

Transversal: International Journal for the Historiography of Science, 2024 (16): 1-12
ISSN 2526-2270
Belo Horizonte – MG / Brazil
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Special Issue

Scientia Sexualis and Historiography of Sexuality

Scientia Sexualis and Gender Bias in the History of Psychiatry

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Abstract:

Phyllis Chesler's (2018) book *Women and Madness*, originally published in 1972, marks a pivotal moment in the discussion of gender bias in psychiatry. This paper examines how psychiatry has historically pathologized women's behavior through a gender-biased lens, perpetuating power dynamics and societal norms. By analyzing both historical and contemporary texts, including works by Foucault and Krafft-Ebing, this study highlights the persistent gender bias in psychiatric diagnoses and treatments. The paper argues for the necessity of adopting a gender perspective in psychiatric practice to mitigate these biases.

Keywords: Gender Bias; Psychiatry; Phyllis Chesler; *Scientia Sexualis*; Michel Foucault; Krafft-Ebing; Psychiatric Power

Received: February 15, 2023. Reviewed: June 03, 2024. Accepted: June 08, 2024.
<http://dx.doi.org/10.24117/2526-2270.2024.i16.05>

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Introduction: Gender Bias in the Field of Psychiatry

Phyllis Chesler's (2018) book *Women and Madness*, published in 1972, marks a turning point in debates about gender bias in the field of psychiatry. In 2005, Chesler published an updated edition of her book mentioning some feminists who have continued her work. She states that psychiatry has changed little in the 30 years between the first and last editions.

In 2017, *Lancet Psychiatry* published an article by Christine Kuehner of the University of Heidelberg entitled "Why is depression more common among women than men?" (Kuehner 2017). The author makes use of epidemiological data indicating that women are twice as likely to develop depression during their lifetimes than men. The article summarizes existing epidemiological studies that address gender differences in the prevalence, incidence and course of depression, and analyses the explanatory factors for this "gap" or gender bias. It presents classic biological explanations such as hormonal changes and different moments in the life cycle such as menstruation, childbirth or menopause. This text is part of a set of scientific articles that naturalize the persistent differential distribution of psychiatric diagnoses and the greater prescription of psychotropic drugs to women.

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Adopting an entirely opposing analytical perspective, Chesler argues that this difference is the result of a gender bias that has permeated the history of psychiatry. She states that this inequality does not have its origin in biological oppositions but is linked to existing power relations and gender violence.

Chesler's book presents a compelling and categorical argument about psychiatric power as a form of governance and management of women's bodies and their subjectivity. It highlights the extent to which it is necessary to adopt a gender perspective in a historical-epistemological analysis in order to understand the discourse that has contributed to reinforcing established moral and social hierarchies and norms. Chesler shows that the medical-psychiatric model defined, in a purportedly scientific way, what should be considered normal or pathological in women's behaviour, reproducing old patterns of submission and obedience.

Her greatest contribution was to highlight the existence of a double standard inherent in the field of psychiatry (Caponi, Martínez Villa, and Hummel Amaral 2023). And this is where we must direct our attention in order to understand the reasons why, until today, greater numbers of women are given a psychiatric diagnosis, and the reasons why, throughout history, more women than men have been treated by psychiatrists, and for longer periods of time.

For Chesler, professionals in the field of psychiatry, both men and women, seem to have integrated into their training and their discourse a perspective that tends to devalue and pathologise female behaviours. This is due to the fact that, in the training of these professionals, both in 1972, in 2005, and currently, five themes associated with gender hierarchies still prevail. I propose to update Chesler's points as: (1) The unquestionable authority granted to psychiatric power, insofar as it presents itself as a speciality in the field of medicine, having the function of diagnosing disorders, specifying their biological causes and prescribing drugs, as occurs with any organic disease, for example, diabetes. (2) The idea that only men can enjoy mental health, which is why the notion that "being a woman" may be considered a risk factor for various psychiatric pathologies, such as emotional or eating disorders, can be accepted without question. (3) The assertion that all normal women should pursue the imperative of mothering, regardless of existing material and emotional conditions. (4) The observation that, even when lesbianism, homosexuality and gender transition are excluded from the field of mental illnesses (with the exception of the so-called gender dysphoria), a deep-rooted homophobia persists as a clinical prejudice of many professionals. (5) Finally, the fact that medical power, even today, continues to make moral judgements of female conduct and continues to consider many women to be sexually promiscuous, although their behaviour is similar to that which is rewarded in men. (cf. Chesler 2018)

Although this study was conducted in the 1970s, Chesler says she is convinced that, in 2005, the responses from health professionals would be similar, representing the same gender bias. As Celia García states:

The concept of the "double standard" developed by Chesler highlighted how women could be labelled as mentally ill, whether they identified too much with the female stereotype of the time (submission, weakness, passivity, emotionality) leading to diagnoses such as hysteria; or if, on the contrary, they transgressed these roles (rebellion, struggle, strength, independence and autonomy) and could be diagnosed with other labels (psychopathy and later, personality disorders). (García Díaz 2020, 2)

Indeed, between the figures of authority in psychiatry and women suffering from gender issues, hierarchical knowledge-power relationships are established that are very difficult to reverse. Such relationships often lead to an unnecessary pathologisation of emotions, even when what is seen as a symptom of a mental illness is nothing more than a set of perfectly

normal reactions that arise as a response or as a form of resistance to situations of exclusion, harassment or violence.

We must ask ourselves why the emotionality of women and their mood changes are so easily viewed as psychiatric pathologies and why even today, this so-called excessive emotionality is attributed to an organic origin, often linked to changes in the life stages of women and their sexuality.

The history of psychiatry, particularly the moment of emergence of modern psychiatry and its obsession with female sexuality may help us understand why this tendency to accept, perpetuate and reproduce a gender bias in the attribution of psychopharmacological diagnoses and treatments persists.

Scientia Sexualis in the History of Modern Psychiatry

The aim of reinforcing existing patriarchal power relations seems to have been inherent in modern psychiatry since its inception, attributing the label and stigma of madness to female behaviours that do not conform to established gender roles. To understand the place that women's madness occupies in the history of psychiatry, it is essential to understand the concept of *Scientia Sexualis* addressed by Foucault in *The Will to Know*, Vol.1 of *The History of Sexuality*.

Although references to women's madness and its relationship with sexuality already appeared at the beginning of modern psychiatry, it is the work of late 19th century and early 20th century psychiatrists, among them, Magnan (1893) Legrain (1895) Krafft-Ebing (1894), Moebius (1901) and Bombarda (1896), which consolidates and defines what Foucault called *Scientia Sexualis*. This is the proliferation of medical and psychiatric discourse centred on the sexuality of women, children and the perverse.

In this context, Foucault explores how knowledge about sexuality became a supposedly scientific object of study, classification and control, which directly influenced everyday practices, social norms and the social perception of sexuality. Faced with the prevailing idea that there would be a certain silence around sexuality, a certain discretion about what happened in the bedroom, where sex would be the unspoken, the silenced, the repressed, Foucault maintains that what predominates in bourgeois morality is not silence, but confession and the proliferation of discourses about sex. Everything must be said and it is for to science to show that this is what should be considered as normal sexuality and excluded as a pathological deviation or illness. It is no longer a matter of sin, nor simply restricting sex to reproduction. It is something more. Psychiatry in the 19th and 20th centuries seemed to be obsessed with talking about sex. Sex within and outside of marriage, sexual perversions, sexuality in childhood, the supposed dangers of masturbation, are topics that are repeated ad infinitum in the Annals and Manuals of Psychiatry. As Foucault states:

The simple fact that there was an intention to talk about sex, from the purified and neutral point of view of a science, is in itself significant. It was, in fact, a science of bluffing. Unable to engage in or rejecting talk about sex itself, the focus became its aberrations, its perversions, exceptional rarities. It was also a science subordinated to the imperatives of a morality whose divisions it reaffirmed according to of medical norms. (Foucault 1978, 67)

The logic of normal and pathological would then translate into medical terms and prevailing moral prescriptions. This medical-psychiatric knowledge not only multiplied discourses about sex, but also claimed control over sanitary requirements, attributing to itself the ability to define good marriages, and presenting itself as capable of avoiding morbid heredity, controlling vice, and ensuring a strong and healthy population. "The important thing in this story is not that the wise men closed their ears or were mistaken, but that an immense

apparatus was built around sex, destined to produce a ‘game of truth’ (Foucault, 1978, 68). The construction of a large archive of sexual pleasures in a medical and psychiatric manner was legitimized, creating a record designed to classify sexual heterogeneity. In this *Scientia Sexualis*, women occupied a privileged place, as objects of tireless observation and analysis, bodies that seemed to be cut through with and constituted by their sexuality.

Since 1798, when Philippe Pinel inaugurated modern psychiatry, the causes of female madness were directly associated with the genital route, specifically with biological phenomena such as menstruation, pregnancy, childbirth and menopause. One hundred years later, Magnan and Legrain (1895), in *The Degenerates*, attributed what they considered to be “inexplicable changes of mood” in women, to the same sexual causes, identifying a type of degeneration that they called “menstrual madness”.

However, it was with Krafft-Ebing, in 1894, that *Scientia Sexualis* was consolidated as a field of psychiatric knowledge. To establish the differences that exist between men and women with regard to sexual desire, Krafft-Ebing takes as a starting point the difference that exists between men and women in relation to the idea of frigidity. He states that after becoming a mother, the sexual condition assumes much less psychological importance for a woman although she does not notice a change in personality, that this is a natural fact that does not represent pathological frigidity. This process does not occur in the case of men, whose sexual desire remains unchanged. For Krafft-Ebing, these opposing attitudes enable exploration of the differences that exist in the psychology of the sexual lives of men and women, as well as the disparity between sexual desires in one case and the other.

In the first chapters of the treatise *Pathologia Sexualis*, we find a clear and very current description of what *Scientia Sexualis* considers to be a normal woman, and a mentally or sexually ill woman. This fact still seems to be significant, when considering the rejection that feminist agendas provoke still today.

Krafft-Ebing considers that men have a much more intense sexual appetite than women, and that this must be attributed to a powerful instinct that leads them to feel inevitably attracted to women. This instinct is not directed at any woman but only at beautiful women. That’s why it is said that when a man feels attracted to an ugly woman, it is necessary to consider the possibility that there is some type of sexual abnormality, for example, some type of fetishism that leads to valuing a part of that woman’s body, or some specific characteristic such as the use of a perfume.

Differences in the sexual appetites of men and women have their correlation in the way in which each sex positions itself in relation to love. Establishing a comparison between instinct and love, he states that “according to the nature of this powerful impulse, (man) is aggressive and violent in his courtship. At the same time, this demand of nature to love does not constitute his entire mental existence. When its longing is satisfied, love temporarily withdraws behind other vital and social interests (Krafft Ebing 1894,14).

It is inherent in men to pursue women, and a man who avoids them will be considered abnormal. On the contrary, in the case of women, what predominates is the search for love, the arrival of a husband who will be evaluated, above all, as a possible father of future children. In this context, what predominates is the idea of motherhood, with sexual desire being absolutely secondary. Thus, for Ebing:

In the case of a woman, it is very different. If she is normally mentally developed and is well educated, her sexual desire is small. If this were not so, the whole world would become a brothel and marriage and family would be impossible. (Krafft-Ebing 1894, 15)

In relation to female sexuality, he says that a woman should be essentially passive; although she needs love, she is not the one who should seek it, but rather wait for it. Furthermore, this love disappears with the arrival of children, or is divided between the husband and children. He considers that a woman’s love “is more spiritual than sensual”, unlike male love, which is

essentially sensual. That is why the attraction that a woman feels for a man is not centred on his physical characteristics, but is more influenced by the man's mental qualities. In normal women, sexual desire and sensuality disappear with the arrival of children.

A woman loves with all her soul. For her, love is life; for a man it is the joy of life. For him, misfortune in love is a wound; but for a woman, it costs her her life, or at least her happiness. A psychological question worthy of consideration is whether a woman can really love twice in her life. Certainly, the mental inclination of woman is monogamous, while that of man is polygamous. (Krafft-Ebing, 1894, 15)

Despite this natural tendency of men to polygamy, Ebing considers that what makes him weaker is the great intensity of his sexual desires. These desires make men dependent on women and can even turn them into "neuropaths". For Krafft-Ebing, it is precisely the natural intensity of male sexual desire that explains and legitimizes men's potential to be more violent and aggressive in their sexual relations. The passive woman complies with a man who is, by nature, aggressive in his sexual life, which could lead him to transgress the limits of legality. This could lead him to commit crimes against women, today called femicide. This violence appears, for example, when there are suspicions of a woman's infidelity because, for Krafft-Ebing:

A wife's infidelity, compared to her husband's, carries much more moral weight and should be punished more severely by the law. The unfaithful wife not only dishonours herself, but also her husband and his family, not to mention the possibility of pater incertus. (Krafft-Ebing 1894, 15)

On the contrary, a husband's infidelity is integral to his nature, it is something that his social position tends to encourage. Krafft-Ebing is not just referring to married couples, but also to the differences that exist between single men and single women. He says that society demands decency from single men, while from single women, in addition to decency, they are expected to practice chastity. And this is because he considers that the only role a woman can play in society is that of a wife.

We could imagine that we are faced with a religious moral treaty, a manual that defines moral norms and pre-established places as if they were divine mandates. It speaks of women's subordination and passivity, in the face of men's aggressiveness and violence, of female monogamy and male polygamy, of the absence of female sexuality and the uncontrollable desire of men, defining gender positions that have spanned the ages and that have contributed to reinforcing, both the role of the submissive and obedient woman, and the role of the sexually insatiable and crazy woman. Krafft-Ebing seems to speak like a moralist parish priest or a defender of good habits. However, all these gender mandates have supposedly scientific medical and psychiatric explanations. Thus, the subordination of women and the superiority of men should be explained by scientifically defined mechanisms, using physiological explanations that refer to the sexual glands, instinct, the cerebral cortex or the reproductive glands. And it is in the context of this morality disguised as medical norms that Krafft-Ebing draws the distinction between the normality of the asexual and obedient woman and the pathologies of hysterics, frigid women, prostitutes and homosexuals, that is, those women who do not conform to the standard of predefined chastity.

Scientia Sexualis will be responsible for translating patriarchal moral norms into natural instincts, into physiological processes linked to the reproductive glands (Krafft-Ebing 1894, 24), stating that women's sexual desires (sexual instinct) have as their sole purpose the perpetuation of the species.

An abiding concern throughout the history of psychiatry, from Pinel to the present, is the effort to locate in the organism, particularly in the brain, the precise location of behaviours and mental pathologies. Krafft-Ebing, asks where it resides, that is, where sexual desire is located, states that it is a function of the cerebral cortex, but considers that it still remains a mystery to define which specific region of the cerebral cortex is the exclusive seat of sexual desire, sexual sensations and impulses. He suspects that this region may be close to the sense of smell, something he explains in a strange way when he says that “the love of certain libertines and sensual women for perfumes indicates a relationship between the olfactory and sexual senses” (Krafft-Ebing 1894, 26).

Given the impossibility of locating the *Pathologias Sexualis*, Krafft-Ebing returns to the discourse of the expanded body of pathological family antecedents, defined by degenerationists. We thus see that Ebing’s book is full of references to the theory of degeneration, and that many cases he references are extracted from clinical cases reported by Magnost. Within this framework, cases of homosexuality and hysteria are attributed to mental degeneration, with concern for reconstructing the pathological histories of family members. For example, one case of homosexuality presented states:

In almost all cases in which it was possible to examine the physical and mental peculiarities of ancestors and blood relatives, neuroses, psychoses, degenerative signs, etc., were found in the families. (Krafft-Ebing 1894, 226)

The same occurs in his explanations about hysterical women, directly linked to degenerate families. He considers that hysteria is a neurosis of sexual life that only occurs in predisposed women, that is, in women who belong to families of mental degenerates. These women are characterized by Ebing as being abnormally aroused, having a type of “intermittent (‘menstrual?’)” or permanent excitement which can lead to prostitution, including by married women. Hysteria, according to Ebing, can lead to “onanism, walking naked in a room, smearing the person with urine and other things, such as wearing men’s clothing” (Krafft-Ebing 1894, 375). In summary, he considers that:

Every possible anomaly of sexual function may occur here, with sudden changes and peculiar activities; always based on hereditary degeneration, the most perverse forms can appear. The inversion of the sexual feeling never fails to have an effect on the character of the patient”. (Krafft-Ebing 1894, 375)

In these few references it can be seen that Krafft-Ebing’s work constitutes the most complete example of the *Scientia Sexualis* studied by Foucault. A science subordinated to the imperatives of a morality, which is reinforced in the form of medical-psychiatric norms (Foucault 1978, 67).

From Gynaecological Therapy To Morbid Heredity

In *The Will to Know* (1978), Foucault analyses the mechanisms through which sexuality was transformed into an object of regulation and control, highlighting among these mechanisms the role played by medicine and psychiatry. Although Foucault does not specifically refer to psychiatrists who advocated gynaecological therapy, his work allows us to understand how medical and psychiatric discourses and practices focused on women’s sexuality influenced the social construction of identities and practices that determined the place of women and dissent in the XIX and XX centuries. Medical-psychiatric knowledge played a direct role in the normalization and pathologization of certain behaviours and bodies, including the ideas that supported gynaecological interventions as a treatment for women’s mental problems.



In the context of *Scientia Sexualis* and the psychiatrization of the female body, it is crucial to recognize the importance of gynaecology and its relationship with the history of psychiatry. The association of gynaecological changes with women's mental problems led to attributing the cause of psychological suffering to gynaecological problems. In this context are included explanations of pathologies such as "hysteria", a condition frequently diagnosed in women, where emotional symptoms and sexual changes are associated. This diagnostic category was rooted in the belief that certain mental disorders were caused by problems in the womb. In many cases, before Charcot's hypnosis, invasive therapies including gynaecological interventions such as hysterectomy or removal of the uterus were prescribed.

Several 19th century authors addressed the so-called "gynaecological therapy", including surgical interventions to treat various health problems, both physical and mental. William Acton (1857), a British physician whose most famous work is *Functions and Disorders of the Reproductive Organs*, influenced sexual medicine at the time, defending opinions on the relationship between sexual activity and mental health. Weir Mitchell published a book in 1884, titled *Fat And Blood: And Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria*. Edward H. Clarke (1873), author of "Sex in Education", supports arguments that would later be taken up by Moebius, about the mental inferiority of women. Clarke claims that intense education and mental exertion deplete women's vital energy and could lead to mental illness, advocating more limited education for women. These authors, among others, contributed to the creation of a narrative that linked women's mental health to gynaecological problems, promoting invasive treatments as a solution.

A few years later, in the book "The Mental Inferiority of Women", Moebius revisits this association between the biological phenomena typical of the female body and the origin of women's madness. For him, sexual plenitude corresponds to the maximum possible intensification of intellectual capacities aimed at conquering the opposite sex. In contrast, he considers the menopause to represent a complete decay of the scarce mental capacity characteristic of women.

Moebius refers to the figures classically associated with women: the normal woman, that is, the mother; and her pathological deviations - the hysterical woman, the prostitute and the neurotic woman. The Portuguese psychiatrist Miguel Bombarda, who maintains that women are degenerates, refers to the lack of cerebral vigour that places women on a different level to men. He states that:

If ever, through the energy of the spirit, the woman manages to elevate herself, this will only happen after her sexual life has ended. Only then does her physical organization tend to approach that of man. That is why I have long thought that after menopause a woman is a man. (Bombarda 1896, 135)

As early as 1857, psychiatrist Benedict Morel defined the madness of degenerates as a morbid deviation from the normal type of humanity, which would be transmitted in an intensified form via heredity unless an intercurrent step to limit this transmission occurred. Remember that for Foucault (1999, 298), "degeneration is the greatest theoretical element that allows the medicalization of the abnormal. The degenerate is the mythically- or if you prefer, scientifically- medicalized abnormal".

The theory of degeneration made it possible to broaden and diffuse psychiatric diagnoses, moving from the few psychiatric categories that existed at the time of Pinel and Esquirol - mania, melancholia, dementia and idiocy - to an indefinite set of psychiatric pathologies to which a new anomaly or deviation from normality could always be added, thus being considered a psychiatric illness.

As Foucault (1999) states, the theory of degeneration allowed the number of deviations to be increased infinitely, facilitating the addition of new behaviours requiring

psychiatric intervention. This gives rise to syndromes such as the “madness of antivivisectionists” or the “madness of vegetarians”. According to Magnan (1893, 269), this syndrome affects “extremely sensitive beings, with poorly balanced brains, the degenerates, who find themes of concern in their exaggerated love for animals.”

This explanatory strategy is very useful for creating new medical-psychiatric categories and expanding pathological categories referring to social groups whose behaviours are considered socially inappropriate. Thus, the “madness of the antivivisectionists” was Magnan’s response to the aspirations of those, predominantly women, defending of a new way of understanding relations with animals and establishing animal protection societies at the end of the 19th century. Similarly, faced with the social fear represented by the “insubordination of women, who in a confused and inorganic way wanted to become historical individuals who claimed their rights” (Ongaro Basaglia 1982, 12), both Bombarda and Moebius create a new pathology to the great gallery of degenerate syndromes: the restiveness of intellectuals and feminists.

To explain this psychiatric category, Moebius turns to Richard von Krafft-Ebing. As previously mentioned, *Psychopathia Sexualis* defines morbid conditions, behaviours and stigmas of sexual pathologies as varied as masochism, sadism, hysteria, homosexuality, exhibitionism, among other deviations from normal sexuality. Among these sexual madneses or degenerations, Krafft-Ebing presents the category of “psychological hermaphroditism”, taken up a few years later by Moebius. For Krafft-Ebing, unlike hermaphroditism, where two sexes coexist, in psychological hermaphroditism there is a marked tendency towards homosexuality that coexists with heterosexual desires.

This category is fundamental to answer the question that runs through Moebius’ text: What is a normal woman against whom morbid deviations must be defined? It is said that degeneration does not only manifest at the end of the reproductive age, that is, with the climacteric and menopause. Deviation from normality can also occur at reproductive age, from the prostitute to the erudite woman, from the neurotic woman to the psychological hermaphrodite. Two models that represent these deviations are proposed. The French model is represented by the ladies of the court and salons, whose only concern is to give and receive pleasure. The English model, which is much more dangerous and linked to psychological hermaphroditism, is illustrated by the intention to “introduce a man’s brain into a woman’s skull”.

In this way, the prostitute and the feminist embody the two morbid deviations from the normal state, represented by the mother. For Moebius, “a woman who does not want to have children or who, having had her first, says: ‘one is enough’, undoubtedly demonstrates a degenerate nature” (Moebius 1982, 59). Moebius explains this psychological pathology, stating that there exists in intellectual, feminist or erudite women a conflict between brain activity and procreation, two closely linked functions which have become unbalanced.

Moebius thus transforms Krafft-Ebing’s psychiatric category of “psychological hermaphroditism”, using it to allude to the psychological pathology suffered by women who, having a female body and skull, think and behave like men (Moebius, 1982: 13). It refers specifically to women who decide to study, who want to be free and escape the duties of marriage and motherhood. He maintains that these “scholars” are terrible mothers and are condemned to have weak and degenerate children. It is for this reason that no man should wish to marry an erudite or “cerebral” woman, because their children “will lack robustness and in many cases will lack mother’s milk” (Moebius 1982, 38). He summarizes his theory by asserting that “excessive mental activity makes women not only a rare creature, but also sick, so that delirious madwomen give birth badly and are terrible mothers” (Moebius 1982, 17).

Moebius defines the madness suffered by women with a desire for freedom and self-determination as “nervousness”, explaining that it is a form of degeneration, a “morbid condition”, similar to psychological hermaphroditism. Natural instincts are confused and traits inherent to both sexes are integrated, giving rise to effeminate men and masculinized

women. This form of degeneration is characterized by female individualism or selfishness, a pathological example of which is Nora in *A Doll's House*, by Henrik Ibsen. According to Moebius, the Norwegian playwright's work portrays the life of a degenerate woman who is capable of abandoning her children.

These ideas do not disappear easily, on the contrary, they prevail throughout much of the 20th century.

Consider, for example, the place occupied by psychiatrically treated women in Francoist Spain, drawing on the study conducted by Celia García Díaz in the book "Gender and psychiatry in the first half of the 20th century: constructing crazy women - (1909-1950)". By analysing the clinical histories of women admitted to the Malaga Psychiatric Hospital, the author shows the persistence of the psychiatric discourses mentioned above, particularly those linking female madness to sexuality, employing gynaecological therapy, phrenology and the theory of degeneration. The author analyses how, in the specific case of Spain, gynaecology opened the doors to subsequent psychiatric interventions with women. She analyses how the idea of feminisation of madness was constructed, and the central place that the medical speciality of gynaecology occupied at the beginning of the 20th century, particularly references attributing women's mood changes to hormones. This discourse later enabled the psychiatrization of women's emotions and bodies to be consolidated, always centred on the female life cycle. Already in the 19th century, there is evidence of these ideas in publications by some gynaecologists who considered the female genital system as a cause of mental illnesses and imbalances sometimes proposing invasive treatments such as hysterectomies. Others rejected these procedures.

At the beginning of the 20th century, publications in *Revista Frenopática Espanhola* established a debate between those who defended the curability of mental disorders in women using mutilating surgical interventions and, on the other hand, those who were wary of this practice. (García Díaz 2023, 71)

Many women who were considered crazy or unbalanced by their husbands or their families, could be subjected to these mutilating practices. As Foucault showed in "Psychiatric Power", a localizationist obsession - the search for a biological marker of madness, whether gynaecological or cerebral - has always pervaded psychiatry. In this case, the gynaecological discourse provided support for the myth of a close and direct relationship between female sexual organs and women's madness. This represents a strategy that operates within the logic of *Scientia Sexualis*, and that results in transforming women's bodies, their genitals, into a supposed etiopathological substrate for neuroses or female emotional changes.

The etiopathological location of female madness in the genital tract may or may not be associated with a phrenological perspective, concerned with measuring skulls and weighing brains. Many psychiatrists attribute women's madness to gynaecological causes; others, like Moebius, to the size of their skulls, focusing on data from phrenology and brain morphology. Thus, Moebius deduces from the smaller dimensions of women's skulls, a natural mental inferiority. In this case, the feminist madness was a strategy aimed directly at suffragist feminists. Their behaviour, their struggles and their achievements came to be considered symptoms of a mental illness, a madness typical of virilized women, who believe they possess the intellectual attributes of men and renounce their obligations as good mothers and wives. These strategies of stigmatizing women's bodies and behaviours are a constitutive part of the history of psychiatry, a history permeated by gender bias, as denounced by feminist authors such as Chesler.

In the book, *A Place for Women's Madness. Stories from room 20 of the Provincial Asylum of Málaga (1909-1950)*", we note the persistence of the theory of degeneration until the 1950s in Spain. In the clinical histories analysed, there is a clear concern about leaving records of the existing pathologies in the families of hospitalized women, as a strategy to define this

expanded body comprising family pathologies, as Foucault mentions in “The History of Madness”. In the clinical histories, a record of family history appears, whether there is an alcoholic brother or cousin in the family of this hospitalized woman, whether any other family member has already been admitted to the hospital, whether there are other patients in that family, thus evidencing the importance the theory of degeneration had in Spain until the 1950s.

The search for family history was considered a central element in framing women’s mental pathologies. The clinical histories analysed are permeated with references to *Scientia Sexualis*. We see the appearance of diagnoses such as hysteria and puerperal psychosis, where explanations referring to the function of pregnancy, the action of drugs, and even moral elements are combined and interpreted as causal agents. Just as sexuality and childbirth were subject to psychiatry, so was menopause, based on the so-called regression psychosis, a disorder that would appear after menopause. The diagnoses that appear in the clinical histories of women in Room 20, make reference, in one way or another, to the exaggerated or excessive emotionality of women, without considering the context in which these emotions may have been triggered.

The psychiatrists who treated the women in Room 20 imposed psychiatric diagnoses in situations of loss of family members (during the Civil War, or for other reasons of death), husbands being sent to prison for petty theft during Francoism, or due to arguments and problems between the couple (García Díaz 2023, 143).

The most common treatments were hydrotherapy, the use of laudanum and barbiturates, and shock therapies such as insulin or Pentazol therapy. In the First Francoism (1939-1950), the use of electroconvulsive therapy – ECT, which was introduced in the 1940s predominated. In the case of the Malaga Psychiatric Hospital, the clinical histories analysed show that more than 56% of women who entered during this period were subjected to electroshock treatment. Considering the ambiguity with which diagnoses were attributed during this period, sometimes as control of unwanted female behaviours, we can imagine that the application of ECT was wielded as a punishment for unwanted behaviours.

To conclude: The persistence of *Scientia Sexualis*

The existence of diffuse boundaries between the normal and the pathological, combined with the gender evils caused by patriarchal society and the unquestionable authority of psychiatric knowledge, have led to the consolidation of a profound gender gap in the psychiatric diagnoses attributed to women and men. This gender bias, which seems to have spanned the history of psychiatry, still persists today and is present in the successive transformations of diagnostic strategies that have occurred throughout history. Thus, we went from the widespread diagnosis of hysteria, the madness of feminists or menstrual madness, to the common mental disorders prevalent among women, such as depression, anxiety and bipolarity, and the increase in so-called eating disorders. At the same time, sexualities considered dissident continue to be pathologized, through the ambiguous diagnosis of “gender dysphoria”.

Scientia Sexualis has been, throughout the history of psychiatry, the strategy that allowed moral demands, prejudices and gender suffering to be translated into an allegedly scientific-medical discourse, legitimizing punitive interventions, from hysterectomies, to electroshock, from institutionalised isolation to the prescription of psychiatric drugs that neutralize emotions. This has contributed to reinforcing and legitimising gender distinctions and subjugation that have existed at different moments in history.

Although Foucault places the peak of *Scientia Sexualis* at the end of the 19th century and beginning of the 20th century, this discourse has remained throughout history. It reappears with totalitarian and authoritarian governments, which invariably find that these women who demand their rights, these feminists, to be their greatest enemies. As Celia

García's study of the Malaga Psychiatric Hospital shows, this is what happened during the first Francoism and is what is happening today with the right-wing movements emerging around the world.

Throughout the history of psychiatry, we see the same prejudices expressed by Krafft Ebing and Moebius reappear, time and time again. We know that many of the women who are hospitalised are subject to the decisions of their husbands and their families (Bianchi and Paz 2023), and for reasons such as infidelity, or because they have engaged in behaviour considered inappropriate. However, the incarceration or psychiatrization of the female body is never approached as a social issue, which results from patriarchal logic, but rather as a strictly medical-psychiatric problem.

In 1972, Chesler's book, *Women and Madness*, showed the persistence of the same strategies for silencing women's life stories in the field of psychiatry. In the fifty years that separate us from this text, we have been able to observe, with great expectation and hope, a struggle against institutionalisation in different countries around the world and the closure of several psychiatric hospitals. We have achieved rights, such as the right to safe, legal and free abortion, directly linked to women's mental health. Legislation followed, such as the 2006 Convention on the Rights of Persons with Disabilities, which protect women with psychosocial disabilities. Reports such as the one presented by Danius Puras before the United Nations Assembly in 2017 recognized that gender stereotypes undermine healthy relationships and destroy the support networks necessary for good mental health (Puras 2017).

However, there are still few concrete political measures that enable the reversal of adverse daily realities, such as violence against women, psychological or sexual harassment, bullying and prejudice based on gender, class or race, which cause profound psychological suffering. This suffering is often translated into medical terms, unnecessarily psychiatrizing women's bodies.

Feminist criticism of the gender bias that permeates psychiatry shows that a gender perspective seems to be absent from this field even today. Many women are denied the right to information about the therapies they receive, nothing is said about the adverse effects of prescribed drugs, nor about their addictive properties. Even today, patriarchal values that permeate psychiatric discourse with moral or aesthetic evaluations persist.

The prejudices expressed by Krafft Ebing endure - a normal woman must take care to remain beautiful, must never alter herself, must be a good mother and wife; monogamy and heterosexuality should be considered medical requirements and failure to comply may lead to psychiatric diagnoses. These social demands, in the 19th century and until today, cause gender discomfort that psychiatry translates as psychiatric problems. *Scientia Sexualis* has occupied a central place in this history, allowing social prejudices, moral norms and gender suffering to be translated into medical-psychiatric problems.

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