

DEGENERATION: THE NINETEENTH-CENTURY BOURGEOIS NIGHTMARE

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Nineteenth-century philosophical and scientific thinking was permeated by an awareness of perpetual change and development. Not 'being' but 'becoming' or 'evolving' was considered essential for the explanation of what human existence was about. Several philosophies and scientific theories were influential. The wide-ranging philosophy of Georg Wilhelm Friedrich Hegel elucidated that the human spirit developed and realized itself by continuously transforming social and cultural reality, thus making it more and more rational. The historical-materialist theory of Karl Marx held that successive ways of producing the necessities of life and continuous class-struggle would push society forward towards a classless society. The sociological theories of Claude Henri Sain-Simon and Herbert Spencer stressed continuous differentiation and specialization as the motor of socioeconomic progress. Auguste Comte's theory of Positivism spelled out that mankind, in its mental development, had passed from the religious and metaphysical stage to the scientific era in which society would be rationally and efficiently managed on the basis of solid scientific knowledge and technological know-how. These theories expressed an optimistic belief in social progress.

Developmental thinking also pervaded biological thinking, as exemplified by Charles Darwin's theory of evolution and the subsequent social-Darwinist perspectives on human nature and society. Such theories raised doubt about progress. Darwin himself was ambivalent about the direction of natural evolution, in which chance played a prominent part and which seemed to be without a clear purpose. By the mid-nineteenth century a rather pessimistic view of human development gained ground. Referring to biomedical knowledge, Social-Darwinist thinking and degeneration theory in particular pointed out the risk of decline.

What did degeneration mean? What role did it play in science and the broader intellectual culture? And how and why did it also gain influence in society and politics?

The notion of degeneration as deterioration, decline, regression and loss of perfection, in particular in a cultural and moral sense, is age-old. Plato saw empirical reality as a decline from the perfect and pure world of ideas; Christianity taught that mankind had lost its purity and innocence through the fall from paradise; Jean-Jacques Rousseau asserted that civilization was a decline from a supposedly unspoiled natural state; eighteenth-century thinkers pointed out the decline and fall of historic civilizations, such the Roman Empire (Edward Gibbon); and naturalists explaining the differences between Europeans and exotic non-western 'races' assumed that the latter had fallen back to a lower cultural level. At the end of the nineteenth century, some artists prided themselves as being 'decadent'; a term which became also widely used to refer to debilitating over-refinement which could also result in cultural and moral degeneration. In the course of the nineteenth century, the notion of decline also entered biological and medical thinking and thus acquired the status of a natural scientific concept. As such, degeneration was basically about heredity, in particular the passing on of bad traits during

succeeding generations, going hand in hand with increasing defects and pathologies. This idea had wide repercussions for the image of man as a natural as well as a sociocultural being.

The biomedical degeneration theory ascended against the background of a positivist and science-minded culture, in which natural science was viewed as the source of solid knowledge. The theory's credibility was underpinned by the growing prestige of the life sciences. Objective science was the antipode of religion, metaphysics and Romantic subjective experience. The popularity of degeneration theory reflected the more general confidence in natural science, notably among liberal middle classes. The theory radiated pessimism about the possible development of mankind, but at the same time it was part of an optimistic intellectual climate, characterized by great trust in the power of science to fight or prevent undesirable developments. The achievements in biology, physiology, modern laboratory medicine and physical anthropology, and the rise of psychiatry and psychology, advanced the belief that the body, mind, behavior and cultural patterns of man should be studied and explained on the basis of the methods and cognitive frameworks of the natural sciences, which implied a tendency towards naturalist reductionism, the belief that human existence in all its dimensions (physical, mental, social and cultural) should be explained in biological terms.

A crucial feature of degeneration theory is the combination of developmental (progressive as well as regressive) and hierarchical thinking. The identification of the various stages of developmental processes were intrinsically related to particular binary and at the same time hierarchical classifications. The basic one was *developed* (or progressed) versus *un(der)developed* (or regressed). This fundamental and abstract dichotomy was specified with various other, either similar indefinite or more concrete, contrasts: normal versus abnormal, health versus disease, natural versus unnatural, rational versus irrational, sane versus insane, primitive versus civilized, white versus black or colored, masculine versus feminine, grown-up versus childish, upper versus lower class, social versus a-social and so on. These hierarchical divisions in terms of superior and inferior natural qualities shaped the conceptual groundwork for racism, sexism and classism.

Degeneration theory and the various forms of Social Darwinism typically provided a comprehensive sociobiological perspective on man on the basis of the assumption that human culture depends on a more fundamental human nature. Also, the concept was applied to the micro-level of individuals and families as well as the macro-level of social, ethnic and 'racial' groups, peoples, nations and societies. Collectives were compared to individual organisms which are born and subsequently grow, age, and die. With regard to the relation between nature and culture or civilization, however, degeneration theory was not without ambivalence. Whereas in eighteenth and early nineteenth-century natural history and ethnology degeneration used to be associated with so-called primitive, non-Western cultures, by the second half of the nineteenth century, it became increasingly situated within Western civilization itself. All sorts of primitive elements, so-called atavisms, such as perverse and violent instincts, were identified in modern society, which entailed the idea (and fear) that it might regress to a primitive stadium prior to the development of European civilization. The Italian psychiatrist and founder of criminal anthropology Cesare Lombroso, in his biological explanation of criminality, asserted that the inclination toward crime would be an atavism, a remnant of a primitive evolutionary stadium of aggressiveness and lack of moral consciousness. In a similar way psychiatrists explained sexual deviance, labelled as inborn perversion, as a symptom of primitive inclinations and behaviors. In this way, degeneration was associated with a return to primitivism, but on the other hand, degeneration was also increasingly considered as a corruption of advanced ('decadent')

civilization in itself. It was believed that degeneration was the price people in the Western world had to pay for their sophisticated urbanized and industrialized civilization. The problems of industrial society, such as social disruption, increasing crime, alcoholism, suicide, mental disorders and sexual perversion as well as declining birth rates were explained in terms of degeneration. The underlying (Rousseauistic) assumption was that material progress, luxury, and refinement came with the risk of the loss of humankind's original healthy and robust physical nature as well as spiritual and moral deterioration. The high demands which individuals should meet in order to function in complex modern society, would undermine their natural vitality and energy. In medicine there was growing attention for both physical and mental fatigue and the overburdening of the human nervous system. Physicians discovered new mental disorders, such as nervousness, neurasthenia and hysteria, which were seen as typical for modern civilization. That modern, 'unnatural' civilization caused its own anxieties and pathologies is a notion that was elaborated by Sigmund Freud in his book *Das Unbehagen an der Kultur* (1930; *Civilisation's discontents*): civilization would demand so much repression of natural impulses and self-control, that it caused nervous and mental complaints.

Degeneration was often recognized in visible physical features, as these were investigated by phrenology, craniometry and physiognomy through measuring the human skull and analyzing facial expressions in order to determine the mental qualities and capacities of people as well as their character. Lombroso adopted this approach for identifying so-called born criminals on the basis of particular physical features, such as heavy eyebrows, a low forehead, pointy ears, thick lips, and tattoos. Degeneration, however, was not considered to be always directly visible. It also involved a hidden predisposition which would do its destructive work unseen, in ways that could only be detected through medical investigation. If initially degeneration was attributed to the lower classes and non-Western 'primitive' peoples, at the end of the nineteenth century, with the assumed rise of deviance and mental symptoms such as nervousness and hysteria, the view gained ground that the upper and middle classes also ran the risk of falling prey to degeneration, although the symptoms might not be so clearly visible.

Biomedical science, including Darwinism, Social Darwinism and degeneration theory, entailed a displacement of the prevailing Christian view of man. The religious moral categories of virtue and sin were more and more replaced with dichotomies such as normal versus abnormal and healthy versus diseased as the criteria for evaluating human behavior. The biomedical view of man as a natural being was also at odds with the enlightened view of man, which took the rational mind for the essence of a common human nature. The biomedical sciences, on the other hand, explained human nature in relation to man's physical functioning and related the mind to biological make-up. In contrast to the Cartesian mind-body dualism, the human mind was increasingly drawn into the body. Biomedical and later also psychological knowledge of man more and more questioned autonomous consciousness and free will. The positivist belief in rational science ironically resulted in the scientific insight that mankind is not so rational after all and that it is largely driven by erratic natural instincts. This vitalistic view of man was also articulated in philosophy by Arthur Schopenhauer and Friedrich Nietzsche, in psychology by Sigmund Freud, and in literary fiction, for example, by the naturalist novelist Emile Zola as well as the writers Joseph Conrad in his *Heart of Darkness* (1900) and Robert Louis Stevenson in his *The Strange Case of Dr. Jekyll and Mr. Hyde* (1886), in which Mr. Hyde, the dark side of Dr. Jekyll, is described as a prototypical degenerate.

If Darwin showed that man, like all animals, was a product of the whims of nature, degeneration theory emphasized that human beings were essentially irrational and had no or little control over

themselves. Man was shaped by forces beyond rational awareness and self-control, by heredity, instincts and the physical and social environment. In general, degeneration was associated with a lack of control of the higher mental faculties over man's instincts as a result of a weakening of his nervous system. Many modern individuals, it was felt, were more and more guided by their physical impulses, instincts and emotions, while spiritual and moral values increasingly lost ground as guiding forces in human life. Not only the so-called 'savages' outside Europe would embody this tendency, but also different groups within civilized society, in particular children, the feeble-minded, the insane, women, the lower classes and various so-called a-socials. Degeneration theory articulated the worrying insight that perhaps civilization was only a thin veneer, and that underneath people were largely ruled by irrational drives. Degeneration theory was, however, ambiguous on this point: as object of science, humans were considered as basically irrational, but the rationality of the scientists themselves went unquestioned. In other words, the scientific proponents of degeneration theory, who were white bourgeois males, always took for granted their own self-controlled autonomy and rationality when studying man. They typically exemplified a great trust in science and the positivist doctrine that science would enable the control and improvement of man and society.

How could degeneration theory, in the wake of the (theoretical as well as practical) impact of the biomedical sciences gain influence, not only in scientific circles but among a broader audience as well? Beyond being merely theoretical, the increasing scientific attention for the human body and mind was closely linked to political and social issues. Industrialization entailed new challenges and problems. The factory-mode of production required a new mindset and productive behavior, such as order and regularity, efficiency and rationality, a work ethic, and good health. At the same time, industrialization also brought new social problems: social disruption, large-scale urbanization and over-crowded and unhealthy living conditions, environmental pollution, the spread of contagious diseases such as cholera, diphtheria, typhus, and tuberculosis, and the continuous risk of social turmoil. Such requirements and problems triggered attention of governments, philanthropists, social activists and scientists for the ways of life of the population. Against this background social issues were often seen from a medical viewpoint (rather than a political one). Health and normality were important middle-class values and related to norms of hygiene, self-control, social responsibility, productivity, and thrift. All of these triggered efforts to gain a better hold on the way the masses conducted their lives. In the second half of the nineteenth century, the state of public health and hygiene began to serve as benchmark for the quality and strength of modern society. Medicine not only began to acquire the status of a natural science in the modern hospital and the laboratory. Physicians, under the banner of public health and hygiene, also got involved in social policies. Medicine was traditionally geared to ill individuals, but now its knowledge and techniques were also considered as useful for keeping up and improving the health of society as a whole. In this respect society was often compared to a living organism, in which the parts, the individuals, like body-organs, were supposed to adapt themselves to the healthy well-functioning of the whole.

Against this background, degeneration theory gained relevance with regard to public physical health as well as to mental conditions. Degeneration theory paid attention not only to physical pathology, but especially to mental disorders. Therefore, the theory won support in psychiatry in particular, the more so since the rise of degeneration theory coincided with a major stage in the development of psychiatry as a recognized medical field. It was in fact a French psychiatrist, Benedict Auguste Morel (1809-1873), who formulated a distinctive explanatory framework for understanding degeneration. As a leading expert of feeble-mindedness and idiocy (mentally

handicaps, as we would phrase it nowadays), in 1857, two years before Darwin's *Origin of Species* (1859), Morel published his *Treatise on the physical, mental, and moral degeneration of the human species*. Based on his clinical practice and statistical data derived from population studies, he posited two laws. The first claimed that bad traits in humans prevail over good ones, implying that bad traits in one of the two parents already produced degenerative traits in their offspring. The second law stipulated that heredity involved a dynamic process: the passing on of bad traits during succeeding generations would go hand in hand with increasingly serious defects and pathologies. These were the result of continuing biological decline over the generations, a development from bad to worse, which was assumed to express itself in physical as well as mental disorders. For example, if the first generation was alcoholic, the second might suffer from nervous disorders, the third would be insane and the fourth completely mentally retarded. In his explanation Morel stressed the harmful influence of unfavorable physical (geographic, climatologic, and polluted) and social (urbanized and industrial) environments as well as sociocultural factors, in particular hectic modern life and the associated bad habits: materialism and luxury, excessive eating and drinking, alcoholism, sexual license, intellectual overburdening, disorienting spatial and social mobility and economic uncertainty caused by the instability of capitalist markets. All these factors would overstrain the nervous system, which in turn would result in all sorts of bodily and mental disorders.

Morel's mirror image of evolutionary thinking was not so much influenced by Darwin's theory as the early nineteenth-century French naturalist Jean-Baptiste Lamarck, who in France was and remained much more influential than Darwin. Lamarck explained the development of living creatures on the basis of their interaction with new challenges in a changing habitat. He assumed that during their life, organisms can purposively adapt to an altered environment and that their acquired new traits can be passed on to the next generation, which continued the same adaptive behavior. There is a crucial difference between mechanical Darwinism, which views evolution as a blind process largely propelled by random natural selection and survival of the fittest, and Lamarck's teleological theory of evolution driven by purposeful advancement. Following Lamarck's reasoning, Morel argued that defects and pathologies came into being through the cumulative impact of detrimental environmental influences (natural as well as cultural), unfavorable patterns of behavior, and inherited disadvantages. His comprehensive explanation, mixing biological, behavioral and sociocultural causal factors, was typical for degeneration theory in general. No clear distinction was made between nature and nurture; biological and natural as well as sociocultural influences converged in a single and flexible (and therefore also ambiguous) sociobiological explanatory model.

Inspired by Morel's work, degeneration theory was further elaborated in psychiatry in particular. There are specific reasons why this theory was attractive for and advocated by psychiatrists. Psychiatry was a fairly new branch of medicine that around 1800 emerged together with the establishment of the first mental asylums as hospital facilities. Under the influence of Enlightenment thinking and the medical reforms of the French Revolution, the idea gained ground that madness should not be explained any longer in religious and moral terms – as God's punishment for sin or as a demonic influence that took possession of people – but that it was an illness that could and should be medically treated, and possibly cured. Insanity could be treated, thus physicians claimed, by isolating the insane from society and hospitalize them in special institutions, preferably far away in the countryside, where they could be put under a fully controlled medical regimen, re-educated and thus brought back to reason.

The scientific and medical status of psychiatry, however, was uncertain. The effort to treat and cure the insane was not very successful. In the course of the nineteenth century, mental asylums began to face overpopulation because of growing numbers of incurable mentally ill and deficient patients for whom it was more and more difficult to function in modern urban society. Asylums turned into detention and care institutions rather than hospitals. Although psychiatrists claimed to have medical knowledge of insanity, they could not live up to their therapeutic ambitions. Moreover, their medical affiliation was contradictory: as physicians they assumed that mental disorders had a physical basis, yet in therapeutic practice they often used 'moral treatment', which was basically behavioral and mental re-education. From the mid-nineteenth century, psychiatrists, in their efforts to develop a more biomedical approach to insanity, embraced methods and models from biology and natural scientific somatic medicine. Brain anatomy and neurophysiology would prove that mental disorders were rooted in physical disorders of the brain and the nervous system. This prospect was, however, hardly substantiated. Causal links between symptoms of mental disorder and physical anomalies were barely discovered. (In fact, despite advanced brain scanning technology and psychopharmaceutical drugs, the link between mental symptoms and physical lesions in the body still raises questions today. And psychiatrists are still unable to cure serious mental illnesses like schizophrenia, although they are better able to control the symptoms.)

The very lack of well-founded biomedical knowledge in psychiatry has contributed to the adoption of degeneration theory in this field. Although it provided no empirical evidence whatsoever for the somatic basis of insanity, the theory was attractive to psychiatrists because it could serve as a scientific model for legitimizing their field as a biomedical one. The concept of degeneration enabled them to postulate a physical, yet not immediately clearly visible underlying causal factor: heredity. In this way psychiatry was able to connect with evolutionary thinking and its emphasis on the biological foundation of human life. Psychiatrists presented Morel's theory as a convincing natural scientific explanation of insanity and feeble-mindedness. Their ultimate causes were to be found in reproduction and heredity, which were assumed to occur according to specific biological laws.

Psychiatrists not only used degeneration theory for improving their shaky professional and scientific status as doctors, but they also referred to it as an explanation for their inability to cure mental illness. Since insanity was generally the result of defective inheritance, they argued, most mental patients could not be cured: heredity was an unchangeable biological fate. More important than curing the insane, would be the effort to prevent mental disorders. In this way psychiatrists shifted and broadened their professional ambition from institutionalized and incurable mental patients to the need to detect and prevent mental and behavioral derangements in society. A social-hygienic approach enabled psychiatrists to escape the confines of the asylum and extend their professional domain in society. Because the degeneration concept comprised biological as well as social and moral aspects, it facilitated the linking of mental disorders with various deviant and abnormal mental states and behaviors. In this way degeneration theory served the purpose of expanding the field of psychiatry through broadening the definition of mental illness. If initially insanity was mainly viewed as a disorder of the rational mind which expressed itself as seriously disruptive and dangerous behavior, degeneration thinking advanced the labeling of a wide range of derangements, not only those of the rational mind, but also those of emotional life, as well as deviant conduct as mental pathologies. In this way, psychiatrists were able to expand their expertise to conditions related to social problems such as crime, alcoholism, prostitution, suicide, sexual perversion, chronic

pauperism and unemployment, and so-called a-social behavior. They could subsume such issues, which supposedly threatened the stability of modern industrial and urbanized society under an overarching biomedical label, and thus bring them under a medicalized regime. Biomedical science in general and psychiatry in particular claimed a leading role in defining what was normal and abnormal in modern society. Such a claim was more than just a consequence of professional ambition. It shows as well that biomedical thinking in general and degeneration theory in particular should also be situated in a wider sociopolitical context.

The popularity of the notion of degeneration can be understood against the background of fears and aspirations among liberal middle class men and their response to urbanized and industrialized mass society, in which the labor class and also feminists and some minorities increasingly pushed for equality and full social participation. Middle class worries about the downsides and dangers of modern mass society were expressed in terms of the threat of irrational and primitive Others: the lower classes, women, criminals, sexual perverts, colored people or Jews. Also, concerns about lacking national cohesion and integration, and declining birthrates, which would undermine the economic and military strength of the nation, played a role. The defensive middle class response to the assumed harmful effects of social and political modernization brought a reorientation of the liberal worldview. Classical liberalism, as it materialized in the American and the French Revolution, was characterized by optimism and openness, by the enlightened belief in progress, social improvement, human rights and equality which could be realized through the continuing advancement of reason. Liberalism relied on the formative influence of the social environment in a well-organized society which would enable reasonable human beings to improve themselves and their living-conditions.

In the course of the nineteenth century, however, this optimistic outlook changed into a more pessimistic one. In the second half of the century, the belief in rationality and social progress was increasingly replaced by a more fatalistic view that questioned the relevance of social and political reform. The Enlightenment idea of a uniform and rational human nature that could be shaped by social advancement and education was superseded by an emphasis on inevitable inborn natural differences and inequalities between individuals and between 'races', ethnic groups, the sexes, classes. This shift from enlightened faith in human freedom and equality to biological determinism was reflected in a transformation of the political ideology of liberalism.

As ideology of the rising middle classes, the main aim of classical enlightened liberalism had been to safeguard basic civil liberties of individuals against the state (such as those of privacy, freedom of speech, opinion press, of religion as well as of property and economic activities). The ideal was a rationally ordered contract society consisting of free, independent citizens who are aware of their social possibilities and responsibilities. Individual freedom and equality of opportunity were prioritized, at least in the theory of classical liberalism. In practice these ideals could only be realized by an elite of upper- and middle-class men; the rest of the population was excluded because it was not considered to be qualified for political rights. Economic and political control was in the hands to men with property who met the requirements of reasonableness and self-control and of the bourgeois-capitalist order. Political participation was restricted to educated, economically independent and responsible upper- and middle-class gentlemen, who were supposedly able to harmonize their freedom and their responsibility for an orderly society and the public good. Liberal freedom was in fact a controlled and managed freedom for a rather small section of the population.

Especially after the revolutions in 1848, all over Europe, this liberal-bourgeois order was challenged by an emergent pluralist mass society. The liberal elites faced an increasing scale of social modernization, the risk of social disintegration and uprooting, and increasing pressure for further democratization as a consequence of the rise of new emancipation movements, such as socialism and feminism. In the eyes of the liberal bourgeoisie such demands were not compatible with their ideal of controlled freedom: democratization outside of their own group would result in social disruption. A barrier was needed against the unruly freedom and irrationality of the lower classes, women, inferior ethnic groups or 'races', and deviant individuals, such as the mentally deranged, born criminals, incorrigible paupers and a-social individuals. The stability and cohesion of the social order was now considered as the core liberal issue. The emphasis shifted from an individualist and contractual model of society to an organicist conception of society, which stressed the need for integration and cohesion, and which required social control. Facing so-called unreasonable, a-social, indecent or other disruptive behavior, they reconsidered their principle of non-intervention of the state in society. Liberal thought swung from the emphasis on individual freedom against a potentially intrusive state to protection by the state of the health, vitality and order of the nation as a whole.

It was biomedical science in general and degeneration theory in particular that provided liberals with scientific backing for their redefined sociopolitical priorities. After all, health and normality were presented as 'neutral' scientific and not as political criteria. Understanding undesirable people and behaviors as abnormal and pathological, implied that the need to correct, suppress and control them was self-evident. Evolutionary and degeneration theories with their hierarchies of developed and undeveloped made it possible to distinguish different degrees of social integration and adaptivity within mass society, which could serve as a kind of neutral standard for inclusion and exclusion in the liberal sociopolitical order. The biomedical highlighting of natural differences between people seemed to solve the inherent dilemma or ambivalence in the liberal worldview: although it assumed that all men were essentially, on the basis of natural law, equal and should have the same rights, at the same time the idea of responsible and controlled freedom presupposed that rights can only be exercised by rational and self-controlled citizens. Groups who supposedly, because of their natural disposition, lack a sense of reason, self-control and responsibility could not be included in the liberal social order. The liberal principle of fundamental equality of all men was replaced by the naturalist view which stressed the inevitable inequality of human beings because of their inborn and inherited characteristics, qualities and talents.

There was a strong tendency in nineteenth-century biomedical thinking to relate social inequalities to underlying natural differences. Biomedical science legitimized social and political inequalities and in- and exclusion by referring to supposedly inevitable natural inequalities and hierarchies. This particular understanding human nature fulfilled a political function. According to the formal enlightened principles of liberalism it was difficult to justify the denial of political rights for all people on the basis of their own ideological and political principles. Such exclusion, however, was considered to be possible and even self-evident on the basis of the scientifically backed assumption of fixed natural inequalities.