Catholic Discourses on Homosexuality in the Netherlands 1930-1970. / Oosterhuis, Harry. Newsletter of the Discourse Analysis Research Group 6(2). Calgary: University of Calgary, 1990. p. 3-7.

This paper is about the discursive construction of homosexuality as a mental health problem in the Dutch Catholic community between the 1930s and 1970s. In this period power relations between clergymen, pastoral workers, doctors, psychiatrists, psychologists and educational experts were shifting. Within this changing social context not only moral judgements but also the meaning of homosexuality changed from a matter of sin and pathology to a mental health issue. This transformation took place in a continuing confrontation and dialogue between clergymen and professionals in the field of health and welfare. The result was a notion of homosexuality which combined religious and psychological connotations.

The starting point of my research was the discovery of a collection of some 200 files at a Catholic facility for pastoral care (*Pastoraal Bureau*) which was part of an organisation for mental health care in Amsterdam. These files, dating from the late 1950s until the mid-1960s, deal with problems of mostly Catholic men and a few women who were struggling with their homosexuality. The information about these men and women was written down by pastoral workers and psychiatrists who had decided not to denounce homosexuality as sin or illness but rather to listen to their clients and find ways to support them by accepting their sexual orientation and encourage them to find a lifestyle in line with certain Christian values. These files throw light on the way how priests and professionals faced a delicate issue during a period when the conservative rigidity of the Dutch Catholic Church was challenged by calls for reform. Prior to the 1950s, the Dutch Catholic community, which comprised around one third of the Dutch population, had been segregated from protestants and non-believers, and clerical authority in the field of morals, family, marriage and sexuality had hardly been questioned. Within the professional welfare organisations which Catholics developed after the Second World War, notably in the field of mental health care, religious authority was gradually undermined by scientific ideas and professional practices. Despite the official teachings of the Roman Catholic Church, which condemned homosexuality as sinful, from the 1930s onwards, alternative viewpoints were expressed in the broader Dutch Catholic community.

In order to understand the wider meaning of the texts in the files through discourse analysis, I have put them in a broader historical context. I felt a certain dissatisfaction with the dominant a-historical character of discourse analysis in sociology. The dominant approaches inspired by ethnomethodology and conversation analysis hardy consider historical context and change. I believe that historical awareness is important for understanding local practices at the micro-level such as those in the Amsterdam Catholic institution for mental health care. My analysis focuses on the connection

between texts produced within this institution and texts which circulate in society over a longer period of time. Following Hodge (1989), I think discourse analysis should involve historical time and discursive processes. Transformations in meaning on the micro-level should be linked to macro-historical change. As Hodge points out: "Every text/discursive event is constituted by a plurality of diachronic chains or alternative stories… Discourse analysis should try to establish the overall form of this complex structure of determinations … [and of] the relation between events at different levels, or in different series, including the relation between the time of the discursive event, and the time frames of relevant histories."[1]

My research follows in the wake of social constructionism: sexuality as well as mental problems are not considered as natural given facts but as sociohistorical phenomena which are shaped by divergent and changing interpretations and meanings. Such interpretations and meanings are expressed to a large extent in language, in speech and texts, and they are stabilized in discourses and discursive patterns. Language is not just a means of expressing an extra-linguistic social reality, but it is a reality in itself.[2] In discourse analysis texts, which are often presented as factual and self-evident, as a mirror of reality, are treated as discursive constructions providing particular perspectives on extra-linguistic reality. What matters is not the 'truth' or the 'essential' or 'correct' meaning, but the perspectives and meanings which are produced in history by textual practices.

This approach has guided my analysis of the files on the micro-level and texts on the macro-historical level. The troubles the clients of the *Pastoraal Bureau* were experiencing could only be dealt with by formulating them in language. The practice of pastoral and mental health by the pastoral workers and psychiatrists in the *Pastoraal Bureau* was to reformulate the complaints as clients described them. The complaints were transformed in 'problems' of a certain type: moral, religious, medical, psychiatric, psychological, educational or social. These transformations in meanings can be understood by relating them to the broader sociohistorical context, that is to say, to other Catholic – and to a certain extent also non-Catholic – texts on sexuality and mental health. I found around 100 relevant texts, which were produced during the period 1930-1970. In these texts I have identified several discourses on homosexuality on the basis of re-occurring groups of terms centred around certain key-concepts. The historical construction and reconstruction of Catholic meanings of homosexuality can be seen as a discursive process, in which specific meanings are produced by re-occurring relations between words, and changes in meanings are effected by

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[1] B. Hodge, "Discourse in Time: Some Notes on Method", in: B. Torode (ed.), *Text and Talk as Social Practice* (Dordrecht: Foris Publications, 1989), pp. 93-112, citation on pp. 103-104.
[2] M. Foucault, *The Archeology of Knowledge* (New York: Pantheon Books, 1972); D. Silverman and B. Torode, *The Material World: Some Theories of Language and its Limits* (London, Boston and Henley: Routledge and Kegan Paul, 1980); D. Macdonnell, *Theories of Discourse: An Introduction* (Oxford: Blackwell, 1986).

transformations in these relations.[3] The new Catholic meanings emerging in the *Pastoraal Bureau* around 1960 can be understood by situating them in the ongoing Catholic debate about homosexuality at the historical macro-level.

During the first half of the twentieth century, the Catholic view on homosexuality was articulated mainly by politicians and clergymen, as well as lay moralists who reacted strongly to the supposed corruption of morals in modern society. Thus, the introduction of some public morality laws in 1911 was the occasion for Catholic spokesmen to express their views on homosexuality. They rejected the medical and psychiatric understanding of homosexuality, which had gained influence since the late nineteenth century, as well as the biological explanation forwarded by the newly founded homosexual rights movement in Germany (1897) and its Dutch branch (1912). The medical-psychiatric as well as biological explanation held that homosexuality (or *uranism,* as it was also called) was an inherent orientation of a specific minority of men and women, a biological and mental condition, either pathological or natural, of a specific category of people. The Catholics, however, hardly used the words 'homosexuality' or 'uranism', which had only been introduced in the Netherland by doctors at the end of the nineteenth century. Instead they used biblical terms such as 'sin', 'sodomy' and 'unnatural vice' or they used other words with strong moral connotations like 'crime', 'derangement', 'corruption', and 'depravity'. These concepts did not refer to a specific orientation or disposition of a specific group of people, but rather to immoral behaviour. Homosexual acts were seen as part of a wider, continuing range of immorality in which every man could indulge, and, as such, such behaviour was connected to other vices in modern society, such as debauchery, extramarital sex, promiscuity, prostitution, pornography, and birth-control.

This traditional moral-religious discourse, dominating the Catholic view of homosexuality in the early twentieth century, was joined in the 1930s by a medical discourse. Some prominent Catholic psychiatrists and priests who were experts on pastoral care, took up the topic and proclaimed themselves as experts on homosexuality. Several articles on homosexuality appeared in a major Catholic medical journal and also in an influential journal for pastoral care. At the same time, in 1939, the Catholic society of doctors organized a special conference about homosexuality and published the lectures. It was now clear that some influential Catholic intellectuals felt that modern scientific insights, biomedical as well as psychiatric, could not be ignored. Although they tried to interpret modern explanations of homosexuality in such a way that could be brought in line with Catholic doctrines, the unintended effect was an undermining of theology as the main frame of reference for understanding and judging homosexuality.

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[3] T. Hak, *Tekstsociologische Analyse* (Dordrecht: Foris Publications, 1988).

During the 1930s and 1940s, the juxtaposition of new medical-psychiatric notions as disposition, constitution, orientation, psychopathology, mental disorder, neurosis, and contamination, with such theological concepts as sin, freedom of will, responsibility, guilt, and moderation brought about the first transformation of Catholic thinking about homosexuality. A differentiation was made between a homosexual disposition, which by itself could not be considered as sinful and which had to be accepted as a deplorable, but more or less inevitable fate, and sinful homosexual acts which could and should be opposed and prevented. Closely connected to this differentiation in the scientific and moral understanding of homosexuality, two categories were distinguished. On the one hand so-called 'real' homosexuality, which was supposedly determined biologically by an innate drive. And on the other hand so-called 'pseudo'-homosexuality, which was just the contingent 'perverse' behaviour of essentially 'normal' men, for which several moral and social causes were mentioned, such as seduction, the decline of Christian morality, the permissive atmosphere of modernity (especially in urban centres), propaganda by the homosexual rights movement and sexual reformers, and the segregation of men from women in the army, in prisons, on ships, in boarding schools, and in monasteries.

From the point of view of the Catholic doctrines at that time, these two categories of homosexuality were to be treated in different ways. One of the most important conclusions reached at the end of the 1930s was that the priest (as confessor and as spiritual adviser) had to take the advice of a medical expert before making his judgement on homosexual 'sinners'. Only in the case of 'pseudo'-homosexuality, such leanings and behaviour should be treated as a mortal sin, as 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 acknowledged that moral judgement had to be geared towards a medical diagnosis. The usual advice given by priests to homosexuals, namely get married, was dismissed. At the 1939 medical conference, the possible biological and psychological causes of the homosexual disposition were debated extensively. Although it was generally considered as a pathological condition and some Catholic doctors experimented with chemical therapies and castration as 'cures', on the whole the psychiatrists were rather reserved about the possibilities of treating the 'illness'. What was rather striking in all of this was that, already in the 1930s, priests and psychiatrists decided that 'real' homosexuals should not be held personally responsible for their leanings, because they were supposedly deficient in free will with regard to their sexual drive. Therefore, this category should not be treated merely as sinner. Priests as well as physicians were supposed to

come to an understanding of his psychological make-up and be patient and compassionate in encouraging him to lead a moral life in abstinence.

By differentiating between 'real' and 'pseudo'-homosexuality, the moral-religious and medical discourses could co-exist and enhance each other in Catholic texts. In texts dating from the late 1940s and early 1950s, however, these discourses more and more appeared to be in conflict. For example, a number of Catholic psychiatrists argued that sexual disturbances could be seen as the result of neurotic suppression of the natural passions, for which rigid Catholic morality was in part to blame. On the other hand, some priests accused these psychiatrists of promoting tolerance for sinful behaviour, which, like masturbation, jettisoned Christian morality. In fact, this discussion was part of a struggle withing the Catholic community over the definition of mental health, in which the priority of religious values vis-à-vis scientific (medical-psychiatric and increasingly psychological) insights was at stake. During the 1930s, mental health had been defined in moral terms and put on a par with Christian virtues, but after the Second World War mental health was described increasingly in terms derived from psychiatry, psychology, and social sciences. Supported by the newly emerging welfare state, a rapid growth in Catholic provisions for mental health care took place. These facilities introduced new approaches, methods and therapies which differed not only from traditional pastoral care, but also from institutionalized medical psychiatry with its somatic approach. The new mental health perspective was directed at the prevention of mental illness and the early therapeutic treatment of minor mental complaints, and it also targeted problems concerning family and marriage, sexual relations and raising children.

The historical development of professionalized Catholic mental health care in the Netherlands, which was the context in which meanings of homosexuality changed, can be seen as a transformation in the relation between religion on the one hand and psychiatry and psychology on the other. This transformation changed the meaning of Catholic moral values as well as the definition of the object of psychiatry. Although the influence of professionals increased, the impact of priests 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 on their monopoly in dealing with personal issues, others supported it. Therefore, it was no coincidence that in texts on mental health care dating from the 1950s, we see a re-emergence of some central concepts of Catholic pastoral theology, such as freedom and (moral) responsibility. These terms, however, were not connected any longer with religious concepts such as guilt, sinfulness, salvation, and redemption, but rather with psychological notions like 'personal growth', 'character', 'personality', and 'maturity'. The new discourse of mental health emerged as a new combination of concepts which had been used earlier in different contexts.

The changing meaning of the concept of 'freedom', a key term in Catholic theology as well as in the ideology of the mental health movement, is a case in point. On the one hand, Catholic theology had always connected freedom with free will, rational insight, awareness, moral responsibility, the inviolability of the soul, and grace, and as such it referred to the God-given supernatural qualities of man. On the other hand, the object of psychiatry had been defined in terms of a pathological lack of freedom: insanity implied the loss of free will, of rationality and of responsibility. All of this was associated with the non- or anti-spiritual, with the uncontrollable passions which had to be subdued for the sake of salvation. In this context the standards of psychiatry were not in conflict with Catholic morality.

In the 1950s, however, the concept of freedom was used by the spokesmen of the mental health movement in such a way that the priority of Christian values vis-à-vis medical and psychological standards was reversed. The quality of freedom was no longer perceived as an eternal supernatural essence of man, but rather in terms of an ensemble of psychological capabilities which could be shaped and developed by a good education and, if necessary, by mental health care assistance. Thus, in mental health care facilities, Catholic values were given another meaning, so that they were in line with modern psychiatry and psychology. Passive obedience to moral authority was not considered a virtue any more and religion was to be rooted in inner conviction and confidence. Mental health, now defined as inner freedom, was to be considered as the precondition for a more truly, individualized faith. The central problem was no longer the sinfulness of man and the moral corruption to which (s)he was exposed, but rather man's lack of inner freedom as a consequence of several possible factors such as a deficient education, irrational fear (stirred, for example, by an authoritarian and dogmatic clergy), feeling of guilt and disturbed relations in the family. Sociopsychological factors were now seen as the decisive factors.

The change in the concept of freedom brought about the second transformation in the Catholic approach of homosexuality, which included a new definition of homosexuality itself. Whereas during the 1930s and 1940s attention focused on sinful homosexual behaviour, which indicated and infringed on spiritual freedom, during the 1950s attention shifted to the condition of homosexuals who supposedly suffered from a lack of mental freedom. In the new discourse, homosexuals tended to be viewed as neurotic and immature. As such they could not be judged on the basis of the same moral standards as mentally healthy adults. According to this argument, homosexuals could hardly be held responsible for committing sins, because they suffered from a mental shortcoming and a deficient free will. Psychological qualifications, according to which individuals might be regarded as mentally unstable, maladaptive, immature, egoistic or asocial, had taken the place of medical and theological concepts. Not surprisingly, in this context homosexuality was viewed as a flaw, a disturbance in the normal development during childhood and puberty. Psychologists and educational experts who

advocated a more open and permissive attitude with regard to sexuality, stressed that promoting the healthy heterosexual development of boys and girls was a means of preventing homosexuality. Intimate friendships between boys and girls in boarding schools or the youth movement, which before the 1950s had hardly been a matter of concern and which had even been recommended by clergymen as the best place for moral upbringing and socialisation, were now looked upon with increasing doubts and misgivings, because they might interfere with normal heterosexual development and thus even facilitate homosexual leanings.

Around 1960, the third transformation took place, which can be clearly detected in the files of the *Pastoraal Bureau*. This change in discourse was enabled by another shift in the definition of religious values. In the 1950s, the so-called Human Relations Movement, together with modernist theology and phenomenological philosophy, influenced Catholic thinking. All of them stressed the importance of stable, emotionally fulfilling relations between individuals as a refuge from the impersonal utilitarianism and materialism of modern society, as well as a mode of achieving religious values in personal life again. If, around 1950, the lack of freedom was situated in the psyche of the homosexual himself, it was now perceived as characteristic of his social condition: he suffered from being isolated and lonely, and from leading a meaningless life. Homosexuals could be 'treated', 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. Isolation and loneliness, as well as 'irresponsible and compulsory' promiscuity in the gay subculture, could be countered by promoting stable, lasting friendships. By using the term 'homophilia', Catholic priests and professionals shifted attention away from sexual acts and an inferior condition toward responsibility in relationships. To the extent that homophiles were capable of maintaining stable, monogamic relationships, they were expected to overcome their deficiencies, so that they might take part in the same moral order as married heterosexuals and were not lost for the Roman Catholic Church.

The transformations in Catholic discourses on homosexuality should not be seen as a process in which mental health took the place of religion as main frame of reference for evaluating homosexuality. Religious values were rather redefined on the basis of medical and psychological explanations. Neither was this a process in which suppression and discrimination on the basis of incorrect knowledge about homosexuality were superseded by more truthful or realistic knowledge. Such a view would suggest that homosexuality has an essence, which in the past has been covered by ignorance, prejudice or misinformation, and that scientific clarification and growing acceptance reveal the truth of such an essence. Homosexuality, however, has no essence, but it is encapsulated in meanings that are constructed in discourses.