Sexologies and theories of sexuality: Translation, appropriation, problematization, medicalization

A MULTIDISCIPLINARY INTERNATIONAL CONFERENCE
ON THE HISTORY OF SEXOLOGY
European sexologies network

Date: 30-31 October 2017
Place: the American University of Paris (Paris), France

“Thank you for your… warning, Doctor. I don’t think that I am in any danger from that direction. I have a strong instinct of self-preservation. I must say, too, that I have never considered sexuality under the aspect of sexology. I have always thought, in fact, that once sexuality tended to become sexology, sexology cannot do much for sexuality” [Romain Gary, Your ticket is no longer valid translated by Sophie Wilkins (New York: George Braziller 1977) p.85].

In this excerpt from Roman Gary’s novel, the narrator who is keenly aware of “his sexuality” expresses concern that the power of sexological discourse and practice could modify his self-perception. He fears sexology could confirm the age-related ebbing of his sexuality and prove incapable of restoring the desired function he misses. In other words, between the doctor’s willingness to know and the patient’s willingness to talk, their respective concepts of sexuality and sexology do not necessarily match up. This illustration can introduce the larger question of the relationship between sexuality and sexology and their respective histories.

In L’Harmonie des plaisirs: Les manières de jouir du siècle des Lumières à l’avènement de la sexologie (Paris: Perrin, 2007), the French historian Alain Corbin has described ways in which from the Enlightenment to the “advent of sexology” in the 19th century, doctors, theologians and pornographers have given a shape to “sensual pleasures, desires, regrets” in their sometimes overlapping, sometimes contradictory textbooks and manuals. For Corbin, the “duty of historians is to read all of them, to never refuse to listen, to understand their sometimes antagonistic logic”. In considering the period where Corbin ends his book (the 19th century “advent” of sexology), historians have new conceptual categories to account for and can be challenged with “boundary work” concerning the “history of sexology” and the “history of sexuality”. Furthermore, over the course of contemporary history, trends of “medicalizing”, “overmedicalizing”, “psychiatrizing”, or “depsychiatrizing” sexuality raise questions in both sorts of histories. The articulation between the history of sexuality and the history of sexology (or between theories of sexuality and theories of sexologies) has been approached from various perspectives.

One approach has been to study the process of “translation” (Akrich, Callon & Latour 2006) of sexuality into sexology and vice versa with regard to patients’ sexual activities, sexologists’ responses to them or doctors’ interventions in the media (via academic studies or books written for the general public). Another approach can be characterized by the concept of “appropriation” and its application to sexology and, more broadly, to medicine. For George Lanteri Laura (1979), who analyzed the “pathologization” of sexual deviances, the “doxa” very often comes first and informs the “epistemé”, in other words scientific and clinical knowledge appropriate pre-existing common sense thinking on sex and sexuality. Lanteri Laura’s work sheds light on the ideological and political dimensions of acts of appropriation.
We might also broach such questions by working on the history of ideas and concepts in sexology in continuity with the approach developed by Michel Foucault: how is sexuality “problematized” during different periods and historical contexts? “This working up of a situation into a question, this transformation of a set of quandaries and difficulties into a problem, to which various solutions try to respond, this is what constitutes the point of problematization and the specific task of thought” (Foucault, 2001b, pp.1416-1417).

Currently, diagnostic manuals from different institutions also view sexuality from different, and in some ways divergent, perspectives. On the one hand, the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, DSM-5, describes the vast field of sexuality as including sexual arousal, thoughts and fantasies, impulses or behaviors and, in general, the problems caused by sexuality and its deviations. Without clearly defining sexuality itself, the DSM-5 relies on implied definitions, which underlie its conceptualization of, and responses to, “sexual disorders”, “paraphilic disorders” or “gender dysphoria”. On the other hand, The World Health Organization’s International Classification of Diseases (ICD-10) foresees the inclusion of questions related to sexuality within its general categories of somatic and psychological illnesses. WHO has thus proposed a new category of “disorders related to sexual health” for such problems in order to “depsychiatrize” or “depathologize” them — release them from the etiological categories of mental illnesses or disorders (Reed et al. 2016). Furthermore, WHO’s classification provides distinct definitions of “sexual health” and of “sexuality”. “Sexual health” is related to social responses (public health, education, prevention, education and medicine) to questions related to sexuality, which are clearly not the same as those figuring in the DSM. However, according to WHO’s working definition of sexuality.

“Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.”

Following this definition of sexuality, today’s sexology could then be conceived as a social, medical, psychological and institutional set of responses to questions raised by people’s experiences with sexuality. However, it can be argued that this way of conceiving of sexology gives a no less historically contingent shape to people’s current questions and concerns….

**Objectives**

This two-day conference proposes to examine the history of conceptions of sexuality and of gender relations that have, explicitly or implicitly, been used in sexological “constructions” since the mid-19th century.

The knowledge, theories and practices to which “sexology” refers imply specific conceptions of sexuality. Sexology is a social (and, above all, medical, psychological, psychiatric or even legal) response to the questions people ask about “their sexuality”. Its history has shifted from a “proto-sexology”, centered around perversions and deviances, to a second phase with a focus on the “function of orgasm” and on sexual behaviors (Béjin 1982). Sexology is evolving with the emergence of “sexual medicine”, “sexual health” and “sexual rights”, trends that weigh on the reformulation of theories of sexuality. Papers will present material from medical, scientific or educational sources or from institutions involved in the medicalization of sexuality.

The accepted papers will be grouped by subject, geographical area, historical period or historiographical approach as a function of the two-day program, and each group will be assigned a discussant who will Chair the session and open discussion of the papers presented.
Abstracts and papers can be submitted and presented in English or French. There will not be official simultaneous translation during the conference. Participants are expected to understand both languages.

Plans are in the works for editing the papers presented at the conference for a book to be published by a French publishing house specialized in multidisciplinary books.

**Framework:**

Two types of presentations are expected:
- Papers proposed by the members of the European Sexologies Network and the scientific committee
- Additional papers selected through the open call for papers.

**Submission of papers: Important dates and deadlines**

**July 15th 2017:** Abstracts of no more than 1,000 words including a short bibliography are to be submitted to Alain Giami (alain.giami@inserm.fr) and Sabine Bimbard (sabine.bimbard@inserm.fr).

**September 1st 2017:** Response from the scientific committee and notification of accepted communications;

**September 30th 2017:** Papers (in pdf format) will be sent to the Chair of the scientific committee for prior distribution to session Chairs and discutants. Papers will also be made available to participants on the private page of the conference website (under construction).

Please feel free to contact Alain Giami, Chair of the Scientific Committee for more information (alain.giami@inserm.fr).

**Scientific committee**

Barras, Vincent (Université de Lausanne CH);
Bauer, Heike (Birkbeck College, University of London, UK);
Beccalossi, Chiara (Oxford Brookes University, UK);
Béjin, André (CNRS, FR);
Chaperon, Sylvie (Université de Toulouse Jean-Jaurès, FR);
Coffin, Jean Christophe (Université de Paris Saint-Denis, FR);
Crozier, Ivan (University of Sydney, AU);
De Ganck, Julie (Université Libre de Bruxelles, BE);
De Larocque, Gonzague (INSERM–CESP, Paris, FR);
Downing Lisa (University of Birmingham, UK);
Giami, Alain (INSERM – CESP, Paris, FR);
Fisher, Kate (University of Exeter, UK);
Hekma, Gert (Universiteit van Amsterdam, NL);
Kraus, Cynthia (Université de Lausanne, CH);
Levinson, Sharman (the American University of Paris, FR & Université d’Angers, FR);
Mazaleigue-Labaste, Julie (CNRS, FR);
Medico, Denise (Département de sexologie, UQAM, CAN);
Russo, Jane, (IMS, Rio de Janeiro State University, BR);
Schlagdenhauffen, Régis (ÉHÉSS, FR).

**Organizing committee:**

**Research team, Gender, sexuality, health (INSERM-CESP)**

Alain Giami, Sabine Bimbard, Gonzague de Larocque, Émilie Moreau & Lucie Nayak

**American University of Paris**

Sharman Levinson