'Are you musical?': Sounding Out the History of Homosexuality

People have often cited the connection between music and sexual inversion and are still discussing it now. Without a doubt, some time soon, a scientist will once again skilfully and persuasively link all the facts, suppositions, and theories.

Marc-André Raffalovich, Uranism and Unisexuality (1896)

I was a chubby, clumsy kid who could barely tie his own shoelaces and was completely rubbish at all sports. But I loved music. Somewhere there is an embarrassing home video of me singing along to The Spice Girls in the spare bedroom, a hairbrush in place of a microphone. When I discovered Classical music—particularly the intense, tortured pathos of Wagner, Tchaikovsky, Mahler—it felt more viscerally, instinctively real than anything else I had ever experienced. I moved to London in my early twenties—shy, awkward, closeted—and signed up to sing properly, with the London Philharmonic Choir. For the first time in my life, I was part of a big community of queer folks, with people from a wide range of ages and backgrounds, and with all sorts of different ways of relating to their sense of sexual identity.

Music and queerness are strange bedfellows with a long history. It's a history that can help us think more carefully about the interconnections between medicine and the arts, and one that reveals how medicine has often policed the ways we respond to art through our bodies and emotions. In 1899, the German doctor Magnus Hirschfeld, for instance, put together a questionnaire that was intended to allow readers to assess their homosexual inclinations. In a long list that ranged from enquiries about readers' engagement in physical exercise, to their body shape, to their tone of voice, one question focussed in particular on musical taste: 'Are you particularly fond of Wagner?'

The category of the 'homosexual' was a relatively recent invention when Hirschfeld framed his inquisitorial questions. Same-sex desire is an aspect of human diversity that exists throughout history. But it was only in nineteenth-century Western Europe that physicians and social scientists first began to articulate an identity defined by a fixed sexual preference for people of the same sex. Over the course of the century, predominantly Christian ideas of sin were replaced with medical and psychological models, which drew in a range of ways on congenital, psychiatric and legal conceptions of selfhood. Collectively, these frameworks created and reinforced rigid distinctions between 'normal' and 'abnormal' bodies, behaviours and desires. The distinction between 'heterosexual' and 'homosexual' was only one category

among many that still shape our understanding of gender, sexuality, race and (dis)ability today.

This new science of human sexuality was known as 'sexology', and by the end of the nineteenth century there was a proliferation of studies devoted to investigating so-called sexual pathologies. Sexologists across Europe—from Germany, France, England and elsewhere—shared case studies of symptoms, postulated theories of etiology, and debated the possibility of finding a cure. When I first read their work I found it deeply unsettling. Their texts set out many of the homophobic tropes that were part of my daily life as I grew up over a century later. Their pathologizing language of illness and degeneracy represents a way of thinking about sexuality that still underpins the persecution of queer people today, whether in gay conversion therapies, the scant resources allocated to trans healthcare, or in laws that criminalize same-sex relationships. Yet looking back at these historical examples also allows us to trace the emergence of a modern queer community, in which sexual minorities strategically used these categories to argue for their fundamental right to exist.

So, what was it that made Hirschfeld single out Richard Wagner? For many readers today, the bombastic seriousness of Wagnerian opera will feel almost comically far removed from contemporary mainstream gay culture. For sexologists, Wagner's music was suspect because it seemed to appeal most directly to listeners' emotions. In the nineteenth century, there were two dominant theories in musical aesthetics about how music creates meaning. Musical formalists argued that the essence of musical beauty arises from the objective structures of the music itself (say, the shape of a melody in an aria by Handel, or the handling of sonata form in the opening movement of a symphony by Mozart). Others argued that music's significance lay in its subjective emotional power (say, the way that a Chopin Nocturne makes us recall the death of a loved one, or the ability of Wagner's *Tristan und Isolde* to awaken suppressed desires).

It was this distinction that Hirschfeld drew upon when he came to write about homosexual men's musical tastes in his treatise *Die Homosexualität des Mannes und des Weibes* (*Homosexuality in Men and Women*, 1914). The typical homosexual listener, Hirschfeld argued, 'experiences music only as an aspect of mood, a purely sensory impression'. He lacks the 'intellectual engagement' to properly understand the complex formal structures of 'older, classical music'. He dislikes 'classical opera'—'in which the music itself is the ultimate purpose'—because the artificial 'closed forms, arias, ensembles, etc.' distract from the

'dramatics of feeling'. Instead, such men naturally prefer the 'more colourful or sensual music' of nineteenth-century musical Romanticism, 'in which the succession of musical structures is determined by clearly defined images, ideas, by a text' (say, for example, the tone poems of Richard Strauss). It is for these reasons, he suggests, that homosexual listeners love, above all, the operas of Wagner. The success of such music, Hirschfeld suggests, depends not on its formal ingenuity, but purely upon its emotional force. These works emotionally overwhelm listeners through the 'piling up of ecstasies', the music operating principally to 'illustrate' and 'accompany' the dramatic action, with 'long passages existing only to heighten the action on stage'.

We can make sense of Hirschfeld's oddly schematic model of queer listening by situating it alongside other scientific work from the time. Sexologists typically tried to explain gay men's 'musicality' by arguing that their bodies were more emotionally sensitive – that is, that their nerves had a greater propensity to be physically stimulated. Such a view conceived of music as being perceived primarily through listeners' nerves and reflected wider nineteenth-century beliefs about the material, embodied nature of emotional response. Dominant sexological theories conceived of homosexuality as a form of gender inversion (i.e. a woman's soul trapped in a man's body and vice versa). As such, many of the most offensive Victorian medical stereotypes about women—for instance, an emotional instability making one prone to hysteria, neurasthenia, monomania—were transposed onto reputedly 'effeminate' queer men. Such views about women and emotionalism, as scholars such as Elinor Cleghorn have shown, have long-standing historical forebears, ranging from Ancient Greek models of imbalanced humors to theories about the destabilising effect of 'wandering wombs'.

In the opening years of the 1890s, the physician Havelock Ellis worked alongside the poet and historian John Addington Symonds to complete the first English medical textbook on homosexuality, *Sexual Inversion* (1897). Despite being praised in *The Lancet* for its 'dispassionate and scientific style', the book was initially banned in England as an obscene publication, likely due to concerns by the authorities that it would be read by those outside the medical establishment. *Sexual Inversion* wryly notes that it 'has been extravagantly said that all musicians are inverts', and Ellis offers three hypotheses that aim to account for this relationship between music and homosexuality. Firstly, he carefully refutes the idea that performing or listening to certain styles of music can *cause* an individual to become homosexual. Rather, he observes that the 'musical disposition is marked by a great emotional instability, and this instability is a disposition to nervousness'. The innate 'nervousness' that

makes a fine musician, he concludes, is the same nervousness that predisposes an individual to homosexuality. Secondly, Ellis discusses the significance of the fact that musicians often possess what he calls a 'single hypertrophied aptitude' (that is, a highly developed talent for one specific activity). Being 'one-sided in [one's] gifts', he proposes, makes musicians susceptible to a range of 'neuropathic' conditions, including homosexuality. Finally, Ellis turns specifically to address the relationship between music and emotionalism. Homosexuality in general, he suggests, should not be understood as part of an individual's innate 'constitution'. Rather, it arises from exercising the 'sympathetic, assimilative emotional qualities' in one's personality, specifically in contexts in which one is 'more exposed to the influences out of which sexual differentiation in an abnormal direction may arise'. Musicians, Ellis argues, are 'conditioned by their esthetical faculty [...] to feel and express the whole gamut of emotional experience', and musical performance is exactly the sort of 'environment which [...] leads easily to experiments in passion'. Or to put it more simply: musicians are already an emotional bunch, and when they make music together it has a peculiar ability to stir up queer feelings.

Hirschfeld's and Ellis's theories are likely to strike us today as eccentric, if not outright offensive. Certainly, Ellis's later interest in eugenics makes his legacy a troubling one. The problematic racial politics of Hirschfeld's writings have also been the subject of recent scholarly scrutiny. Yet both men were, in their own different ways, at the vanguard of progressive campaigns for greater social tolerance of sexual minorities. Their views were certainly far ahead of those held in mainstream medical and psychological sciences, even until relatively recently. References to aspects of homosexuality as a 'mental disorder', for instance, were only entirely removed from the American Psychiatric Association's influential Diagnostic and Statistical Manual in 2013. Turning back to examples from the nineteenth century can help medical professionals think more carefully about their own assumptions about the relationship between arts and health. Modern healthcare practitioners are increasingly turning to the arts as a therapeutic resource. The social prescribing of group singing, say, recognises the benefits of music-making for both physical and mental health. Joining a choir was certainly transformative for my own health, not least because of the sense of community it provided. Yet it's important to keep in mind that people's willingness to participate in arts-based activities is contingent on a wide range of social factors, from class background to racial identity. In this context, it's helpful to keep in mind that medicine has long sought to shape what counts as 'normal' responses to art. The queer history of Wagnerism can help us think more carefully about what sorts of art counts as healthy, what sorts of artforms can be therapeutic, and whose experiences might be excluded. So – yes, to choral singing and communal drumming workshops. But let's prescribe some time in the mosh pit too.

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