Curing queerness: A parallel socio-medical history

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Introduction

Any historian writing on homosexuality in the Netherlands prior to the eighteenth century will at some point encounter difficulties as they are confronted with an absence of sources. This is the result of the 'conspiracy of silence'[1] that constituted the Dutch government policy with respect to homosexuality until the early eighteenth century. Historian Theo van der Meer argues that this policy was based on the logic that by withholding knowledge about homosexual behaviour one could effectively prevent people from engaging in it.[2] After 1730, authorities abandoned this idea in favour of a policy of education which, according to Van der Meer, constituted the beginning of a discourse on homosexual behaviour in the Netherlands 'that contributed to the development of a popular belief about such behaviour, on which […] the nineteenth century medical discourse was built'.[3] In the twentieth century, that medical discourse has evolved to include possible causes and cures for homosexuality, which was now seen by many primarily as a disease rather than a sin. There are several reasons people felt the need to cure homosexuality. Firstly, traditional religious morality had led to a view of homosexuality as aberrant. The government's new policy of education, which was aimed at deterring the population to engage in homosexual behaviour may have exacerbated this view.[4] Moreover, the twentieth century professionalization of medical science and its many successes led to a greater confidence in physicians and their ability to cure a range of conditions. What remains unclear is why and when the medical community stopped their search for a cure for homosexuality. The aim of this article will be to provide insights in late twentieth century reasoning in respect to these questions.

Given the twentieth century society's growing conviction that science formed the cornerstone of all objective reasoning, it is unsurprising that scientific arguments became increasingly important in the discourse of

[1] T. van der Meer, 'Sodomy and the Pursuit of a Third Sex in the Early Modern Period', in Gilbert Herdt ed., *Third Sex, Third Gender: Beyond Sexual Dimorphism in Culture and History* (New York 1994) 179.
[2] Van der Meer, 'Sodomy and the Persuit of a Third Sex', 180.
[3] Ibidem, 181.
[4] Ibidem, 181.

traditionally unrelated fields. A prime example of this is legislation. Whereas in the early twentieth century religious morality was still reflected in the government's decisions, the second half of the century saw several western countries turn to science to provide impartial argumentation as grounds for legislative revisions. As a consequence of this development, government reports provide an ideal primary source to understand scientific, as well as social discourse. Historian John-Pierre Joyce summarised how in the United Kingdom, a committee appointed to study 'homosexual offences and prostitution' made use of the testimony of medical experts to decide whether homosexuality should remain illegal.[5] This article will attempt to reconstruct medical discourse in the Netherlands through similar means. Although at this time homosexuality was not illegal according to Dutch law, the early twentieth century saw the introduction of article 248*bis* in the criminal lawbook. From 1911 until its repeal in 1971, this article made homosexual sex illegal between an adult and a minor older than sixteen. As the age of consent for heterosexual sex remained unchanged at sixteen years old, 248*bis* is distinctly recognisable as an anti-gay law. The advisory report presented to the House of Representatives (Dutch: *Tweede Kamer*) in 1969, discussing the possible abolition of this law, will be used to reconstruct the medical and social discourse of the time, in order to understand why the medical community ceased the search for a cure for homosexuality.

The first two parts of this article will provide the historical framework necessary to adequately interpret the primary source. The initial part will focus on twentieth century medical discourse concerning homosexuality. The main discussion underlying this section of the article is how to reconcile the image of the barbaric surgeon with the image of the enlightened scientist. As the medical discourse about homosexuality evolved in the twentieth century, it did not do so in an isolated community. The second part will therefore discuss several important non-medical developments in the twentieth century. In order to do this, it will focus on two debates. Firstly, this part will consider whether the emergence of a homosexual identity should be dated before or after the introduction of the nineteenth century medical terminology. Secondly, it will discuss in what sense the 1960s formed a radical break from earlier conservatism. The final part of the article will provide an in depth discussion of the primary source.

[5] J. Joyce, 'A New Normal (Gay Men and Doctors Search for a Cure for Homosexuality)', *History Today*, 66:2 (2016) 33-37, 33.

It is important to note that this article shares a limitation with a considerable percentage of the scholarship on homosexuality, namely that the data used overwhelmingly concerns male homosexuals. Especially for the information regarding medical treatment, the vast majority of patients were men. The conclusions drawn in this article may thus not be as relevant to the history of lesbianism in the Netherlands.

Curing homosexuality

A person convicted under 248*bis* could serve up to four years in prison,[6] but in practice people were usually incarcerated for a few months to a year.[7] Alternatively, they were made to pay a fine, generally in combination with parole.[8] In 1928, there was a third option made available to the government. Under art. 37*a*, lid 2, people who were classified as mentally disturbed could become a ward of the state (Dutch: *terbeschikkingstelling van de regering*, or *TBR*). Table 1 shows the number of people that were placed under TBR after a 248*bis* conviction. These people were placed in a 'psychopath asylum' (Dutch: *psychopatenasiel*). Marijke Gijswijt-Hofstra points out that according to 1841 Dutch law all asylums had to provide treatments for their patients.[9] The following part will explore some of the treatments that were made available to homosexuals convicted under 248*bis* between 1928 and 1971.

[6] N. Speijer et al. 'Advies inzake homoseksuele relaties met minderjarigen, in het bijzonder met betrekking tot artikel 248bis van het wetboek van strafrecht'. Zitting 1969-1970, 10347. Bijlage A.

[7] Spijer, 'Advies inzake homoseksuele relaties met minderjarigen', Bijlage D.

[8] Ibidem, Bijlage D.

[9] M. Gijswijt-Hofstra, 'Within and Outside the Walls of the Asylum: Caring for the Dutch Mentally Ill, 1884-2000', in M. Gijswijt-Hofstra, H. Oosterhuis, and J. Vijselaar ed., *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century: Comparisons and Approache* (Amsterdam 2005) 35.

	Total number of convictions	TBR
1911-1912, 1918-1919	28	-
1937-1940	293	3
1941-1943, 1946	184	3
1947-1950	735	12
1951-1954	618	24
1955-1958	599	19
1959-1962	667	10
1963-1966	562	8
1967-1971	267	2
Total	3953	81

Table 1: The number of people placed under TBR after a 248*bis* conviction. Data is not available for the years before 1937, and for the years of German occupation of the Netherlands in the Second World War.[10]

Castration

Until the late 1950s, 'therapy' in the TBR asylums mainly consisted of plain labour.[11] However, several new treatment options were explored in the 20th century. The most invasive of these was therapeutic castration. Gijswijt-Hofstra has stated that 'Dutch asylum doctors […] tended to have strong reservations with respect to the more virulent forms of eugenics', including the practice of castration to cure sexual perversions.[12] Certainly, there was a general agreement in the medical community that 'castration was only to be applied when all else had failed'.[13] However, as mentioned above, 'there was

[10] M. Zeegers and J. Krul-Steketee, 'Het onheil van artikel 248*bis*', *Tijdschrift voor Psychiatrie* 22:10 (1980) 608.

[11] Gijswijt-Hofstra, 'Within and outside the walls of the asylum', 46.

[12] Ibidem, 46.

[13] T. van der Meer, 'Eugenic and Sexual Folklores and the Castration of Sex Offenders in the Netherlands (1938-1968)', *Studies in History and Philosophy of Biological and Biomedical Sciences* 39 (2008) 201.

not much "else", aside from putting these people to work'.[14] This helps explain why therapeutic castration was hailed by some physicians as a legitimate cure for sexual deviancy. In 1935, doctor J. Sanders published a book titled *Het Castratievraagstuk* (The Castration question), in which he discussed Dutch and foreign cases where castration was used as a therapeutic procedure.[15] The author proclaims the merits of castration as a form of treatment, stating that both physicians and patients were consistently positive. Although the number of procedures performed in the Netherlands would remain 'fairly limited' compared to other western countries.[16] this surgery was certainly one of the options made available to homosexuals after the 1930s. The first castration of a person placed under TBR took place in 1938,[17] but the procedure became increasingly popular in the 1950s, during which time doctor A.J.A.M Wijffels was writing a dissertation on the subject. He finished this dissertation – which included 70 cases and was also titled *Het Castratievraagstuk* – in 1954, by which time both Wijffels himself and his clinic were renowned for this procedure.[18]

The Netherlands never adopted castration as a form of legal punishment for sex offenders, as was done in several other European countries.[19] However, the IHLIA brochure '*Bewaar mij voor de waanzin van het recht*' ('Save me from the madness of the law') refers to castration as the only possibility to avoid a long term stay in an asylum once people were placed under TBR, which according to the brochure could be extended every two years.[20] Theo van der Meer attests to the validity of this claim. Van der Meer disproves the idea that castrations were always 'therapeutic' and 'voluntary'. In the Netherlands, castration was legally allowed only if the patient desired treatment – rather than just a way out of the asylum – and could give

[14] Ibidem, 201.

[15] J. Sanders, e.a., *Het castratievraagstuk. Een onderzoek naar de gevallen van castratie van sexueel abnormale personen in Nederland en in het buitenland* ('s-Gravenhage: Naeff 1935).

[16] Gijswijt-Hofstra, 'Within and Outside the Walls of the Asylum', 46.

[17] van der Meer, 'Eugenic and Sexual Folklores', 197.

[18] H. Marijnissen, 'Ik heb geen schuldgevoel, we zagen het als noodzakelijk kwaad', *Trouw* (1995).

[19] N. Heim and C.J. Hursch, 'Castration for Sex Offenders: Treatment or Punishment? A Review and Critique of Recent European Literature, *Archives of Sexual Behavior*, 8 (1979), 281-304, 282.

[20] *Bewaar mij voor de waanzin van het recht: 100 strafrecht en homoseksualiteit in Nederland.* IHLIA (2018). https://www.ihlia.nl/wp-content/uploads/2015/03/Bewaar-mij_brochure-FINAL-small-min.pdf, geraadpleegd 21 maart 2020.

informed consent. If the patient in question was a warden of the state (TBR) then the consent of the minister formed an additional requirement. In order for the surgery to take place, the patient with TBR had to personally write to the minister requesting permission to be castrated. Van der Meer examined a number of these letters, and found ample evidence that informed consent was a myth, with patients demonstrating a complete lack of knowledge both about the procedure, (one man expected his penis to be cut off), and the diagnosis they were supposedly attempting to cure.[21] Van der Meer's conclusion is confirmed by psychiatrists who were working in Wijffels' clinic during the period he was writing his dissertation. In a 1995 interview, doctor J. Verheul stated that patients were generally faced with enormous societal pressure, and that their voluntary choice to be castrated should be considered completely relative.[22] In this same interview, doctor Wertenbroek describes a situation where people placed under TBR were essentially 'castrated at the gate, with their freedom as a premium'.[23] This statement leads to the tentative conclusion that patients saw surgery primarily as a means to end their TBR, and that treatment, certainly invasive treatment, happened at the request of the physician rather than the patient.

Hormone treatment and Psychoanalysis

A 1954 issue of the Dutch journal of medicine (Dutch: *Nederlands Tijdschrift voor Geneeskunde*) discusses the potential merits of hormone therapy for homosexuals. The article states that treating male homosexuals with testosterone will likely result in an increase in libido in the original direction, whereas oestrogen treatment will merely serve to lessen or completely eliminate their sexual drive. Hormones have not been proven to result in an inversion of sexual desire. According to the article, oestrogen treatment – the elimination of the libido – can be considered a preferential alternative to castration in cases of hyper sexuality or homosexuals who have been convicted of a sexual offence with a minor.[24] This latter group represents those men convicted under 248*bis*. However, there is no evidence to suggest

[21] Van der Meer, 'Eugenic and Sexual Folklores', 201.
[22] Marijnissen, 'Ik heb geen schuldgevoel'.
[23] Ibidem. Orginal text in Dutch.
[24] Ibidem, 2377.

that hormone treatment was used in the Netherlands on a large scale to treat either those convicted under this law or to treat homosexuality in general.

Psychoanalysis was introduced as a form of treatment in the early twentieth century, and quickly gained popularity among practitioners.[25] According to Harry Oosterhuis and Marijke Gijswijt-Hofstra, psychoanalysis was used to treat sexual perversions, especially homosexuality.[26] Drawing on the ideas of Freud, therapists started to consider homosexuality as the result of early childhood experiences. In this, they moved away from the original medical discourse on homosexuality, as most nineteenth century authors viewed homosexuality as an inborn quality. Although psychoanalysis was introduced as a treatment for homo*sexuality*, in the 1960s it was applied as a treatment for homo*sexuals*. Many psychiatrists and psychologists in this period criticized the medical model of treatment for mental illness, and aimed to replace it with a social model.[27] The main aim of psychoanalysis became to encourage self-acceptance, as psychotherapists considered self-realization an important step towards mental health.[28] One of the researchers that played a major role in causing this change was Alfred Kinsey. Although his methods were challenged by later scientists, his results caused some upheaval in the medical community at the time they were first published. Kinsey's research suggested that homosexuality was a much more widespread phenomenon than previously thought. Moreover, Kinsey challenged the idea of a gay-straight binary. As a result, homosexuality increasingly came to be seen as a normal variant of sexual behaviour, and consequently the perceived need to cure it lessened.

Changing views

The history of gay rights activism in the Netherlands is intertwined with 248*bis*. When the minister of justice (Dutch: *minister van Justitie*) Regout

[25] H. Oosterhuis and M. Gijstwijt-Hofstra, *Verward van geest en ander ongerief: Psychiatrie en geestelijke gezondheidszorg in Nederland 1870-2005* (Houten 2008) 420.
[26] Ibidem, 423.
[27] G. Blok, 'Madness and Autonomy: The Moral Agenda of Anti-psychiatry in the Netherlands', in M. Gijswijt-Hofstra, H. Oosterhuis and J. Vijselaar ed., *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century: Comparisons and Approaches* (Amsterdam 2005) 105.
[28] Ibidem, 105.

introduced the plan for 248*bis* in 1911, he expressed his horror at the equal rights discourse that was introduced in this period, both in the Netherlands and abroad.[29] In fact, what he termed 'the homosexual propaganda' is cited as one of the main reasons the introduction of 248*bis* was necessary.[30] After the law passed in 1911, this was reason for Jacob Anton Schorer to start the Dutch Scientific Humanitarian Committee (Dutch: *Nederlandsch Wetenschappelijk Humanitair Komitee* or *NWHK*), the first gay organization in the Netherlands.[31] For the next fifty years social activists and affected members of this organization would express their outrage about the discrimination inherent to 248*bis*. Eventually, this culminated in a student demonstration in The Hague on 21 January 1969; the first gay rights demonstration in Europe. Three years later 248*bis* was removed from the law book.

An emerging identity

The prevailing view is that the nineteenth century medical discourse concerning homosexuality heralded a new understanding of 'sodomy' as pertaining to a disposition rather than a physical act. However, Theo van der Meer argues that in certain parts of western Europe the emergence of a homosexual identity predated the introduction of the medical terminology. He introduced evidence that suggests that the Netherlands already knew a homosexual subculture as early as the eighteenth century. In order to research the emergence of this subculture Van der Meer used the court records of Dutch sodomy and – after the introduction of the French penal code in 1811 – public indecency trials that dealt with cases of same-sex sexual interaction. He showed that the men arrested in the eighteenth century often admitted to both active and passive pederasty, that payment went both ways, and that 'age or class seemed to make little difference'.[32] This formed a sharp contrast with earlier records, which showed that the trials that took place before 1700 mainly involved sexual interaction between two people with a clear inequality

[29] Handelingen Tweede Kamer, 28 februari 1911.
[30] Ibidem.
[31] G. Hekma, 'Amsterdam' in: D. Higgs ed., *Queer Sites: Gay Urban Histories Since 1600* (New York 1999) 61-88, 77.
[32] Van der Meer, 'Sodomy and the Pursuit of a Third Sex', 160.

in social status, often a grown man and an adolescent.[33] This social hierarchy translated to the sexual act itself, with the roles of inserter and insertee considered strictly separate.[34] Van der Meer argues that these differences between the seventeenth century records and those that came later indicate a shift from a sexual act that stands alone, to a sexual act that belongs to a certain disposition.

If we accept Van der Meer's chronology, then the pre-existence of a homosexual identity precludes the idea that nineteenth century medical terminology was indispensable in claiming that identity. Van der Meer argues that during the eighteenth century 'the awareness of the existence of two different sexes grew', as did the awareness of people aberrant from this binary.[35] In the second half of the century this led to the introduction of the ever more generally accepted idea that such an aberration reflected an inborn quality rather than an acquired vice, and it was this idea that is expressed in the nineteenth century concept of homosexuality. This terminology would then merely have disclosed the end of a transitional period in which homosexuals began to be regarded as belonging to a 'third sex', distinct from heterosexual men and women. In fact, late nineteenth century discourse about this third sex was often used to forward gay rights. Clearly, the early emergence of a homosexual identity would help to account for a resistance to treatment as well as for the fact that homosexuality would eventually stop being considered a medical condition.

Counterculture of the 1960s

By the 1960s a growing number of people had stopped considering homosexuality as a medical condition. A survey representative of the Dutch population showed that the majority of the public in the 1960s did not consider homosexual sex between an adult and a minor older than sixteen to be more harmful than heterosexual sex involving an adult and a minor older than sixteen. Needless to say, controversy around 248*bis* grew during this time. In order to account for this change in public opinion it is necessary to consider some of the social trends that appeared in the 1960s. A common misconception about this period – held also by many people at the time – is

[33] Ibidem, 149-150.
[34] Ibidem, 151.
[35] Ibidem, 194.

the idea that it formed a radical break from earlier supposedly uninterrupted conservatism. According to Gert Hekma, many of the important trends of the 1960s were actually the logical result of earlier developments.[36] Perhaps it would be more accurate to say that in the 1960s certain social trends rose to the surface. Two important concepts define this period in Dutch history: pillarization and counterculture. For a large part of the population the pillarization that had started early in the twentieth century had by the 1960s led to a high level of secularisation. Because these people no longer unthinkingly accepted Christian morality, they were less likely to dismiss homosexuality as sinful. Once the concept of homosexuality was no longer intertwined with this negative connotation, there immediately was less need to label it as illegal or unhealthy. As part of the counterculture of the 1960s, the rising anti-psychiatric movement addressed such questions as the nature of mental illness and the definition of normality'.[37] Again, this essentially meant that people were becoming more accepting of a wider range of 'normal' behaviour. Lastly, the 1960s saw the start of the sexual revolution. Gay rights activism was helped by the fact that sexuality in general became less of a taboo subject. It is essential to be aware of these trends when considering any discourse from the 1960s, including scientific or legal writing. The following chapter will therefore rely on the social as well as the medical background of this period for the interpretation of the primary source.

The Speijer report

The 'Advice regarding homosexual relations with minors, especially as regarding 248*bis* of the criminal lawbook' is the report of the Speijer commission relating to an investigation that was initiated after protest concerning 248*bis* reached the House of Representatives.[38] In 1967, Hannie Singer-Dekker of the labour party (Dutch: *Partij van de Arbeid*) spoke out against 248*bis* and pressed for the immediate appointment of a commission to evaluate whether this law could reasonably be allowed to remain in the law book. Singer-Dekker quoted several respected medical professionals who had

[36] Hekma, 'Amsterdam', 77.

[37] Gijswijt-Hofstra, 'Within and Outside the Walls of the Asylum', 36; Blok, 'Madness and autonomy', 104.

[38] Original text in Dutch: '*Advies inzake homoseksuele relaties met minderjarigen, in het bijzonder met betrekking tot 248*bis *van het wetboek van strafrecht*'.

expressed the opinion that homosexuality consistently comes about before the age of six, and that sexual preference cannot result from sexual encounters at age sixteen or older.[39] She consequently argued that 248*bis* essentially constituted an invitation to blackmail. As the law did not protect the youth, but rather tempted them to profit financially from the outsider-status of others, Singer-Dekker suggested that it did more harm than good, and should be removed from the law book.

Discussion

Dr Kruisinga, state secretary of social affairs and public health (Dutch: *de staatssecretaris van sociale zaken en volksgezondheid*), appointed the Spijer-commission, and charged its members with answering the following questions: (1) What are the current medical-scientific insights in the phenomenon homosexuality in general? (2) Is there a danger of seduction of minors older than sixteen by homosexual adults? (3) Do homosexual experiences of minors older than sixteen cause a lasting attachment to a homosexual lifestyle? (4) Is there a possibility that an existing heterosexual disposition does not come to expression because of homosexual experiences as a minor older than sixteen? (5) Are there any other consequences for the psychological developments of the minor? (6) What are the consequences of the potential removal of article 248*bis* from the lawbook?[40] It was moreover stressed that the report should be based solely on medical science, and Dr Kruisinga further mentioned explicitly that investigators were to leave out any arguments arising from ethical, sociological or pedagogical considerations.[41] This request is expressive of the conviction that objective science alone can provide sufficient justification to change the law. This might be considered a somewhat curious stance to take in a debate where public opinion has played such an immense role in the assignment of the commission. Minister Polak, who would eventually be responsible for the abolition of 248*bis*, stated in 1967 that an important task of a future commission would be to establish whether society's conception of homosexuality had changed.[42] Incidentally, the commission itself expressed the impossibility of answering the questions

[39] Handelingen Tweede Kamer, 14 december 1967, 673.
[40] Spijer et al. 'Advies', section 1.1-2.1
[41] Ibidem, 1.2.6.
[42] Handelingen Tweede Kamer, 19 oktober 1967, 23.

posed by the state secretary without relying on precisely those considerations they were requested to ignore. In section 2.2 of the report the committee stated that they found it inevitable that socio-medical and societal aspects of public health formed part of their considerations.[43]

The report provides a brief overview of the original arguments made in favour of instating 248*bis*. The text states that although society in the early twentieth century may have started to view homosexuality as a medical condition rather than a sinful act, the majority of the people accepting the definition of a disease still avoided those affected, as lepers were avoided in earlier times.[44] This comparison is especially interesting because it touches on another aspect of early twentieth century thoughts on homosexuality. Namely, that this disease was 'contagious', in the sense that people – specifically young people – could be seduced to engage in homosexual activity, which would lead to a persisting homosexual inclination. This is referred to as the seduction theory (Dutch: *verleidingstheorie*), and was inspired by the ideas of Freud and others, who saw homosexuality as something acquired after birth. The seduction theory was widely accepted by both the public and the medical community until 1956, when psychiatrist F.J. Tolsma published his research proving that there was no scientific evidence to support this theory.[45]

Section four of the report contains the claim that as societal attitudes toward sex changed, an environment was created that allowed for a growing tolerance of homosexuality. As lust and procreation became disconnected in the minds of the public, and mutual affection was increasingly seen as the most important aspect of sexual intercourse, the way was cleared for a better understanding of homosexual relationships.[46] As discussed in the previous chapter, this development took place as part of the counterculture movements of the 1960s. The text continues with the statement that research indicates that there exists no real difference between hetero- and homosexual emotional experience and references the results of Kinsey's study.[47] In the report, the commission tends to place strong emphasis on the contrast between the 'pre-scientific' opinions on homosexuality, and the new, enlightened and scientific notions that allow a better understanding of this

[43] Spijer et al. 'Advies', 2.2.
[44] Ibidem, 3.1.4.
[45] Speijer et al., 'Advies', 7.6.2.
[46] Ibidem, 4.1.4.
[47] Ibidem, 4.4.

'condition'.[48] It is important to note that there are two problems with this interpretation. Firstly, it does not take into account the role of the homosexual rights discourse, and the people who were actively trying to influence public opinion even before the medical community was ready to accept homosexuality as a normal variant of human behaviour. Secondly, it does not account for the scientific publications of the first half of the century, which played a major role in the creation and the continuation of the image of the homosexual as a degenerate.

The next section of the report discusses several possible causes of homosexuality, be they inherited or acquired. The commission concluded that homosexuality likely was the result of a genetic predisposition that is expressed as the result of early childhood experiences. Especially the first part of this claim placed homosexuality firmly within the reach of medical community's judgement. However, it was described less as a disease and more as a part of normal biology.[49] The commission actually explicitly asked the question whether homosexuality was to be considered normal and answers that this was entirely dependent on the framework in which the concept of normal was to be addressed. Added to this remark are the observations that homosexuality is ubiquitous and normally acquired long before puberty. It is interesting to note that the text observes that homosexuality is 'of all times', and was known for example to the ancient Greeks.[50] This is in line with Van der Meer's view that a homosexual identity existed long before nineteenth century physicians coined the term. The commission uses this historical precedence to argue in favour of the acceptance of homosexuality. Of course, the question put to the commission was not so much whether homosexuality was normal, as whether it should or should not be considered a disease. The commission responded by considering homosexuality in light of the 1948 world health organisation's definition of mental health.[51] They concluded that homosexuals are mentally healthy, provided that they are self-accepting.[52] This is in line with the social model of treatment that took flight in the 1960s.

The report concludes what had been expressed in the Wolfenden-report more than a decade earlier, namely, that based on medical science there

[48] Ibidem, 4.1.2. and 4.1.4.
[49] Ibidem, 5.4.8.
[50] Ibidem, 6.6.2.
[51] Ibidem, 6.5.2.
[52] Ibidem, 6.5.2.

is no reason to uphold 248*bis*.[53] In addition to this, the commission writes that its members unanimously agree that it would be beneficial in terms of psycho-social considerations to abolish the law. In response to the notion that 248*bis* might function as a big stick, which was the idea held by those in favour of upholding the law, the committee responded with the following remark: 'an upbringing which employs sticks is generally not too beneficial'.[54]

Conclusion

When article 248*bis* was passed in 1911, it was enough to state Christian morality as a reason to do so. When the law was abolished in 1972, the government found it necessary to base this decision on the opinion of medical experts. This is illustrative of the development of the role of science in the twentieth century, which had gained the trust and respect of society to a level reminiscent of religion, and which now pervaded every instance of objective reasoning.

When the Dutch government broke with their policy of silence concerning homosexuality in the eighteenth century, the public was for the first time confronted with discourse about this previously hushed up disposition. By the late nineteenth century, the medical community began to discuss homosexuality as a biological aberration, rather than a conscious choice. As with any new development, this caused fear in a substantial part of the population. As was pointed out by the Speijer commission, part of this fear was related to the perceived contagion risk posed by homosexuals. When the research done by Tolsma successfully challenged the seduction theory, this arguably constituted one of the major turning points in the debate about homosexuality as a disease.

The Speijer report concluded that homosexuality should not be considered a mental illness. It based this conclusion exclusively on scientific publications, and considered the public as generally lacking the understanding that is the result these medical discoveries.[55] However, should medical discourse alone be enough to provide the incentive to accept homosexuality as a normal variant of human biology, it would be reasonable to expect that

[53] Joyce, 'A new normal', 33; Spijer et al. 'Advies', 6.5.
[54] Spijer et al. 'Advies', 8.1.5. Original text in Dutch: '*opvoeding met stokken is in de regel weinig heilzaam*'.
[55] Ibidem, 6.5.3.

other countries would follow the same path and legalise homosexuality. This was not the case. In Germany, there was access to the same medical publications, yet homosexuality remained illegal due to moral objections.[56] This indicates that there was likely a social environment that set the Netherlands apart in this period, and allowed gay rights discourse to gain ground so rapidly after the 1960s. It may be concluded that the authors of the Speijer report were not fully aware to what extent their opinions were the product of the society they were living in.

In conclusion, in order to understand why the medical community in the 1960s no longer considered homosexuality a disease, it is equally important to recognize the influence of the social environment of that period as it is to consider scientific publications. Further research is recommended to explore the idea that scientific discourse is influenced by contemporary social trends. This could also include research outside the field of homosexuality studies. It would be relevant to gain insights in the influence of non-scientific developments on scientific discourse, especially as scientific publications are generally considered to provide objective results and are applied in this capacity.

[56] Ibidem, Bijlage B and Bijlage C.