

MEDICINE AND HOMOSEXUALITY IN NAZI GERMANY

This paper about medicine and homosexuality in Nazi Germany is part of a larger research project that is not in the field of medical history, but in that of cultural and political history. It deals with the central role that gender played in several social and political movements in Wilhelmian, Weimar and Nazi Germany. Sexual segregation and, closely connected to that, certain ideals of masculinity versus femininity were of crucial importance for the shaping of a concept of politics that was grounded in emotional appeal, esthetics and ideals of purity. From this perspective I am interested in the persecution of homosexuals in Nazi Germany, because in my view it makes clear that gender, especially male bonding played a central role in Nazism.

In this paper I want to show that in my analysis of the complex, multifaceted relation between male homosexuality and Nazism, I have come to an interpretation of the role of medicine in Nazi Germany that differs from the view of some historians who have written thorough and important studies about racial hygiene and medicine in the Third Reich. The most important English and American standard works that I will refer to are:

- Robert J. Lifton, *The Nazi Doctors. Medical Killing and the Psychology of Genocide* (1986).
- Robert Proctor, *Racial Hygiene. Medicine under the Nazis* (1988).
- Paul Weindling, *Health, race and German politics between national unification and Nazism, 1870-1945* (1989).
- Michael Burleigh and Wolfgang Wippermann, *The Racial State: Germany 1933-1945* (1991). (Although the last two authors are not medical historians, I include their book here because they consider the ideal of racial purity and biological health as essential for any definition of Nazism.)

In all of these works the relationship of medicine and politics is the central issue and that makes them important for any historian who is interested in the modern social and political history of medicine. At the end of my paper I will come back to these studies, because I have some critical comments to make on their overall historical approach of the political nature of modern medicine.

All current explanations of the persecution of homosexuals in the Third Reich focus on National Socialist racial hygiene and arguments on population policies the Nazis used to justify their regulations in the field of sexuality. The appearance and spread of homosexuality had to be fought because it would result in larger numbers of Germans no longer procreating children. So, medical historians as well as researchers affiliated with gay studies argue that the persecution of this minority was inevitable and massive, because in the Third Reich, sexuality served above all propagation, biological health and racial purity. This argument corresponds with the view of medical historians like Proctor who have characterized the Nazi regime as a 'biocracy'. A biocracy because major social and political issues like the so-called 'Jewish question', ethnicity, gender, crime, 'asocial' behavior and sexual deviance, were transformed into and reduced to biological and medical problems, for which there were apparently 'neutral', technical solutions. Employing a rhetoric of medical emergency, many leading Nazis saw their politics as applied biology and they endeavoured a radical medicalization of social issues.

Thus the Nazi regime has been described as the ultimate development of what Foucault has coined as biopower. In the comprehensive biomedical worldview of the Nazis, the German people was threatened with deadly diseases. Their 'cure' was racial purification that would progress from coercive sterilization, euthanasia, segregation, and concentration for supposedly 'hygienic' reasons, to direct medical killing and genocide. From the notion that this biopolitical vision of a 'total cure', dictated the Nazi treatment of homosexuality, it was only a small step toward the enumeration of homosexuals in the same breath with Jews, ethnic minorities, the Sinti and Roma, and psychiatric patients and hereditary ill people as principal victims of the Nazi regime. Medical scientists, so the argument runs, played a crucial and active role in these genocidal biopolitics.

However plausible this explanation may sound, it is, in my opinion, not convincing. To indicate why it is not, in this paper I will mainly go into the scientific interference with homosexuality in Nazi Germany. Time is too short to elaborate on my alternative explanation of the persecution of homosexuals, which is of a cultural and political nature; I will only refer to this alternative explanation to make clear that a broad contextual approach is essential in this case to understand the role of medical science in the Third Reich. (My criticism of the medical historians just mentioned is that they have analysed the role of medicine in the Third Reich too exclusively from the perspective of the biomedical worldview of the Nazis.)

Before I turn to the scientific treatment of homosexuality, some general information on the fate of homosexuals in Nazi Germany. Some German researchers estimate that between 5,000 and 15,000 primarily male homosexuals were imprisoned in concentration camps. Although some women were imprisoned, it is clear that the Nazis considered male homosexuality much more dangerous than female homosexuality. In contrast to male homosexuality, for example, same-sex behavior of women was never criminalized. This difference is undoubtedly related to the Nazis' traditional view of sexuality and role division between man and woman: the latter was supposed only to perform the passive role. Moreover, in a state which extolled manly, martial toughness, lesbians were less of a threat to the regime than men who infringed on its ideals of masculinity.

Although a large number found their way into the concentration camps, in contrast to the 'Holocaust' of the Jews, the persecution of homosexuals was neither wholesale nor systematic. Not all men convicted for so-called 'unnatural vice' by law-courts during the Third Reich and registered by the police were sent to concentration camps. The measures taken were highly differentiated. In addition to punishment Nazi authorities also promoted medical, psychiatric, psychological and educational therapies. The intensity of persecution was characterized by local variation and the severity of the punishment depended on several factors such as the seriousness of the offence, the role one had played and the number and the age of the sexual partners. On the whole, the Nazi regime was not aiming at total extermination of all homosexuals and they did not become an important object of Nazist eugenic and racial policies or of a unified biomedical approach.

The way the Nazi leaders regarded homosexuality was not unanimous. While it is true that they passed negative judgments, they did not all consider it uniformly dangerous. Some used the charge of homosexuality primarily as a means to

eliminate political opponents, both inside his party and out. To a large extent Nazi policy on this subject was characterized by inconsistency and pragmatism as seems evident from the fact that homosexuality was sometimes tolerated tacitly within the Nazi movement. In the late 1920s and early 1930s National Socialism may even have had an attraction for some homosexual men, because of its supposedly anti-bourgeois doctrines and the glorification of youthful masculinity and male comradeship.

Along with the pragmatists however, some leading Nazis considered homosexuality a grave danger and therefore advocated strict regulations. At their instigation Paragraph 175 of the German Penal Code, which since 1870 punished with a prison term so-called 'vice against nature', was tightened in 1935: unnatural vice now referred not only to certain sexual acts, as it had before, but to all forms of physical contact which were considered to be lustful in intent and even to expressions of feeling. The Nazis employed a very broad definition of homosexuality which could cover mere expressions of friendly affection. The arguments for amending the law was that this behaviour was contagious, that all German men were exposed to seduction and that it threatened to spread repeatedly like an epidemic of alarming proportions, even within the Nazi movement itself. Homosexuality was not so much defined in terms of biological degeneration of a minority; instead, several leading Nazis saw it mainly as a contagious behavioural disease that in principle could affect every German man.

What is striking here is that although Nazi rhetorics was full of medical terms, and it often suggested that racial impurity was the cause of homosexuality, most of the leading Nazis apparently did not regard it in general as a biological feature of a distinctive group, and neither did a lot of scientists who were considered experts on this subject. Although several physicians conducted research into the biological causes of homosexuality and some advocated and practiced castration and hormonal treatments as 'cures', such medical interferences did not become an important subject for the Nazi programme of racial hygiene. To be true, in Nazi Germany an unknown number of convicted homosexuals have been castrated - by subjecting themselves to this operation it was possible to receive a partial amnesty. However, operations like castration and hormone treatments certainly were no medical routine for dealing with homosexual offenders.

The Nazi endeavour to organize society according to biomedical and racial criteria cannot form an explanation for the regulations against homosexuality. From within the Nazi movement criticism was brought against the assertion that it was an inborn and immutable trait; since the end of the 19th century such a biological view had been advocated by leading medical scientists as well as by the homosexual emancipation movement under the leadership of the physician Magnus Hirschfeld. According to some Nazis, only a small minority of the men found guilty of homosexual acts should be considered as constitutional 'degenerates' and 'incorrigible.' The vast majority of these offenders had acquired this behaviour.

This Nazi view was in itself not in contradiction with current scientific explanations. In the Third Reich physicians, psychiatrists and psychologists sought out the causes of homosexual behavior, as they had done before (and of course they continue to do until this very day). I want to emphasize that this research should be considered as 'normal' science in the Kuhnian sense, because on the whole it did not

differ from scientific notions about homosexuality before and after the Third Reich. It is also important to notice that biological explanations did not necessarily prevail; as before (and after), scientists usually distinguished between constitutional and acquired forms of homosexuality. Even leading experts on heredity acknowledged that it was not only rooted in a biological constitution, but that there were also psychological and social causes. The nature-nurture debate in medicine and psychiatry continued in Nazi Germany and my impression, after having studied several medical and psychiatric journals as well as textbooks from the 1930s, is that the nurture side in the debate became even ascendent. Although psychoanalysis was rejected as a Jewish science, it is striking that the Freudian approach still found a lot of echoes among psychiatrists. In this manner some prominent psychiatrists and psychotherapists advanced the claim that homosexuality was caused because of traumatic childhood experiences, a developmental imbalance or by seduction during adolescence and that acquired leanings could consequently be cured by means of psychological methods such as re-education and psychotherapy. Some psychiatrists took an explicit stand in opposition to scientists who claimed that homosexuality was hormonally or genetically determined. According to leading psychotherapists, the medical opinion that it was a distinct biological category was controversial. The theory of a hereditary determined homosexuality held only good for a small number of cases and did not apply to the majority of people who behaved in a homosexual manner.

Why was this opinion shared not only by a large number of professional experts, but by the Nazis as well? Why did the latter attach such great importance to the distinction between inborn and acquired homosexuality, as is evident for example from the directives which applied in the German army and in Nazi organizations? Military judges and doctors were expected to review similar acts differently; they should distinguish between constitutional homosexuals and apparently 'normal' men who were temporarily derailed as the result of more or less accidental, environmental factors. My explanation for this is that the distinction between various types of homosexuality was valuable for the Nazis, because their racism was incoherent and generated its own problems. Since it was impossible to deny that most homosexuals offenders were 'Aryans', racial purity appeared to be no guarantee against such behavior. Within the Nazi movement even SS officers who had passed through rigorous selection processes and therefore, in the eyes of the Nazis, simply could not have some unalterable racial flaw, were involved in cases of homosexuality. Therefore, they were more or less compelled by some incoherence between their own racial ideology and the realities they faced, to amplify biological theories with psychological explanations. Psychology and psychotherapy were useful for the Nazis to distinguish mental disorders and neurotic conflicts that were correctable, from organic, congenital degeneracy. In this way the belief in the racial delusion that inborn perversions and genetic psychic disorders were not a part of the pure essence of the German national character was believed to be left undisturbed.

Historians have argued that one of the pillars of the Nazi ideology was that nature was more important than nurture in the shaping of human character, and that heredity and not social environment was the main cause for differences between individuals. To be sure, proclamations that National Socialism was politically applied biology gave biology and medicine a privileged place among the sciences, but at the

same time psychology and psychotherapy were tolerated and even fostered. Behind the biologicistic facade of racism, was hidden a more 'sociopsychological' view of man, that emphasized the possibility of psychological repair for mental dysfunction. Their concern about homosexuality - which was as much a problem within the Nazi movement as a perceived threat from without - did lead to the engagement of psychotherapists. Homosexual Nazi's, members of the Hitlerjugend and the army were sent to the German Institute for psychological research and psychotherapy in Berlin to be treated, cured, and sent back into the community as 'normal' and productive members of society.

I believe that in the 'sociopsychological' view of the Nazis, homosexuality was not so much an infringement on their ideal of racial purity and biological health, as a threat to the social and political cohesion of their own movement that was based on male bonding. The Nazi movement was a militant men's community that excluded women from the most important organizations and, to whatever extent possible, from public life. The so-called Männerbund, the community of men united in emotional attachment was the model for the National Socialist ideal of militaristic manliness. Next to the family, that was rather demolished than supported in the Third Reich, the Männerbund was the cornerstone of fascist society. Close emotional ties with the family were not conducive to the role which the male in close alliance with other men was obliged to fulfill in militarized Nazi Germany. Firm ties between men were considered desirable and various Nazi spokesmen drew attention to the political importance of male solidarity and comradeship.

However, male bonding was problematic for the Nazis, because they were aware of the fact that in Wilhelmian and Weimar Germany the Männerbund had been employed to advocate homoeroticism. As a consequence of some political developments, Nazi leaders were painfully aware of the association of the Männerbund and homosexuality. Some of them became virtually obsessed with the danger of homosexuality within their own movement. Because they regarded all German males as susceptible to such behaviour to a powerful degree, the consideration forced itself on them again and again that their their all-male military organizations might evoke such behaviour.

The strict sexual segregation in Nazism, especially during the war, is of major importance in understanding the persecution of homosexuals. The fear that the male comradeship necessary for the cohesion of military organizations would degenerate into homosexuality contributed powerfully to the preoccupation with same-sex behaviour. Youth leaders and army doctors received extensive instructions in possible preventive regulations. In the course of the war, at the instigation of the Nazi authorities, the regulations grew stricter. In 1940 the death penalty was introduced for members of the SS and the police forces. In the same year it was stipulated that all convicted homosexuals who had 'seduced' more than one partner or who were considered 'incorrigible', would be deported to a concentration camp after having sat out their prison-sentence. A medical vocabulary was used to justify the fierce procedures, but in fact biological and medical principles had little to do with them. Severe penalties were introduced, mainly because the Nazis believed that homosexuality was a political problem, a behaviour pattern that was of a social nature. The severe penalties were supposed to have a deterrent effect: they served primarily to guarantee the discipline in the National Socialist Männerbund.

While the persecution, especially within the Nazi movement and the army was intensified, the causes and cure, and the distinction between various 'types' of homosexuality remained a subject of controversial debate among scientists. Also some doctors raised objections to harsh punishments. Still in 1941, a leading medical expert advocated a pure scientific understanding of homosexuality that should be dissociated from political, legal and moral considerations. Until the end of the Second World War, physicians, psychiatrists, psychotherapists and jurists continued the discussion about the nature and treatment of homosexuality without reaching agreement, and still in 1944 a study group was formed of several professionals in order to explore the issue in greater depth. Apparently, the role of medicine in the Nazi state was not always reduced to that of the handmaiden of Nazi policies. To a certain extent medical researchers also tried to preserve their scientific and professional autonomy vis-à-vis Nazism, although they were not in a position to stop the Nazis from taking drastic measures. Whereas most of the medical and psychological interference with homosexuality in Nazi Germany was not very different from that before 1933 and even after 1945, Nazi policies were exceptional. Despite reservations among scientific experts, who advocated professional expertise, the policy of the Nazi authorities was to cast the net widely, in order to be on the 'safe' side. When scientists in the eyes of Nazi authorities could not offer immediate solutions, they resorted to terror.

In order to formulate some more general conclusions, I now come back to the studies of Lifton, Proctor, Weindling and Burleigh and Wippermann on medicine and Nazism. These authors stress that the Nazi biocracy was based on a strong affinity of the intellectual structures of professional medical science with authoritarian politics and Nazi ideology. The more science became expert knowledge and the domain of privileged professionals and a technocratic elite, it was conceptualized as contrary to democracy. Contrary to the current notion that Nazism corrupted, distorted and misused a supposedly neutral biomedical science, these authors argue that biology and medicine were already inherently politicized and that they lent Nazism a specifically scientific technocratic character. From that it has been concluded that there was a more or less logical link and a historical continuity between professional medicine on the one hand and an all-comprehensive Nazi biocracy and persecution of different minorities on the other.

Now, of course there is truth in this interpretation and I don't want to reject it altogether, but I have some critical comments to make on the historical approach of these authors. It will be clear now, I hope, that my case-study shows that the relationship between medical science and Nazism is much more complicated than medical historians admit. It does not sustain their thesis - which is fundamental for their interpretation of the role of medicine in Nazi Germany as a whole - that a unified biomedical ideology, rooted in an exclusionary racism and antisemitism, explains the persecution of minorities like homosexuals, and nor does it support the claim that biomedical science unequivocally contributed to that persecution. Although biology and medicine indeed played a central role in Nazism, and the willingness of the German medical profession to embrace the National Socialist cause was substantial, in my view a logical connection between Nazi 'biocracy' and this persecution can hardly be established. Such a logical connection simply has been assumed because

it is believed that the biomedical worldview of the Nazis was all-comprehensive and that therefore politicians as well as scientists only used biological explanations to account for homosexual behavior.

I doubt whether the biological Weltanschauung of the Nazis was so comprehensive as medical historians have claimed. From a detailed analysis of scientific publications on homosexuality I can only conclude that there was room for divergent scientific viewpoints: biological theories were amplified with psychological and social explanations. All of these were adopted by the Nazis to find remedies against homosexuality, and the way they used science was not dictated by their biomedical worldview. In that sense there was no one-dimensional connection between the Nazis politics of persecution and scientific interference with homosexuality. Instead, the Nazis used rather pragmatically different scientific explanations to cope with what they considered as a political and more or less accidental problem within their own movement.

One should not take Nazi ideology and its biomedical rhetorics at face value. Nazism was far from a monolithic and unified body of ideology and politics. Contradictions between different, doctrines and political purposes in National Socialism, and also between official ideology and practice did arise. The way science conceptualized and interfered with homosexuality clearly shows that the choice of the Nazis for a specific scientific approach was not dictated by the internal logic of a unitary biomedical worldview. Instead, there was a rather complicated interaction between normal science and Nazism: the Nazis were not so much abusing or distorting the results of science, but rather used rather selectively and pragmatically scientific knowledge and professional expertise for divergent political purposes.

Again, what is the problem I have with the studies of Lifton, Proctor, Weindling and others on medicine in pre-Nazi and Nazi Germany?

The first problem is that the nature of their historical approach tends to be teleological: they tend to judge the development of health care and biomedical science in the period before the second world war from the perspective of the genocidal policies of the Nazis. Assuming that the Nazi-state was an all-comprehensive biocracy, in their interpretation the essence of the connection between Nazi ideology and politics on the one hand and biomedical science on the other, seems to be clear beforehand. It is reductionist in the sense that biomedical science is considered as a hand maiden of National Socialist biopolitics. It is also reductionist because they tend to neglect features of Nazism which have little or nothing to do with the biomedical worldview it disseminated, but which may be relevant for the way the Nazis dealt with science. By reducing Nazism to biopolitics, the power of non-medical and non-racist features of Nazism to influence social and medical policies is totally neglected.

This last remark brings me to my second criticism. Despite their claim to write a social and political history of medicine in pre-war Germany, these authors have analysed the relationship of medicine and politics exclusively in the context of the history of racial hygiene and eugenics; from this perspective the continuity between pre-Nazi and Nazi medicine and eugenics is emphasized. Of course the history of eugenics and racial hygiene is essential to understand the role of medicine in Nazism, but one should not forget that Nazism has other features outside the sphere

of racism and biological health, that might be relevant for the role medicine played in its policies. What I am implicating is that by isolating the issues of health and race from other features of Nazi policy, their approach is not social and political enough. The main difficulty I have with it is the all-encompassing interpretative scheme Lifton, Proctor, Weindling and Wippermann use, is that they define and fix beforehand what the relevant political context of medicine is and they tend to describe the relationship between Nazi politics and Nazism in monolithic terms. Their view on the relationship between politics and medical science is too narrow and static. In my view, they fail to see that the view and solutions of the Nazis for a supposedly medical problem like homosexuality was conditioned not so much by a biomedical ideology or politicized medical science but by particular social and cultural realities outside the sphere of medicine.

It would be better to consider the nature of the relationship of politics and medical science as an open, empirical question. What I am doing in trying to find an explanation for the persecution of homosexuality by the Nazis is to write, not a 'total', but a 'local' history, that leaves room for contingencies, contradictions and inconsistencies. These can only be explained by taking into account a much broader political and cultural context than medical historians have done.