CHRISTIAN SOCIAL POLICY AND HOMOSEXUALITY IN THE NETHERLANDS, 1900-1970

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ABSTRACT

This essay explores the historical process in which homosexuality became an object for pastoral, medical, and mental health care in the Dutch Catholic community during the twentieth century. The confrontation between a moral-religious approach and the professional (medical and psychological) treatment of homosexuality is the central issue. In a continuing dialogue and a process of changing power relations between clergymen, physicians, psychiatrists, psychologists, and pedagogues as well as Catholic homosexuals themselves, homosexuality was transformed from sin and pathology into a psychological and social problem that could be treated in pastoral and mental health care. The changing attitudes of Catholics towards homosexuality can be explained in the context of the changing relations between religion on the one hand and health care on the other hand. Current viewpoints resulting from socio-historical studies on the development of the medical and welfare professions have concluded that religion lost importance in modern society because physicians, psychiatrists, psycho-therapists, and social workers not only created new areas of intervention in people's private lives, but also took over the traditional tasks of the church in the field of charity and pastoral care. Medical anamnesis, psychoanalysis, and psychotherapy took the place of confession and pastoral care, thus the argument runs, and remission of sins and redemption were replaced by health and welfare. However, especially in the case of the development of the Dutch welfare state, there was a more complicated interplay between changing religious values and professional strategies. In the Netherlands professional health care and welfare institutions often were organized in a religious context and it is difficult to make a clear differentiation between religious and moral discourses on the one hand and medical and psychological ones on the other hand. Moreover, professional interventions did not take the place of pastoral care; it appears that pastoral care for homosexuals gained ground and was intensified *after* medical and psychological definitions of homosexuality had found acceptance in the Catholic community. Professional strategies did not supersede religion, but rather contributed to a moral re-orientation and a new pattern of Christian values and appreciations in the field of sexuality.

The starting point of my research into Christian social policy and homosexuality in the Netherlands was the accidental discovery of a collection of 166 files at a Catholic institution for mental health care in Amsterdam, which was staffed by clergymen and psychiatrists.[1] These files date from the end of the 1950s to the middle of the 1960s and deal with problems of Catholic men (and some women) concerning homosexuality. A first reading of those files was rather surprising: it became apparent that some priests and Catholic psychiatrists had joined hands not to denounce homosexuality as a sin or as a disease, but rather to give support to Catholic homosexuals by accepting their orientation and by helping them to find a lifestyle in conformity with religious values. Especially the vacillating role played by priests in their judgments is noteworthy; at one moment they were moralizing, at another they acted as social workers and even as psychotherapists.

These files throw a remarkable light on the way priests and professionals tried to face a delicate problem, during a time when the Dutch Catholic community was in the middle of a historical transition in which conservative rigidity was superseded by a relatively progressive flexibility.[2] Prior to the 1950s, the Catholic community, which in the middle of the twentieth century comprised 35 to 40 percent of the Dutch population, had been segregated from Protestants and non-believers by what is termed the pillar-system. By the pillar-system each confessional group in Dutch society built up its own parallel political parties, labor unions, media, educational, charitable, and social service institutions to serve its own constituency. Within their own ranks there had been a strong emphasis on clerical authority and social control, especially in the field of morals, marriage, family, sexuality, and education. However, within the professional welfare organizations which Catholics developed after the Second World War, particularly in the field of mental health care, religious authority was gradually undermined by scientific ideas and practices of the "psy-complex".[3]

Before analyzing the files in detail, I decided to engage in historical research to find out how Catholic attitudes on homosexuality had developed in the past; in this paper I have included developments in the orthodox-Protestant community that comprised about 10 percent of the Dutch population and that, like the Catholics in the Netherlands, were organized in a pillar.[4] Next to the files several sources have been

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[1] This paper summarizes parts of my dissertation, *De smalle marges van de roomse moraal. Homoseksualiteit in katholiek Nederland 1900-1970* (Amsterdam, 1992). I want to express my thanks to Ferry Urbach for his comments on my English.

[2] The remarkable development of Dutch Catholicism in the 1950s and 1960s has drawn the attention of several non-Dutch scholars. See for instance: J. A. Coleman, *The Evolution of Dutch Catholicism, 1958-1974* (Berkeley, Los Angeles, London, 1978); B. McSweeney, *Roman Catholicism: The Search for Relevance* (Oxford, 1980); H. Bakvis, *Catholic Power in the Netherlands* (Kingston, Montreal, 1981).

[3] This term is borrowed from R. Castel, "Le phénomène 'psy' et la société francaise. Vers une nouvelle culture psychologique," *Le débat* 1 (1980) 27-38; "Le phénomène 'psy' et la société francaise. La société de relation,' *Le débat* 2 (1980) 39-48; "Le phénomène 'psy' et la société francaise. L'après-psychanalyse," *Le débat* 3 (1980) 22-30.

[4] In this paper I cannot dwell upon the differences between Catholic and Protestant sexual morality. The most striking one is that in traditional Catholicism external, hierarchical control was stronger than in Protestantism, which relied more on internal control and individual conscience. After the Second World

used: manuals and periodicals on pastoral theology, medicine, psychiatry, and mental health care; conference papers of clergymen and professionals, and also more popular guidance books and pamphlets on sexuality, education, and family-life.[5] The suppression of homosexual men and women by the supposedly homophobic Catholic and protestant churches is an important part of this history, but this is not the main theme in this paper. Despite the official rejection by those churches of homosexual behavior, from the end of the 1930s onwards, alternative viewpoints were expressed within the Dutch Christian communities which have in a certain way even contributed to the integration of homosexuals into Dutch society. While in the 1930s and 1940s most Catholics and protestants still denounced homosexuality as a sin, a crime, and an illness, at the end of the 1950s and the beginning of the 1960s some leading clergymen and psychiatrists stood in the forefront to give support to homosexuals by accepting their orientation and promoting stable, lasting friendships. This paper concerns the way in which homosexuality became an object for pastoral, medical, and mental health care and was dealt with as a moral as well as a health problem. The confrontation between a moral-religious approach and the professional (medical and psychological) treatment of homosexuality in the Dutch Catholic and Protestant communities is the central issue.

The changing attitudes of Christians towards homosexuality can be explained to a large extent by the changing relations between religion on the one hand and medical and mental health care on the other. Current viewpoints resulting from socio-historical studies on the development of the medical and welfare professions have concluded that religion lost importance in this century because physicians, psychiatrists, psychotherapists, and social workers not only created new areas of intervention in people's private lives, but also took over the traditional tasks of the church in the field of charity and pastoral care. According to Foucault and others, medical anamnesis, psychoanalysis, and psychotherapy took the place of confession and pastoral care, and remission of sins and redemption were replaced by health and welfare.[6] However, especially in the case of the development of the Dutch welfare state, there was a more complicated interplay between changing religious values and professional strategies. The paradox of the Catholic and Protestant pillar-system was that traditional religious principles and the preservation of Christian identity underlay modern political and social activities. Religious grounds had a large impact on the way professional health care and welfare institutions were organized.

War in Dutch Catholicism there was a strong tendency towards stressing the intrinsic value of self-reliance and individual conscience. In the 1950s closer relations between Catholic and Protestant intellectuals were realized, which in the 1960s resulted in co-operation and even fusions on several levels.

[5] For the purpose of this paper I have omitted references to Dutch sources.

[6] M. Foucault, "The Subject and Power" in H. L. Dreyfus and P. Rabinow, *Michel Foucault: Beyond Structuralism and Hermeneutics* (Chicago, 1982) 208-216. Cf. C. Lasch, *Haven in a Heartless World: The Family Besieged* (New York, 1977); A. de Swaan, *The Management of Normality: Critical Essays in Health and Welfare* (London, New York, 1990); A. de Swaan, *In Care of the State. Health Care, Education and Welfare in Europe and the USA in the Modern Era* (Cambridge, New York, 1988).

Moreover, the content as well as the shape of religion were not immutable, but they were transformed as a consequence of the introduction of human sciences and professionalism into the Christian communities. Within this context, homosexuality was more and more considered as a medical or psychological problem in the twentieth century, but at the same time it never lost its meaning as a moral and religious issue.

In Holland the Catholic and orthodox-Protestant pillars left their strong mark on what Donzelot has coined as the "social", the area in society where the public and the private spheres overlap.[7] The regulation of sexuality played a central role in the Christian construction of the social. Catholic and Protestant institutions and organizations in the field of marriage, family, and education outnumbered secular ones and immorality figured prominently in Christian debates about public (mental) health. For Catholic and Protestant leaders sexuality was a political issue long before feminists and gay activists proclaimed that private matters were part and parcel of politics. Whereas liberals considered sexuality as a private matter and socialists subordinated sexual problems to social inequality and economic considerations, confessionals designated sexual morality as fundamental for social order. Their goal was control and suppression of all sexual behavior which was not directed towards procreation within the family. However, not only did the moral offensive burden daily experiences of sexuality with sin and guilt, but it also affirmed its importance. It resulted in an intensifying of sexual consciousness and occasionally even obsessive preoccupation with sexuality. The continuous hammering at the dangers of lust by clergymen as well as Christian politicians, physicians, and educators entailed a "sexualizing" of personal and social relations. Foucault's assertion that in modern society "there has been a constant optimization and an increasing valorization of the discourse on sex" and that this discourse resulted in "multiple effects of displacement, intensification, reorientation, and modification of desire itself" certainly holds good for Catholic and Protestant social policy in twentieth-century Holland.[8] Not so much denial and repression, but continuous affirmation and (re)construction of sexuality as fundamental - in a negative as well as in a positive sense - for individual well-being and public health, was characteristic of Christian discourses and interventions.[9] The other side to

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[7] J. Donzelot, *The Policing of Families* (New York, 1979).

[8] M. Foucault, *The History of Sexuality: An Introduction* (New York, 1978) 23.

[9] Although I have also studied medical and pastoral practices concerning homosexuality, in this paper I focus on the social functioning of Catholic and Protestant discourses as meaning-systems. Language is not just a means to express an extra-linguistic social reality, but it is also a reality in itself. Not some "truth" or "essential meaning" is of major importance, but rather the meanings which are produced in history by social groups are crucial. See D. Silvermann and B. Torode, *The Material Word: Some Theories of Language and its Limits* (London, Boston, Henley, 1980). Although sexual acts probably remain the same to a fairly large extent, not only the attitude of people towards sexual behavior, but also the meaning and concept of sexuality itself are subject to variation and change. Therefore, the object of my research is not the actual homosexual behavior as such, but rather the widely divergent and continually transformed meanings which are attached to it. Those meanings are determined not so much by biological or "natural" facts, but by cultural codes and symbols as they function in social life. The way people experience their sexuality is historically determined and because of that, it simultaneously

Christian preoccupation with the dangers of sexuality was that after the Second World War, some clergymen and Christian professionals made a fundamental contribution to sexual reform. Already in the 1950s they attempted to suit Christian morality to changing social conditions and they initiated a change in Christian mentality that in the 1960s affected church authorities as well as Catholic and Protestant believers.

Although before the twentieth century Christian doctrines and pastoral care were subject to change and there were some differences in the attitudes of the Catholic and Protestant churches, homosexual behavior (especially sodomy between men) has constantly been disqualified as unnatural and sinful and from the twelfth and thirteenth centuries onwards also as criminal. In the nineteenth century the dominant religious and criminal discourses were confronted by a medical approach, in which speculations about the aberrant physiology and psyche of sodomites took the place of moral condemnations of sodomy. Traditionally sodomy referred to certain immoral sexual acts, especially anal intercourse, which were considered a temporary deviation from the norm, and of which every man, in theory, was regarded as being capable. New terms like "homosexuality" and "uranism," which came into fashion in the Netherlands from the 1890s on, were used by psychiatrists as well as advocates for equal rights for homosexuals to indicate a state of being, a biological and psychological disposition of a minority.[10]

The contention that medical and biological theories brought about the construction of the homosexual category and identity does not mean that these were invented from nothing. Subcultures, in which men participated with some characteristics of a homosexual identity, had been in existence for a long time, and sodomy was sometimes explained as behavior which was part of being "different", of a sinful orientation, effeminate proclivities, or a hedonistic lifestyle. The thesis of the medical construction of homosexuality refers to the fact that at the end of the nineteenth century new meanings were attached to such patterns of behavior, which resulted in the idea that it was a symptom of a biological or psychological state of being. These new meanings were developed in the context of existing social practices and sometimes with the collaboration of the newly founded homosexual rights movements as well as individual homosexuals themselves, who often furnished psychiatrists and sexologists with the life stories and sexual experiences on which medical explanations were grounded.[11] However, the diffusion of the modern homosexual identity in the twentieth century was not a uniform process: various

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assumes the importance of a social construct. See on constructionism as opposed to essentialism: E. Stein, *Forms of Desire: Sexual Orientation and the Social Constructionist Controversy* (New York, 1990).

[10] On the medicalization of homosexuality in the Netherlands see: G. Hekma, *Homoseksualiteit, een medische reputatie. De uitdoktering van de homoseksueel in negentiende-eeuws Nederland* (Amsterdam, 1987).

[11] K. Müller, *Aber in meinem Herzen sprach eine Stimme so laut. Homosexuelle Autobiographien und medizinische Pathographien im neunzehnten Jahrhundert* (Berlin, 1991); H. Oosterhuis, "Seksuele identiteit tussen ziektegeschiedenis en autobiografie. Richard von Krafft-Ebing en zijn stiefkinderen der natuur," *Gezondheid. Tijdschrift over theorie en praktijk van de gezondheidszorg* 2/2 (1994) 130-147.

groups were affected at different times and in different ways. Next to social class, level of education, and geographical location, religion determined the way in which the new concept was assimilated in Dutch society.

Until the turn of the century Catholic and Protestant political, spiritual, and intellectual leaders hardly spoke in public about homosexuality. In Catholic pastoral theology, sodomy was to be sure designated as a grave sin, but whether it was a frequent subject of confession - which has been suggested by Foucault - is very difficult to prove. In any case, public silence came to an end when a public (medical and biological) discourse came into being at the end of the nineteenth century. From the beginning of the twentieth century, homosexuality was a repetitive theme in the moral offensive which denominational groups launched against the supposed corruption of morals in modern society. During the first three decades of this century, the Christian view on homosexuality was expressed pre-eminently by politicians and clergymen, as well as by lay moralists, who reacted strongly to the new medical explanations of homosexuality and the activities of the first homosexual emancipation movement in the Netherlands - in 1912 a Dutch branch of the German *Wissenschaftlich-humanitäres Komitee* was founded. At the same time the introduction of a series of public morality acts by Christian politicians in 1911 was the occasion for the Catholic and Protestant spokesmen to express their negative opinions on homosexuality. They strongly supported the introduction of article 248*bis* which raised the age of consent from 16 to 21 years for homosexual contacts, arguing that homosexuality was the result of seduction. However, they never proposed to criminalize homosexual contacts between consenting adults; in this way Holland distinguished itself from England and Germany.

It is important to note that the Catholic and Protestant spokesmen explicitly rejected the medical conception of contemporary psychiatrists as well as the biological notion of the homosexual rights movement. The last two groups held the view that homosexuality was an innate orientation of a minority, a biological or mental condition of a specific category of people. The Christians, on the other hand, hardly used words like homosexuality or uranism, terms which had only been introduced into the Netherlands by physicians at the end of the nineteenth century. Instead clergymen employed biblical terms like sin, sodomy, and unnatural vice, or used other words with strong moral connotations like crime, derangement, depravity, and seduction. These concepts did not refer especially to a specific disposition, be it pathological or natural, but referred rather to behavior. Homosexual acts were seen as part of a wide range of immoral behavior in which every man could indulge, and as such, it was connected to other vices in modern society, such as debauchery in big cities, sex crime, promiscuity, prostitution, pornography, and birth control.

The moral-religious discourse, which dominated the Christian viewpoint on homosexuality in the first half of the twentieth century, was intersected by a medical discourse in the 1930s, when some Catholic psychiatrists and pastoral theologians, took up the topic. Several articles on homosexuality were published in a major Catholic medical journal and also in an influential journal for pastoral care. At the same time, in 1939 the Catholic medical society organized a special conference on homosexuality. From those publications and from the lectures presented at that conference, it appeared that some influential Catholic intellectuals had come to the conclusion that modern scientific theories - biological as well as psychological - could

not be ignored. Although the Catholic spokesmen tried to interpret these scientific conceptions in such a way that they could be brought in line with Catholic doctrines, the unintended result was an undermining of theology as the main frame of reference for judging homosexuality. Similar and even more radical developments took place among Protestants. In the beginning of the 1950s a Protestant psychiatrist questioned current medical views by stating that homosexuals were not diseased or mentally disordered in themselves. According to this Christian psychiatrist their problems were due to their social position, which he considered comparable with that of Jews and Blacks.

In the 1930s and 1940s, the juxtaposition of scientific and theological notions resulted in a mixed discourse and the first important transformation of Christian judgment and treatment of homosexuality. A differentiation was made between a homosexual disposition, which by itself could not be considered a sin and had to be accepted as a deplorable, but more or less natural fate, and sinful homosexual acts which could be prevented. Two distinct categories were created that were closely connected to this differentiation: so-called "real homosexuality" which was purportedly determined biologically or psychologically by an innate drive, and so-called "pseudo-homosexuality" which was just the contingent "perverse" behavior of "normal" men. Several moral and social causes could be distinguished within the last category, namely seduction, the decline of Christian morality, the atmosphere of modernity (especially in big cities), propaganda by the homosexual rights movement and sexual reformers, and the segregation of men from women in the army, in prisons, on ships, and in boarding schools.

From the point of view of pastoral theology, these two forms of homosexuality were to be treated in different ways. One of the most important conclusions reached at the end of the 1930s by Catholic experts was that priests as confessors and as spiritual advisers had to take counsel with a psychiatrist before making their judgment on homosexual "sinners". Only in the case of "pseudo-homosexuality", was such behavior to be treated as a mortal sin; an infringement on divine order for which the offender was accountable and had to do penance. Although the concept had been introduced by psychiatrists and it had been connected to medical notions like contamination and epidemic, pseudo-homosexuality was mainly defined in moral terms. "Real homosexuals," however, could not be dealt with in the same way. Even priests and theologians acknowledged that moral judgment had to be geared toward a medical diagnosis. The usual advice given by priests to homosexuals, namely marriage, was dismissed. At the medical conference, the possible biological and psychological causes of the homosexual disposition were debated extensively. It was agreed that it was a pathological phenomenon. Some Catholic and Protestant doctors, with the support of clergymen, experimented on a fairly large scale with psychotherapy, especially psychoanalysis, medicine, chemical therapies, and castration, but others were more reserved about the possibilities of curing the illness.

What was rather striking in all of this was that already in the 1930s and the 1940s, clergymen and psychiatrists decided that "real" homosexuals could not be held personally responsible for their inclinations, because they were supposedly deficient in free will. Therefore, they could and should not be treated merely as sinners. Under the impact of the growing significance of psychiatry and mental health care in the Christian communities, pastoral theologians were taking into account the motives

and circumstances of sinners, who were supposedly suffering from mental disorders. Clergymen and psychiatrists were advised to cooperate closely and it was suggested that they should come to an understanding of the psychological makeup of homosexuals and be patient and compassionate in encouraging them to lead a moral life in abstinence.

By differentiating between real and pseudo-homosexuality, the moral-religious and medical discourses could coexist and enhance each other in the Christian world. However, the peaceful coexistence of Christian morals and psychiatry was precarious, especially in the Catholic community. In debates on psychotherapy and sexual issues dating from the end of the 1940s and early 1950s, some psychiatrists and psychologists appeared to be in conflict with clergymen and conservative physicians. For example, around 1950, a number of Catholic psychiatrists argued that sexual disturbances could be seen as the result of a neurotic suppression of the natural passions, for which rigid Catholic morality was in part to blame. On the other hand some priests accused these Catholic psychiatrists of promoting tolerance for sinful behavior which, like homosexuality, jettisoned Christian morality.

In fact, this discussion was part of a struggle within the Catholic community over the definition of mental health in which the priority of religious values vis-à-vis new psychological standards was at stake. In the 1930s mental health had been defined in moral terms and put on a par with Christian virtues, but after the Second World War, it was described increasingly in terms derived from psychiatry, psychology, and pedagogy. Supported by the newly emerging welfare state, a rapid growth took place in Christian organizations for mental health care. They introduced techniques and therapies which differed not only from traditional pastoral care, but also from institutionalized medical psychiatry with its somatic bias. The new approach was directed to the prevention of mental illness and to the therapeutic treatment of minor mental disorders, but also to problems concerning marriage, sexuality, and the raising of children. A new area for intervention was created by the emergent psy-professions.

The development of Catholic and Protestant mental health care from the 1940s until the 1960s, which was the context in which the Christian treatment of homosexuality changed radically, can be seen as a transformation in the relation between religious and professional mental health care. This transformation, which changed the meaning of Christian values as well as of the definition of the object of psychiatry, was not caused simply by a struggle between clergymen and professionals. Actually these groups were divided among themselves. Within the Catholic community, physicians tended to side with conservative priests who wanted to defend traditional Catholic morality, while some progressive clergymen supported a group of psychiatrists, psychologists, and educational reformers who wanted to adapt Catholicism to modern industrial society.

Although the influence of professionals increased, the impact of clergymen on mental health care was not nullified. While some clergymen tended to oppose the rise of modern mental health care, because they saw it as an intrusion upon their monopoly in treating personal problems, others participated in it. Therefore, it was no coincidence that in the discourse on professional mental health care in the 1950s some central conceptions of pastoral theology, such as freedom of will and moral responsibility, played an important role. However, these terms were not connected

any longer with religious concepts such as guilt, sinfulness, salvation, and redemption, but rather were related to psychological notions like personal growth, character, maturity, and self-reliance.

Traditionally, in Christian theology, the idea of freedom was closely conjoined with the concepts of free will, moral responsibility, the inviolability of the soul, and of grace, and as such, it referred to the spiritual qualities of man. The object of psychiatry, on the other hand, used to be defined in terms which indicated a lack of freedom. It was associated with the nonspiritual, with the uncontrollable passions which had to be subdued in the interest of man's salvation. In this context the standards of mental health were derived from Christian morality. In the 1950s, however, the concept of freedom was used by the spokesmen of the mental health profession in such a way that the priority of Christian values vis-à-vis scientific standards for mental health was reversed. It was no longer perceived as an eternal supernatural essence of man, but rather as an ensemble of psychological capabilities which could be developed by good education and could also be, if necessary, realized within the practice of psychotherapy itself.

Thus, inside the institutions of mental health care, Christian values were given another meaning, so that they were in line with modern psychology. Passive obedience to moral authority was not considered a virtue any longer, and religion was to be rooted in inner conviction and confidence. Mental health, defined as inner freedom, was to be valued now as a precondition for a more individualized faith. Therefore, the central problem was no longer the sinfulness of man and the moral corruption of society, but rather man's lack of inner freedom; one could not be held entirely responsible for one's own actions, because deficient education, irrational fear and feelings of guilt, and disturbed relations in the family, in short, psychological factors were deemed to be the ultimate causes.

The changing relation between religion and mental health care can be seen as the historical context which explains the second transformation in Christian judgment as well as the definition of homosexuality. In the 1930s and 1940s attention had focused on seduction and homosexual acts which infringed on spiritual freedom, while in the 1950s reference was mainly made to the condition of a minority which was supposedly suffering from a lack of psychological freedom. In this discourse, homosexuals were classified as "neurotics" and compared to children. Both categories could not be judged by the same moral standards as that which could be attributed to full-grown adults. Homosexuals could hardly be held responsible for committing sins, because they were "immature" and because they suffered from a "deficiency in mind and free will".

Psychological qualifications, such as mentally unstable, maladaptive, immature, egoistic or asocial, had taken the place of medical and theological concepts. In this context, homosexuality was seen as a flaw, a disturbance in the normal development during childhood and puberty. Psychologists and educational theorists who advocated a more tolerant attitude towards sexuality stressed that the promotion of a healthy heterosexual development in boys and girls was a means toward preventing homosexuality. Sex-segregated schools and seminaries, which before the 1950s had been the normal place for socialization among Catholics - although priests had looked upon intimate friendships between boys and, to a lesser extend, between girls with suspicion - were criticized by psychologists and psychiatrists. Like

Protestant professionals had done before, they claimed that sex-segregation might interfere with normal heterosexual development and thus facilitate homosexual proclivities. Thus homosexuality played a part in the debate on coeducation. If during the period before the 1950s, homosexuality had been seen mainly as an immoral phenomenon which threatened Catholicism from the outside, it was now increasingly seen as an internal problem in Catholic communities. Not only traditional sex-segregated institutions for Catholic youths, but also the clergy itself appeared not to be immune to homosexual leanings: a growing number of clergymen appealed to psychiatrists because they were not able to cope with the demands of celibacy.

Around 1960 a third important transformation took place, which was effected by another change in the definition of religious values. This was prepared by developments that took place in the 1950s within the mental health movement. Together with modernist theology, phenomenological psychology and the so-called human relations movement were introduced into the Catholic and Protestant world. These stressed the importance of individual experience and stable, emotionally fulfilling relations between individuals as a refuge from the impersonal utilitarianism and materialism of modern society and as a mode of achieving religious values in personal life. In this context an important change in the Catholic judgment of marriage took place. Procreation was not considered to be the main purpose of marriage any more; mutual affection between the spouses was valued as a meaningful object in itself. Sexuality not only served procreation, but was also a way to express affection in relationships. The rise in the Christian communities of an ethic which valued emotional relationships as a way to find meaning in life contributed to a new view on homosexuality. If at the beginning of the 1950s lack of freedom was supposedly situated in the psyche of the homosexual himself, it was now increasingly perceived as a characteristic of his social condition: he suffered from being looked upon as different and inferior, from being isolated and lonely, and from leading a meaningless life. Homosexuals could be "treated" now, not by curing or preventing their orientation - that had to be accepted as a destiny - but by helping them to realize freedom in their lives.

The files which I studied from this period show that priests, supported by Catholic psychiatrists, promoted a situational and personalized morality: not church authority, but individual conscience should be the moral guide.[12] Pastoral care resembled psychotherapy in many ways. Homosexuals must be responsible for their own lives: they were stimulated to counter their isolation and loneliness as well as their

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[12] I consider moral, pastoral, and mental health problems described in the files by Catholic homosexual men and women, priests and psychiatrists not to be objectively given facts, but interpretations that are produced in social interactions of professionals and laymen. As difficulties have to be transcribed into a descriptive language before they can be treated, the practice of pastoral and mental health care, as I have studied it in the appropriate files, can be viewed as a process by means of which the formulations of homosexuals concerning their difficulties in daily life are reformulated by priests and psychiatrists in a certain way. They are transformed into "problems" of a particular type: moral, medical, psychological, or social. These transformations in face-to-face interactions can be explained by historical developments on the macro-level: changing relationships of power and dependency between several social groups within the Catholic community: clergy, professionals such as physicians, psychiatrists, and psychologists and Catholic homosexuals.

"irresponsible and compulsory" promiscuity in the homosexual subculture by striving for stable, lasting friendships. Catholic priests and professionals shifted attention away from sexual acts between homosexuals together with their presumed inferior condition toward affection and responsibility in relationships. To the extent that "homophiles" - as homosexuals were called now - were capable of maintaining stable, monogamous relationships, they were expected to overcome their deficiencies, so that they might take part in the same moral order as married heterosexuals. This type of care was characteristic for a fundamental change in social policy in the modern welfare state, which in the Netherlands bore the stamp of Christian policy. Whereas before the 1950s deviants had been labelled as abnormal, as diseased, asocial, or immoral, and they had been isolated and excluded from the healthy and virtuous body of society, now pastoral and professional strategies were directed towards integration. Now deviants were supposed to be able to take part in normal society by integrating body and soul, and by reforming their lifestyle and normalizing their social interactions.

It should be noted that homosexuals themselves were not passive objects of pastoral care. New ways of dealing with homosexuality were not simply imposed from above by professionals applying a clear-cut disciplining strategy, but they came about by muddling through in social interactions of homosexual men and women on the one hand and clergymen and professionals on the other. In their sexual behavior homosexual men deviated from the Christian norm all the time, to be sure. Before 1960 it could only be viewed as aberrance, and although in pastoral care a double standard of morals was practiced, it was hardly possible for them to dispute the Catholic doctrines in public. In the 1950s there were some indications of rebellion among Catholic and Protestant homosexuals. Some of them began to question openly the legitimacy of Christian doctrines and clerical authority, since more and more they were able to escape social and clerical control. Possibilities for social mobility were increasing and a lot of Christian homosexuals began to participate in the urban subculture of Amsterdam. Gradually homosexuals had become more visible, and the gap between the ethics disseminated by the churches and the actual behavior of homosexuals was widening. At the same time most of them did not reject Christianity as such: they indeed often formulated their problems in religious terms and a lot of them suffered because of their consciousness of guilt. Instead of turning their backs to the church, many of them looked forward to a change in Christian treatment of homosexuality. To a large extent the priests and psychiatrists met their needs by formulating a new religious discourse. As "moral entrepreneurs," some Christian authorities on pastoral and mental health care contributed to a large degree to the change in the moral climate in Holland during the 1960s that laid the foundations for the reputation the Netherlands still enjoys nowadays as far as gay emancipation is concerned. Along with the changing social position of homosexuals, the homosexual rights movement also had some impact on Christian clergymen and psychiatrists. This was due to the fact that at that time it was defining emancipation in terms which resembled the ideology of the mental health movement. By emphasizing that they were working in the interest of public health, and by rejecting the "immoral" practices in the subculture, contemporary homosexual activists showed their dependence on the dominant discourse, which was Christian in nature for a large part.

The emancipation of Christian homosexuals from traditional church authority did not necessarily mean that moral control of sexual behavior disappeared. Control was transformed from external coercion towards internal self-constraint.[13] The purport of the Christian sexual reform was that suppression of sexuality by rigorous divine laws in which procreation within marriage was the standard, was superseded by a more humanistic ethical code in which the meaning of sexuality for individual well-being and personal relationships was stressed. In that way Christian care still affirmed the importance and the charged nature of sexuality; clergymen and Christian professionals unintentionally contributed strongly to a consolidation of homosexual consciousness and identity.

To conclude, the transformations in the Christian discourses on homosexuality should not be considered as a process in which discriminatory myths and "superstition" were gradually superseded by more truthful and realistic knowledge. From this point of view, one could suppose that homosexuality itself contains an essence which in the process of history has been covered up by ignorance, prejudice, or misinformation and that, therefore, emancipation could mean the revealing of the truth of that essence. To the contrary, I believe that my historical analysis shows that homosexuality has no essence, but is always implicated in social meaning-systems. In the first half of this century, Catholic texts continually referred to the immoral *behavior* of various people. From the 1930s onwards, by using terminology such as "psychopathology", "psychological deficiency" and "fateful destiny," the moral approach was confronted by the idea that homosexuality manifested a *condition* of a fixed minority that was successively organic, psychosomatic, psychological, and social in nature and that was to be differentiated from the condition of heterosexuals. Around 1960 attention shifted to homosexual *relationships* which were not perceived as a relationship on its own terrain, but rather were to be judged according to the same standards as marriage. This notion of homosexuality had an admixture of (new) religious as well as psychological connotations.

Homosexuality was transformed from a concept of sin and pathology into a mental health and social problem, during a continuing dialogue and a process of changing power relations between priests, pastoral theologians, physicians, psychiatrists, psychologists, and pedagogues as well as Christian homosexuals themselves. There was continuity as well as discontinuity in this process. As far as developments in the Catholic and orthodox-Protestant communities in Holland are concerned, it is difficult to make a clear differentiation between religious and moral discourses on the one hand and medical and psychological ones on the other hand. Moreover, medical and psychological interventions did not take the place of pastoral care; from the files I studied it appears that pastoral care for homosexuals gained ground and was intensified *after* medical and psychological definitions of homosexuality had found acceptance in the Catholic community. Professional medical and psychological strategies did not supersede religion, but rather contributed to a moral reorientation and a new pattern of Christian values and appreciations in the field of sexuality.

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[13] Cf. N. Elias, *Ueber den Prozess der Zivilisation* (Bern, 2nd ed. 1969 [1st ed. 1939]).

Individual well-being and social welfare were conceptualized not only in terms of physical and mental health, but also of self-realization, of giving spiritual meaning to one's life. Whereas traditional Christian behavior was characterized by ritual religiosity, devotional piety, and obedience to church authority, the new Christian values on sexuality of the 1960s stressed the importance of individual conscience and responsibility, self-reliance, the integration of body and soul, compassion, and meaningful interactions with one's fellow-men.