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Newly Audible Voices: How Concepts of Queer Identity Changed in Weimar Germany

Nola Aycock

Abstract:

The new academic field of sexology emerged in Germany between 1870 and 1930, spanning radical changes in German government and society. Some of these researchers tried to understand the nature of homosexuality and other behaviors considered to be outside normal sexual parameters, mostly through the use of case studies. When Magnus Hirschfeld (pictured on the right below) collected a better set of data than his predecessors, concepts regarding homosexuality became more distinct. This, and the changing political culture of Germany following World War I, had an impact on the existing homosexual subculture and its associated rights movement.



Although medical science has not always held the same standard of rigor as it does today, it has maintained the same thirst for knowledge and understanding. In late Imperial and Weimar Germany, some researchers in the new field of sexology directed their desire for learning toward homosexuality and other things they considered to be outside normal sexual behavior. Although the nature of homosexuality likely did not change in that time period, scientists' views on homosexuality changed considerably. At the same time, these changing ideas impacted and were impacted by a surprisingly early homosexual rights movement. Although gender expression and sexual orientation were conflated by early and influential scholars, the concepts were separated when

Hirschfeld conducted more rigorous research and were then applied and further discussed by the homosexual subculture of Weimar Germany's greater press freedom.

Part I: The Beginnings of the Field

The field of sexology was new at this time and consisted of medical doctors, psychologists, psychiatrists, and others in similar fields. Most of them were in Germany, with notable others in England and countries neighboring Germany. According to the bibliographer Dynes, the psychiatric study of homosexuality as we know it started with Karl Friedrich Otto Westphal, who wrote a notable paper in 1869.¹ Richard von Krafft-Ebing (1840-1902) was another of the earliest researchers

¹ Wayne Dynes, *Homosexuality: a Research Guide* (New York: Garland Publishing, 1987), 17. This is an annotated bibliography covering a wide range of material on homosexuality, not only historical sources and certainly not limited to Germany.

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and the most influential; his most important work was *Psychopathia Sexualis*, which was first published in 1886 and revised twelve times, with the final edition being published in 1903.² His focus was on sexual pathology, and he considered “normal” sexuality to be heterosexual and for the purpose of procreation. Notable other scholars (many of whom frequently cited Krafft-Ebing) included but were not limited to Albert Moll, Magnus Hirschfeld, Havelock Ellis, Karl Ulrichs, and Paul Näcke.³

These early sexologists⁴ engaged in several debates

regarding homosexuality. They did not agree as to whether or not homosexuality was a benign difference or if it should be cured. Even those who believed homosexuality was detrimental sometimes admitted that existing cures did not work.⁵ Also up for debate was whether or not homosexuality was inborn or if it could be caused by something external later in life, such as exposure to homosexuals in person or through reading (with the latter belief being more common).⁶ That said, between 1870 and World War II, the academic consensus seems to have shifted toward viewing

² Dynes, *Research Guide*, 13.

³ Sigmund Freud could also be considered part of this early field of sexology, but the Freudian school of psychoanalysis is beyond the scope of this paper as it quickly differs from sexology.

⁴ Due to the newness of this field, people studying sexuality may or may not have always described themselves as sexologists. However, they all studied sex and sexuality, and the term was commonly used by the 1920s.

⁵ Attempted cures included castration, hypnotic suggestion, simply attempting heterosexual intercourse (i.e. with a prostitute), and others; Havelock Ellis, *Studies in the Psychology of Sex: Sexual Inversion* (Philadelphia: F.A. Davis Company, 1915), 327-338, <http://books.google.com/books?id=8NoTAAAAIAAJ&oe=UTF-8>.

⁶ Laurie Marhoefer, *Sex and the Weimar Republic: German Homosexual Emancipation and the Rise of the Nazis* (Toronto: University of Toronto Press, 2015), 44-5.

homosexuality as a naturally occurring difference which cannot be cured.

Krafft-Ebing, in particular, relied on case studies from a variety of sources. Most commonly, cases came from the researcher's own patients. Krafft-Ebing noted on some cases the advice that a patient was given at their consultation, implying that the patient was his own.⁷ Others came from other physicians and were cited accordingly.⁸ More creatively, sometimes Krafft-Ebing drew from legal sources, such as court records regarding crimes such as public indecency or certain violent

crimes.⁹ Despite this documentation, the origin of many of Krafft-Ebing's cases is unclear.

The sources late nineteenth century sexologists used had serious flaws. Sexual behavior was (and still is today) difficult to study since it is typically conducted in private and not openly discussed. Direct observation being unavailable, sexologists were forced to rely on what people were willing to tell them about their sex lives or on what they could see from legal or literary sources.¹⁰ If a case study came from somewhere besides a researcher's own patient, they almost certainly did not have

⁷ For example, Case 145: Richard von Krafft-Ebing, *Psychopathia Sexualis*, 12th ed., trans. Franklin S. Klaf (New York: Stein and Day, 1965), 247.

⁸ For example, Case 140 was borrowed from Albert Moll: Ibid., 140.

⁹ He even cites Jack the Ripper as a case study, suggesting that he had a sexual motive; Ibid., 59.

¹⁰ Sexual intercourse was not empirically studied in a lab until Masters & Johnson's studies in 1966. Even then, they were limited to studying physical sexual response as having sex in a lab is psychologically a highly unusual experience; Anna Katharina Schaffner, "Fiction as Evidence: On the Uses of Literature in Nineteenth-Century Sexological Discourse," *Comparative Literature Studies* 48, no. 2 (2011): 167.

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access to all of the details. In particular, homosexuality could easily be one's deepest secret, so for a homosexual person, opening up to a doctor (or anyone else) about one's sex life was stressful at best. The sample sizes used were also suspect. Westphal, for example, cites a mere two case studies. By the final edition of *Psychopathia Sexualis*, Krafft-Ebing cites 238 case studies, but he deals with a very wide range of topics, not just homosexuality.¹¹ Both were cited frequently by other sexologists. Still, early sexologists were mostly legitimate, mainstream professionals trying to learn what they could from limited sources.

This shortage of quality sources, led some sexologists to cite literary sources. Fiction was used as an example of fantasy, an important

component of sexuality. Some authors were treated as case subjects themselves because their writing included sexual content, with Rousseau's *Confessions* being a popular subject of analysis.¹² Krafft-Ebing in particular liberally mixed literary references with factual case studies, treating them as equally valid.¹³

As an example of the link between literary and medical worlds, Ellis, in describing the rest of his field, mentions Karl Ulrichs, a writer, homosexual rights activist, and lawyer. Although Ellis claims that Ulrichs was "not a writer whose psychological views can carry much scientific weight," he also states that he partly inspired Westphal (an actual psychiatrist) to

¹¹ Krafft-Ebing, *Psychopathia Sexualis*, 409.

¹² Schaffner, "Fiction as Evidence," 171-2.

¹³ Ibid., 170.

study homosexuality.¹⁴ Indeed, Ulrichs was cited frequently by those in medical fields, despite the fact that he was not a doctor, psychologist, psychiatrist, or any other type of medical professional. In particular, Ulrichs was in close association with Hirschfeld, who held an M.D. and was chair of the Wissenschaftlich-humanitäres Komitee (“Scientific Humanitarian Committee,” hereafter WhK), an activist group established in 1897 interested in using scientific arguments to further political goals.¹⁵ Ulrichs also coined several terms for different types of sexual orientation, derived from Plato’s *Symposium*, a very literary and Greek source.¹⁶ Ulrichs was known to cite literary sources very

frequently in his political arguments; therefore he constitutes a substantial link between the literary, subcultural, and medical worlds.¹⁷

Throughout this time, homosexuality was generally treated as contagious. Both experts and lay people commonly believed that exposure to homosexuals could lead to widespread homosexuality, ultimately eliminating heterosexuality and causing the downfall of Germany.¹⁸ This fear drove much of the censorship law in Germany; before 1918, writing on homosexuality was allowed only if it had scientific or literary merit and was meant for expert readers only.¹⁹ Even then, Krafft-Ebing

¹⁴ Ellis, *Sexual Inversion*, 67.

¹⁵ Particularly repealing Paragraph 175, the German law banning certain sex acts between men.

¹⁶ Hirschfeld, Magnus. *The Homosexuality of Men and Women*. Translated by Michael Lombardi-Nash. Amherst, New York: Prometheus Books, 2000, 38-9.

¹⁷ Dynes, *Research Guide*, 16.

¹⁸ Marhoefer, *Sex and the Weimar Republic*, 43-5.

¹⁹ Ibid., 42.

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often chose to use Latin terms to make his writing more obscure and less likely to corrupt.²⁰ It was also believed that spending time with homosexuals in person could also cause a person to become homosexual. All-male boarding schools, for example, were seen as hotbeds of homosexuality.²¹ Even though some people believed homosexuality could be inborn, innate homosexuality was assumed to make up a small minority of cases. The belief in contagious homosexuality greatly overshadowed any belief in inborn homosexuality.

The terminology early sexologists used reflected their views on sex and sexuality. One of the earliest and most common terms

in use to describe homosexuality was *konträre sexuellempfindung* (or “contrary sexual feeling” as it is usually rendered in English). This term was coined by Westphal in 1869 and was widely used by German sexologists, including Krafft-Ebing. The term “inversion” was also commonly used in English and meant approximately the same thing. This model treated sexual orientation as a gender trait: that is, normal men and women were exclusively attracted to the opposite sex, and homosexual behavior or feelings meant that the person did not conform to their gender.²² With that came the idea that homosexuals might not conform to their gender in other ways. They might be physically different, such as having

²⁰ Krafft-Ebing, *Psychopathia Sexualis*, ix.

²¹ See Ellis, *Sexual Inversion*, 75-87. Note that Ellis was from England, where there was much discussion on homosexuality in boarding school.

²² Although I use the term “gender” for the sake of clarity, it was not used in this time period. Sex and gender were not yet distinct concepts. Sexologists consistently referred to “sex” where modern scholars might sometimes refer to “gender.”

abnormal sex organs, or an unusually high level of opposite-sex hormones. Alternatively (or in addition), they might behave differently, perhaps cross-dressing or preferring work associated with the opposite sex.

Part II: Important Changes from Hirschfeld

Hirschfeld wrote slightly later than Westphal, Krafft-Ebing, or Ulrichs, and his sources were significantly better than all of them. Hirschfeld gave his subjects a long questionnaire, an example of which was included in his monumental work *The Homosexuality of Men and Women*. Subjects answered over 100 questions about their medical histories, family relationships, and sexual activities.²³ Because Hirschfeld

followed his subjects for several years, he was able to study individuals in more depth and developed closer relationships with at least some of them.²⁴ Subjects could take their time on the questionnaire, provide details, and think and communicate from the privacy of their homes, all of which enhanced the quality of Hirschfeld's data. The alternative would be discussing what might be the subject's deepest secret in front of an authority figure who expected a quick answer.²⁵ He also had a superior quantity of data; by the time he wrote *Homosexuality of Men and Women* in 1914, Hirschfeld had collected thousands of questionnaires over a period of eighteen years.²⁶

²³ Hirschfeld, *Homosexuality*, 290-316.

²⁴ Ibid., 29-30.

²⁵ Hirschfeld, *Transvestites*, 18-9.

²⁶ Hirschfeld, *Homosexuality*, 23 & 288.

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Hirschfeld stated that all of his sources represent people who came to him, not the other way around.²⁷ It appears that many of these patients came to him specifically because he was known as an expert on homosexuality. Hirschfeld was also chair of the WhK and, therefore, active in the homosexual emancipation movement. Some patients may have found him in that way. There is also a high chance that Hirschfeld himself was homosexual, given that he lived with a male partner for a long period of time.²⁸ Although he did not advertise his orientation, he would have empathized with his patients, since he actually experienced some of what his patients described to him. In any case, it is clear that Hirschfeld was

a reasonably approachable consultant for those trying to understand their own homosexuality and/or gender nonconformity. Dealing with him was private, safe, and mutually beneficial.

In 1910 Hirschfeld developed a new model of sexual intermediaries. In reviewing case after case, Hirschfeld noticed that not everyone fit the existing model of inversion set by Krafft-Ebing, Ulrichs, and Westphal. Many of the people he observed cross-dressed but were exclusively heterosexual.²⁹ Others might have been homosexual, but never cross-dressed nor showed interest in any other cross-gender behavior. His new model situated everyone on a continuum between totally

²⁷ Hirschfeld, *Transvestites*, 18-9.

²⁸ Heike Bauer, "From Fragile Solidarities to Burnt Sexual Subjects: At the Institute of Sexual Science," in *The Hirschfeld Archives* (Temple University Press, 2017), 81.

²⁹ Hirschfeld, *Transvestites*, 130.

masculine and totally feminine according to their primary and secondary sex characteristics, sexual behavior, and a few other features.³⁰ Published in *Transvestites* this new model accounted for both homosexuality and transvestism (as well as many other conditions) without conflating them.

In the same book, Hirschfeld also coined a new term: transvestite. In his day, “transvestism” had a broad meaning; the word was used to describe many people, from men who identified as husbands and fathers but enjoyed women’s clothing, to those who might today be described as transgender or transsexual, who were interested in living as another gender full-time

and perhaps undergoing surgical and/or hormonal transition. Hirschfeld described what he saw as transvestism because cross-dressing was what these many people had in common.³¹ Other researchers applied other terms to describe cross-gender behavior and identity, such as “Eonism,” coined by Ellis in 1928 in response to Hirschfeld.³² Also in use was “trans-sensible,” which was coined in the transvestite subculture and did not appear in scientific literature.³³ Both terms moved away from Hirschfeld’s focus on clothing, but neither were ever used as commonly as “transvestism.” As elsewhere, terminology reveals much about what people thought. In fact, the word “homosexual” was often inappropriately used to

³⁰ Ibid., 215-236.

³¹ Ibid., 124.

³² Havelock Ellis, *Studies in the Psychology of Sex: Eonism* (Philadelphia: F.A. Davis Company, 1928), 12, <https://archive.org/details/in.ernet.dli.2015.200374/page/n5>.

³³ Marhoefer, *Sex and the Weimar Republic*, 61.

describe a wide variety of deviancies, even in the 1920s, especially by lay people.³⁴ Despite describing a wide variety of people, the word “transvestism” still allowed for greater specificity.

Part III: Subcultural Discussion and Application Following WWI

After 1918, the ordinary homosexuals and transvestites who sexologists studied were able to have open discussions of their own. The Weimar government poorly enforced censorship laws, leading to a greater degree of press freedom than before.³⁵ Queer people used this opportunity to publish magazines, newspapers, and novels containing stories and news about people like themselves, including

correspondence from readers, political commentary, practical advice (such as relationship advice), and fiction.³⁶

Although many people associate queer subculture with physical establishments such as bars, this media system was more important regarding the development of the subculture for several reasons.

Literature was much more accessible than any club; clubs could only exist where there were enough people to financially support one, so they only existed in urban areas. Literature could be sold anywhere and was accessible outside of the major cities.

Magazines, in particular, were also far cheaper than entering a club, an important point in post-war

³⁴ Bauer, “From Fragile Solidarities,” 91.

³⁵ During the war, censorship had been enforced by the military, but after 1918 was enforced by police forces; this change caused some confusion and resulted in greater press freedom. See Marhoefer, *Sex and the Weimar Republic*, 32.

³⁶ Katie Sutton, “‘We Too Deserve a Place in the Sun’: The Politics of Transvestite Identity in Weimar Germany,” *German Studies Review* 35, no.2 (2012): 339-340.

Germany.³⁷ Reading could also be private; a person could discreetly buy reading material, read it alone at home, and then hide it or throw it away when they were done if they so desired. Literature also directed interested people to the physical establishments that did exist, from permanent clubs to one-time parties.³⁸ Every significant homosexual rights organization that met in person also published periodicals and thus conducted important discussion in print.³⁹ People who were otherwise isolated were able to participate in the subculture, in much the same way as the internet connects queer people today.

After Hirschfeld coined the term transvestism in 1910, the word

entered common use and people began identifying as transvestites. By adopting a common term, transvestism became easier to discuss. That discussion, like others, took place partly in the subcultural print media, with regular columns and supplements appearing in magazines catering to homosexual women.⁴⁰ In the 1920s, some people also began seeking – and actually obtaining – legal protection to make it easier to cross-dress in public. Without such protection, transvestites could be arrested as a public nuisance.⁴¹ Obtaining such a permit was basically straightforward as long as the applicant had some sort of medical documentation suggesting that cross-dressing was necessary.⁴²

³⁷ Marhoefer, *Sex and the Weimar Republic*, 69.

³⁸ Ibid., 53.

³⁹ Ibid., 40-2.

⁴⁰ Sutton, “Place in the Sun,” 339.

⁴¹ Ibid., 337.

⁴² Ibid., 338.

Face-to-face organizations also existed, but they were more useful as social groups, especially those for women. Sex acts between women were not criminalized like those between men, so homosexual women did not have a clear political issue to rally around. Social groups were therefore of greater importance.⁴³ Politically-oriented groups sometimes met in person, such as chapters of the German Friendship League, but they were still focused on publications and fighting the censorship of their publications.⁴⁴ Some groups (for any and all genders) were certainly exclusively for social reasons. Although different from the explicitly political groups, they were still

important because they offered queer people the opportunity to relax and spend time with those of shared experience. Queer people faced pressure from the heterosexual world because they were considered different at best, sick or criminal at worst, and releases for that pressure are not to be discounted.⁴⁵ Regardless of the purpose of any group, magazines were again important because they directed readers toward social and political events.⁴⁶

Hirschfeld's Institute for Sexual Sciences, founded in 1919, presents a unique instance of a face-to-face aspect of the subculture. Several organizations met in the Institute, including the WhK, the Communist Party, and multiple transvestite

⁴³ Marhoefer, *Sex and the Weimar Republic*, 56-7.

⁴⁴ Ibid., 21 & 41.

⁴⁵ For more examples of the ways homosexual people interacted in person, see Hirschfeld, *Homosexuality*, 776-803. Hirschfeld described chaste gatherings, as well as customs regarding casual sex.

⁴⁶ Marhoefer, *Sex and the Weimar Republic*, 53.

organizations.⁴⁷ The Institute also housed a museum filled with pictures of the types of sexual intermediaries Hirschfeld studied.⁴⁸ Consistent with Hirschfeld's medical research, the Institute provided healthcare related to sex and sexuality, including such matters as eugenic counseling, birth control, and treatment of venereal disease. Because these were available to anyone regardless of sexual orientation, visiting the Institute did not advertise one's sexuality.⁴⁹ Queer people even lived in the building, including Hirschfeld and his partner.⁵⁰ Between this wide range of activities, the Institute presents an interesting intersection of

subculture, science, and political activism.

Conclusion

The Institution for Sexual Sciences was destroyed by Nazis in 1933. They searched the building for books and burned them, along with an effigy of Hirschfeld.⁵¹ They recognized Hirschfeld as an agent of change that they feared, and treated him accordingly. Nazis attempted to eradicate homosexuality from Germany, including academic research produced by Hirschfeld and his colleagues. They did not succeed. Hirschfeld's research, as well as the Weimar homosexual rights movement, influenced modern concepts of sexual orientation and

⁴⁷ The WhK is discussed in Dose, *Magnus Hirschfeld*, 47. Communist Party meetings are mentioned in Bauer, "From Fragile Solidarities," 81. Transvestite groups are discussed at length in Sutton, "Place in the Sun," 339.

⁴⁸ Bauer, "From Fragile Solidarities," 88-91.

⁴⁹ Dose, *Magnus Hirschfeld*, 100-101.

⁵⁰ Bauer, "From Fragile Solidarities," 81.

⁵¹ Marhoefer, *Sex and the Weimar Republic*, 174.

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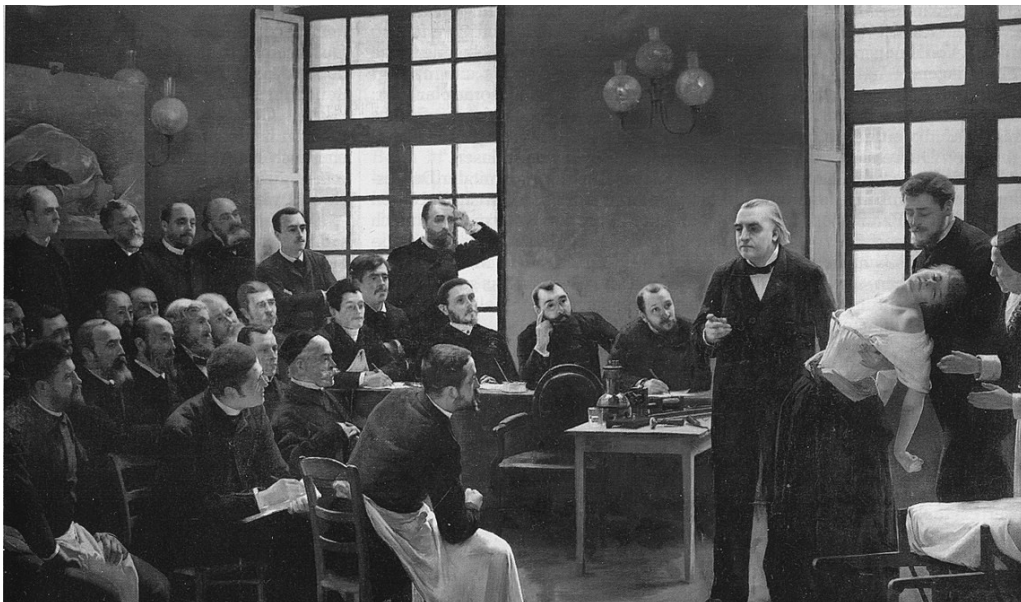
gender. Each of the thousands of case studies Hirschfeld collected represents a unique voice; between their speaking and Hirschfeld listening, together, they were able to create better understanding, which still exists today.

Deviance, Derangement, and Degeneration: Surgical Enforcement for Victorian Gender Norms

Joanna Ellis

Abstract:

In 1865, prominent surgeon Isaac Baker Brown was elected President of the Medical Society of London for his achievements in the fledgling field of obstetrics and gynecology. Just two years later, the Obstetrical Society of London voted overwhelmingly to expel him from their ranks, and he died in poverty in 1873. Brown's fall from grace stemmed from his controversial usage of clitoridectomy to cure cases of hysteria, epilepsy, and insanity. The Victorian clitoridectomy was rooted in that era's concepts of gender roles and healthy expressions of female sexuality. Clitoridectomy and other gynecological treatments employed to relieve mental illnesses were also manifestations of obstetricians and gynecologists' need to establish themselves as respectable professionals necessary to society. Ironically, the vulnerability of these new professions was also central to Brown's expulsion and exile. Brown's story and his theories and implementation of clitoridectomy serve as a lens to examine the interaction of gender roles and medical developments in Victorian Britain, specifically focusing on the advent of obstetrics and gynecology.



When presented with the term “female circumcision,” Western audiences are likely to envision ritualized violence isolated to developing regions such as Africa and the Middle East. This reflex is unsurprising given the volume and accessibility of educational material on that facet of the term available to the lay person. However, a lesser-known but very similar practice, referred to by the more clinical name of clitoridectomy, was also present in Western medicine in the late nineteenth century. The removal of the clitoris and similar surgeries in Victorian medicine were attempts to cure a variety of physical and mental ailments by stemming masturbation, which Victorian society viewed as deeply taboo and unhealthy. Women were particularly vulnerable to medical “treatments” aimed to curb masturbation and sexual deviance due to Victorian society’s fixation

on tightly regulating female sexuality to conform to what was deemed respectable. Physicians trying to establish themselves in the very new fields of gynecology and obstetrics were quick to medicalize female gender roles to make their profession necessary for Victorian society. Victorian clitoridectomy, particularly as it took place in Great Britain, represents an intersection of these two interests- those of medicalizing and regulating women’s sexuality and establishing obstetrics and gynecology as reputable and profitable- as seen in the rapid rise and fall of the surgery’s most infamous practitioner, Isaac Baker Brown.

Isaac Baker Brown’s career as a surgeon was defined by his rapid ascendance to prestige through his innovations in surgical procedures and contributions to the medical profession as a whole. Born in 1812, he became a surgeon at an

early age and in 1848, he had already been elected a Fellow of the Royal College of Surgeons by his late thirties.¹ This began his rise to eminence throughout the 1850s, including publishing his popular first book in 1854, *On Some Diseases of Women Admitting of Surgical Treatment*, along with his repeated success with the then-developing oophorectomy and his role in popularizing James Marion Sim's operation for vesicovaginal fistula.² He also helped found St. Mary's Hospital and in 1858 opened the London Surgical Home for women, which garnered attention from "prestigious members of the British and European medical establishment" and even the British Royal Family.³

The peak of his prestige was his election as President of the Medical Society of London in 1865, quickly followed in 1866 with the publishing of *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females* in which he documented his successes with his specific procedure of clitoridectomy as a cure for female hysteria and other "feminine weaknesses" caused by masturbation.⁴

Female hysteria was hardly a new concept to Victorian physicians, as historian Andrew Scull documents in *Hysteria: The Biography*. According to Scull, early classical physicians such as Hippocrates and Galen were the

¹ Elizabeth Sheehan, "Victorian Clitoridectomy: Isaac Baker Brown and his Harmless Operative Procedure," *Medical Anthropology Newsletter* 12, no. 4 (August 1981): 10, <https://anthrosource-onlinelibrary-wiley-com.libproxy.troy.edu/doi/epdf/10.1525/maq.1981.12.4.02a00120>.

² Ibid.

³ Ibid.

⁴ Ibid., 10-11.

first to identify and define hysteria. Hippocrates proposed that “the womb is the origin of all diseases.”⁵ The many changes the female body endured, such as menstruation, pregnancy, menopause, etc., “readily deranged” women’s “fundamentally inferior” constitutions.⁶ Hippocrates and his successors claimed that the womb was a parasite preying upon its host body, shocking a woman's "internal equilibrium" either by wandering about the body or "sending forth vapors," causing violent symptoms labeled as hysteria.⁷

As with many other classical theories of medicine, hysteria remained a legitimate aspect of Western medicine until the late

nineteenth century, albeit with a few changes. In the late seventeenth century, doctors began to see hysteria as a disorder of the nerves rather than the antics of the wandering uterus.⁸ As concurrent anatomical studies proved that wombs could not wander, the idea of the brain and nerves as the meeting place of mind and body became attractive.⁹ Thomas Willis, a professor of natural philosophy at Oxford, was the first to dispute the idea that female hysteria was caused by uterine mischief. Willis instead claimed that nerves could become tainted, which was expressed through symptoms of not only hysteria but also epilepsy (now seen as part of the same “family of diseases”).¹⁰ However, the idea of a

⁵ Andrew Scull, *Hysteria: The Biography* (New York: Oxford University Press, 2009), 13.

⁶ Ibid.

⁷ Ibid., 13-14.

⁸ Ibid., 24-25.

⁹ Ibid., 27 & 31.

¹⁰ Ibid., 29-31; Willis mainly spoke of nervous diseases as they affected women, but he conceded that “sometimes the same kinde of Passions infest men...”

woman as “peculiarly the creature of her internal organs” persisted to the nineteenth century, which doctors related to the new focus on the nervous system by claiming that women’s nerves were more delicate and “prone to overstimulation.”¹¹

The nineteenth-century medical community in which Isaac Baker Brown practiced was heavily influenced by the rigid gender norms that defined larger Victorian society. Until the late eighteenth century, both medical professionals and lay people accepted that women could be “as passionate, lewd, and lascivious as men,” even believing that sex was more likely to result in pregnancy when female orgasm was achieved.¹² However, the idea that

women naturally had a lower sex drive than men dominated by the nineteenth century.¹³ Modern researchers attribute several social, cultural and political phenomena occurring around the late eighteenth and early nineteenth centuries to this shift in attitude. For example, some theorize that the rise of evangelical Christianity led to the conflation of a lack of sexual passion and moral superiority, which some women appropriated to further their social standing.¹⁴ Ideas from the Enlightenment and Post-Revolutionary Era reinforced the idea of women’s virtuosity originating from their naturally diminished sexual desire.¹⁵ The rise of the urban middle class also

¹¹ Carol Smith-Rosenberg and Charles E. Rosenberg, “The Female Animal: Medical and Biological Views on Woman and Her Role in Nineteenth Century America,” *The Journal of American History* 60, no. 2 (September 1973): 334.

¹² Carol Groneman, “Nymphomania: The Historical Construction of Female Sexuality,” *Signs* 19, no. 2 (Winter 1994): 345, JSTOR.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Ibid., 346.

contributed by completely separating the roles seen as acceptable for men and women, which solidified the idea that women had a natural domestic sphere that was improper for them to venture from.¹⁶

However, Victorian society, and medicine, did not see women as completely asexual beings at all. A healthy and respectable Victorian woman did desire and enjoy (vaginal) intercourse, but only at the prompting of her husband, who was always expected to take the lead in the bedroom.¹⁷ The strict gender roles of sexual relations were justified and somewhat enforced by the Victorian medical institution. Many mid-nineteenth century doctors believed that a

man's semen had a restorative effect on a woman's reproductive system, helping her recuperate from the supposedly draining affair of intercourse.¹⁸ Therefore, the buildup of excited sexual energy without the reprieve of "the soothing presence of the male semen" could prove dangerous for a woman's mental and physical health.¹⁹ Signs of such sexual deficiency were evident in deviances such as hypersexuality (then referred to as nymphomania), asexuality, lesbianism, and masturbation.²⁰ Most doctors of the time agreed that any sexual act that was not reproductive in nature, even coitus interruptus, was an

¹⁶ Ibid., 345.

¹⁷ Sarah B. Rodriguez, *Female Circumcision and Clitoridectomy in the United States: A History of a Medical Treatment* (Rochester: University of Rochester Press, 2014), 19.

¹⁸ Smith-Rosenberg and Rosenberg, "The Female Animal," 348.

¹⁹ Ibid.

²⁰ Groneman, "Nymphomania," 339, 341, & 355.

unhealthy waste of limited sexual energy.²¹

The interest taken in women's gender roles by Victorian doctors was partially related to the novelty of the rising professions of gynecology and obstetrics. For most of western medical history, the physicians looked down upon most forms of medical specialization in a profession where general practitioners struggled to stand out in an overcrowded market, especially in the early nineteenth century, without stooping to advertising tactics beneath a "gentlemanly" profession.²² Until the early eighteenth century, pregnancy, childbirth, female reproductive health, and infant health fell almost entirely under the

purview of midwives, with doctors only being summoned in cases of emergencies.²³ However, as the eighteenth century progressed, male physicians began to increase their presence in the birthing chamber, intervening in more childbirths and even supervising routine labors.²⁴ Ornella Moscucci argues that the encroachment of male doctors onto the territory of midwives was caused by a sudden concern, in England at least, in maintaining a large healthy population of workers to sustain rising industry.²⁵ English doctors began to fear that incompetent midwives were unwittingly causing a population decline through outdated practices that led to increased infant

²¹ Smith-Rosenberg and Rosenberg, "The Female Animal," 348.

²² Scull, *Hysteria*, 74-75.

²³ Ornella Moscucci, *The Science of Woman: Gynecology and Gender in England, 1800-1929* (Cambridge: Cambridge University Press, 1990), 10.

²⁴ Ibid.

²⁵ Ibid., 11.

mortality.²⁶ Anne Digby, however, proposes that these doctors also had more economic motives: the late eighteenth century English midwife typically charged half of a guinea (one guinea is fifteen shillings) for a delivery and one to three guineas for more wealthy patients, while male physicians earned at least one to five guineas per delivery, even ten guineas for an esteemed physician working in London.²⁷ This kind of ample, steady income was exactly what physicians needed in a crowded, competitive medical market, and they took several measures to ensure their hold over their new domain.

By the late eighteenth and early nineteenth centuries, English

obstetricians, then known as male midwives, were gaining popularity among pregnant women. These doctors achieved this by convincing the public that only scientifically-minded male physicians could ensure a safe delivery as opposed to backward, superstitious midwives.²⁸ The use of cutting-edge tools was also applied to other female reproductive matters, expanding the male medicalization of feminine health.²⁹ The advent of one such tool, anesthesia, in the 1840s solidified gynecologists' and obstetricians' hold on female health, as it allowed them to perform more invasive surgical procedures, expanding their range of services offered to women.³⁰ Isaac Baker Brown was one of the

²⁶ Ibid.

²⁷ Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge, Cambridge University Press, 1994), 255-256.

²⁸ Moscucci, *Science of Woman*, 50.

²⁹ Scull, *Hysteria*, 75.

³⁰ Ibid., 76; The terms "gynecologists" and "obstetricians" were in use by the mid-nineteenth century.

first to utilize chloroform in deliveries and other gynecological surgeries, which allowed him to pioneer new surgical techniques for conditions such as prolapsed uterus, securing his rise to prominence.³¹ The replacement of midwives with obstetricians and gynecologists as those in charge of feminine health represents not only the Victorian solidification of the gender hierarchy, but also the male appropriation of the midwife's duty of safeguarding women's reproductive, and by extent sexual, wellbeing.

The social and professional acceptance of obstetrics and gynecology was hardly unanimous. For one, a specialized practice that appealed to half of the patient population was a major threat to general practitioners.³² Even so, the

most significant controversy surrounding obstetricians and gynecologists was the inevitable suspicion both laypeople and fellow doctors held toward men who made a living examining and touching women's genitals, especially since that was almost entirely the domain other women up until then.

Physicians that supported female midwifery and alternative medicine condemned these doctors of having impure motives regarding their practice, accusing them of seducing their patients through their improper examination methods.³³ In order to defend their practice, gynecologists and obstetricians had to establish themselves as not only beneficial to society, but necessary, one approach being that of attempting to introduce treatments for female mental illnesses such as

³¹ Ibid.

³² Ibid., 75.

³³ Moscucci, *Science of Woman*, 118.

hysteria. Doctors began to introduce new methods and procedures, often surgical, designed to cure “female insanity”, all hearkening back to the idea that the female reproductive system was the source of women’s ailments, including mental.³⁴

However, even with the obstetric community, there was debate over the efficacy of these procedures, betraying the underlying motive of those performing said procedures as that of establishing themselves as the sole experts of the causes and treatments of feminine forms of insanity.³⁵

Even though the nineteenth century saw significant steps to differentiate medicine and religion, traditional Christian values were still very present in laypeople’s and doctors’ understanding of mental

illness.³⁶ Therefore, it stands to reason that Victorian gynecologists and obstetricians taking an interest in women’s mental health as it pertained to female reproductive systems translated to the doctors also taking interest in matters of sexual morality. One significant concern Victorian doctors had regarding sexual morality, especially Isaac Baker Brown, was that of masturbation. The medical view of masturbation as unhealthy was yet another relic from classical medicine, but it was not considered a disease until the eighteenth century, and a century later it was linked to “madness, idiocy, ...[and] epilepsy.”³⁷ Regardless of sex, masturbation supposedly wasted sexual energy that could have been better spent for procreative reasons, but doctors considered it

³⁴ Ibid., 105.

³⁵ Groneman, “Nymphomania,” 351.

³⁶ Moscucci, *Science of Woman*, 105.

³⁷ Rodriguez, *Female Circumcision*, 18.

particularly ill-advised for women, tying into the idea that Victorians saw female sexuality as healthy only when facilitated by a woman's husband.³⁸

The overall campaign against masturbation started in the early eighteenth century and grew throughout the eighteenth and nineteenth centuries, peaking in the 1910s.³⁹ One of the first pieces of antimasturbation literature was a book published in 1710 called *Onania; or, The Heinous Sin of Self-Pollution*.⁴⁰ To prevent masturbation, the book suggested thinking of solemn and sad things, eating "spare diets" with quality meats and "dry suppers," and

abstaining from sex at certain phases of the moon.⁴¹ Exercising, getting fresh air, and bathing in cold water were also common prescriptions.⁴² However, as antimasturbation intensified in the early nineteenth century, doctors sometimes utilized a more radical solution of clitoridectomy in cases of female masturbation. The operation itself dates back to at least ancient Rome as a cure for nymphomania, and it had persisted to the nineteenth century.⁴³ For example, in 1825, British doctors performed it on a fourteen-year-old girl for excessive masturbation.⁴⁴

In *Curability*, Isaac Baker Brown presented his personal take

³⁸ Ibid.

³⁹ Alan Hunt, "The Great Masturbation Panic and the Discourses of Moral Regulation in Nineteenth and Early Twentieth-Century Britain," *Journal of the History of Sexuality* 8, no. 4 (April 1998): 576, JSTOR.

⁴⁰ Ibid., 575.

⁴¹ Ibid., 601.

⁴² Ibid.

⁴³ Rodriguez, *Female Circumcision*, 26.

⁴⁴ Ibid.

on hysteria and other derangements in that they were directly caused by masturbation. He claimed that girls and young women display the earliest signs of hysteria in puberty, including restlessness, fatigue, apathy to society and domesticity, a finicky taste in food, and back pain, symptoms that could apply to most teenagers at some point in adolescence.⁴⁵ Even more significant, however, is his description of the more severe symptoms women display once hysteria fully sets in, such as wanting to run away from home, aspiring to be a nurse or nun, “distaste for marital intercourse,” or tending to abort early-stage pregnancies.⁴⁶ This paralleled Victorian beliefs that masturbation

was a threat to physical and moral health, but Brown took it a step further, claiming that masturbation posed a threat to a woman’s life. Brown warned that hysteria was only the start, leading women down a dark path to epilepsy, idiocy, insanity, and death.⁴⁷ At the center of Brown’s argument was the claim that the road from hysteria to death was caused by excessive “peripheral excitement to the pudic nerve” through masturbation.⁴⁸

From there, he presented clitoridectomy as the saving grace for these poor women, providing a litany of cases in which he completely cured women of hysteria, epilepsy, and insanity through his operation.⁴⁹ The women discussed in each of the cases

⁴⁵ Isaac Baker Brown, *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females* (London: Churchill, 1864), 14-15.

⁴⁶ *Ibid.*, 15-16.

⁴⁷ *Ibid.*, 7.

⁴⁸ *Ibid.*, vi.

⁴⁹ *Ibid.*, 17-18.

ranged from sixteen years old to fifty-seven (the average age of the patients was thirty-one), including unmarried women both young and old, married women, and widows.⁵⁰ The variety of symptoms displayed by the patients in these case studies is equally diverse, ranging from digestion problems labeled by Brown as hysteria to bouts of homicidal mania, all of them deemed by Brown to stem from masturbation.⁵¹ The only failures he admitted to out of the forty-eight cases presented in the book were two cases in which the women were not cured and one case that left the woman's fate uncertain.⁵² In his reports, Brown made little distinction between the physical and mental symptoms, presenting them as different facets of the same

malady. A particularly striking example is a twenty-year-old patient whose menorrhagia (heavy menstrual bleeding) Brown looped in with her "mental delusion," symptoms of which included irritability, disobedience, social vivacity, and flirtation along with spending "much time in serious reading."⁵³ The strong link between female mental health and Victorian gender roles is further present throughout the book in that many case reports end in Brown glowingly remarking how his formerly invalid patients went on to marry, have children, and be respectable members of society.⁵⁴

Brown was very eager to promote his particular clitoridectomy procedure by legitimizing its purpose and results

⁵⁰ Ibid., 65 & 77.

⁵¹ Ibid., 21 & 77.

⁵² Rodriguez, *Female Circumcision*, 26.

⁵³ Ibid., 35.

⁵⁴ Brown, *On the Curability*.

with the rest of his profession and also by popularizing it with the general public. When explaining the physiology behind his theories, he cites several well-known contemporaries that he claims to support his work, including Dr. Charles Édouard Brown-Séquard. Dr. Brown-Séquard was a physiologist who held a multitude of distinguished positions in academic institutions in France, Britain, and America, and he lent his name to the spinal cord condition called Brown-Séquard syndrome.⁵⁵ Baker Brown mentions Brown-Séquard's research on the nervous system repeatedly along with giving the French doctor partial credit for inspiring his revelation regarding "peripheral

excitation of the pudic nerve."⁵⁶ By referring to prominent physicians such as Brown-Séquard, Brown attempted to garner support for the procedure among the larger medical community. In the book's dedication to Brown-Séquard, Brown even went so far as to explicitly state that citing him "will secure for it greater consideration, and lead to a closer examination of its contents, than would otherwise have been the case."⁵⁷ Brown also sought the public spotlight for clitoridectomy, as seen in the physical appearance of the book, with gilt lettering for the title making the book look like "the class of works which lie upon drawing-room tables."⁵⁸ Brown was making an effort to make

⁵⁵ Michael J. Aminoff, "The Life and Legacy of Brown-Séquard," *Brain* 140, no. 5 (May 2017): 1525, 1530.

⁵⁶ Brown, *On the Curability*, vi.

⁵⁷ Brown, *On the Curability*.

⁵⁸ "Reviews and Notices: On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females, by Baker Brown," *British Medical Journal* 1, no. 278 (April 28, 1866): 440, ProQuest.

clitoridectomy appealing to both his fellow practitioners, whose approval could make or break the success of the procedure (along with his professional reputation) and the lay people, whose support would garner him potential patients.

Despite Brown's authority and prestige, the book ignited a heated controversy within the British medical community over Brown's science and methods. For example, the *British Medical Journal* published a review of *Curability* criticizing Brown for his sweeping, unsupported claims. The author further questioned whether the surgery itself actually cured the patients rather than the "moral and physical influence" that went along with the procedure.⁵⁹ Following the review, the Obstetrical Society of

London in December 1866 held a meeting to debate the merits of the operation. Dr. T. Hawkes Tanner opened with a speech declaring that clitoridectomy was akin to castrating a man, that the surgery still left the "pudic nerve" intact anyway, and that it harkened back to ritual practices taking place in Africa.⁶⁰ Afterward, other members of the society weighed in with a variety of objections, declaring that the surgery was useless, female masturbation was not the hazard to health and life Brown had made it out to be, stimulation of the clitoris was a historical method of treating hysteria, removing the clitoris was comparable removing the penis, etc.⁶¹

A few doctors criticized Brown's attempts at applying

⁵⁹ Ibid., 438-440.

⁶⁰ "Reports of Societies: Obstetrical Society of London," *British Medical Journal* 2, no. 311 (December 15, 1866): 672, ProQuest.

⁶¹ Ibid., 673-674.

clitoridectomy to cases unlikely to benefit from it, even accusing him of misinforming patients of the true nature of the procedure. Dr. Wynn Williams recounted how one of his patients underwent the surgery for paralysis despite his objections; the woman's paralysis actually worsened after the surgery, leading to her death.⁶² Before she died, however, she and her sister told Williams that she never had a masturbation problem, nor was she aware of what the operation entailed.⁶³ Williams also reported that whenever he observed Brown performing the surgery, Brown usually would also remove polyps from the rectum along with the clitoris, which Williams believed was actual root of the patients' ailments, not the clitoris.⁶⁴ Dr.

Tyler Smith confirmed Williams's accusation by listing four cases in which his patients had been misled or misinformed by Brown into agreeing with the surgery, which none of them benefited from.⁶⁵ Brown's efforts to popularize clitoridectomy led him to impose his theories on his patients despite the second opinions of other medical professionals, which left a bad impression upon his peers.

Only two physicians stepped up to Brown's defense. Dr. Routh, who cited a few cases from the London Surgical Home where he had observed patients making significant improvements after the surgery.⁶⁶ However, even then, he conceded that the procedure had its failures and that until further research proved its efficacy it

⁶² Ibid., 672-673.

⁶³ Ibid., 673.

⁶⁴ Ibid.

⁶⁵ Ibid., 673-674.

⁶⁶ Ibid., 673.

should only be practiced when no other treatment worked and after consulting with another medical professional.⁶⁷ Dr. Rogers also held that clitoridectomy had its successes and failures and that the Society should not jump to conclusions about the surgery's merits, or Brown's motives, before they had all of the facts.⁶⁸ Overall, neither doctor overwhelmingly agreed with Brown nor did they attempt to truly counter any of Brown's more fervent critics, both seeming to take the route of conceding to both sides of the controversy.

Brown's theory that clitoridectomy treated epilepsy received further criticism from

across the Atlantic. The *Boston Medical and Surgical Journal* released an article reporting upon the aforementioned meeting and Brown's wider criticism, adding in the opinion that other, less drastic measures would be sufficient to curb most masturbation problems.⁶⁹ The article also contained a reprint of a *Lancet* article by Dr. Charles West in which he presented a list of eight points picking apart Brown's argument regarding the dangers of masturbation and its curability through clitoridectomy.⁷⁰ The last of these points was yet another accusation that Brown tended to operate without his patients' fully informed consent.⁷¹

⁶⁷ Ibid.

⁶⁸ Ibid., 675.

⁶⁹ C. Ellis, "Clitoridectomy as a Cure for Epilepsy in Females," *Boston Medical & Surgical Journal* 77, no. 8 (March 28, 1867): 162-163, <http://libproxy.troy.edu/login?url=http://search.ebscohost.com.libproxy.troy.edu/login.aspx?direct=true&db=h9m&AN=54603862&site=ehost-live&ppid=divp14>.

⁷⁰ Ibid., 163-164.

⁷¹ Ibid., 164.

Brown did not take this criticism well. In the same issue of the *Journal* that documented the Obstetrical Society meeting, Brown submitted a letter in response to Dr. West's *Lancet* article. Brown detailed why each and every point made by West was incorrect, dismissing the criticism as logically invalid, "entirely opposed to the evidence" of physiological studies and observations "among the insane", and lacking full knowledge of Brown's practices.⁷² Brown did not admit to misleading his patients, but he did concede that he would conduct surgeries in secrecy if his patients willed it.⁷³

Naturally, Dr. West responded with not only reaffirming his

original points but also reiterating his accusation that Brown was withholding information about the surgery to his patients.⁷⁴ Additionally, some of the physicians that Brown had referred to in his letter responding to West's criticisms wrote to the *Journal* denying that their works supported Brown in any way. Dr. Holmes Coote refuted that self-abuse was a disease of the genitals and claimed instead that the brain was the source of the malady.⁷⁵ Dr. Henry Maudsley asserted that self-abuse was a consequence of insanity, not a cause.⁷⁶ Alongside Coote and Maudsley, the eminent Dr. Brown-Séquard, the man cited as an inspiration in *Curability* and to whom Brown dedicated the book,

⁷² "Reports of Societies," 675-676.

⁷³ *Ibid.*, 676.

⁷⁴ *Ibid.*, 676-678.

⁷⁵ Holmes Coote, "Correspondence: Clitoridectomy," *British Medical Journal* 2, no. 312 (December 22, 1866): 705, ProQuest.

⁷⁶ Henry Maudsley, "Correspondence: Clitoridectomy," *British Medical Journal* 2, no. 312 (December 22, 1866): 705, ProQuest.

expressed doubt that the procedure was indeed the cure-all Brown touted it as.⁷⁷

Brown also had an unfortunate habit of claiming that physicians referring patients to him were actively recommending clitoridectomy when they were simply allowing their patients to choose a course of action for their own care. Dr. Robert Harling wrote that he experienced this even though he and the other attending physician disagreed with clitoridectomy and that they only allowed the patient to opt for the surgery because nothing else had relieved her “nervous distress.”⁷⁸ This tendency intensified the

conflict between Brown and Dr. West, along with one of the critics from the Obstetrical Society Meeting, Dr. Robert Greenhalgh. In December 1866, Brown submitted a letter to the *Journal* attempting to show West and Greenhalgh’s hypocrisy by bringing up an instance where they had referred a patient to him for clitoridectomy for catalepsy brought up by excessive masturbation.⁷⁹ West, however, replied back in the next issue that the patient in question actually suffered from chronic eczema and that he had neither referred her to Brown nor did he see her at all until an entire year after the surgery.⁸⁰ Greenhalgh corroborated West’s

⁷⁷ Charles-Édouard Brown-Séquard, “Clitoridectomy for the Cure of Epilepsy,” *Boston Medical & Surgical Journal* 76, no. 10 (April 11, 1867): 206, <http://libproxy.troy.edu/login?url=http://search.ebscohost.com/libproxy.troy.edu/login.aspx?direct=true&db=h9m&AN=54891061&site=ehost-live&ppid=divp18&lpid=div111>.

⁷⁸ Robert D. Harling, “Correspondence: Clitoridectomy,” *British Medical Journal* 2, no. 312 (December 22, 1866): 705-706, ProQuest.

⁷⁹ Isaac Baker Brown, “Correspondence: Clitoridectomy,” *British Medical Journal* 2, no. 312 (December 22, 1866): 706-708, ProQuest.

⁸⁰ Charles West, “Correspondence: Clitoridectomy,” *British Medical Journal* 2, no. 313 (December 29, 1866): 728-729, ProQuest.

account and asserted that neither he nor West recommended the surgery.⁸¹ Apparently, the clitoridectomy was her idea, so Greenhalgh referred her to Brown and clearly stated to her multiple times that he had no opinion on the surgery, and she was actually worse off than ever after the operation.⁸²

At this point, both doctors discarded any veneer of professional composure. Greenhalgh took this opportunity to again criticize Brown's theories and asserted that the "offensive publicity" surrounding him threatened "the morals of the public and the high tone of the profession."⁸³ Brown was infuriated and claimed that in Greenhalgh's

letter, "more violent animosity is exhibited towards me than any gentleman would think it possible for one professional man to entertain against a brother practitioner," and followed up by attempting to smear Greenhalgh's integrity by calling him a liar.⁸⁴ Greenhalgh responded in the next issue revealing that Brown had promised the patient relief through the surgery that if anything made her condition worse.⁸⁵ He then presented his full, unflattering opinion of Brown, stating that his "practices are founded upon theories as wrong as they are filthy," and that he "wantonly exposed" women to "worse than

⁸¹ Robert Greenhalgh, "Correspondence: Clitoridectomy," *British Medical Journal* 2, no. 313 (December 29, 1866): 729-730, ProQuest.

⁸² Ibid.

⁸³ Ibid., 730.

⁸⁴ Isaac Baker Brown, "Correspondence: Clitoridectomy," *British Medical Journal* 1, no. 314 (January 5, 1867): 18-19, ProQuest.

⁸⁵ Robert Greenhalgh, "Correspondence: Clitoridectomy," *British Medical Journal* 1, no. 315 (January 12, 1867): 41, ProQuest.

futile operations."⁸⁶ The accusation that Brown manipulated patients into the procedure without informing them of its full nature proved to be the most damning.⁸⁷ Both Brown and Greenhalgh accused each other of unprofessionalism, but the fact that they used the *British Medical Journal* as the platform for their exchange of insults could have also put the profession's good name at risk as the editions of the *Journal* had the potential of reaching the public eye.

The drama surrounding Brown and clitoridectomy culminated on April 6, 1867, when the Obstetrical

Society met to discuss whether or not to remove Brown from its membership.⁸⁸ By then, Brown already stopped performing clitoridectomy pending the results of a "professional inquiry into its validity as a scientific and justifiable operation."⁸⁹ Out of 237 voting members, 194 voted to remove Brown (an 81.8% majority) with thirty-eight opposed and five abstentions.⁹⁰ His career never recovered, and after a rapid deterioration of health, he died on February 3, 1873, destitute and disgraced.⁹¹

It might be tempting to assume that the public disgrace experienced

⁸⁶ Ibid., 42.

⁸⁷ Ibid.

⁸⁸ "The Obstetrical Society: Meeting to Consider the Proposition of the Council for the Removal of Mr. I. B. Brown," *British Medical Journal* 1, no. 327 (April 6, 1867): 395-410, ProQuest.

⁸⁹ Wollaston F. Pym, "Correspondence: Clitoridectomy," *British Medical Journal* 1, no. 319 (February 9, 1867): 154, ProQuest.

⁹⁰ "The Obstetrical Society: Meeting to Consider...", 409.

⁹¹ Elizabeth Sheehan, "Victorian Clitoridectomy: Isaac Baker Brown and his Harmless Operative Procedure," *Medical Anthropology Newsletter* 12, no. 4 (August 1981): 14-15, <https://anthrosource-onlinelibrary-wiley-com.libproxy.troy.edu/doi/epdf/10.1525/maq.1981.12.4.02a00120>.

by Isaac Baker Brown represented an overwhelming rejection of clitoridectomy as a treatment for masturbation. However, if anything, mixed feelings toward Brown's method with a somewhat reluctant acceptance of his procedure define his posthumous legacy. Even at the center of the drama, not all physicians expressed completely negative opinions. One physician, Dr. Harling, admitted that he was not certain of his final judgment of the validity of the procedure.⁹² Particularly striking is that in 1869, after Brown's exile from the community, a British physician consulted him to perform a clitoridectomy on one of his patients.⁹³ In his 1893 speech to the Cleveland Medical Society, Alvin

Eyer spoke of Brown in an almost reverent manner, lamenting how his overenthusiastic approach to clitoridectomy, which Eyer conceded was useful in some cases, led to his fall from grace.⁹⁴ In his 1883 book on the dangers of masturbation, Joseph Howe noted that Brown was rejected from the community "for a too free use of the operation," but Howe still recommended the surgery for severe cases of masturbation (though marriage was preferred).⁹⁵ Judging from his critics, Brown was an extremist in terms of the way Victorian medicine saw women and sexuality, but once the debacle surrounding Brown's expulsion died down, he and his procedure were regarded by the medical

⁹² Robert D. Harling, "Correspondence: Clitoridectomy," *British Medical Journal* 1, no. 315 (January 12, 1867): 40-41, ProQuest.

⁹³ J. Arkwright, "Excision of the Clitoris and Nymphae," *British Medical Journal* 1, no. 526 (January 28, 1871): 88, ProQuest.

⁹⁴ Rodriguez, *Female Circumcision*, 25-26.

⁹⁵ Joseph Howe, *Excessive Venery, Masturbation, and Continence* (New York: Birmingham & Company, 1883), 110-111.

community with a certain level of respect.

The fact that clitoridectomy somewhat survived Brown's disgrace begs the question of whether the controversy was actually about the surgery itself or something deeper. Looking closely, it appears that the need for the new profession of obstetrics and gynecology to fully establish itself drove the actions of both Brown and his critics. The fact that Brown had decided to use gynecological surgery to attempt to cure the social ill of masturbation, making it seem all the more crucial by warning of its potentially grave consequences, displays his need to make his services indispensable to society. His excessive promotion, indicated by his colleagues' critiques of his presentation of the book and interaction with patients, of the

procedure shows his desire to make clitoridectomy, and by extension gynecology, respected by the lay people. Despite his intentions, however, the rest of the profession, still seeing themselves as new and vulnerable, viewed Brown as a threat to public opinion.

The first sign of this is that at the end of the April 1866 review of *Curability*, the reviewer criticized the physical appearance of the book in that the title was in gilt letters and had Brown's name emblazoned down the side.⁹⁶ The reviewer's concern that the book did not look professional enough may indicate a fear of possibly appearing too common and unprofessional, unsurprising for a still-developing profession. Also, the 1867 *Boston Medical and Surgical Journal* expressed disapproval of Brown attempting to garner the support of

⁹⁶ "Reviews and Notices," 440.

clergy and other non-professionals, and in Dr. West's *Lancet* article, he criticized Brown's "public attempts to excite the attention of non-medical persons."⁹⁷ Furthermore, while a significant portion of the criticisms levied toward Brown explicitly addressed the merits of clitoridectomy, the doctors often made sure to allude in some way to the danger he posed to, in the words of Greenhalgh, "the high tone of the profession."⁹⁸ A major argument of the debate to expel Brown from the Obstetrical Society was that he was performing clitoridectomies "without the knowledge and consent of the unfortunate women or their husbands."⁹⁹ These gynecologists were aware that societal proprieties were not kind to men looking at the private parts of

women who were not their wives, and they knew that to overcome this they had to get women to trust them. They saw this betrayal of trust as potentially fatal to the profession and distanced themselves away from the perpetrator as fast as they could. Furthermore, the fact that the surgery continued to be performed and validated (though more sparingly) after Brown's expulsion, even within the first few years, demonstrates how Victorian gynecologists had little to no qualms about the procedure itself. Once the threat to their reputation, Brown, was satisfactorily eliminated, the physicians of Victorian Britain and America freely, but cautiously, continued performing clitoridectomy.

⁹⁷ Ellis, "Clitoridectomy," 164.

⁹⁸ Robert Greenhalgh, "Correspondence: Clitoridectomy," 730.

⁹⁹ "The Debate at the Obstetrical Society," *British Medical Journal* 1, no. 327 (April 6, 1867): 397, ProQuest.

The use of clitoridectomy to treat masturbation and hysteria in the Victorian period was a consequence of highly restrictive social norms surrounding female sexuality along with the ambitions of the new profession of gynecology seeking to assert itself as a viable, respected institution. The very idea that masturbation was unhealthy for women revolved around the assumption that they were meant to be passive participants in their marital heterosexual sex lives, which was further affirmed by Brown claiming that a thirst for independence was a sign of hysteria. The rising use of surgery to combat masturbation, thanks to Brown's publicization of clitoridectomy, shows how Victorian gynecologists wished to promote their young profession and make it not only relevant but crucial to society. However, Brown's downfall was also a product of the

insecurity of the early gynecologists. His aggressive marketing of clitoridectomy and apparent tendency to not fully inform his patients made him a threat to their respectability and integrity, leading him to be ejected from the community. Even so, women were still being oppressed by the excessively restrictive gender norms of the nineteenth century, and they were still subject to this operation as a penalty for not conforming. The women who were mutilated by clitoridectomy in the name of curing their misplaced ailments were victimized by a sexually repressive society and exploited by the doctors entrusted with the women's health and wellbeing in their quest for power and prestige.

Shi'ite Militarism in a Lawless Land: Israel's Effect on the Formation of the Party of God

Abstract:

Hezbollah, or “The Party of God,” has definitely made their name in the realm of Middle Eastern politics. From innovating the use of car bombs, to pushing the Israeli Defense Force out of Lebanon, and even to becoming a state-sponsored military force within the Lebanese government's borders, the Party of God has succeeded and even thrived where several terrorist organizations have failed. This is due to the unique geographical and political makeup of Lebanon, the divisive history of its former rulers, and the militant policies Lebanon's occupiers. In this paper, a specific focus is given to the occupation of Lebanon by the Israeli Defense Force and how its militaristic tactics gave birth to a militant movement that would be unrivaled by any that came before.



In today's political climate, Hezbollah is an all too well-known name in Lebanese politics. Although it started as a local Shi'ite resistance organization designed to fight the Israeli occupation following Operation Peace in Galilee in 1982, it has now grown into a political party so powerful that some already referred to it as a "state within a state" as early as 1996.¹ The ability of a terrorist organization to become so powerful that it is legitimized by its own government and given direct permission to liberate occupied lands is extraordinary; further, that it has been politically powerful enough to make treaties with other nations is an unprecedented feat amongst religious militias at the

time of these events.^{2,3} The political climate in Lebanon may be a perfect breeding ground for extremist organizations, but the extent of the success of Hezbollah was only made possible due to the climate created by its greatest enemy: Israel. Israel's 1982 invasion and subsequent attempts to control southern Lebanon are directly responsible for Hezbollah's rise to power in the region.

Lebanon is a land created for conflict. From the beginning of the French mandate in the region, the French occupiers designed the borders so that the various religious sects would naturally clash with one another, making the region naturally unstable and easy for fringe groups to make their claim to

¹ Hala Jaber, *Hezbollah: Born With a Vengeance* (New York: Columbia University Press, 1996), 188.

² US Department of State, "Foreign Terrorist Organizations," *State.gov*, <https://www.state.gov/j/ct/rls/other/des/123085.htm> (Accessed 3/30/2019).

³ Nafez Qawas, "Berri summons Parliament to vote on policy statement," *Daily Star* (Beirut, Lebanon), May 2, 2018, <http://www.dailystar.com.lb/News/Lebanon-News/2008/Aug-06/50807-berri-summons-parliament-to-vote-on-policy-statement.ashx>.

power. This was done by basing the government on how prevalent each ethnic and religious population was represented in a census taken in 1932, which was never updated despite the change in the religious proportions in the country.

Although this was to France's advantage during the mandate as it allowed for easier control of the region, the overlapping religious territory and intentional political separation of the sects guaranteed a source of constant strife long after the French withdrew from the region.⁴ Although the census-based government never achieved social equilibrium it was more or less stable until the religious makeup of the nation began to change, causing the now-underrepresented religious denominations to become

increasingly agitated in their pursuit of equal representation. This agitation boiled over in the 1975 revolution, which practically removed the Lebanese government as an effective force in Lebanon and replaced it with a litany of militia groups that fought each other for power in bloody room-to-room combat.⁵

Hezbollah, or "The Party of God," is without a doubt the most prevalent of these militia groups in the present day. This organization soared to power in the 1980s by encompassing all the known extremist Shi'a groups in Lebanon and mobilizing them in the pursuit of Israel's destruction.⁶ The extreme marginalization of Lebanon's Shi'ite population by the time the Party of God came into

⁴ Thomas Collelo, ed., *Lebanon: A Country Study* (Washington: Library of Congress, 1989), 4-5.

⁵ David Gordon, *The Republic of Lebanon: Nation in Jeopardy* (Kent: Westview Press, 1983), 71.

⁶ Robin Wright, *Sacred Rage: The Wrath of Militant Islam* (New York: Touchstone, 2001), 95.

existence allowed for Hezbollah's extreme success in recruitment and support among those in southern Lebanon, especially in the capital of Beirut. However, this was not always the case in the region.

Prior to the marginalization of the Shi'a, southern Lebanon was still a hotbed of terrorism, but of a different breed. The Palestinian Liberation Organization (PLO) relocated to Lebanon after being expelled from Jordan and had since used the region as a staging ground to attack Israel. These attacks then triggered counterattacks from the Israeli Defense Force (IDF), both of which caused civilian casualties and extensive property damage. Although the Shi'ites initially sympathized with the Palestinian militants as an oppressed people, not only did the PLO occupation

oppress those living in the Shi'ite heartland of southern Lebanon but the counterattacks they sparked turned the area into a warzone without the consent of the occupants.⁷ This turned the population against the PLO as Israeli reprisals harmed Lebanese civilians - as opposed to Palestinian militants - while the PLO guerillas would organize themselves in Lebanese villages. As a result, the locals began to organize different training camps in order to defend themselves in case either the Palestinians or Israelis began targeting civilians in order to advance the respective group's goals.⁸ This was the beginning of the arming and training of the Shi'ites in southern Lebanon that would later be used to fight Israeli occupation, but at that time the citizens simply concerned

⁷ Thomas Collelo, ed., *Lebanon: A Country Study*, 196-200.

⁸ Jaber, *Hezbollah: Born With a Vengeance*, 12.

themselves with the defense of their own villages. Ironically enough, the armament took place under the training and supervision of the Palestinians, who hoped that armed villagers would help them resist Israeli counterattacks.

It was these Palestinians that the Israelis were initially targeting during their 1982 invasion codenamed Operation: Peace For Galilee. Contrary to what many would expect in the present day, the Shi'ite population in the south did not resist the Israeli invasion and subsequent occupation at first. The Israeli invaders were welcomed with rice and flowers as they rolled through the Lebanese villages because they were seen as liberators, freeing the Shi'ites from their Palestinian oppressors.⁹

However, Israeli attacks during the invasion served to galvanize the local population that initially supported them. Not only did they bomb some Lebanese villages before entering, but they also caused extensive damage to the Lebanese capital of Beirut when they began bombing "randomly and indiscriminately" at times, which stood in sharp contrast to the precision bombing used against military targets in other phases of the operation.¹⁰ The climate of "fear and bitterness" caused by the Israeli invasion caused massive amounts of refugees to flee to Beirut, only to be bombed once again by the very Israelis they were fleeing. Many had to take refuge in sewers and dumps as the city was destroyed.¹¹ The damage caused to the Shi'ites

⁹ David Gordon, *The Republic of Lebanon: Nation in Jeopardy* (Kent: Westview Press, 1983), 145.

¹⁰ Collelo, ed., *Lebanon*, 214.

¹¹ Judith Harik, *Hezbollah: The Changing Face of Terrorism* (London, I.B. Tauris & Co Ltd, 2005), 38.

in their villages and the capital of Beirut during the Israeli policy of saturation bombing resulted in 17,825 dead and 30,103 wounded in all of Lebanon. The Beirut siege eventually turned the southern locals against Israel, even if it was not enough to actively make them engage in armed warfare.¹²

The Israeli attempt to stay in Lebanon and rule the land in a kind of provincial government eventually agitated the Shi'ite population to the point that Hezbollah was able to form. Once the Palestinians were completely pushed out of Lebanon, the southern Shi'ites assumed that the Israelis' job was over and that the Israeli Defense Forces (IDF) would return to Israel. However, even though the IDF withdrew from the capital, they stayed in the South and

began installing measures that would assist in asserting Israel's control of the region to prevent the PLO's return. The Israelis tried to pressure the Shi'ites into providing both political and military long-term support by launching the "Organization for a Unified South" in early 1983.¹³ This plan called for each village to select five to eight men to administer the entire region, as well as arming and training local men to create organized militias under the direct control of Israel. This plan was promoted with both positive and negative reinforcement: if the villagers decided to sign up for this militia, known as the National Guard, they were told that their friends and family located in Israeli-controlled prisons may receive expedited sentences. However, the IDF also implied that if men refused to serve,

¹² Gordon, *The Republic of Lebanon*, 144.

¹³ Wright, *Sacred Rage*, 221.

these same family members would experience negative consequences. The formation of the National Guard was just the first offense of what the local Shi'ites considered to be the Israeli occupation of the southern third of Lebanon. At this point, the Israelis began to suffer some light resistance from unorganized Shi'ite fighters, but the action that prompted the full Jihad of the Shi'ite people was the Ashura massacre of 1983. While Shi'ites in the town of Nabityeh were commemorating Ashura – the most sacred festival in Shi'ite Islam – an Israeli military convoy drove through the town. The commander of the convoy attempted to pass through the crowd of around 50,000 worshippers, which infuriated the Muslims who saw it as a violation of their holy day. The Israelis, in turn, saw it as an act of rebellion

against their authority and decided to drive directly through the crowd to put it down, prompting the festival goers to throw rocks, burn tires, and blockade the roads. After a vehicle was overturned and set on fire, the Israeli soldiers called for reinforcements and began shooting at the crowd, killing two Shi'ites and injuring fifteen more.¹⁴ The outrage from this incident changed a few isolated pockets of Shi'ite resistance into an entire mobilization of guerilla forces. At first, a fatwa was issued, followed by a full-scale *jihad* – or holy war – as the IDF tried to crack down on the newly founded militias.

The Israelites were shocked that this group - which had originally been tapped as a potential ally in southern Lebanon - had now turned into one of their most passionate enemies. As one Shi'ite

¹⁴ Jaber, *Hezbollah: Born With a Vengeance* 18-19.

hardliner stated: “Israel could have won the southerners’ hearts and minds, but instead its warlike style has turned people against it . . . Had the Israelis left after three months, we would still think they were giants. But now it is open season on them, and even old men want to become martyrs.”¹⁵ Now that the sleeping giant of Shi’ite militarism had been unleashed, the IDF was bombarded with guerilla attacks until they were eventually forced to retreat behind a “security zone” in Southern Lebanon where they remained in direct control until 2000.¹⁶ Although the Israeli withdrawal prevented them from taking further casualties, it also created circumstances that would help Hezbollah rise to power.

After Israel withdrew from the territories they originally

occupied during Operation: Peace For Galilee, they left a power vacuum in their wake that Hezbollah filled. Almost as soon as Israel pulled out of southern Lebanon, the Shi’a guerilla fighters, who at this point had been united into Hezbollah as an umbrella organization even if their manifesto had not yet been released, moved in. The area that had first been ruled by the PLO and then by the IDF now had no ruling force overseeing the region, so it was ripe for Hezbollah occupation and growth, which they immediately capitalized on. “Two days after the withdrawal, an estimated three hundred trucks and crowded buses from Beirut carrying members of Hizbollah, the Party of God, roared through . . . Honking horns and chanting the now familiar ‘*Allahu Akbar*.’”¹⁷

¹⁵ Wright, *Sacred Rage*, 223.

¹⁶ Collelo, ed., *Lebanon*, 210.

¹⁷ Wright, *Sacred Rage*, 228.

Hezbollah, now in control of the majority of southern Lebanon, was able to utilize the power vacuum in order to grow and recruit massive amounts of young fighters to their cause while simultaneously taking positions capable of firing into both the Israeli security zone and Galilee with their Katyusha missile batteries. Of course, none of this would have been possible if not for the foreign arms and funds Hezbollah received from foreign powers.

Israel's occupation of Lebanon not only caused Hezbollah's rise to power by antagonizing young Shi'ite Muslims, but it also prompted other Middle Eastern powers to endorse the young militia movement, cementing their power through arms and funding. Prompted by

Israel's invasion, Iran sent 1,500 of its Revolutionary Guards to the Bekaa valley in Lebanon in order to agitate and then train young Shi'ites so they could help spread Iran's Islamic revolution and stop the advance of the Israelis.¹⁸ With the arrival of the Iranian Revolutionary Guards (IRG), the Shi'ite clerics that would soon lead Hezbollah were now free from the worry of attacks by opposing militia groups that were also patrolling Lebanon in the absence of any real government. This allowed them to preach freely and motivate several young Muslims in both Baalbeck and Beirut, forming what became Hezbollah by uniting the various splintered militant Shi'ite groups under one unified spirit of *jihad*.¹⁹ In this way, Israel's occupation of southern Lebanon led to the

¹⁸ John Esposito, *The Islamic Threat: Myth or Reality?* (New York: Oxford University Press, 1999), 147.

¹⁹ Jaber, *Hezbollah: Born With a Vengeance*, 20.

creation of Hezbollah by prompting Iran to send troops to guard the clerics spreading the movement.

Another nation prompted to support Hezbollah due to the arrival of Israeli forces was Syria. Syria had long been occupied with the pastime of manipulating Lebanon's various militia groups to further its own agenda, but with the arrival of Israeli forces, Syria was forced to take a more direct role in the nation due to the IDF's presence so close to Syria's heartland. Although they tried to stop Israel's advance directly, the IDF eliminated the Syrian military as a factor on June 9 in a massive air battle, and by June 11, Israel had forced Syria into a cease-fire.²⁰ Without being able to directly stop Israel's occupation, Syria was left to lending political and financial support to the various

militia groups that were willing to resist Israel and its proxies.

Although Syria's main proxy was Aman, the secular Muslim militia group that Hezbollah splintered off from, it also lent its support to Hezbollah and others to make them shift their focus from fighting each other towards fighting Israel.²¹

Although Hezbollah's main sponsor was Iran, the joint pressure from both nations was more than enough to encourage the fledgling militia – who needed very little encouragement to attack Israel in the first place – to focus its attention on Israel and the multinational forces that they regarded as Israel's ally. Syria also played a key role in the funding and arming of Hezbollah as Iran had to move their shipments through Syria for it to reach the guerilla fighters in Lebanon. Without direct support

²⁰ Gordon, *The Republic of Lebanon*, 142.

²¹ Jaber, *Hezbollah: Born With a Vengeance*, 81.

from Syria, Hezbollah knew that it wouldn't be able to survive, so pleasing Syria became a key facet of the Party of God's international relations.²² Israel's Operation: Peace For Galilee not only brought Hezbollah's primary sponsor Iran into the fold – directly supporting and helping in the formation of Hezbollah – but it also brought Syria in as a major player in the both supporting and manipulating the Party of God.

Israel's invasion and occupation of Lebanon in 1982 was the primary vehicle for the formation of Hezbollah. By agitating the southern Lebanese Shi'ite population through their attempted occupation of the land formally run by the PLO, creating a power vacuum following both the removal of the PLO and partial

withdrawal of the IDF from southern Lebanon, and by causing the nations of Iran and Syria to provide direct support to any militia group willing to fight the Israeli occupation, Operation: Peace For Galilee provided the perfect environment for Hezbollah to form and grow. The Party of God became a much more brutal opponent than the Palestinians ever were, making guerilla attacks sometimes seven or eight times a day and launching 900 attacks against their Israeli enemies in 1984 alone.²³ In a single suicide attack innovated by Hezbollah, the Party of God could kill more Israelis than the entire PLO in the five years leading up to Israel's 1982 invasion.²⁴ As it was stated by Israeli Defense Minister Yitzak Rabin, "I believe that among the many surprises, and most of them

²² Ibid., 35.

²³ Wright, *Sacred Rage*, 233.

²⁴ Ibid., 223.

not for the good, that came out of the war in Lebanon, the most dangerous is that the war let the Shi'ites out of the bottle. . . . If as a result of the war in Lebanon, we replace PLO terrorism in a southern Lebanon with Shi'ite terrorism, we have done the worst [thing] in our struggle against terrorism.”²⁵

²⁵ Ibid., 233.

For Italy or For the West?: the Italian General Election of 1948

Ansley Markwell

Abstract:

In the years following World War II, the western world dreaded Red domination over democracy and capitalism. As the last democracy of Eastern Europe fell in Czechoslovakia, the United States feared for the cradle of western civilization - Italy. After a swing to the political far right under Mussolini, Italy appeared on the precipice of a leftist dive under the charismatic leadership of Palmiro Togliatti, leader of Italy's Communist Party. This was intolerable for the United States and the newly formed Central Intelligence Agency. Thus, the CIA commenced its first large-scale operation to influence the Italian general election of 1948. The coup in Czechoslovakia, Togliatti's powerful personality and influence, and the potential for further Soviet intervention, all contributed to the CIA's interference in the Italian general election of 1948 to aid the right-wing parties headed up by the Christian Democratic Party.



The first line of the *Communist Manifesto* written in 1848, “A spectre is haunting Europe—the spectre of communism” continued to reverberate around the world in the years following World War II.¹ The red giant of the Soviet Union seemed to threaten capitalism and democracy all over the western world right down to its historical cradle—Italy. Following the years under the violently fascist Mussolini, the Italian people seemed receptive to the idea of a leftist government. The western Allies, now at odds with the Soviet Union and its idea of modernity based on the communist ideology, found this incomprehensible and sought a way to remove the communist threat that was looming over Italy.

Founded in 1947, the United States Central Intelligence Agency (CIA) undertook its first large-scale covert operation, in the Italian general election of 1948 to prevent a communist victory. The coup in Czechoslovakia, the powerful personality and influence of Palmiro Togliatti (the leader of the Italian Communist Party), and the potential for further Russian intervention all contributed to the CIA’s pre-emptive interference in the Italian general election of 1948 to aid the right-wing parties headed up by the Christian Democratic Party.

Following the end of World War II, the European continent was left with destruction, devastation, and despair. Italy specifically was reeling from a horrible experience with fascism under Benito

¹ Karl Marx and Friedrich Engels, *The Communist Manifesto* (New York: Signet Classics, 2011), 61.

Mussolini. As the political pendulum swung, it appeared that the Italians might choose communism rather than its traditional alignment with the west.² As the Union of Soviet Socialist Republics (USSR) emerged as a super power following its victory over Nazi Germany and as its relationship with the United States and Great Britain began to deteriorate, the spread of communism not only in eastern but western Europe became a reality and a threat to capitalism.³ As the Cold War enveloped the European continent, most vividly in divided Germany, the prominence of communists in the Italian government following the demise of Mussolini began to gradually

dominate the political landscape of Italy.⁴ In order to avoid any possibility of communist victory in the Italian general election, the United States government began to support the right-wing parties, specifically the Christian Democratic Party, as anything else was deemed catastrophic.⁵ As a result of the post-World War II climate, the Italian general election marked the beginning of an American trend of interfering with foreign elections for the alleged betterment of the West as a whole.

One of the first catalysts of CIA interference in Italy can be traced to the coup in Czechoslovakia in early 1948. A previously democratic nation since the end of World War I, the

² Robert A. Wohl, "Palmiro Togliatti: Italian Master of Maneuver," in *Leaders of the Communist World*, ed. Rodger Swearingen, (New York: The Free Press, 1971), 17.

³ "Italian and French Struggle Against Communism," CIA Memorandum, May 26, 1947, <http://nsarchive.gwu.edu/NSAEBB/ciacase/EXK.pdf>.

⁴ "Interview with Yuri Ivanovich Modin," CIA Transcript, January 31, 1996, <http://nsarchive.gwu.edu/coldwar/interviews/episode-3/sum3.html>.

⁵ "Italian and French Struggle Against Communism," May 26, 1947.

communist party of Czechoslovakia (KSČ) engineered a coup d'état with the aid of the Soviet Union to bring Czechoslovakia in the Soviet sphere of influence. The coup was ordered in October 1947 at the first Cominform meeting.⁶ The coup was a direct result of the lure of the Marshall Plan in Europe. As the Western allies—particularly the United States—began offering aid to those nations struggling after World War II, the Communist party in Czechoslovakia justly perceived that its role was threatened.⁷ Thus, the Soviets ordered and organized a takeover to be completed before the May elections in 1948.⁸ While the KSČ was the most widely supported communist party of Europe during free elections—38% of the vote in the election of 1946—

both domestic and foreign communists feared a loss of power as a result of the lure of the Marshall Plan.⁹ Thus the Soviets began encouraging the acceleration of a revolution in Czechoslovakia. This push for revolution was actually connected to the Italian Communist Party (PCI). The PCI was losing its supporters with the West seeking to cement its hold on Italy as its next elections were fast approaching. Fearing an Italian loss, the Cominform pressed for an assured communist victory in Czechoslovakia.¹⁰ While the Czechoslovak government contained many parties, the non-communist members engaged in bitter conflict with the communist politicians in the weeks leading up to the coup. As a result, one of the

⁶ "Interview with Yuri Ivanovich Modin," January 31, 1996.

⁷ "Italian and French Struggle Against Communism," May 26, 1947.

⁸ "Interview with Yuri Ivanovich Modin," January 31, 1996.

⁹ "Interview with Dr. Harold Brown," CIA Transcript, December 13, 1998, <http://nsarchive.gwu.edu/coldwar/interviews/episode-12/brown1.html>.

¹⁰ "Interview with Yuri Ivanovich Modin," January 31, 1996.

pro-communist ministers named Nosek attempted to remove all non-communist features from the Czechoslovakian police force.¹¹ The right-wing politicians realized that the government was slowly being turned into arms of the KSČ. When the non-communist leaders demanded punishment for these subversive actions by the communists, they received no answer. President Edvard Beneš remained wary of a physical Soviet invasion and thus offered no immediate retaliatory actions against the communist leaders.

The consequences of this inaction by Beneš were far-reaching. As a result of his neutrality, the KSČ was able to form a communist government with the help of the Soviet deputy foreign minister Valerian Zorin.¹²

As the non-communist ministers were removed from their positions, the communist infiltration was completed. President Beneš fully capitulated to the communists and accepted a new government dominated by the KSČ.¹³ While still a coalition government in name, the majority of the political parties involved in the Czechoslovak government had been commandeered by communist sympathizers.

The fall of the last democracy in Eastern Europe stunned the world. As the Soviet Union began to solidify its “Iron Curtain” across the continent, many American and British leaders like Truman and Churchill feared for the survival of democracy throughout the entirety of Europe. The removal of democratic freedom at the hands

¹¹ “Interview with Dr. Harold Brown,” December 13, 1998.

¹² Ibid.

¹³ “Interview with Yuri Ivanovich Modin,” January 31, 1996.

of a communist dictatorship cemented the monolithic communist bloc but the Soviets, unsatisfied, wished to add another notch to their belt in the form of Italy.¹⁴ After watching Czechoslovakia fall to Communism, the West united against communist infiltration and the CIA began to make plans to keep the PCI in the minority as a result of the 1948 general election.

However, the communist coup in Czechoslovakia was not the only catalyst for CIA interference in Italy. The success and personality of the Italian Communist Party (PCI) leader Palmiro Togliatti presented a formidable opposition to democracy and its sustainability in Italy. As a wounded veteran from

World War I and a lawyer, Togliatti developed into an intimidating force for the PCI during its years of fascism and immediately following World War II.¹⁵ Once the Italian communists broke away from the Italian Socialists in 1921, Togliatti became the de facto leader of the PCI after his Italian Bolshevik rivals “were all eliminated either by the vigilance of the Fascist police or by the moral and political dilemmas posed by the struggle for power within the Russian leadership.”¹⁶ In the 1930s, Italian communists experienced severe persecution under Mussolini and his fascist compatriots in Italy. As a result, nearly all of the leaders of the PCI

¹⁴ “CIA Covert Aid to Italy Averaged \$5 Million Annually from Late 1940s to Early 1960s, Study Finds,” ed. Ronald Landa, *National Security Archive*: February 7, 2017, <http://nsarchive.gwu.edu/NSAEBB/NSAEBB579-Defense-Department-draft-history-on-CIare-Boothe-Luce-and-US-diplomatic-intelligence-and-military-activities-in-Italy-in-1950s/>.

¹⁵ “Palmiro Togliatti,” *Encyclopedia Britannica*, April 5, 2017, <https://www.britannica.com/biography/Palmiro-Togliatti>.

¹⁶ Wohl, “Palmiro Togliatti: Italian Master of Maneuver,” 22.

were arrested except for Togliatti.¹⁷ By the late 1940s, Togliatti was one of the last members of the old guard remaining. Even in his exile, Togliatti and the PCI's main goal was to overthrow Mussolini and fascism.¹⁸

Togliatti also weathered fascism out in the Soviet Union managing to survive Stalin's two waves of purges.¹⁹ This experience allowed Togliatti to become more adaptable regarding his tactics of implementing communism, unlike Stalin. As a result, in his push for a communist-dominated government in Italy, he did not necessarily include state-sponsored atheism.²⁰ As Rome was (and is) the capital of Catholicism, in order to be truly successful, Togliatti and the PCI

had to skillfully navigate the pitfalls of a relationship with the Catholic Church. Togliatti focused the PCI's approach on a democratically and nationalistic point rather than trying to direct it internationally.²¹ He was unique in comparison to other communist leaders around the world. As Robert Wohl put it, "No other communist leader in a non-communist country managed so successfully to maintain his standing in Moscow and yet at the same time to preserve his independence of viewpoints."²² Yet the Soviet Union still held him in such high esteem that they renamed Stavropol "Tolyatti" after him.²³ Togliatti's close alliance also shaped his trajectory of the PCI. Instead of fomenting a communist

¹⁷ Ibid., 21.

¹⁸ Ibid., 22.

¹⁹ "Palmiro Togliatti," *Encyclopedia Britannica*.

²⁰ Wohl, "Palmiro Togliatti: Italian Master of Maneuver," 19.

²¹ "Palmiro Togliatti," *Encyclopedia Britannica*.

²² Wohl, "Palmiro Togliatti: Italian Master of Maneuver," 17.

²³ "Palmiro Togliatti," *Encyclopedia Britannica*.

revolt in direct defiance to the new government, Togliatti stressed the importance of coming alongside the new government of Italy.²⁴ This was largely influenced by Stalin's decision to formally recognize the new Italian government.²⁵ Stalin generally accepted coalition governments in countries that had the potential for alliances with the Soviet Union. Rather than pushing for transformations similar to the one experienced by Russia in the early twentieth century, Stalin advocated for a gradual communist takeover instead of one driven by violence. This decision capitalized on the groundwork laid by Togliatti during World War II as he mediated between the anti-fascist parties and

the post-fascist parties in order to defeat Nazi Germany.²⁶

Known as Il Migliore "The Best", Togliatti was the face of Italian communism as he strove to keep the PCI a part of the new Italian government post-World War II.²⁷ He continually sent out PCI members on the ground to convince Italians to vote for the PCI in the coming elections of 1948. His steadfast belief in a communist Italy alienated the West and caused it to take notice. A research study done by the CIA in 1976 examined the measure of Togliatti's success in Italy and the measures the CIA took in response to his achievement.²⁸ Togliatti was almost fruitful in creating a communist-dominated government in Italy if it had not

²⁴ Silvio Pons, "Stalin, Togliatti, and the Origins of the Cold War in Europe," *Journal of Cold War Studies* 3, no. 2 (Spring 2001), 3.

²⁵ Ibid.

²⁶ Ibid., 4.

²⁷ Ibid., 5.

²⁸ Gene Wicklund, "Soviet Policy and European Communism," Central Intelligence Agency, Directorate of Intelligence, Office of Political Research (October 1976), 13.

been for the intervention of the CIA.

Another impetus for CIA involvement in the Italian general election of 1948 was the high probability for Soviet interference. As the communist superpower, the Soviet Union generally was the backer of international communist movements. However, Stalin only involved Soviet resources and manpower when the event or movement would positively affect the Soviet Union. The communist takeover of a Western European country would give the Soviet Union a foothold in the part of Europe influenced by the United States. Thus funding an Italian communist movement would give Stalin the advantage in the Cold War competition with the U.S.

This is why the Soviet Union funded the PCI in the years following World War II.²⁹ While scholars disagree on what the exact amounts of Soviet aid were, there is evidence that funding came directly from Moscow.³⁰

Even if Italy may not have been a main actor in the early Cold War, the Italian general election of 1948 provides an excellent example of the reactionary foreign policies of the United States and the Soviet Union.³¹ The United States sought to contain communism with programs like the Marshall Plan after World War II. While this approach was mostly successful, the Soviet Union managed to have vestiges of power in western European countries by dominating their communist parties. In fact, one

²⁹ Brogi, *Confronting America*, 109.

³⁰ James Callanan, *Covert Action in the Cold War: US Policy, Intelligence and CIA Operations* (London: I. B. Tauris, 2010), 41-45.

³¹ Pons, "Origins of the Cold War," 5.

of the prerequisites for Soviet aid was the complete subordination of self-interests to those of the Soviet Union.³² However, this did not necessarily mean that Stalin wanted to dominate all of Europe as most would assume. Rather, as some historians have noted, Stalin seemed to prefer a “divided and docile Europe, rather than a communist one” in which the various communist parties were a part.³³ However, Soviet control over Italian communists quickly weakened in the years to come.

As the known Stalinist pattern of splitting over matters of foreign policy indicated, Togliatti and Stalin’s partnership deteriorated swiftly. Togliatti and Stalin’s relationship suffered as a result of a Yugoslav-Italian conflict over the

city of Trieste.³⁴ As a result, Togliatti began to stray from the Moscow line. This, accompanied by the removal of communists from the governments of both France and Italy following the deterioration of the Allied relationship, caused Stalin to seek a tighter hold over the communist parties in western Europe, specifically the PCI.³⁵ Additionally, the lure of the Marshall Plan escalated Soviet fears of Western influence. Announced in June 1947, the aid program exacerbated the already tense situation in Europe. Tensions were further inflated by the PCI’s initial positive reaction to the potential implementation of the Marshall Plan in Italy. However, it was merely another sign of Togliatti’s adaptability for the sake of public

³² Ibid.

³³ Vojtech Mastny, *The Cold War and Soviet Insecurity: The Stalin Years* (Oxford: Oxford University Press, 1996), 21.

³⁴ Pons, “Origins of the Cold War,” 15.

³⁵ Ibid.

opinion.³⁶ Italy was still suffering the effects of the Nazi invasion in northern Italy as well as the economic fallout from the Mussolini regime and its downfall. In the face of all of this, the Soviet Union remained opposed to the Marshall Plan without offering much of a relief program of their own.³⁷ The impossible task of balancing between Italian public opinion and Moscow's directives marked the beginning of the end for the moderate success the PCI had enjoyed in post-Mussolini's Italy. The CIA decided to speed the pace of the PCI's ruin with some help of its own.³⁸ CIA intervention would hammer the proverbial nail in the coffin of the hopes for a PCI-dominated government in Italy.

As a result of the communist coup in Czechoslovakia, the dominant personality and role of Togliatti in the PCI, and the potential for further Soviet interference in the Italian general parliamentary election of 1948, the United States decided to intervene to prevent a PCI victory. Still a relatively new organization, the CIA undertook a massive operation to disrupt the efforts of the PCI prior to the Italian election.³⁹ CIA documents, recently released by the National Security Archives, show that covert aid to Italy reached highs of roughly \$5 million a year into the 1960s.⁴⁰ In 1948, the CIA admitted to funding the centrist parties of Italy at around \$1

³⁶ Ibid., 16.

³⁷ Ibid., 16.

³⁸ Wicklund, "Soviet Policy and European Communism," 13.

³⁹ Tim Weiner, "F. Mark Wyatt, 86, C.I.A. Officer, Is Dead," *The New York Times*, July 6, 2006.

⁴⁰ "CIA Covert Aid to Italy," ed. Robert Landa.

million.⁴¹ In addition to funding, the United States government advised the members of its Italian-American communities to write home urging their families to vote against the PCI in the coming elections. The United States viewed this letter-writing campaign as a "part of the battle between communist and non-communist forces in Italy".⁴² In order to be truly persuasive, these Italian Americans had to believe in the superiority of democracy over communism. Many believed that what they wrote was would be the saving grace of their families in Italy. An owner of a New York-based Italian newspaper Generoso Pope said, "I knew that the only way to beat the communists was to have the people of Italy know the

truth."⁴³ Another prominent Italian American Vincent Anfuso alleged, "The communists in Italy were taking advantage of the starving Italians by promising them the 'best' provided they voted on the communistic ticket".⁴⁴ The United States government officials and the CIA realized that an emotional appeal to the Italian people could be incredibly effective. Italian Americans took this idea and ran with it. Thousands wrote their brethren in their home country writing statements like, "For your good and for those who want to live in peace, throw off the threat of communism!"⁴⁵ Dramatic language abounded in these letters like, "By Voting for the communists, on April 18, you make yourselves

⁴¹ "CIA memorandum to the Forty Committee (National Security Council)," *CIA – The Pike Report* (Nottingham, England, 1977), 204-205.

⁴² C. Edda Martinez and Edward A. Suchman, "Letters From America and the 1948 Elections in Italy," *The Public Opinion Quarterly* 14, no. 1 (1950), 111.

⁴³ *Ibid.*, 112.

⁴⁴ *Ibid.*, 113.

⁴⁵ *Ibid.*, 114.

slaves of Russia, which looks for the destruction of Religion, the Fatherland, and the family".⁴⁶ By appealing to historic Italian values like the Catholic Church and family, the Italian Americans seemed to have succeeded in their efforts to sway their families back in Italy. However, it is still challenging for historians to establish the level of influence the letter-writing campaign had on the outcome of the general election because there has been no study that indicates who was voting communist before the letter-writing campaign and specifies that they changed their vote. The CIA also allegedly implemented more subversive forms of influencing the elections. They were accused of

forging letters to discredit leaders of the PCI.⁴⁷ The media also joined the efforts of the CIA. *Time Magazine* supported the efforts of the CIA and the letter-writing campaign in a cover story on the leader of the Christian Democrat Party and Prime Minister Alcide De Gasperi in April 1948 detailing the costs of a communist victory in Italy.⁴⁸

Through the CIA's efforts to influence the election, the Christian Democratic Party and De Gasperi ultimately defeated the PCI and Togliatti. Winning the Chamber and the Senate with 48%, the vote cemented the centrist parties' hold on the Italian government.⁴⁹ The election ultimately came down to issues of foreign policy and the existential issue of identity between

⁴⁶ Ibid., 115.

⁴⁷ "CNN Cold War Episode 3: Marshall Plan. Interview with F. Mark Wyatt, former CIA operative in Italy during the election," CNN.com, 1998–1999, archived from the original on August 31, 2001, retrieved July 17, 2006.

⁴⁸ "How to Hang On," *TIME Magazine*, April 19, 1948.

⁴⁹ MKG, "The Italian General Election and its Consequences," *The World Today* 9, no. 8 (1953): 332-333.

the East and the West.⁵⁰ The ideological conflict in Italy was drawn onto the world stage by Soviet and US involvement. Other global events like the coup in Czechoslovakia caused the US to intervene. People like Palmiro Togliatti threatened the natural conservative bent of Italy. Finally, the potential for further Soviet immersion catapulted the United States and the CIA to meddle in Italy. All of these factors culminated at the beginning of a decades-long trend of CIA interference in foreign elections. However, there is no definitive proof that the Central Intelligence Agency engaged in tactics similar to the Soviets by actually rigging the results of the elections. This test of CIA power proved to be successful in the policy of covert containment. In the end, Italy chose

the side of Western democracy and stood in defiance against Eastern communism in its general election of 1948.

⁵⁰ Ibid., 335.

Psycho-Philosophical Issues Facing The *Mens Rea* Requirement For Legal Culpability

Abstract:

When it comes to determining a criminal culpability during court proceedings, justice systems have traditionally favored actions and consequences over intentions. Advances in the fields of psychology and psychiatry, however, are reasserting the importance of mental status in determining culpability, which has begun to challenge our current understanding of justice. This article explores how the mental states that fulfill the *mens rea* requirement are particularly problematic given that they rely on psycho-philosophical assumptions concerning free will and moral cognition that are unstable at best. The article discusses how these findings may require change in the legal system and suggests future avenues of research.

Nicholas Westbrook



In 2006, a 51-year-old man was arrested by the Federal Bureau of Investigation for the possession of child pornography.¹ After medical evaluation, the man was found to have a rare neurological disorder known as Klüver-Bucy Syndrome (KBS), which explained his recent irritability, voracious appetite, and extreme changes in sexual preference. The man had not developed the disorder as a result of any action on his part, but as an unexpected side effect of a surgery meant to treat his epilepsy. In previous cases where people with KBS had committed pedophilic acts, those suffering from the disorder were not charged with any crimes but were instead given treatment. However, because this man seemed normal to untrained professionals, he was charged with and eventually pled guilty to

possession of child pornography. During the sentencing trial, the prosecution fought for the longest possible sentence (20 years), because in their eyes, the defendant was simply a pedophile with an unrelated mental disorder. The defense argued that it was unjust to have even charged him in the first place, arguing that he was the victim of a mental disorder that caused him to behave irrationally. In the end, the judge gave him the minimum required sentence: 26 months in prison, 25 months of home confinement, and 5 years of supervision. Wanting to bring this quietly-conducted trial and its implications into the academic discourse, the man's psychiatric consultants wrote and published a case study that they concluded by reaffirming their professional conclusion: because the man's

¹ Julie Devinsky, Oliver Sacks, and Orrin Devinsky, "Klüver-Bucy syndrome, hypersexuality, and the law," *Neurocase* 16, no. 2 (2010): 140-145.

behavior was a result of a mental disorder, he should have received medical treatment, not criminal charges.

Obviously, this individual did harm by supporting an industry that exploits children in the worst possible way, and it would be more than reasonable to take some measures that would ensure that this behavior is curtailed. But given the man's mental status, can it be said that he was fully responsible for his actions? This question can be broadened to the whole population: if some uncontrollable force is causing a person to commit crimes, is that person truly culpable for their behaviors? A reasonable person would say the person is not truly culpable and should not be punished. However, the current justice system is using outdated psycho-philosophical assumptions concerning free will and moral

cognition to punish individuals for psychological traits that they cannot control. It is time to begin focusing on the biological, social, and economic factors that actually contribute to criminal behavior.

Traditionally, psychological factors, being difficult to recognize and evaluate, were rarely considered in the courtroom, and instead criminal responsibility—also referred to as culpability—was determined based on the readily observable actions and consequences of a case. David Carson and Alan Felthous list the four pillars of culpability that serve as the criteria for determining responsibility in every court case:

1. The defendant must have committed some proscribed act (*actus reus*),
2. The defendant must have caused the proscribed consequences,

3. The defendant must have been in the proper state of mind (*mens rea*), and
4. The defendant must have an absence of circumstances which could constitute a legal defense to any crime charged.²

Determining whether a defendant fulfills the first two criteria is relatively easy; actions and consequences are often readily observable, and modern investigative measures are robust and well-developed. The fourth criterion rarely comes to play in trials and is also easy to determine: it concerns certain unique circumstances that legal precedent and law have already established as legitimate defenses to criminal charges. Examples include involuntary intoxication and the states of coercion and duress.

Fulfillment of the third criterion, however, has traditionally been much more difficult to discern. Verifying this criterion requires an understanding of the defendant's psychological profile at the time a crime occurs, and throughout human history, a significant amount of suffering has come from our inability to truly understand one another's thoughts, emotions, motivations, and mental states. For example, if one were to have observed the man suffering from KBS while he was eating voraciously or raging against a driver who had cut him off, would one have been able to perceive the deeply afflicted nature of his mental wellbeing? To a casual observer, he would have seemed, if not normal, just highly choleric in nature. Only experienced professionals would have been able to properly

² David C. Carson and Alan R. Felthous, "Mens Rea," *Behavioral Sciences & the Law* 21, no. 5 (2003): 559–62.

recognize this combination of behaviors as symptoms of a rare neurological disorder, but even they might not be able to guess at his private criminal behavior. Because of these shortcomings in psychiatric knowledge and investigative capabilities, justice systems have historically leaned on the first, second, and fourth criteria when determining criminal responsibility, creating laws banning proscribed actions outright, regardless of intention, while only giving power to the third criterion when a defendant's *mens rea* is clearly in question, such as in cases of severely evident psychosis. This focus on weighing the moral value of one's actions solely on the actions themselves is also reflected in the deontological ethical systems that dominated Europe up until the

nineteenth century, which ascribed almost supernatural moral traits to actions themselves in a manner that supersedes the significance of intentions, circumstances, and consequences in moral judgments.³

Only in the twentieth century have humans been able to properly investigate the psychological phenomena relevant to determining the fulfillment of the third criterion, and thus our understanding of the minds of those who commit crimes has deepened considerably. For instance, in 2017, Iris Vilares and colleagues used machine learning to find not only that there are distinct regions in the brain associated with knowledge and recklessness—two mental states that entail criminal culpability—but also that one's

³ For an example of a deontological ethical system that focuses almost entirely on the moral value of an action without regard for intention, see Immanuel Kant, *The Metaphysical Elements of Ethics*, trans. Thomas Kingsmill Abbott (Auckland: Floating Press, 2008).

mental state could be reliably predicted based solely on neurological data fed to an algorithm.⁴ While we are far from giving defendants fMRI tests to determine their criminal culpability, by better understanding the links between neurology and mental state, researchers hope to better evaluate the *mens rea* of those who commit crimes, and by doing so, properly assign blame to those who deserve it.

However, recent trends in the field of neurolaw (i.e., the application of neurological knowledge to the realm of jurisprudence) indicate that blame may not be so easily placed. If one is unable to understand the nature of their actions, they cannot be held fully culpable in the eyes of the

law. As Vilares and her colleagues point out, this would include misunderstandings caused by one's neurochemistry, which are largely out of one's control.⁵ If one were to have a malady in the regions of the brain discussed above, then that person would be unable to properly experience the mental states of knowledge and recklessness. These individuals, therefore, could not reasonably be said to have these *mentes rea*e, and they could not reasonably be prosecuted on these grounds for determining culpability.

In fact, the above concern is already given consideration in the legal code through the requirement of competence and the Not Guilty by Reason of Insanity (NGRI) defense. One difficulty that has not yet been fully resolved, however, is

⁴ Iris Vilares et al., "Predicting the knowledge–recklessness distinction in the human brain," *Proceedings Of The National Academy Of Sciences Of The United States Of America* 114, no. 12 (2017): 3222-3227.

⁵ Vilares et al., "Predicting the knowledge-recklessness distinction," 3227.

where to draw the line between incompetency and insanity on one hand, and competency and sanity on the other. Without a clear definition, our legal system may inadvertently punish people with mental illnesses in a disproportionate and unjust manner for behaviors that they could not fully control. For example, evidence has shown that mental health problems resulting from military service in U.S. foreign conflicts—primarily, post-traumatic stress disorder, or PTSD—are appearing more frequently in criminal courts across the country.⁶ Research has shown that PTSD is often associated with higher rates of anger and self-medication through alcohol abuse, which in turn are associated with violent behaviors

that can result in legal troubles.⁷ If a veteran's PTSD contributed to the perpetuation of a crime, is it reasonable to conclude that the individual was capable of making controlled, rational decisions at the time when the crime was perpetuated? And if we follow their violent behaviors back to their sources, could it be said that the U.S. government, by exposing our soldiers and military personnel to situations that can lead to the development of PTSD, is at least in part responsible for the perpetuation and negative effects of these behaviors? Clear definitions of competency and sanity are thus necessary in order to protect the government—and indeed, all of society—from legal culpability.

⁶ Ziv E. Cohen and Paul S. Appelbaum, "Experience and Opinions of Forensic Psychiatrists Regarding PTSD in Criminal Cases," *The Journal Of The American Academy Of Psychiatry And The Law* 44, no. 1 (2016): 41-52.

⁷ Shannon M. Blakey et al., "Disentangling the Link between Posttraumatic Stress Disorder and Violent Behavior: Findings from a Nationally Representative Sample," *Journal of Consulting and Clinical Psychology* 86, no. 2 (2018): 169-178.

Currently, standards for determining sane mental states that entail criminal culpability do exist; distressingly, however, these standards are based on outdated information concerning human psychology. According to the Model Penal Code, which serves as an authority on legal practice in many American states, there are four mental states that can make one liable for a crime:

1. Purpose, the state of wanting or intending a proscribed action or result;
2. Knowledge, the state of understanding that a proscribed action or result will occur or is highly likely to occur but still performing the action, regardless of intent;
3. Recklessness, the state of performing an action while

disregarding any known, substantial, and unjustifiable risk associated with performing that action; and

4. Negligence, the state of performing an action while being unaware of any substantial and unjustifiable risk which any reasonable, law-abiding person would be expected to be aware of.⁸

During a trial, the prosecution must prove that the defendant had one of these mental states while committing a proscribed action in order to fulfill the *mens rea* requirement of culpability.⁹ While these standards of mental culpability may appear simple and straightforward, I would like to posit that they utilize two philosophical assumptions that have become increasingly untenable in

⁸ American Law Institute, Model Penal Code, 1962.

⁹ There are some exceptions to this rule: there exist certain distinct crimes that entail criminal responsibility but have no *mens rea* requirement (e.g. statutory rape, felony murder, etc.).

recent years due to developments in the field of psychology. I will refer to them here as perfect free will and perfect conscience. The first assumption, perfect free will, assumes that all people—when unencumbered by external forces—are fully able to rationally choose between any options presented to them; this trait provides more strength to the first two *mentes reae*. The second assumption, perfect conscience, assumes that all normal human beings have an internal conscience that guides their actions when interacting with the world; this trait is especially relevant in the lower three mental states. In a way, combining these assumptions creates an archetypal citizen in the eyes of the justice system: one who makes totally free, unrestricted choices informed by a socially concordant conscience. I argue that, by assuming that all people in their natural,

unencumbered state have perfect free will and that all of their actions are guided by their individual consciences, the justice system effectively implies that these citizens are fully responsible for their actions. Therefore, when one breaks a law, they are freely doing so in good conscience, and a harsh punishment becomes appropriate. As mentioned earlier, the insanity defense and the competency requirement already allow for some wiggle room within this framework: if, in the moment, one did not have control over their actions or was unable to determine right from wrong because of some psychological issue, they cannot be said to be truly guilty of their crime. Again, the issue becomes one of boundaries: when is one said to cross the line from “free to choose” and “unable to choose”, or from “in good conscience” to “in impaired conscience”? The field of

psychiatry is attempting to resolve these issues, and current trends may indicate that these lines are quite blurred, possibly even non-existent.

The notion of free will has long been scrutinized in the field of psychiatry, and a significant consensus within the field is that the popular understanding of free will and voluntary action, where a moral agent—sometimes characterized as supernatural—chooses from a range of present options using only universal moral dictates as a reference while excluding external factors such as personal history and relationships, does not match up with reality.¹⁰ Rather, experts believe that free will is either, from a more cynical

perspective, a non-existent illusion our brains concoct to rationalize the predetermined actions of ourselves and others, or, from a more forgiving perspective, a societal tool that attempts to explain the mechanisms by which our biology, learning history, social environment, and physical stimuli are synthesized into expressed behaviors.¹¹ Regardless of one's feelings about these arguments, the present and popular view of free will still has some elements that need to be verified: for example, the existence of an independent agent or “soul” that perceives the world around us and controls our behavior. Theoretically, there would have to be some observable point of interaction where this

¹⁰ Eric Racine, “A proposal for a scientifically-informed and instrumentalist account of free will and voluntary action,” *Frontiers In Psychology* 8 (2017): 1-14, doi:10.3389/fpsyg.2017.00754.

¹¹ Ramon Cardinali de Fernandes and Alexandre Dittrich, “Expanding the Behavior-Analytic Meanings of ‘Freedom’: The Contributions of Israel Goldiamond,” *Behavior & Social Issues* 27 (2019): 4–19, doi:10.5210/bsi.v.27i0.8248. In this article, de Fernandes and Dittrich examine popular formulations of ‘freedom’ within the field of psychology, including an interesting one by Israel Goldiamond.

independent agent would interact with the physical world to receive information and initiate physical actions, so this theory could hypothetically be tested by mapping out the entire human nervous system — through which, we obviously know, signals from the environment are received and processed, and signals to the body are sent — and by actively examining it for these points of interaction (the same could be done for other body systems, such as the cardiovascular and endocrine). Admittedly, the technology necessary for performing these examinations does not currently exist, but if technology reaches that degree of power and perceptiveness — which, hopefully, it will — we could use this procedure to test the soul hypothesis. If this hypothesis turns out to be true, then our current legal system could continue operating within its current

parameters, and our current standards regarding *mens rea* requirements could be upheld, but again, more research is needed before a decision about free will is made, and we should take considerable care

If one were to suppose, however, that free will as it is commonly conceived is non-existent and that individuals are governed by neurochemical and neurophysiological factors, then one would be forced to conclude that the locus of culpability should shift away from the individual and toward the societal level. As mentioned earlier, in this view, our behaviors are shaped by our biologies, our histories, and our present environments. Thus, behaviors that constitute a crime are also just products of our biologies, our histories, and our environments. This brings up an important

question: is it right or productive to punish someone in possession of a brain pathway that has made them behave illegally? This view would argue that it is neither right nor productive to do so when it is clear that societal factors are truly to blame. If this is the case, then our current criminal justice system would be required to address the larger factors at play in a criminal situation, rather than focusing on penalizing the individual products of these factors.

This neurolaw argument would also imply that because prisoners are in a way “suffering” from a neurophysiological construct that is maladaptive for society as a whole and over which they have little, if any, control, they should not be treated as the origin of others’ suffering, but rather as a conduit through which biological and psychosocial factors had come

together in a harmful manner. In this view, the ideal way of handling prisoners would be to treat these maladaptive traits much in the way a psychologist treats a client’s problems: by exploring the roots of the client’s behavior, correcting the client’s dysfunctional thoughts and emotions, and by providing the client with psychological tools that they can use to prevent future problems. As this perspective on free will and crime also implicates societal factors like poverty and lack of education as agonists of crime, an effective justice system would need to address these problems. Ideally, the justice system would work to cause change in the structure of our present in order to eliminate these negative factors in the first place. In the short term though, a just justice system would at the very least provide prisoners with services and resources—such as free education

or some form of reliable post-discharge income—that can mitigate the effects these negative societal factors can have on a prisoner’s future behavior. In severe cases where effective treatment has not been developed or is projected to be unable to bring a prisoner’s behavior to a societally adaptive level, the justice system would then be obligated to serve as a minimally-restrictive holding system, wherein a prisoner could be kept indefinitely or until better treatments are developed. In any case, the discussion of the nature of free will is not yet resolved, and we should be wary of assuming that the formulation of free will underlying

our current legal system is the soundest one.¹²

The second assumption giving power to the *mentes reae*, perfect conscience, is actually much less studied in psychiatric literature, yet it still plays a critical role in determining the criminal responsibility of a defendant. In a 2014 paper, George Vithoulkas and Dafin Fior Muresanu characterized conscience as a combination of abilities: one’s ability to distinguish between right and wrong in a situation, one’s ability to modify their behavior in the moment based on this distinction, and one’s ability to evaluate the merit of their behaviors afterward.¹³ From this definition, it is easy to see how

¹² For an overview of different perspectives on free will that are being researched today, see Patrick Grim, “Free Will in Context: A Contemporary Philosophical Perspective,” *Behavioral Sciences and the Law* 25, no. 2 (2007): 183-201.

¹³ George Vithoulkas and Dafin Fior Muresanu, “Conscience and Consciousness: a definition,” *Journal of Medicine & Life* 7, no. 1 (2014): 104-108, <http://www.medandlife.ro/index.php/issue/199-2014/200-issue-1/209-special-articles/443-conscience-and-consciousness-a-definition-pdf>.

conscience factors into the judgments we make of defendants. By the time they reach adulthood, all people are expected to have developed a healthy conscience, which would prevent them from engaging in immoral behavior in the first place. More specifically, it gives one the tools to prevent a combination of actus reus and *mens rea*: A healthy conscience would make one pause before performing an action they know or suspect will have negative consequences and advise them against performing the action, thereby avoiding situations in which they perform a proscribed action in the knowledge and recklessness mental states, and it would cause a person to put forethought into the potential risks of situations they may find themselves in, thereby avoiding a combination of actus reus and the negligence mental state. If someone is deficient in conscience, they will

be more likely to perform proscribed acts while under the appropriate *mens rea* and thus garner punishment. The overall conclusion of this assumption then is that there is a theoretical “perfect conscience”, one that is perfectly concordant with societal standards and that, if followed diligently, will cause one to behave in a perfectly moral pattern. The moral judgment that follows from this is that those who deviate from this ideal conscience will perform acts that are immoral, thus making them deserving of punishment.

Aside from the ethical discussions surrounding what ideas a morally ideal conscience would hold, there are still some psychiatric considerations surrounding the issue of consciences, predominately, how a conscience arises. William Lyons of Trinity College Dublin explores some

theories of conscience, along with his own, in a 2009 volume of the journal *Philosophy*.¹⁴ Unlike prior theories, which classify conscience as either a divine gift or an inheritance from our parents, Lyons argues that conscience develops from a combination of social and cognitive factors: from a young age, we are presented with moral statements and principles to live by, and from adolescence onward, we undergo a continual process of evaluating and selecting between these moral truths. This process of sifting serves a biological purpose, as holding conflicting moral thoughts simultaneously can produce persistent levels of increased stress in an individual.

The question this view of conscience poses is similar to the one posed by the recent psychiatric

arguments surrounding free will: if our consciences arise from the interaction of social and biological factors, can one be truly held responsible for any negative products of their conscience? My response is similar to my response to the free will question: if these factors are indeed the source of faulty consciences, then the factors are at fault, not the person whom these factors have negatively affected. We would then be morally obligated not to punish these individuals, but rather provide them with psychotherapy in order to help them develop healthier consciences, while also addressing societal and biological forces that give rise to unhealthy consciences. Again, at the very least, more research is needed in regards to the factors, which develop and affect consciences throughout our lives,

¹⁴ William Lyons, "Conscience - An Essay in Moral Psychology," *Philosophy* 84, no. 4 (2009): 477-494.

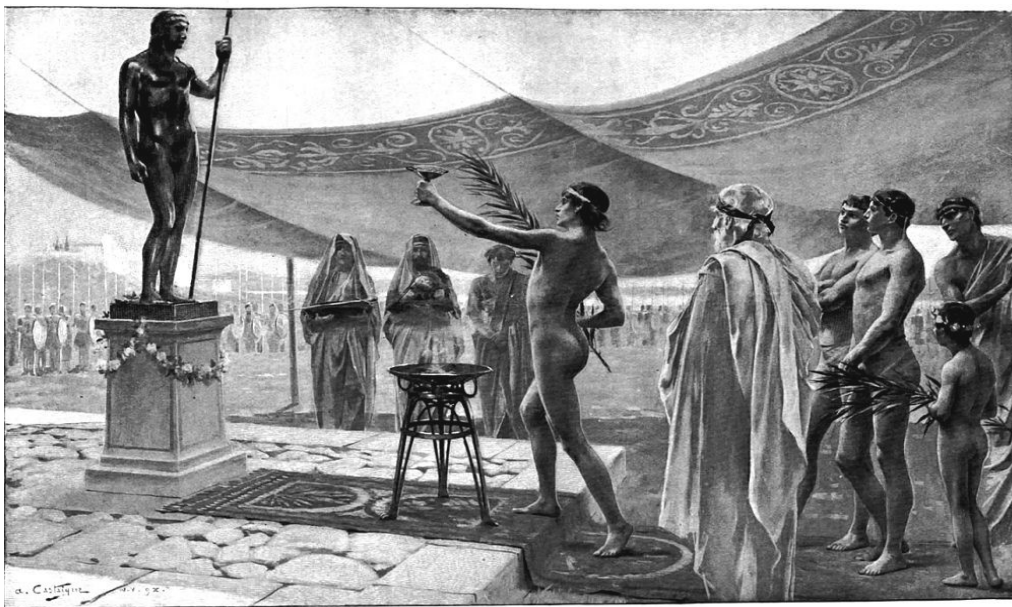
and we should be wary not to conclude that our current conception of consciences voluntarily shaped by each individual is the ultimate one.¹⁵

Considering how two major assumptions lending credence to the *mens rea* requirement have been shown to be faulty from a psychiatric perspective, it is safe to say that, by introducing psychiatry into the discourse surrounding jurisprudence, determining criminal culpability becomes more difficult and nuanced. This poses a significant threat to the current construction of the justice system, which administers punishment to those deserving of it. If we truly want to take a punitive approach towards justice and assign blame where it is due, then the justice system should be waging all-out

war against the factors which lead to crime, and not by merely incarcerating those who have been influenced by these factors, but by affecting actual societal change through meaningful welfare programs, rigorous education reform, and in-depth social science inquiries. At a minimum, the justice system should acknowledge the social factors, which have caused crimes to happen and seek to mitigate these influences among the prison population. While obviously change will not and, arguably, should not occur overnight, policymakers, judges, and other legal professionals should seriously consider how theory from the field of psychiatry can be integrated into their rulings, their sentencing, and the field of jurisprudence overall.

¹⁵ Though few articles reference the idea of the conscience, a general discussion of moral development can be found here: Elliot Turiel, "Moral Development in the Early Years: When and How," *Human Development* 61, no. 4-5 (2018): 297-308.

Extras



DRAWN BY A. CASTIGLIONE.

ALEXANDER AT ILIUM.

Professor Nathan Alexander Remembered

By Sean Rivera

Dr. Nathan Alexander was born March 13, 1968 to Steve and Sandra Alexander in Bremerton, Washington. It is here that he would spend his childhood with his three siblings. Charismatic and quick-witted, Dr. Alexander's popularity was evident even in his youth. He graduated from Bremerton High School in 1986 and left home for Seattle, where he studied at the University of Washington. While enrolled at UW, Dr. Alexander helped establish a student historical journal, titled *Intersections*. This journal is still officially in publication, though it has been on hiatus since 2015. Dr. Alexander graduated with a Bachelor of the Arts in Comparative History of Ideas in 1990.

Dr. Alexander studied European history at the graduate level at Harvard University. He earned his M.A. in 1994 and assumed a lecturer position in the History of Literature concentration in 1997. Four years later, in 2001, he would officially earn his PhD. Dr. Alexander continued to teach at Harvard until 2005, when he took a position as Assistant Professor in History here at Troy University. Dr. Alexander was immediately adored by almost all who had the pleasure to get to know him. His enthusiastic hunger for learning and seemingly constant smile kept him in high regard by both student and professor alike.

Unfortunately, Dr. Alexander's tenure at Troy University was brief. In the August of 2008, he fell ill from complications regarding leukemia. Faculty at Troy University showed their support, filling in for Dr. Alexander's classes as he returned home to Washington for treatment at Seattle Cancer Care Alliance hospital. While in the hospital, Dr. Alexander passed away on May 24, 2009.

Dr. Alexander's legacy in Troy lives on in the form of *The Alexandrian*, named in his honor. The impact that he had on the lives of the students and professors who knew him cannot be overstated, even as new people come and go. His brief stay enriched the lives of those around him. We miss him, but we are excited to dedicate our scholarship to his memory.

From the faculty:

Nathan Alexander is still very much a part of the life of the department, even though new faculty and students are added and old ones leave. His books are in the Library, his art is on the Department walls, and even ten years later we still tell Nathan stories and miss him.

A recent contribution from colleague and friend, Tim Buckner:

Nathan was a New England Patriots fan before it was trite to be one, but at least he earned it by actually living there. The Patriots won every game of the 2007 regular season and he was happy to tell you about how dominant they were every Monday morning. After they absolutely shredded the AFC in the playoffs, he let me know that someone in the organization had trademarked "19-0" to display on shirts, hats, banners, coffee cups, etc. to commemorate their perfect season which would inevitably happen as they were sure to win the Super Bowl. Of course, they lost the Super Bowl that year to the Giants in improbable fashion and so, to mark the occasion of his hubris, I bought him a T-Shirt in the NE Patriots style and colors with "18-1" on the front and presented it to him in front of one of his classes. He kind of laughed it off, but he wasn't

happy. Unfortunately, I'm an Atlanta Falcons fan. When the Falcons lost Super Bowl LI by blowing the largest lead in the history of the game to the Patriots, I felt like Nathan had pulled some strings to get his revenge on me and that I deserved it.

As we come up on the tenth anniversary of his passing, we asked people what they missed the most. Spot the pattern below!

Scout Blum: Ten years later, I really miss Nathan's enthusiasm for history and his kindness to his students.

Karen Ross: Nathan was one of the first people who welcomed me to the department – despite the fact that I called him by the wrong name. He just smiled. I miss that smile.

Joe McCall: I miss the sparkle in his eyes no matter what he was discussing and no matter his audience. Almost every time I encountered Nathan, he was bright-eyed and engaging!

Machelle Danner: I miss Nathan's smile. His smile was always sincere. It showed his inner happiness. I miss his easy going personality. Being around Nathan gave me peace because he had a peaceful nature. A happy nature. All of this was reflected in his smile.

Bryant Shaw: I miss his infectious smile.

Ten years have flown by. Nathan's sister Rachel Alexander sums it up: "I can't believe it has been 10 years since I lost my brother. It feels like yesterday, and I could just turn to him right now to talk, and he would be there."

Patty Jones: Patty would like to publish the following link to Elisa's Caring Bridge page. <https://www.caringbridge.org/visit/fullspeedahead/journal>

Anyone who visited Nathan's office in the old History Department on the third floor of Bibb Graves remembers seeing Elisa's soccer jersey on the wall and many, many pictures. Some of us were fortunate enough to have met her when she visited – we miss you, too, Elisa. ☺ Come back any time.

“Legacy of Lynching” Website and Project

Dr. Kathryn Tucker

In the spring and fall semesters of 2018, students in “History 2225: African American Experience” classes at Troy University performed original research to uncover and document lynchings and racial violence in the region surrounding Troy, as well as to trace the ongoing societal impact of this violence. As of this spring, our research and findings are now available on a new website, LegacyofLynching.com, which we hope you will take a few minutes to explore.

The Equal Justice Initiative (EJI) opened the nation’s first memorial to lynching victims in Montgomery in April 2018. This landmark museum and memorial, dedicated to furthering understanding the ongoing impact of racial violence, provided the initial inspiration for our project. Our research quickly expanded beyond the four lynchings the EJI had documented in Pike County, however, as students began uncovering additional lynchings, links between incidents of racial violence in Pike County and the larger region, and even personal ties to lynching victims. The spring class ultimately researched ten lynchings in Lower Alabama, while the fall students each researched an incident of lynching or racial violence in a location that was meaningful to them. In each case, research began with the classes scouring historic newspapers, court cases, and vital records to identify and research incidents of racial violence, and then writing essays analyzing each lynching and its causes and ongoing impact. Several students also participated in collecting soil from the sites of these lynchings to commemorate the victims, and one of our soil collections is on display in the EJI’s Legacy Museum. By the time we had

completed our research, students felt strongly about sharing what they'd learned about the ongoing impact of racial violence with their larger community, so they collected their primary sources, essays, and soil collections into an exhibit, "Lynching in Lower Alabama," that the Troy University Library displayed during the summer and fall of 2018.

The most striking finding we uncovered in the course of this project was the personal connections between students and the victims of racial violence that we researched, with several students unexpectedly uncovering parts of their own family history they hadn't previously known. None of us ever anticipated uncovering personal ties during our research, but at least two students discovered that they were related to lynching victims we studied, and another student found that her family currently owns a different victim's property. In each of these cases, family and community members still remembered and passed down stories about what happened over a century ago, and how it had affected them and the larger communities. Other students also suspect they have family ties to lynching victims based on names and locations but have been unable to prove definitive connections. To us, these connections, more than any other aspect of our work, demonstrate with shocking clarity the ongoing impact of racial violence and the ways in which it has shaped people's lives today. To find so many personal connections from a relatively small sample size of just over thirty students sharply highlights the vast impact of each incident of violence- violence that not only impacted the direct target, but also affected family members and larger communities in ways that are still felt today. We hope these findings and our work will help people understand the many ways in which racial violence had shaped the world we live in and bring a measure of justice to individuals long denied. For more on the project, please

visit LegacyofLynching.com, which we will continue to update as future semesters expand on the initial project.

Division News

Award Winners

The Division of History and Philosophy would like to congratulate our undergraduate and graduate award winners of 2019:

G. Ray Mathis Memorial Award: Charles Taylor

Nathan Alexander Memorial Phi Alpha Theta Scholastic Award: Cori Horton

Trapp History Education Award: Joanna Ellis

Faculty News

The Division is also pleased to announce the addition of a new minor – Game Design and Development. The 18-hour minor has an interdisciplinary focus, with students taking three core classes and electives from marketing, art and design, English, history, and computer science. All students in the minor finish with a completed, marketable game by the time they graduate. Contact Dr. Blum for more information (sblum@troy.edu).

Dr. Joungbin Lim will be promoted to Associate Professor (tenured) at the end of this academic year. Congratulations!

In other news, we will miss Dr. Margaret Gnoinska who will be on sabbatical in 2019-2020 working on her book on Poland's role in international peace commissions in Vietnam, Laos, and Cambodia during the Cold War. She will conduct archival research in Washington D.C., London, Warsaw, and Prague, and hopefully, Moscow. She will be affiliated with the Cold War International History Project in Washington D.C. in the second half of her sabbatical.

And, congratulations also to the Division's faculty for their recent publications:

Aaron Hagler, "The Shapers of Memory: The Theatrics of Islamic Historiography" in *Mathal*, vol. 5, no. 1 (2018), Article 3.

Joungbin Lim, "Is Mathematical Knowledge a Precedent for Modal Knowledge?: A Novel Objection to Lewis's Modal Epistemology" in *SATS: Northern European Journal of Philosophy*, vol. 19 (2018): 183-199.

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Phi Alpha Theta Inductees, Fall and Spring 2018-19



Joanna Ellis

Kaleb Richard

Gratitude

Many people were a part of *the Alexandrian* this year. Thank you to every student and faculty member who participated in any way, whether that was by contributing articles, coming to meetings, making the final product look good, or keeping an eye out for rogue commas. Some of you came from other departments; this diversity of talent made this year's issue better than ever.

I would like to extend very special thanks to the students who submitted their work for publication, and to the faculty who worked with those student authors. Revising an article takes a lot of time and hard work, but without all of you we would have no journal.

Our faculty editor, Dr. Karen Ross, contributed her time and attention in many ways. Thank you for answering dozens of emails, appearing at meetings, and lending the rest of us your wealth of experience and knowledge. Without you, too, we would have no journal.

I would also like to express my thanks to the Alexander family, who has been there for our publication all these years. The importance of your support – intellectual, spiritual, and financial – cannot be overstated. Although I have never met Dr. Alexander, editing *the Alexandrian* in his honor has been a joy. I hope he would be proud of what we have accomplished together. Thank you to Sandra, Steve, Rachel, Sarah, Andrew, and Elise. Without you, even if we had a journal, it would lack its meaning.

Because of everyone's hard work, we have a journal that we can be proud of for the eighth year in a row. That's no small feat. Thank you.

Sincerely,

Nola Aycock

Editor