

**Wilhelm Stekel**



***Bi-sexual love;  
the homosexual  
neurosis***

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# Preface

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The present work is the English version of a part of one of the volumes in the author's massive series of clinical studies bearing the generic title, *Disorders of the Instincts and Emotions* and covering the whole range of the so-called *Parapathic Maladies*. The translation represents approximately one-half of the *Homosexualität* of the volume entitled *Onanie und Homosexualität*, and bearing the subtitle, *Die Homosexuelle Neurose*. The balance of the *Homosexual Neurosis* and the author's clinical study of *Autoerotism* are also translated and will appear shortly.

It is the author's intention, and mine as his translator, to issue an English version of all the volumes in this comprehensive series. In addition to the subjects covered in the present volume and in the two volumes to follow shortly, the *Disorders of the Instincts and the Emotions* include the *Anxiety States, Female Frigidity, Male Impotence, Infantilism* (including *Exhibitionism* and *Fetichism*), the *Compulsion Neuroses* and *Morbid Doubts*. The range of the subjects and the plan of the volumes already published show that the series as conceived by the author forms a complete clinical account of the psychogenetic disorders, and represents the most recent development of scientific research. Since the genetic study of these parapathic maladies involves a thorough understanding of the facts of sexual life Dr. Stekel's works on the *Disorders of the Instincts and the Emotions* constitute incidentally the latest practical reference Handbook of Sexual Science in the light of our

newer knowledge and should prove also on that score of inestimable value to the medical and the allied learned professions.

The absence of formal systematic instruction in the Principles and Practice of Psychoanalysis in spite of the wide interest that the subject has deservedly aroused in our midst is highly regrettable, the more so since the lack of systematic instruction in our country deprives the older practitioners as well as the oncoming generations of physicians of an opportunity to familiarize themselves with this most important branch of therapy. Even though the curriculum of instruction in our schools, and particularly in our medical colleges, is admittedly burdened with a bewildering plethora of other branches of instruction, it is inconceivable that our colleges, our hospitals and psychiatric institutes, and our other institutions of higher learning will long continue to neglect a subject of such vital importance as psychotherapy and re-education, now that the subject has been placed, at last, upon a solid basis through the application of the psychobiotic and genetic methods of approach. But it will probably take considerable time before competent instruction to fill the need will be available.

It appears therefore highly desirable that an English version of Dr. Stekel's works should make their appearance at this time. For in the absence of formal instruction his clinical studies form an excellent substitute, perhaps the most suitable means available for post-graduate instruction in the clinical aspects of Psychoanalysis. And should systematic courses be made available in the near future, in

response to the urgent need, our instructors and students alike will undoubtedly find the Stekel series most valuable aids for study and guidance.

In a letter received from Dr. Stekel while this work was going through the press he states that a new edition of *Onanie und Homosexualität* is being issued in the original, bearing a dedication to the present translator.

v. T.

Brookline, Mass.





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*Leben—ist das nicht gerade ein Andersseinwollen, als die Natur ist?—Nietzsche.*



## BI-SEXUAL LOVE

I

*Living,—is it not the will to be otherwise than nature is?—Nietzsche.*

That there are preeminent physicians who earnestly look upon masturbation as the cause of homosexuality seems hardly believable. It would be as proper to consider masturbation the cause of sexuality. We have shown elsewhere that onanism may be the result of ungratified homosexual trends. At times it may stand as a substitute for some homosexual act. It then replaces for a time the adequate temporary form of sexual gratification. I state “temporary form,” because the sexual object itself does not remain permanently the same and the sexual directive goals,—to use the excellent expression of *Hans Blüher*<sup>[1]</sup> are often abandoned. The false notion that onanism is responsible for homosexuality has been preconized by *Krafft-Ebing*, whose great authority in matters of sexual psychopathology persists to this day. His services are significant, indeed, and we must observe that he has at last accepted the view of *Hirschfeld* that homosexuality is inborn,—that there is an acquired and a hereditary homosexuality.<sup>[2]</sup> But in the last (14th) edition of *Krafft-Ebing’s* work, which has appeared in 1912, his editor, *Alfred Fuchs*, preserves the statement about onanism at the head of the chapter and he even underscores the contentions of his great teacher on this particular subject.<sup>[3]</sup>

My work proves that we must abandon the merely descriptive method of sexual research. The subject’s first

account is only a statement of the manifest content of his consciousness concerning his paraphilia. We must look into the latent content, into the unconscious and quasi-conscious forces involved. The descriptive form of sexual research must be replaced by the psychological, in keeping with the spirit of our times. In no other field does analysis so convincingly and completely prove its claims.

What was the status of the subject before the advent of analysis? *Krafft-Ebing* originally looked upon homosexuality as the result of a hereditary transmission, a hypothesis not corroborated by the observations of subsequent investigators. Certain circumstances favor an outcropping in manifest form of the latent homosexuality common to all persons,—a fact which complicates this problem. Environment also comes into play. An environment such as is furnished by some nervous or psychopathic parents naturally plays a role. This subject we shall take up later. The alleged hereditary transmission is supposed to show itself in the homosexual through the early awakening of the sexual instinct and by the appearance of masturbation during early childhood. But we know that the homosexuals share this peculiarity with all others, especially with neurotic persons. A strong flaring up of instinct is not the consequence but the cause of the neurosis. But according to *Krafft-Ebing* masturbation during childhood is the cause of homo- or pseudo-homosexuality breaking forth at a later period. “Nothing is more likely,” he states, “than masturbation, so to disturb and occasionally thwart all noble emotions at the source as they arise spontaneously out of the sexual feeling.”<sup>[4]</sup> The habit robs the nascent feeling of

charm and beauty leaving behind only the husk of grossly animal craving for sexual gratification. An individual, so thwarted, attains the age of maturity lacking the esthetic, ideal, pure and undefiled longing which leads to the other sex. At the same time the heat of sensuous passion cools off while the inclination towards the other sex is significantly weakened. This deficiency embraces the morals, the ethics, the character, the phantasy and the disposition of the youthful masturbator as well as his emotional and instinctive life and holds true of both sexes, occasionally reducing to zero the yearning after the opposite sex, so that in the end masturbation is preferred to every other form of gratification.”

Imagine the injurious effect of such statements upon the masturbating youth; particularly when he reads that the best way to combat homosexuality is to fight against masturbation (p. 336, *loc. cit.*).

The great investigator has confused here cause and effect. The masturbators avoid the path leading to woman not because they masturbate. They indulge in the habit because the path towards womanhood is closed to them. For many persons masturbation is the only available method of sexual gratification. Persons with a strongly accentuated homosexual tendency often find no other path open at all, particularly when the intercourse with woman becomes impossible for them on account of some definite traumatic incidents, such as we shall discuss fully later.

Masturbation is never *the cause* of homosexuality. Homosexuals do not contract the habit early, as *Krafft-Ebing* claims,—it is an early, a very early habit of all persons—and

that without any exception. The homosexuals do not forget their childhood onanism because there are other, more painful memories for them to repress and drive out of memory. Again we shall speak fully of that later. More important for the present is the question: how does homosexuality arise? Is the condition hereditary or acquired? Is it something fatally predetermined or is it only the result of certain definite constellations of the family circle? May it be ascribed to a hereditary taint? *Krafft-Ebing* was at first of the latter opinion and propounded the thesis that "we may doubt whether a person of the same sex ever has a sensuous attraction for a normally predisposed individual," but later he changed this opinion fundamentally and expressed the conviction that there is an inborn homosexuality though the condition is found only among the hereditarily predisposed.

He propounded the following theses:

"1. The sexual life of such persons manifests itself as a rule very precociously and consequently, is of abnormal strength. Not rarely the peculiar attraction for members of the same sex which in itself marks the abnormal direction of the sexual instinct is associated with other perverse manifestations.

"2. The spiritual love of these persons is frequently an exalted dreaming just as their sexual instinct as a whole penetrates their consciousness with a peculiar and even compulsive strength.

"3. In addition to the functional signs of degeneration manifested in the contrary sexual instinct often there are

found also other functional and frequently also anatomic stigmata of degeneration.

“4. Neuroses are present (hysteria, neurasthenia, epileptoid states, etc.). Neurasthenia, transitional or chronic, is nearly always manifest. This is usually a constitutional state induced by inborn conditions. It is awakened and sustained through masturbation or compulsory abstinence.”[5]

These statements are relatively milder and here the ideal traits of homosexuality are also given some recognition, although—as we know well—all without exception are addicted to masturbation. *Krafft-Ebing* does not know that all artists are neurotics and that neurosis stands in intimate connection with creative ability. He also makes a distinction between true and false homosexuality,—bisexuality (psychic hermaphroditism) and other forms, as described by *Hirschfeld*. [6]

*Krafft-Ebing* points out a certain relationship between homosexuality and neurosis. But since he still preserves the concept of degeneration, he is forced in the end to admit that homosexuality may also appear in the normal and is not necessarily a morbidity.

*Moll*, to whom we owe the first great comprehensive work on homosexuality, is of an entirely different opinion. He states: “Considering the sexual instinct not as a means for the attainment of pleasure but as standing in the service of procreation we must look upon exclusive homosexuality as belonging to the realm of pathology.” (*Die kontraere Sexualempfindung*, Berlin, 1899, 3rd edn.) This is an untenable argument. *For there is no procreative instinct as*

*such, only a sexual instinct.* Science is not concerned with the study of purposiveness, it is interested in the ascertainment of facts. Science must not and cannot be placed in the service of teleology. At any rate *Moll* is inclined to look upon homosexuality as a neurosis: he claims to have found in recent years a growing tendency among investigators to establish a border province between mental health and disease, “and into that realm have been relegated many cases of psychic degeneration—I may mention, for instance, certain compulsory neuroses. I believe it is proper that we should place in the same category the contrary sexual feeling.” (*Loc. cit.* p. 435.) He refers here to *Westphal* who compares homosexuality to moral insanity.[7]

Notwithstanding *Moll's* opinion we must state that most modern investigators declare that they have examined many homosexuals whom they have found normal or have at least designated as normal. *Havelock Ellis* and *Albert Moll*[8] very appropriately state in their last joint work:

“*Naecke* has repeatedly maintained that the homosexuals are perfectly healthy and aside from their specific deviation may be normal in every respect. We have always maintained this view although, contrary to *Naecke*, we assume that *homosexuality is very frequently found in intimate association with minor nervous states.* We agree with *Hirschfeld* that heredity plays a rôle in no more than 25 per cent of the cases of homosexuality and that, although a neuropathic background may be present in homosexuality, the degenerative factor plays but a small role.” These authors find the hypothesis that every person's constitution

combines the male and female elements a keen concept though rather hypothetical. "But still it is undoubtedly justified, if we look upon homosexuality as an inborn anomaly or, to speak more correctly, as an anomaly resting on constitutional traits, which if morbid, are so only in *Virchow's* sense, according to whom pathology is not the science of diseases but of deviations, so that the homosexual may be as healthy as the color blind. Inborn homosexuality ranks on the level of a biologic variation: it is a variation, representing perhaps an incomplete phase of sexual differentiation, but bearing no discernible relationship to any morbid condition of the individual."

I am inclined to doubt this view. What proof have we that the homosexual is perfectly healthy when any criterion of health we may accept must be artificial? On this point we have only the statements of the involved persons to rely upon. All describe themselves as healthy. Do not advanced psychopaths do the same? They lack any feeling of illness. This seems to be characteristic of homosexuals in particular. They want their condition to be looked upon as normal. They claim to be in good health, seldom wish to change their condition, and usually do not call for medical advice unless they come into conflict with the law and find themselves in danger. The authors themselves very properly remark: "As to the men, the homosexuals prefer to hold themselves as normal and endeavor to justify that contention. Those who struggle against their instinctive craving, who look upon their conduct as peculiar or so much as entertain any doubts about it, are in the minority,—less than 20 per cent."

Naturally the large number of homosexual physicians have always tried to convince their observers that they are normal and that they do not differ from other persons in any other way. But all unprejudiced observers have to admit the presence of numerous neurotic traits in connection with homosexuality. This I have undertaken to prove *sine ira et studio* having met numberless homosexuals and having become very closely acquainted with many of them. *I have never yet found a homosexual who was not a neurotic.* He is necessarily that, as I shall later prove. He must be neurotic, the same as the heterosexual, who struggles to overcome and repress a vast portion of homosexual longing with him. *Havelock Ellis* and *Moll* as well as *Krafft-Ebing* also lay stress upon the tendency to neurasthenia. But who nowadays is not neurasthenic? is a question frequently heard. Such an unprejudiced investigator as *Iwan Bloch* becomes convinced and recognizes an inborn homosexuality which must not be conceived as a morbidity. For a long time *Bloch* preconized a different view but changed his opinion convinced by *Hirschfeld's* work and through his own professional contact with homosexuals. He is now a believer in the theory of inborn homosexuality having been led to this view particularly by the statements of the homosexuals. Later we shall prove how unreliable such statements must be. At any rate so keen an observer as *Bloch* could not fail to note the striking percentage of neurotic homosexuals. But he thought they were nervous because "homosexuality acts upon them as a psychic trauma." Further he states: "According to my investigations and observations the *relationship between health and disease among homosexuals is originally the*



*same as among heterosexuals* and in time, on account of the social and individual isolation of the homosexuals, acting like a psychic trauma, morbidity becomes accentuated; usually we encounter nervous complaints and difficulties of an acquired character, and we note the development of a typical 'homosexual neurasthenia,' which may readily enough lead some superficial observers to confuse *post hoc* with *propter hoc*." Undoubtedly the dangers of homosexual activity favor the development of anxiety states. But such nervous states are found also in cases showing no predisposition towards anxiety, and anxiety states are encountered without any relation to homosexuality.

*Magnus Hirschfeld* places himself with all the weight of his personality and experience squarely in favor of the contention that homosexuality is a normal state. His investigations touching upon this field are numerous. We also owe to his labors that great work on the subject: *Die Homosexualitaet des Mannes und des Weibes*. (The Homosexuality of Man and of Woman, Verlag L. Marcus, Berlin, SW, 61.) No investigator interested in this subject can neglect this fundamental and exhaustive treatment of it. Subsuming the views of *Hirschfeld* we may state: There is a genuine inborn homosexuality which must not be looked upon as a morbidity. This homosexuality should be confused neither with bisexuality nor with pseudo-homosexuality. *Hirschfeld*, too, has changed his views in the course of time. He had conceived homosexuality as a sexual intermediary stage between man and woman and proposed the famous term: *the third sex*. As is well known all persons are

bisexual. *Hirschfeld* looked for the well known physical stigmata of bisexuality among the homosexuals. He found among men enlargement of the breasts, female hips, delicate skin, etc., and among women growth of facial hair, male, energetic traits, etc. In his work entitled, *Der Urrische Mensch*, he maintained: "A homosexual not differing bodily, physically and mentally from the full grown man I have not found among 1500 subjects and I am therefore disposed to doubt the occurrence until I shall meet such an individual." But in his more recent work he declares: "The androgynic type of man and the gynandric type of woman are not necessarily homosexual. There are types of persons which may be described as eunuchoid,—they give the impression of castrated persons without having undergone the operation,—they possess female bodies, high voice and beardless face. Generally there is azoospermia, frequently anorchia. There are corresponding types in the female sex,—persons with bodies showing many masculine traits. These marked womanly men and mannish women are often considered homosexual, but it is not uncommon to find them completely heterosexual inasmuch as they find complementary individuals among the types belonging to the opposite sex. The types which attract them are also androgynous."[\[9\]](#)

*Hirschfeld* does not admit the influence of latent homosexuality in the choice of this androgenic type. A homosexual whose condition is not manifest he does not recognize. His ground for diagnosis is no longer similarity of bodily traits when compared with the opposite sex. The determining factor for *Hirschfeld* is only the subject's

feeling. *If he is homosexually inclined (particularly if so disposed from childhood), the subject is homosexual.* Hirschfeld's own statement is as follows: "The determining factor in the diagnosis of homosexuality remains as before the contrary feeling proper; the diagnosis is strongly supported by a negative attitude towards the other sex, as well as by altero-sexual episodes, although these two features in themselves are not capable of establishing the diagnosis." Since Bloch also admits that there are many virile homosexuals with bodily structures wholly male, it follows that the organic diagnosis of homosexuality is altogether unreliable. Hans Blüher, a reliable expert on homosexuality, also recognizes the pure homosexual, which he calls the "male hero" type, whose character and habitus is completely male, thus differing from the second type, the "woman-like invert" (*invertierter Weibling*). The latent homosexual he considers a third type. (Vid. *Die drei Grundformen der Homosexualitaet: Eine sexologische Studie*. Jahrbuch f. sexuelle Zwischenstufen, vol. XIII).

Let us repeat and underscore the far-fetched feature of this method of diagnosis. According to it *there is no objective means for ascertaining homosexuality. The only diagnostic guide is the homosexual's declaration that he has always felt homosexually inclined and that he is indifferent towards the other sex.*

The analyst is well qualified to recognise the utter weakness of such a diagnostic guide. We meet continually persons who claim to know themselves thoroughly; they claim that they have investigated their own state very conscientiously but after a few weeks, often only after a few

days (illustrations will be fully given in this book) the subject must admit that he did not know himself, that, in fact, he had avoided knowing himself. *All persons lie about sexual matters and deceive themselves in the first place.* All play *Vogel-strauss-politik*, the ostrich.

*All neurotics falsify their life history or at least retouch it.* They simply forget the facts which do not suit their system of thinking. We must also bear in mind *Havelock Ellis'* statement that the homosexuals prefer to consider themselves as normal. Similarly the childhood history is distorted consciously or unconsciously and a life history is reconstructed (in retrospect) from which all heterosexual episodes have been eliminated.

Psychoanalysis has proven that all homosexuals, without exception, show heterosexual tendencies in early life. There is no exception to this rule. *There are no monosexual persons!* The heterosexual period stretches far into puberty. *All persons are bisexual.* But persons repress either the homosexual or the heterosexual components on account of certain motives or because they are compelled by particular circumstances and consequently act as if they were monosexual. Even the "male hero" (*Maennerheld*) type and *Hirschfeld's* "genuine" homosexual is only apparently monosexual. A glance through the confessions disclosed by all writers is enough to convince one of this fact. *Hirschfeld* himself points out that it is to the credit of psychoanalysis that it has revealed the transitory heterosexual cravings of the homosexual.

*The instinct of the homosexual originally is not exclusively directed towards the same sex. Originally the*

*homosexual is also bisexual.* But he represses his heterosexuality just as the heterosexual must repress his homosexuality. *Blüher* who is unwilling to recognise a pathogenesis of homosexuality for the 'male hero' type, contends that one could claim with equal relevance that there is a pathogenesis of heterosexuality.

That is a fact. Every monosexuality is other than normal or natural. *Nature has created us bisexual beings and requires us to act as bisexual beings.* The purely heterosexual is always a neurotic in a certain sense, that is, the repression of the homosexual components already creates a predisposition to neurosis, or is in itself a neurotic trait shared by every normal person. The psychology of paranoia, for whose investigation we are indebted to the genius of *Freud*, shows us the extreme result of this process of repression on one side, just as homosexuality shows us the other side of the same process.

There is no homosexual who is not more or less neurotic, that condition being due to the repression of the heterosexuality. The repression is a purely psychic process and has nothing to do with degeneration. Homosexuality is not a product of degeneration in the ordinary sense. It is a neurosis and displays the etiology of a neurosis, as we shall prove later.

I revert to *Hirschfeld*. Regarding the relationship of neurosis and homosexuality he states:

"1. Pronounced physical and mental stigmata of degeneration are relatively rare among homosexual men and women; at any rate such signs are not more frequent in

proportion to the total number of homosexuals than among the heterosexuals of both sexes.

“2. On the other hand we find frequently and not merely as a result of homosexuality, *a greater instability of the nervous system* (frequently shown in the periodic character of endogenous temperamental instability) (*endogene Stimmungsschwankungen*).

“3. The family of the homosexual often contains a larger number of nervous persons and such as deviate from the normal sexual type. (*Hirschfeld, l.c., p. 338*).

*Hirschfeld* also emphasizes the labile character of the nervous system among homosexuals pointing to the large number of abnormal sexual types in the family of the homosexual. That undoubtedly is a correct observation. It may be explained in two ways: (1) as the result of heredity; (2) as a consequence of a common environment. The extent to which these two factors are at work in particular instances may be ascertained only on the basis of specific inquiries.

I can state from my own professional experience that the parents of homosexuals always show abnormal character traits. With remarkable frequency male homosexuals have mothers who are melancholic, or subject to depressions or who are advanced hystericals. All gradations are found, from the emotional, domineering type of woman to the solitary, quiet, submissive woman who becomes a prey to melancholia and eventually must be interned in some institution. Urlinds show just as frequently a pathologic father, a home tyrant, a drinker, morphine fiend, dissolute fellow, ‘lady killer,’ epileptic or hysterical. We will determine

later to what extent such parents influence psychically their offspring and the attitude of the children towards them. Careful investigation of life histories will make the subject plain.

How do the various writers explain the rise of homosexuality? We have mentioned already that *Hirschfeld* and all investigators deriving their inspiration from him hold to the theory that homosexuality is inborn. According to them, therefore, it is part of inexorable fate, like the law of the planets....

But *Bloch* finds the condition baffling in spite of all the explanations furnished by *Hirschfeld* and reverting to the latter's chemical theory (*andrin* and *gynecin*) he concludes:

“(1) The so-called ‘undifferentiated’ stage of the sexual instinct (*Max Dessoir*) is often eliminated when the sexual instinct becomes directed towards a definite particular sex among heterosexuals or homosexuals before the advent of puberty. Homosexuality shows a definite, clear direction of the sexual instinct towards the same sex long before puberty.

“2. A comprehensive theory of homosexuality must also explain the extreme cases, particularly male homosexuality coupled with complete virility.

“3. Sexual parts and genital glands cannot determine homosexuality in those possessing typical normal male genitalia and testicles; neither can the brain itself be the determining factor in genuine homosexuality, because homosexuality cannot be rooted out by the strongest conscious and unconscious heterosexual influences brought

to bear upon thought and phantasy,—the condition developing in spite of such influences.

“4. Since as a predisposition (not as sexual instinct) homosexuality appears long before puberty and before the actual functioning of the respective genital glands, it suggests that in homosexuals some physiologic action pertaining to ‘sexuality’ but not necessarily related to the functioning of the genital glands undergoes some subtle change as the result of which the sexual instinct is turned from its goal.

“5. The condition suggests chemical changes, alterations in the chemism of sexual tension, the latter being fairly independent of the activity of the sexual glands proper, as is shown by the fact that it may be preserved among eunuchs and others who undergo castration.” (*Bloch, loc. cit.* p. 589).

Further he states: “In my opinion the anatomic contradiction, the biologic monstrosity of a womanly, or unmanly psyche in a typical male body or a womanly-unmanly sexual psyche in the presence of normally appearing and functioning male genitalia can be solved only if we take into consideration this intercurrent third factor. The latter may be traceable to some embryonal disturbance in the sexual chemism. That would also explain why homosexuality often appears in the midst of healthy families as a singular manifestation, having no relation to any possible hereditary transmission or degenerative taint. On the other hand, the contention of *v. Roemer* that homosexuality is a regenerative process has hardly any points to support it. The root of the riddle of homosexuality lies here. At least I conceive it to be a riddle. With my theory



I endeavor to cover merely the facts and the probable physiologic relationship of homosexuality with particular reference to the biologic aspect of the problem and to do it more closely than the previous theories have done it. But my theory does not attempt to explain the ultimate origin of the relatively frequent condition known as homosexuality.

“I do not claim to be able to penetrate into the last ultimate causes. This remains a riddle to be solved. But from the standpoint of culture and procreation homosexuality appears to be a meaningless and purposeless dysteleological manifestation, like many another natural appearance, such as, for instance, the vermiform appendix in man. In a former chapter I have already pointed out that the progress of culture has been in the direction of a sharper differentiation of sexes, that the antithesis male and female, becomes progressively sharper. Sexual indifference, genital transition-forms are of primitive character and *Eduard v. Mayer* is correct when he holds that homosexuality was much more widespread during the prehistoric age than it is today and considers it as common, genetically, as heterosexual love. Through heredity, adjustment and differentiation, culture has progressively repressed the homosexual leanings.” (*Bloch, loc. cit.* p. 590.)

Concerning these novel theories of homosexuality I must remark: *It is not correct that the homosexuals before puberty show an exclusive definite inclination towards their own sex and only towards their own.* The truth is that like all other persons, the homosexuals show a bisexual period (the undifferentiated stage of *Max Dessoir*) before puberty. Only they forget their heterosexual experiences. The truth is that

a comprehensive theory of homosexuality ought to explain also the extreme cases, specifically male homosexuality coupled with complete preservation of vitality and female homosexuality with the preservation of all feminine characters. Such cases are covered neither by *Hirschfeld's* theory nor by that of *Bloch*. The third point is equally pertinent. It cannot be a question of brain and genital gland. Chemical influences are likely, but difficult to prove.

The baffling feature of the problem is due to the fact that the attempt has been made to explain all cases of homosexuality on the basis of a single plan.

As a matter of fact homosexuality may develop in a number of ways and each one must be taken into consideration. That the genital glands play a role in homosexuality seems to me very likely. But while these influences may be suspected they cannot be proven. What I am able to prove on the basis of my data are the psychic factors.

Nor must we forget that not only does the body influence the mind, but that the reverse is also true: the psyche builds up the body in accordance with its predispositions. We find that the artist's physiognomy differs from that of the artisan, and the physician's differs from that of the attorney. The mind also models the body. A man who feels himself woman-like and who longs to be a woman will unconsciously adopt woman's ways and imitate woman. In the course of time even his appearance will be womanly. Possibly—that agrees with my view—the transformation is conditioned by glandular changes. We may presuppose that, but the notion

appertains to the realm of hypothesis, which I prefer to avoid.

All writers seem to neglect the powerful role of the psychic factors. These factors may seem unreal to the upholder of mechanistic theories. Unfortunately most physicians underestimate the power of the unconscious wish as a plastic and synthesising energy within the human organism. The wish to be a man may raise boys to manliness; the wish to remain a child hinders development towards adulthood; the wish to be a woman makes for femininity. Any one familiar with *Pawlow's* investigations of the 'conditioned reflex' will readily see that certain particular wishes may exert a definite influence upon the activity of the genital glands. The wishes are certainly capable of influencing the appearance, action, activity and features of the individual.

When a boy acts like a girl, it does not necessarily mean that he has that kind of a predisposition. It may only signify his identification with his mother or with a sister.

Very clearly on this point is the testimony of a case of which I find an account in *Hirschfeld's* book.

A homosexual woman writes: "I was born in the country, where my father owned a large estate, and there I was brought up till my 14th year. I was the youngest. My oldest brother had girlish ways about him and was mother's pet rather than father's, whose favorite child, in turn, was my eldest sister. On my part I am the thorough image of my father in all character traits and in my sensuous predisposition as well. In later years father had often said: 'With you and Ludwig (the elder brother) nature made a

mistake; you should have been a boy and Ludwig a girl.' Nevertheless I am certain that father knew nothing about homosexuality, also that my brother was not homosexual. My peculiar predisposition showed itself already while I was a child, for it was always my greatest desire to be a boy. As a child two or three years of age, I put on some of father's clothes, played with his cap and promenaded around the yard with his walking stick." (*Hirschfeld, loc. cit.*, p. 43).

We see clearly that this young woman identified herself with her father. She wanted to be a man like her father.

The remarks of *Ulrichs* (*vid. Inclusa*, p. 27 ffl.) may be understood in the same sense: "As a child the urning shows an unmistakable predisposition towards girlish occupations, intercourse with girls, girlish games, and playing with dolls. Such a child is very sorry that it is not 'boy-like' to play with dolls, that Santa Claus does not bring him also dolls and that he is not allowed to play with his sister's dolls. Such a child shows interest in sewing, knitting and cutting, in the soft and delicate texture of girls' clothes, such as he, too, would like to wear, and in the colored silks and ribbons of which he delights to abstract some specimens as keepsakes. He avoids contact with boys, he avoids their plays and games. The play horse leaves him indifferent. Soldier games, so much in favor with boys do not attract him. He avoids all boyish rough plays, such as snow-balling. He likes ordinary ball games but only with girls. He throws the ball with the girl's light and stilted arm movement not with a boy's free and powerful arm swing. Any one who has occasion to observe a boy urning and does it carefully may verify these or similar peculiarities. Is that all only

imagination? I had observed in myself long ago the peculiarities mentioned above and, moreover, they always impressed me, although I did not at first recognize their female character. In 1854 I related the facts to a relative of mine, intimating that they must have some bearing on my sexuality. He scorned the idea and I yielded to his opinion at the time. But in 1862 I took up that matter again with him: meanwhile I had had opportunity to observe other urnings and I noted that the female *habitus* recurred in every one, although not precisely with the same particular features. But the female *habitus* differs also among women with regard to certain details. In my case, as a boy of 10 or 12 years of age, how often my dear mother sighed as she exclaimed: 'Karl, you are not like other boys.' How often she warned me: 'You will grow up a queer fellow, if nothing worse!'" (*Hirschfeld, l. c. p. 117*).

What do these fine observations prove? Any one who understands the playful character of children, their early directed psyche, must recognise that such conduct results through the influence of a wish.

No—these observations do not prove at all that the contrary sexual feeling is innate. *Hirschfeld* contends: "these accounts (referring to previous statements) show a remarkable absence of tenderness among the urning girls. An expert thoroughly familiar with their psyche, not without reason states that we must watch the girl who passes carelessly by a looking glass without stopping in front of it when dressing and we must watch the boy who clings with pleasure to the looking glass returning to it again and again, for thereby both betray early their homosexual nature."

(Hirschfeld, *loc. cit.* p. 119). I see nothing in these statements but an attempt on his part to differ from the other colleagues.

Finally I turn to my own conception of homosexuality, formulated, on the basis of psychoanalytic data and as an outgrowth of the teachings of *Freud*.

*All persons originally are bisexual in their predisposition. There is no exception to this rule. Normal persons show a distinct bisexual period up to the age of puberty. The heterosexual then represses his homosexuality. He also sublimates a portion of his homosexual cravings in friendship, nationalism, social endeavors, gatherings, etc. If this sublimation fails him he becomes neurotic. Since no person overcomes completely his homosexual tendencies, every one carries within himself the predisposition to neurosis. The stronger the repression, the stronger is also the neurotic reaction which may be powerful enough in its extreme form to lead to paranoia (Freud's theory of paranoia). If the heterosexuality is repressed, homosexuality comes to the forefront. In the case of the homosexual the repressed and incompletely conquered heterosexuality furnishes the disposition towards neurosis. The more thoroughly his heterosexuality is sublimated the more completely the homosexual presents the picture of a normal healthy person. He then resembles the normal heterosexual. But like the normal heterosexual individual, even the "male hero" type displays a permanent latent disposition to neurosis.*

*The process of sublimation is more difficult in the case of the normal homosexual than in the case of the normal*