

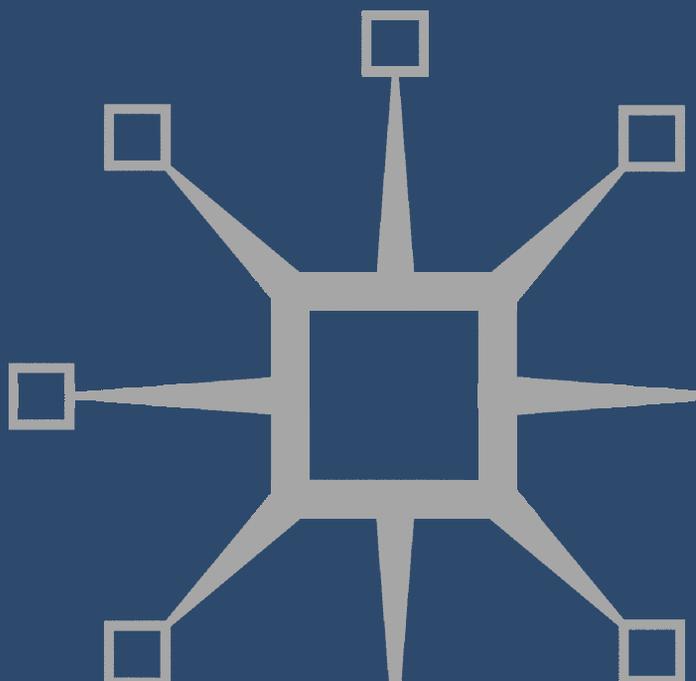
palgrave
macmillan

Frigidity

An Intellectual History

Peter Cryle

Alison Moore



Genders and Sexualities in History

Series Editors: **John H. Arnold, Joanna Bourke and Sean Brady**

Palgrave Macmillan's series, 'Genders and Sexualities in History', aims to accommodate and foster new approaches to historical research in the fields of gender and sexuality. The series promotes world-class scholarship that concentrates upon the interconnected themes of genders, sexualities, religions/religiosity, civil society, class formations, politics and war.

Historical studies of gender and sexuality have often been treated as disconnected fields, while in recent years historical analyses in these two areas have synthesized, creating new departures in historiography. By linking genders and sexualities with questions of religion, civil society, politics, and the contexts of war and conflict, this series will reflect recent developments in scholarship, moving away from the previously dominant and narrow histories of science, scientific thought and legal processes. The result brings together scholarship from contemporary, modern, early modern, medieval, classical and non-Western history to provide a diachronic forum for scholarship that incorporates new approaches to genders and sexualities in history.

Peter Cryle and Alison Moore's *Frigidity: An Intellectual History* is the first rigorous analysis of the way that ideas about sexual coldness in women changed over time. Although they explore the topic in British and European contexts from the thirteenth century to the present, particular attention is paid to France in the nineteenth and early twentieth centuries. This was the period in which a vast array of medical, psychological and forensic writing focused upon women's capacity for sexual pleasure. Paradoxically, concern about female frigidity actually drew attention to the importance of female sexuality. This book is a bold, revisionist history that is based on an original and meticulous exploration of theories of female desire. It is essential reading not only for people interested in sexuality, but in gender history, the history of medicine and psychology, and the wider history of ideas. In common with all volumes in the 'Genders and Sexualities in History' series, *Frigidity: An Intellectual History* presents a multifaceted and meticulously researched scholarly study, and is a sophisticated contribution to our understanding of the past.

Titles include

Cordelia Beattie and Kirsten A. Fenton (*editors*)
INTERSECTIONS OF GENDER, RELIGION AND ETHNICITY IN THE
MIDDLE AGES

Matthew Cook
QUEER DOMESTICITIES
Homosexuality and Home Life in Twentieth-Century London

Peter Cryle and Alison Moore
FRIGIDITY
An Intellectual History

Jennifer Evans
LIFE AMONG THE RUINS
Cityscape and Sexuality in Cold War Berlin

Christopher E. Forth and Elinor Accampo (*editors*)
CONFRONTING MODERNITY IN FIN-DE-SIÈCLE FRANCE
Bodies, Minds and Gender

Dagmar Herzog (*editor*)
BRUTALITY AND DESIRE
War and Sexuality in Europe's Twentieth Century

Jessica Meyer
MEN OF WAR
Masculinity and the First World War in Britain

Jennifer D. Thibodeaux (*editor*)
NEGOTIATING CLERICAL IDENTITIES
Priests, Monks and Masculinity in the Middle Ages

Hester Vaizey
SURVIVING HITLER'S WAR
Family Life in Germany 1939–48

Genders and Sexualities in History Series
Series Standing Order 978-0-230-55185-5 Hardback
978-0-230-55186-2 Paperback
(*outside North America only*)

You can receive future titles in this series as they are published by placing a standing order. Please contact your bookseller or, in case of difficulty, write to us at the address below with your name and address, the title of the series and the ISBN quoted above.

Customer Services Department, Macmillan Distribution Ltd, Houndmills,
Basingstoke, Hampshire RG21 6XS, England

Frigidity

An Intellectual History

Peter Cryle

*Professor of French and Director of the Centre for the History of European Discourses,
University of Queensland, Australia*

Alison Moore

*Senior Lecturer in Francophone Studies, Cultural Studies Group, University
of Technology Sydney, Australia*

palgrave
macmillan



© Peter Cryle and Alison Moore 2011

All rights reserved. No reproduction, copy or transmission of this publication may be made without written permission.

No portion of this publication may be reproduced, copied or transmitted save with written permission or in accordance with the provisions of the Copyright, Designs and Patents Act 1988, or under the terms of any licence permitting limited copying issued by the Copyright Licensing Agency, Saffron House, 6-10 Kirby Street, London EC1N 8TS.

Any person who does any unauthorized act in relation to this publication may be liable to criminal prosecution and civil claims for damages.

The authors have asserted their rights to be identified as the authors of this work in accordance with the Copyright, Designs and Patents Act 1988.

First published 2011 by
PALGRAVE MACMILLAN

Palgrave Macmillan in the UK is an imprint of Macmillan Publishers Limited, registered in England, company number 785998, of Houndmills, Basingstoke, Hampshire RG21 6XS.

Palgrave Macmillan in the US is a division of St Martin's Press LLC, 175 Fifth Avenue, New York, NY 10010.

Palgrave Macmillan is the global academic imprint of the above companies and has companies and representatives throughout the world.

Palgrave® and Macmillan® are registered trademarks in the United States, the United Kingdom, Europe and other countries.

ISBN 978-0-230-30345-4 hardback

This book is printed on paper suitable for recycling and made from fully managed and sustained forest sources. Logging, pulping and manufacturing processes are expected to conform to the environmental regulations of the country of origin.

A catalogue record for this book is available from the British Library.

A catalog record for this book is available from the Library of Congress.

10 9 8 7 6 5 4 3 2 1
20 19 18 17 16 15 14 13 12 11

Printed and bound in Great Britain by
CPI Antony Rowe, Chippenham and Eastbourne

Contents

<i>Acknowledgements</i>	vi
Introduction: A Long History of a Pseudoscientific Object	1
1 Frigiditas and Impotentia	23
2 Female Impotence in the Nineteenth Century	37
3 Vaginismus	67
4 The Late Nineteenth Century: A Multiplicity of Genres	100
5 The Wedding Night	132
6 Treatment 1: Medicine	161
7 Treatment 2: Psychology	191
8 Relocating Marie Bonaparte's Clitoris	222
Conclusion	248
<i>Notes</i>	257
<i>Bibliography</i>	292
<i>Index</i>	311

Acknowledgements

This book is the product of years of collaboration in the Centre for the History of European Discourses, partly funded by a grant from the Australian Research Council. We owe a great debt to colleagues in the Centre who read drafts, made comments, and provided us with support in seminars and over coffee. Fernanda Alfieri, Chiara Beccalossi, Marina Bollinger and Heather Wolffram were all part of that, and Elizabeth Stephens was a champion of collegial friendship. Robyn Kath and Rebekah Oldfield were excellent research assistants. Our partners, Wendy and Russell, continued to show forbearance and understanding in times of stress.

Some of the material in Chapter 1 appeared first in *Sexualities*, and is reproduced here with the permission of Sage. Material in Chapter 3 appeared first in the *Journal of the History of Medicine and Allied Sciences (JHMAS)*, and is reproduced here with the permission of Oxford University Press. Material in Chapter 5 appeared first in the *Journal for the History of Sexuality*, and is published here with the permission of University of Texas Press. Material in Chapter 8 appeared first in *Australian Feminist Studies*, and is published with the permission of Taylor and Francis.

Introduction: A Long History of a Pseudoscientific Object

A problematic theme

Producing a history of frigidity is no straightforward matter. There are practical reasons for that, as we shall see: our central theme is multiform, with variations and complications that range across centuries of European thought. But there is an ethical imperative that has to be addressed at the outset. Many scholars would consider that ‘frigidity’ is a flimsy and fanciful notion that has been talked about seriously for far too long. ‘Why continue to discuss it?’ they might ask. Why compound its deleterious absurdity by devoting a whole book to the topic? In crediting the notion of frigidity with the status of a historical object worthy of an intellectual genealogy, do we not imply it has been a coherent medical and psychological concept that deserves to be taken seriously? Are we suggesting, in other words, that ‘frigidity’ must actually refer to some thing?

Whatever use value the notion of frigidity may have had for some women as a diagnostic psychological category, it is clear that in the late twentieth century its credibility has been widely challenged by feminist thinkers. By way of example we note the remarks of Luce Irigaray in an interview published in 1977. She deals summarily with ‘frigidity’, invoking and dismissing it in the space of three sentences:

Many women believe they are ‘frigid’, and they are often told that this is so. When a woman tells me she is ‘frigid’, I laugh, and tell her I don’t know what it means. She laughs too, which brings about a release, and above all a loss of guilt towards a ‘frigidity’ for which she feels responsible, and which means, first of all, that she has been moulded into models of male sexual ‘techniques’ which do not at all correspond to her sexuality.¹

This is an expeditious way to deal with the theme. It is instant identification accompanied by a refusal of earnest recognition. Laughter signifies here: 'That silly old thing!' Irigaray does not need on these occasions to perform an explicit critique of the notion, although she does say elsewhere in another mode that 'frigidity' has been produced by 'the standardization of [...] sexuality according to masculine parameters'.² In conversation, talking to women who raise it as a personal concern, she responds with laughter – laughter that functions as a form of therapy. Her interlocutors laugh in response, released from their anxiety by this very attitude, acknowledging as they do so that frigidity is not to be taken seriously. Anxious self-interrogation and psychosexual drama are forestalled. This is a wonderfully efficient way of dealing with the theme, and there is every reason to think that dismissive responses of this kind have contributed to frigidity's declining prestige as a disorder. It might be said, indeed, that Irigaray is engaged here in discursive therapy. This is how the theme of frigidity can be robbed of its power. It can be undermined by easy familiarity, devalued through the exchange of ironic laughter, and so dealt with in less than 100 words.³

We are impressed by Irigaray's summary thematic, though we make no attempt to imitate her therapeutic efficiency. We concur with the impulse to bury frigidity as a model for explaining and pathologizing forms of sexual desire or its lack. But our alternative method for dealing with such a disreputable theme is a sustained critical history. Unlike the psychotherapist, we are not primarily concerned to ameliorate the happiness, self-acceptance or sexual fulfilment of anyone. Rather we are concerned with the power of discursive objects in both their present and past formations. We are concerned to understand how such a concept as frigidity emerged and how it changed over time, was transmitted, adapted and deployed in the European cultures that our book traverses. Where Irigaray found a prompt form of critique and a short path to complicity with her interlocutors, we have tackled a history stretching over centuries.

Anticipating ethical objections to our work has been a difficult matter. In Anglophone queer studies and feminist circles it may go without saying that a frigid woman is merely a construct within the wider network of a normative imaginary. Frigidity is the product of a masculine misapprehension of female bodies and their differing pleasures. It typically involves a narrow intolerance of forms of *jouissance* that do not sufficiently conform to the singular narrative of heterosexual coitus in which all sexual acts, aside from penis–vagina penetration, are conceived as peripheral and preparatory. Surely a woman who cannot experience

orgasm from penis–vagina penetration simply needs something else or something additional? Surely if nothing causes her to ‘climax’ then her pleasure simply needs to be understood in its own terms? Surely if a woman feels no desire for sex of any kind she should merely do as she pleases? So we are obliged to recognize that, from an ironist’s point of view, our research may be open to criticism for the very care we have taken. By making sexual coldness the object of our history, are we not lending it some credence, letting ourselves be drawn yet again into its discursive games? Worse still, our study might contribute marginally to reviving the declining power of the theme. We are confident, in fact, that our work in no way contributes to the prestige of frigidity, but that is a matter to be determined at the end of the book. We have sought to locate talk about frigidity in specific historical contexts, and to relativize any claims to authority that such talk might make. Many of the texts we examine have positioned themselves as either radically original or eternally wise, but such claims do not stand up when framed by a long history. In the long run, we will show frigidity to be a rather variable object of knowledge without being a particularly inscrutable one.

We wonder, indeed, whether it may be a mistake to suppose that frigidity has entirely lost its diagnostic and discursive power, so that all we need to do is to laugh it to scorn. But one thing we can certainly do is lend weight to the summary judgement that provokes Irigaray to laughter. Constructionist accounts of gender and sexuality typically see themselves as dismantling the power of the construct by showing that it is not universal. We aim here for something more precise. Intellectual history can reveal the patchiness, the unevenness, the instability of notions that may in fact be too quickly recognized by modern eyes. On occasions when ‘frigidity’ is still invoked, we will be helping, insofar as academic writing is able, to show it up for what it is: an archaic category that is all the more suspect because it has been in play since medieval times, propped up by centuries of discursive habit, and by the unspecific prestige of earlier usages.

We take the view that there can be no universal ethics of speaking about sexual insufficiency or inadequacy. The laughter of Irigaray may liberate some but may anger or humiliate others. Our study has shown us that although frigidity was predominantly discussed by male legal, medical, psychiatric and psychoanalytic scholars throughout its history, it has also attracted remarkable attention and self-identification on the part of certain women. It is a term that some have used, and still use, to describe their own sexual frustration or disappointment. And we do not wish to imply that anyone who experiences their pleasure as lacking,

blocked or inhibited is silly, misguided or a dupe of the patriarchy, as Irigaray's position may imply. The right to greater pleasure is as much a potential feminist demand as the right for one's desire to be understood on its own terms. Both types of claims can be found throughout twentieth-century texts about frigidity and female sexuality. Indeed, even late-nineteenth-century doctors and sexologists sometimes considered the possibility that the sexual non-fulfilment of women might result from an excessively narrow model of male–female relations.

Our study will show how ideas of sexual coldness were able to be given significance at particular points in time, noting the function they had within discursive economies. We will talk about *impotentia coeundi*, the inability to engage in coitus, as that notion was developed in medieval and early modern discussions of marriage within the Catholic canon law tradition. We will show that such 'impotence' differed considerably from the later *anaphrodisia*, which came to the fore in eighteenth-century medical discourse. And we will show that both differed from *vaginismus*, which was defined as a gynaecological syndrome in the second half of the nineteenth century. The approximate alignment of these notions does lend them some discursive authority. Without such discursive and conceptual relays, it would not be possible to speak meaningfully of 'frigidity' over the centuries. Yet the concept is not the same each time it appears. The various notions gathered around the theme, including the disorders of sexual desire referred to in contemporary discourse, must always be understood in context. So while we will not engage in a specific critique of current usages, we will be offering a genealogy of them that can readily be made to serve the purpose of critique.

Our primary contribution to modern critical reflection is to tell the story of how 'frigidity' in women ever came to be taken seriously in the first place. Here is a summary account of that story as it will be told in this book. For centuries frigidity and impotence in women tended to be regarded as ancillary disorders of limited consequence. Writing informed by canon law always took *frigiditas* as a serious matter when it occurred in men because an indisposition to coitus on the part of the husband was a significant impediment to the fulfilment of marriage vows, and a plausible reason for annulment in the courts. By contrast, it was a matter of considerable uncertainty whether frigidity in women was of any great moment at all. The disorder began to gain forensic status when Paolo Zacchia declared in the mid-seventeenth century that there might indeed be circumstances in which a woman's coldness could serve as grounds for annulment. Female frigidity had

thus begun to occupy a minor place alongside the dominant male variety. Throughout the seventeenth and eighteenth centuries, the ancient notion that women were naturally cooler than men continued to hold a place in medical thinking. Wherever that view persisted, coldness was likely to be considered a temperamental given, so that a woman's native lack of heat could only be compensated by the infusion of heat from a man. In that sense, female coolness was part of the natural order, and therefore unremarkable. Gendered variations in temperament did not allow it to be thought of as a morbid condition. The pathological states in women that commanded medical attention were most often nymphomania or 'furor uterinus', in which certain women displayed excessive heat, thereby reversing the supposedly natural polarities of temperament.

Our history gives prominence to the nineteenth century because the discourses we will trace proliferated in that century more than in any other. During the nineteenth century, earlier views were more or less amalgamated with new scientific claims based in physiology. Impotence and sterility figured regularly in medical discussion, and a place was made in this discursive environment for female impotence. That supposed disorder was, so to speak, tucked in alongside the study of impotence in males, which continued to be the dominant topic. But the knowledge base for medical talk about women shifted in the middle of the century: close physiological study of the role of the female genitals in coitus gave support to the view that women were not passive receptacles for sperm, and that they had a quite specific form of natural genital potency. Once female sexual potency was scientifically established as 'normal', it became possible to describe the absence of female pleasure in coitus as abnormal, and therefore pathological. Women, said Félix Roubaud in 1855, needed to be treated medically for impotence. Treatment was no straightforward business, however, even in principle. Throughout the nineteenth century, it remained a highly contested matter whether female impotence ought to be understood primarily in physical or in 'moral' terms. Asserting the importance of the moral led doctors such as Garnier to the view that frigidity in women required forms of treatment different in kind from those applied to men. Treating frigidity in women now called for an approach that gave full value to natural feminine modesty. Vaginismus, in particular, played an emblematic role in the nineteenth-century recognition of frigidity. It was the female sexual pathology par excellence, linking the moral quality of feminine reluctance to the physical power of the vaginal sphincter muscle. Vaginismus thus constituted an impediment to marriage in a

specifically sexual sense not considered by the canonists, and became a proving ground for the emerging profession of gynaecology.

Until the very end of the nineteenth century, frigidity or anaphrodisia had been largely confined to the medical and forensic domains, but at the turn of the century, at least in a relatively permissive French milieu, it became a topic for public discourse. Women's sexual pleasure was regularly declared in this environment to be both natural and fragile, essential and problematic. Middlebrow writing, medical and fictional, declared that (nearly) all women were sexual beings, but expressed grave concern about threats to their actual sexual fulfilment. Women were thought to be exposed even more than men to sexual pathologies of various kinds. Around the newly favoured theme of frigidity, medical texts and novels spoke anxiously of drastic unfulfilment, and just as anxiously of drastic fulfilment. Sexual drama shaping the lives of women characters became one of the staples of the *roman de mœurs*, or novel of sexual customs. The anxious concerns and dark predictions were never more precisely focused than in talk about the damage that might be wrought on the wedding night. That was when the wife's sexuality was at stake. Whereas in earlier times the wedding night had largely been the occasion on which marriage was consecrated by the ritual breaking of the hymen, it now became the critical moment at which the husband was called on to induct his bride into sexual adulthood. He had to awaken her to desire and to pleasure for the sake of domestic harmony, and for the sake of her sexual maturation. Yet it was widely agreed by moralists, doctors and novelists that husbands regularly failed to discharge this responsibility. Feminine reticence called for a certain amount of vigour on the husband's part, but feminine delicacy required an equal measure of gentleness and tact. The virginal bride thus presented an exquisite set of sexual possibilities, but was regularly precipitated into frigidity and vaginismus by the husband's clumsiness.

The long-term story here is one of increasing tendency to remark upon women's sexual capacity for pleasure, defined as the ability to enjoy coitus. Throughout the nineteenth century, this helped to produce increasing refinement and complication of female sexual 'problems'. But it was only in the first decade of the twentieth century that frigidity in women was made a book-length topic in its own right. Otto Adler, along with many of his contemporaries, not least of them Havelock Ellis, declared that frigidity was extraordinarily widespread in Western societies. What underlay this new epidemiological concern, making frigidity an urgent question for therapy and potentially for feminist militancy, was the confident knowledge that every woman had a

latent capacity for pleasure in coitus. The task for sexual therapy was thus made general and urgent. In the 1920s, psychoanalysts such as Wilhelm Stekel took up the challenge, making frigidity their own by declaring it to be the outward manifestation of an unconscious inner refusal of the female role in heterosexual intercourse. Frigidity was made conceptually more narrow, and in that sense more finely tuned, by the Freudian view that dependence on the clitoral orgasm was itself a form of frigidity insofar as it was an immature form of pleasure, needing to be displaced and replaced by the fully adult vaginal orgasm. That definition of frigidity posed an extraordinarily demanding set of problems for Marie Bonaparte in her attempts to reconcile female sexual pleasure with the requirements of Freudian theory. In her work and that of many of her contemporaries, frigidity became both a sign and a symptom of the movement towards androgyny that modern civilization was seen as producing. Women were no longer womanly enough to experience the correct form of orgasm. Their pretensions to social power made it intolerable for them to hystericize the clitoris and to reject its phallic call to pleasure. Surgery, on the other hand, could provide a way out of this dilemma, and so it was that Marie Bonaparte sought to unite her masculine (clitoral) with her feminine (vaginal) pleasures by relocating her clitoris, thereby avoiding the rupture that Freudian dogma demanded.

All of this history, from the thirteenth century to the first half of the twentieth, can be read as the story of how frigidity slowly became a more complex, more demanding, more urgent set of concerns, before receding from view quite suddenly – in Anglophone cultures far more than in France, and in other cultures to varying degrees – during the latter part of the twentieth century. After about 1960, when subjected to feminist critique, frigidity quite quickly appeared as a kind of medical or sexological fiction, not just unsound but professionally redundant to the point of embarrassment. And that is of course the justification for Irigaray's laughter. Frigidity has now become risible. Or at least, it has no intellectual status, since it can quickly be made laughable by critical irony.

In English language texts frigidity appears to have lost most of its power and status in the discursive practice of psychiatrists, having been already dismissed as mostly 'absurd' in Charles Rycroft's 1968 *Critical Dictionary of Psychoanalysis*.⁴ The term itself appears to be so thoroughly discredited, so straightforwardly understood as a denial of the reality of feminine pleasure that it does not even rate a mention in one well-known dictionary of feminism and psychoanalysis.⁵ On the whole, recent psychoanalytic attempts to account for the early psychoanalytic

fascination with the idea of frigidity explain it, with no small amount of embarrassment, as an unfortunate and deluded period in the pre-feminist development of the discipline, based on a series of blind and ignorant phallogocentric models inherited from premodern gender inequalities. The new term FSAD (Female Sexual Arousal Disorder), with its subcategory Hypoactive Sexual Desire Disorder (HSDD), is in contemporary use, as psychiatrists take care to distance themselves from more pathologizing conceptions that were used in the past. That is true even of such relatively recent terms as Inhibited Sexual Desire (ISD).⁶ David Moore and James Jefferson's *Handbook of Medical Psychiatry* tells us that 'in the past the condition of reduced sexual arousal was referred to as "frigidity"; however, this term is rarely seen in current medical literature'.⁷ It remains the case, however, that many psychiatrists and sexologists of our time continue to elaborate a complex network of ways in which women can be considered abnormally lacking in desire, pleasure or orgasm.⁸

Broader cultural representations of frigidity also appear to be on the wane without having entirely disappeared. Journalist Tim Cavanaugh was moved recently to ask whatever became of the Frigid Woman who populated films and novels 'for decades' but has been vanishing from popular culture since the 'sexual revolution'.⁹ And yet assertions of frigidity as something real continue to appear as shorthand ways of referring to a woman's non-reciprocation of a man's desire for sex with her. They still have some currency in everyday talk: in 1991 an American news magazine reported that 'fragile families, sexual frigidity and limited knowledge or use of birth control are rampant in the U.S.S.R., where women are expected to have both full-time jobs and large families'.¹⁰ In France psychologists and doctors and other kinds of therapists continued until very recently to publish works on sexual disorders with the word *frigidité* in their titles.¹¹ Their therapeutic approaches have tended to emphasize relaxation and treatment for anxiety, lifestyle and fitness improvement rather than the invasive surgical, chemical and dilatory practices of earlier medical approaches, and ample advice is offered about sexual technique for couples, and the need to appreciate women's slower rate of arousal resulting from a differing endocrinology and sympathetic nervous structure.¹² Notably, while such texts use the word frigidity along with impotence, this pair of words serves to designate female and male forms of what is otherwise construed as the same problem – a lack of sexual desire in people.

It would be a mistake, then, to ignore the residual presence of terms akin to frigidity, given the unevenness of attitudes to sexuality across

cultures. One woman cited in a recent Christian marriage manual said she was haunted for years by the angry words of her husband in an argument in which he called her 'frigid'.¹³ Indeed the availability of the term for use as an insult may help to explain both the embarrassment about treating it as a historical object and the fierce attacks directed against it in important feminist texts of the late twentieth century. To make the point provocatively, it might even be argued that the notion is now being kept alive by a curious mixture of derision and rejection. Whatever the reasons, the theme lingers among us. Its very stagnation as a medical and psychological term helps to suggest the eternal quality that is often attributed to it. That is why it still needs to be regularly identified and dismissed, but it is also why its authority needs to be carefully unpicked through genealogical analysis of the kind we undertake in this book.

Our assumption, in any case, has been that there is much to be understood in frigidity's long and rather complicated history, and that the history has some pertinence for the present, even if its value lies in identifying, defining and thereby limiting the discursive effects of such talk. Scholarly writing may have the purpose, not of deploring the indefensible assumptions surrounding and supporting an expression such as this, but of showing how what once appeared to be the gravest of afflictions might at last have lost its capacity to impress and disturb. To indulge a gothic metaphor, frigidity may be less a demon to be slain, than an unburied corpse trailing about the streets of discourse. The critical point in such a history might then be to see frigidity to its grave, to produce a historical monument that will double as a tomb. That is indeed what we have sought to do in this book. We come to bury frigidity, not to praise it.

Questions of method

While the primary difference between our approach and that represented here by Irigaray appears to be a matter of critical tactics, there is a second difference that has to do with our fundamental assumptions and the methods to which they give rise. As intellectual historians, we have not taken for granted that frigidity was in fact straightforwardly recognizable, even as a caricatural or fictive disorder. We claim a place for our work alongside like-minded histories that have in recent decades cast new light on terms previously regarded as having natural, unproblematic or universal meanings. The most discussed term has undoubtedly been 'homosexuality', although the same quality of attention has been brought to bear on 'masturbation', 'somasochism' and

on other expressions of the same order. Historical revision has tended to highlight the technical function of these notions, showing how they served in particular circumstances to organize knowledge of the sexual. The primary concern for historians has not, of course, been to refer these terms to an understanding of human physiology, but to observe how power and knowledge have been conjugated in their use, producing a set of effects on language, on social and professional practices, on the mapping and typing of bodies.

The place of 'frigidity' on this broad revisionary front may seem rather unclear, since the expression has not so far drawn much attention from historians of sexuality. Is that because the affirmative sexual politics of frigidity seem less urgent than those of homosexuality, lesbianism or transgender? Quite often such histories have been produced by historians who identified with those categories in some way – something that does not appear to be the case for frigidity. Partial exceptions in that regard can perhaps be found in the writing of Andrea Dworkin and Sheila Jeffreys, although even there the work of self-identification is ambiguous. Dworkin considers frigidity to be a misogynist invention, albeit less pernicious than the pornographic stereotypes of women as nymphomaniacs, remarking: 'Perhaps this is a recognition, however perverse, that no one could possibly like or want what men do to women.'¹⁴ But remarks of this kind hardly constitute a history in any developed sense. In general, Dworkin and Jeffreys show no sympathy for the history of sexuality, and no positive interest in its concerns. On the other hand, historians committed to working in the field, many of whom see themselves as opponents of Dworkin and Jeffreys, may simply consider that frigidity falls outside their domain, seeing it as a discredited term used to refer to a putative absence of sexuality.

Our research, like so much other work in this field, owes a specific debt to the writing of Michel Foucault. We are undertaking a genealogy of frigidity, hoping to show the contingency of frigidity's emergence, demonstrating that the term came into use in a certain way at a certain time, and there was nothing inevitable about it. We will take every opportunity to point to the untidiness of historical antecedence and the complication of discursive circumstance. As Foucault says, 'What one finds at the historical beginning of things is not the still preserved identity of their origin, but the discord of other things. The disparate.'¹⁵ We will show that what became in the twentieth century one of the most widely discussed forms of female sexual inadequacy built its coherence out of some rather diverse thematic elements. We have, in particular, found a great deal of material from late-nineteenth-century

medical sources to confirm Foucault's claim that sexual discourses of this period had a double function, both inciting and prescribing. In fact, without having been inspired by that observation in the first volume of Foucault's 1976 *Histoire de la sexualité*, we might never have been moved in the first instance to consider so closely the concept of frigidity, which, by seeming to refer to the nonsexual, might well fool the unwary into locating it outside the discursive field of sexuality altogether.¹⁶ Foucault's appreciation of the remarkable coexistence of regulation and incitement in nineteenth-century visions of sexuality has thus enabled us to understand a historical object that is paradoxical but, in Foucault's terms, typically so. Frigidity has often been conceived as a lack, but that has not prevented it from being seen as a pathology, and sometimes as a perversion.

It must be said, however, that Foucault's attentiveness to the multifarious operations by which sexuality came to be 'put into discourse' entailed only limited attention to notions specific to female sexuality, and indeed to gender differentiation in general. He contends famously that the nineteenth century produced four basic strategies: 'the sexualization of the child, the hystericization of women, the specification of perverts, and the regulation of populations'.¹⁷ If this model were comprehensively sound, one might have expected the notion of frigidity to be somehow subsumed by the theorization of female hysteria, becoming one symptom or syndrome among other corporeal and psychological effects of that pathology. And if indeed that were so, we might expect to find that frigidity was not visible prior to the nineteenth-century generation of theories about hysteria, and that it was coupled with hysteria in the relevant medical literature of that time. But we have found scant evidence of such a connection. Indeed, the writers who had most to say about the condition of frigidity showed little concern with hysteria, and vice versa. On the other hand, notions of frigidity, sexual coldness, anaphrodisia and vaginismus appear to have enjoyed a history quite their own, which neither emerged out of the hystericization of women, nor contributed materially to it.

It has to be said too that the emergence of a concern about sexual perversion, another of Foucault's key propositions about the nineteenth-century emergence of 'sexuality', does not provide an adequate framework for thinking about frigidity. Indeed, at the time when notions such as homosexuality, sadism, masochism, fetishism and other sexual 'psychopathologies' appeared in late-nineteenth-century medical works, frigidity was only occasionally theorized in relation to perversion. Throughout the nineteenth century it had another life altogether

as the object of medical concern about a dysfunction of feminine bodies and as a question of the mores (*mœurs*) of the married couple. Frigidity only took on the status of a perversion in twentieth-century psychoanalytic accounts that circulated in the interwar period. In fact, it might be said that frigidity, without occupying a well-defined place in Foucault's set of strategies, had some sort of function in each of those he identified. As a marriage concern it most certainly appeared as a manner of regulating populations; as a theory of feminine desire and lack it might be said to conform late in its history to the hystericization of women, if we take that term in the sense in which Marie Bonaparte used it to identify the necessary turning away from the clitoris that was required of women in order to transcend the infantile phallic organ of their instinctual pleasure and embrace the mature feminine vagina of reproductive necessity. In that nexus of associations, frigidity was also implicated in the sexualization of childhood according to the Freudian model. And frigidity most certainly did appear as a perversion in various forms of writing in the early twentieth century – as a form of denied desire that masked aberrant fantasies of lesbianism and sadomasochism. From this perspective then, we might wonder how frigidity eluded Foucault as a specific term of inquiry when it so richly exemplified the emergent themes he identified in the formation of sexual subjectivity.

In another respect the object of our book corresponds to Foucault's larger project in the three-part series of the *Histoire de la sexualité*. One of his general aims there was to produce a genealogy of 'how individuals were led to exercise upon themselves, and upon others, a hermeneutic of desire' in which behaviours were a referent but not the sole defining criterion.¹⁸ Frigidity might have been used to exemplify that dynamic, in that it referred to a set of ideal responses not manifest in behaviour: it was a failure of desire that demanded interpretation. Analysed within this framework, the various accounts of frigidity across time can be seen to represent a set of hermeneutic guidelines for recognizing, explaining and diagnosing an absent thing. Substance was thus generated from something initially conceived as an absence. Frigidity, then, demonstrated the powerfully generative feature of sexual theorization: it displayed a capacity to flesh out meaning, to create the stuff of discourse, to pose a range of intriguing questions about even the most apparently vacant categories.

It might well seem to fellow historians of sexuality that we are offering here the latest in the decades-long series of historical works devoted to the (socio-discursive) construction of N, where N is 'sexuality', 'masculinity', 'femininity', 'sadomasochism', 'lesbianism' or the like.¹⁹

To consider a variant that has found even more favour in the eyes of our colleagues, we might be claiming to describe the 'invention of frigidity', just as others have described the invention of 'hysteria', 'pornography', 'heterosexuality', 'hermaphrodites' and 'sex'.²⁰ 'Construction' and 'invention' have functioned since the 1980s as marks of intellectual allegiance. They signal the intention to review discursive formations and sets of cultural practices that might otherwise have been thought historically stable. Ideas, concepts and practices that have often been considered timeless are thus described as having come into existence only quite recently. Such histories demonstrate that these notions do not deserve to be considered natural or universal.

So why is this book not entitled, or at least subtitled, 'The Social Construction of Frigidity' or 'The Invention of Frigidity'? The reason is not any lack of sympathy for historical attempts to understand how medicalized terms elaborated new conceptual frameworks for desire, but rather our unease about the ambiguity that often attends constructionist historians' characterizations of their own work. When 'construction' and 'invention' are used as slogans for revisionist histories of sexuality, their use can generate a degree of theoretical and rhetorical tension that is not always easily managed. If these words are used to signify 'constructedness' or 'inventedness', they represent perfectly well the purpose to which we adhere. But if their use is taken to imply that, at each moment in history, a set of agents is likely to be assembling radically unprecedented ways of thinking and talking, this implies a view of history that we cannot accept. It supposes that history advances by continually forgetting the past. Like the most naïve form of modernism, it pays little respect to discursive and social antecedence.

Such a thin understanding of history is unlikely to have any great impact on the theory of historical inquiry, but its consequences can be seen at the level of historiographic rhetoric. Scholars with little practical or theoretical interest in long histories appear sometimes to value the notions of construction and invention precisely because they enable a form of presentist critique. If something was invented, they seem to suggest, the agents of that invention are identifiable in principle, and their actions can be called to account. Someone must have been making those things up, producing them for manipulative purposes. 'Who is responsible?' is the question implied by these historians, although within the history of sexuality they know the answer in advance. It is a set of 'historically real protagonists', to use Londa Schiebinger's term,²¹ including all the usual suspects: lawyers, moralists and politicians assuredly, but most particularly doctors, sexologists