

# MEDICAL ATTITUDES TOWARDS WOMAN'S SEXUALITY THROUGHOUT HISTORY

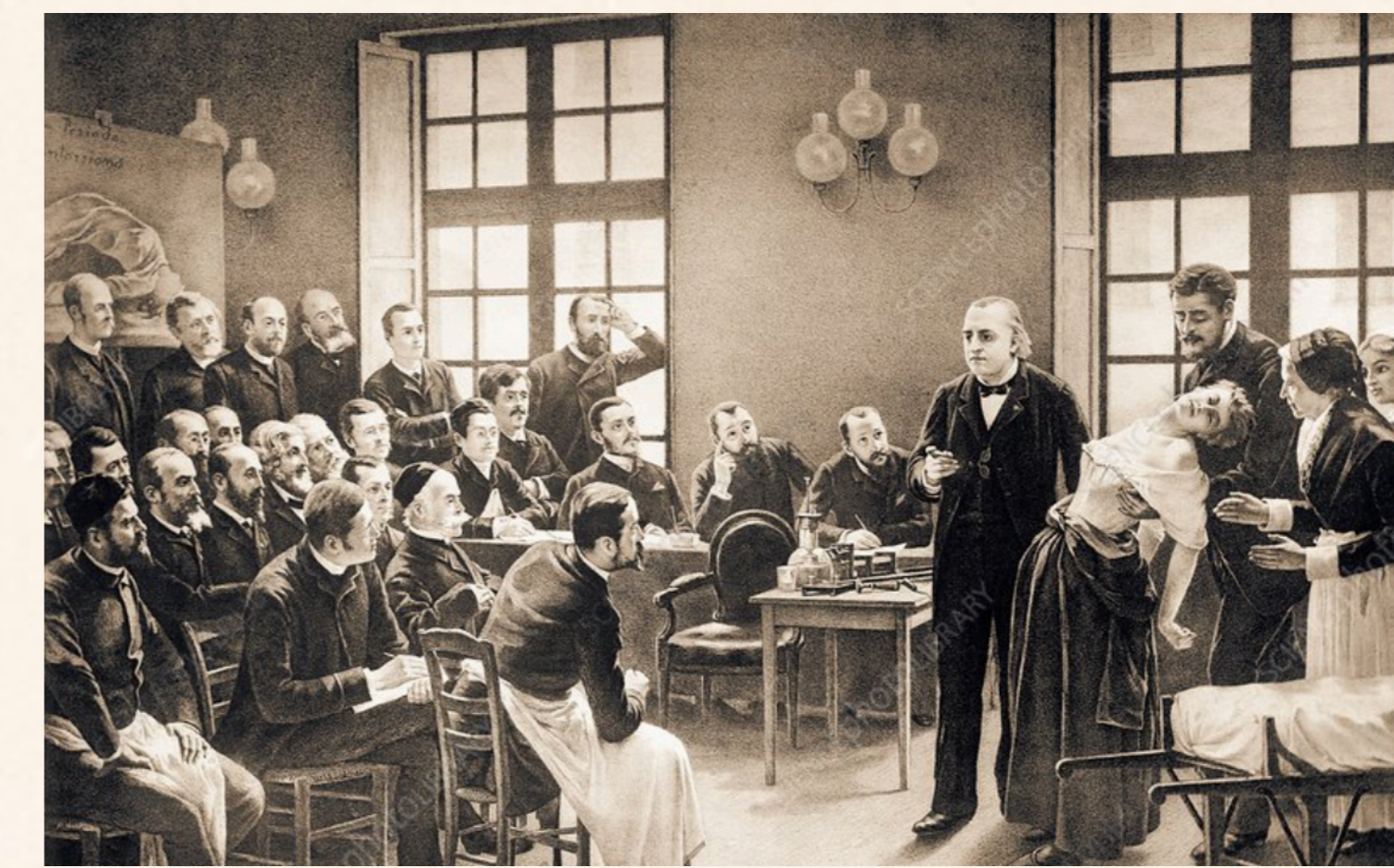
A.S. VIEIRA<sup>1</sup>, H. SANTOS<sup>1</sup>, I. VIDÓ<sup>1</sup>

## I - CENTRO HOSPITALAR PSIQUIÁTRICO DE LISBOA

Female sexuality is one of the most difficult subjects in women's history, often clouded by shame and secrecy and all too visible at the same time. In medieval times people feared three things: the devil, hunger, and women. Drawing upon both biology and theology, medieval medicine synthesized the phallogocentric understandings of women's bodies and their perceived proclivity for sex and sin. While intercourse was believed to negatively alter men's bodily composition, it was considered necessary for women, who were "passive" and open in relation to their genitalia, which indicated their openness to sex and informed the idea that women were inherently lustful. Menstrual blood was considered superfluous and toxic, its retention harmed the woman and its expulsion threatened to poison others, causing illness and even death. Women were considered largely responsible for the transmission of diseases, especially those associated with sexual activity.



In the pre-modern period, it was popularly thought that female genitals were just like those of males, but turned inside out, idea derived from the ancient Greek scientist Galen, who compared the testicles to the ovaries, and the vagina to the penis. As a result, the masculine and feminine sex drives were seen as comparable in strength and the female orgasm as necessary for conception. This long-held view that female sexual desire was voracious and pleasure necessary for conception was challenged by new medical developments between the 18th and the 19th centuries, representing a turning point in attitudes towards female sexuality. A new image of the woman as a victim of male lust began to compete with the older image of the disorderly woman. Doctors disagreed about whether 'good' women were naturally sexless, or whether they simply controlled their desires. It was asserted that most women were not normally troubled with sexual feelings and had intercourse only to oblige their husbands. The increasing prevalence of the idea that women did not need to experience orgasm in order to conceive also made female sexual pleasure seem less important. However, female desire could be seen as dangerous. The belief that menstruation and sexuality had a deleterious effect upon the intellect was echoed by the belief that the serious female disorders of nymphomania, masturbation, moral insanity, hysteria and neurasthenia were a serious threat to health and were considered to be the result of reading inappropriate novels or playing romantic music.



As these problems were clearly due to the female characteristics, the treatment was obvious: removal of the offending organs. There followed a fashion for removing normal ovaries and the clitoris, which led to one of the great medical scandals of the 19th century. Charcot, with his public demonstrations of hysteria, emphasized his belief that most mental disease in women resulted from abnormalities or excitation of the external genitalia. Freud repeated this view, while later stressing the effect of the mind on gynaecological disease. There was also the clear belief that masturbation led to a series of illnesses such as insomnia, exhaustion, neurasthenia, epilepsy, melancholia, and paralysis, to eventual coma and death. As the clitoris seemed to be the cause moral decline, the treatment was clear, it had to be destroyed. Initially, leaches were applied to the vulva and anus, the clitoris was cauterised and the first known therapeutic function of X-rays was to irradiate and destroy the clitoris. All of these assaults were superseded by the fashion for clitoridectomy in the 1860s, being supported by Isaac Baker Brown in London, who believed that it was a cure not only for nymphomania and masturbation but also epilepsy, catalepsy, painful periods, heavy periods, depression, hysteria and dementia. After the hypocrisy and tyranny directed at female sexuality in the 19th Century the change of attitude occurred slowly. Literature became more permissive with authors like D. H. Lawrence, Henry Miller and Anais Nin being influential. In the real world Marie Stopes' *Married Love* was greatly influential and stressed the emotional importance of sexual intercourse within marriage. Kinsey and colleagues in 1953 broke the scientific silence by publishing details of the sexual behaviour in the human female. Seymour Fisher devoted a whole book to the female orgasm and Shere Hite described six basic types of masturbation. Masters and Johnson's work was a landmark in understanding normal sexual response.



The wheel has turned full circle and in the last 50 years new research into the sociology, psychology and physiology of sexuality has provided a greater understanding of sexual health and increased recognition of the legitimacy of diversity in gender, sexuality, and intimate relationships.