical of life during normalisation (Křen, 2005: 875) and then continue in its subversion and our emancipation.

## Notes

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1. The 'Memory of the nation' project gathers and analyses the oral histories of survivors of both totalitarian regimes, Nazism and communism, available at [http://www.pametnaroda.cz/?locale=en\\_GB](http://www.pametnaroda.cz/?locale=en_GB), accessed on 1 October 2012.
2. Throughout this chapter, I will use the term 'deviant' and 'deviance' as used in analysed materials. It is not only for a lack of another umbrella term for all non-normative sexualities and subjectivities or just for the sake of authenticity; I decided to keep the term 'deviant' for its striking contrast with the term 'normality' that pertains to the analysed period. 'Deviance' seems to be the term that replaced 'perversion' typical of the nineteenth and early twentieth-century sexological lexicon.
3. The year 1921 as the founding one is indicated at the Sexological Institute contemporary website <http://www.sexuologickaspolecnost.cz/historie>, accessed on 1 October 2012.
4. The First Republic is the period of 1918–38, marking the establishment of independent Czechoslovakia on the ruins of the Austro-Hungarian Empire and its end with the Munich Treaty.
5. Thus this chapter is not primarily focused on same-sex desire because it was not at large regarded as disease or deviance. Homosexuality only sometimes resurfaces into disquisitions on deviance and only then I will discuss it. As I will show, sexology is ridden with ambiguity, which applies to homosexuality as well.
6. Krafft-Ebing's *Psychopathia Sexualis*, published in 1886 and generally perceived as sexology's founding text, carried the subtitle *A Clinical-Forensic Study*.
7. Similarly variable was the medical diagnosis of sexual deviance. A man who intruded into the bedrooms of older women at night to grope their breasts was diagnosed by different sexologists as a feeble-minded sadist, psychopathic pythiatic personality, alcoholic sadist or constant atypical fetishist-frotteur acting against adult women (Zimanová and Hubálek, 1982: 35). The same court consecutively adjudicated the same criminal activity of this man on varying legal grounds, using the whole spectrum of legal definitions mentioned.
8. Again, in their account, the authors refute 'the legitimacy of some categorical claims of organically conditioned etiology in the origin of sexual deviations' (Zimanová, Weiss and Fuka, 1985: 139). Biological causation is rejected and social explanation accepted as the most influential factor. The social, usually understood as fluid and amenable to change, is here treated as a rigid cause-effect entity.
9. Ironically, Weiss, still active and well-known today, has switched sides. These days he is a self-proclaimed biological essentialist. The 'postmodernist relativization of health and illness, function and dysfunction that we can witness in opinions based on social constructivist disputing of scientific facts [...] is essentially ideological and antiscientist' (Weiss, 2002: 17).



10. Such evaluations were regularly made for each individual since the beginning of their schooling. Schools, workplaces and even street committees kept records concerning one's involvement with various communist institutions and one's attitudes towards the 'communist system of government'.

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