

The invention of sexuality

Véronique Mottier*¹

Sex is a cultural object. We tend to think of sexuality as a natural force, driven by biological instincts, and as a “private” experience – perhaps as private as it gets. In contrast, I will argue in this chapter that, just as the differences between men and women cannot be reduced to biological factors alone but are more adequately understood in terms of the concept of “gender” which takes into account the social meanings that different societies attach to masculinity and femininity, sexuality is not a natural, biological and universal experience. Nor is it a purely “private” matter. The ways in which different cultures and different time periods have made sense of erotic pleasures and dangers vary widely. Sexuality is shaped by social and political forces (including state policies), and connects in important ways to relations of power around class, race, and, especially, gender. Indeed, sex, gender, and sexuality are closely intertwined: cultural meanings

* Sociologist, Université de Lausanne and University of Cambridge,
Veronique.Mottier@unil.ch

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around sexuality have been structured by normative ideas about masculinity and femininity, in other words, “proper” ways for men and women to behave. Consequently, the sexual order and the gender order are mutually constitutive.

More precisely, I propose to, firstly, examine the historical invention of a particular understanding of bodily pleasures and desires – of “sexuality” – in Western culture. Secondly, I shall tease out some of the links between sexuality and social relations of power around gender and “race”, in ways that are, I believe, relevant for the field of development studies. In the West, three models of sexuality have shaped cultural understandings of sex in modernity: the moral/religious model, the biological/medical model, and the cultural/social model. Although these three models have, historically, emerged successively, it is important to emphasise that they are still co-present today. Moral, biological and cultural understandings of sexuality continue to have a great influence on the ways in which sexual meanings are organised in society, politics and our everyday lives. They have important implications for the ways in which we conceptualise our sexual behaviours and identities, as well as the possibilities for personal and political transformation, for individual and collective agency.

In Antiquity, sex was of much lesser cultural concern than other areas of everyday life. What the ancients, in an economy of scarcity, were really obsessed with was food. In contrast, Christianity placed sex firmly at the centre of morality. Christian ethics gave sex a special status by declaring it to be the original sin. In pre-industrial European societies, sexual practices were thus primarily subjected to moral problematisation and categorised in relation to the religious notion of sin.

Cultural anxieties about sex intensified in response to the rapid social and political changes brought about by industrial modernisation. The linked processes of industrialisation (the development of modern, mechanised methods of production), urbanisation (the resulting increase in the proportion of the population living in urban centres) and secularisation (the decreasing importance of religious beliefs in modern society) created large urban masses in which atomised individuals were less exposed than ever before to the social and religious control of traditional pre-modern communities. As the literary critic Steven Marcus has pointed out, the 19th century thus combined a thriving, and mostly urban, underworld of prostitution, dance halls, and

a stark increase in the availability of pornographic material, partly driven by the development of modern print technologies, along with public prudery and sexual repression. Collective concerns about the decline in public and private morality that supposedly resulted from the impact of modernity intensified. Moral reform groups depicted sexual libertinism as a danger to the social order and to religion, while an extensive medical and advice literature warned of the dangers of sex and of sexually transmissible diseases to personal health.

The biological model of sexuality

A biological/medical model thus started to emerge in addition to the moral/religious model. The social transformations of modernity, and the Enlightenment-inspired march away from religious obscurantism towards the twin deities of science and rationality, led to new ways of thinking about sex, turning it into an object of scientific research. Modern Western understandings of sexuality can be traced back to the birth of the science of sex (“sexology”) around the turn of the twentieth century. Sex became an object of scientific study in its own right, particularly in the context of medicine and the social sciences. Darwinian theory having had a major influence on the emerging social sciences, Darwin’s view of sexual selection as the key to evolution also became a major impetus for the development of modern sexual science. Through the concept of sexual selection, scientific investigations were, from their beginnings, concerned with questions of heredity, degeneracy and race. A second major impetus for sex research was the growing concern with public health, in particular with prostitution, personal hygiene, and venereal disease. Sex research became closely intertwined with growing state intervention in sexual matters. It reflected the social and political concerns of the time, as well as its social hierarchies, which were heavily structured by class and gender.

Against this backdrop, sexuality was invented. The term “sexuality”, in its contemporary meaning of “possession of sexual powers, or capability of sexual feelings”, first entered the English language in 1879 according to the Oxford English Dictionary (OED). The first comparable occurrence in French is attributed to the somewhat obscure novelist Péladan, who wrote of the “animal drunkenness of sexuality” (*l’ivresse animale de la sexualité*) in his erotic novel *Le vice suprême*,

published in 1884. The new concept of sexuality located sex, as an area of scientific study as well as of subjective experience, firmly in the realm of nature and biology. Sexology replaced the undifferentiated religious category of sin with the medical categories of physical and mental illness and degeneracy. In the process, it radically transformed the social meanings of sex. As the sociologist Jeffrey Weeks (1998, 142) puts it: “Sexology was simultaneously constituting and exploring a new continent of knowledge, assigning thereby a new significance to the “sexual””.

Biological models of sexuality dominated sexual science throughout the 19th and 20th centuries. They conceptualised sexual behaviour as the outcome of natural, biological drives which form the basis for a variety of social experiences. Sexual normalcy and deviancy from the norm came to be defined in relation to the assumed biological naturalness of essential human reproductive instincts. As an instinctual and potentially overwhelming force, sex was at the same time seen as a possible source of social disorder. The Scottish 19th century biologists Geddes and Thomson (1914, 148) thus warned against the “volcanic element in sex, quite underlying the rest of our nature and for that very reason shaking it from its foundations with tremors, if not catastrophe”. Consequently, it was argued, sexual instincts need to be kept in check by society through moral control, sex education, and legislation.

A crucial feature of this biological model was its biologisation of gender difference and gender hierarchy. Claims about women’s biological inferiority were variously based upon the amalgamation of femininity with motherhood, as in the 19th century English evolutionist Herbert Spencer’s claim that woman’s inferior intellectual capacities were caused by the fact that she had stopped at an earlier stage of evolution in order to free energy to fulfil her role in the reproduction of the species; on a basic difference in “cell metabolism”, as Geddes and Thomson influentially argued; or on hormonal differences between the sexes after the discovery of sex hormones around the turn of the 20th century. Such claims were also used to legitimise the continued exclusion of women from the public sphere and politics in a context where such exclusion became increasingly contested.

The innate biological differences between men and women, which justified their assignment to different social roles, were thought to also

lead to differences in sexual behaviour and needs. Whereas male sexuality was seen as naturally active and aggressive, women's sexuality was conceptualised as a passive response to male instincts. Female sexuality was thought to be driven primarily by reproductive and maternal instincts. Women were portrayed as having a natural preference for monogamy, while male promiscuity was caused by "the sexual demands of man's nature", as the influential 19th century psychiatrist Krafft-Ebing (1886) put it. Although some sexologists such as Havelock Ellis emphasised the importance of female sexuality and of fulfilling sex as crucial for a happy life, the 19th century English physician William Acton expressed prevalent public opinion when he stated that "the majority of women are not much troubled by sexual feeling of any kind" (Laqueur 1990, 190).

Consequently, "excessive" sexual urges on the part of a woman were seen as abnormal. This resulted in a stark increase in the diagnosis of "female hysteria" in the course of the 19th century, a nervous disorder thought to be caused by insufficient sexual satisfaction of "excessively" passionate women. Patients were sometimes treated by manual massage of their genitals by a doctor until "hysterical paroxysm" (what contemporary terminology would describe as an "orgasm") occurred, and electrical vibrators became popular appliances with the spread of electricity to the private home. Alternatively, clitoridectomy could also be proposed. Institutions throughout Europe such as the London Surgical Home for the Reception of Gentlewomen and Females of Respectability Suffering from Curable Surgical Disease, set up in 1858, routinely offered clitoridectomy as a "cure" for conditions ranging from hysteria to nymphomania, idiocy, insanity and urinary incontinence (King 1998, 14). Success stories circulated in England of operations performed on women who had sought divorce under the new 1857 Divorce Act, a behaviour which was interpreted as an obvious symptom of mental illness, and who after the operation conceded to return to their husbands. As the last example shows, genital mutilation could be used as an instrument for the disciplining of non-normative femininity.

Representations of female sexuality varied, however, with social class and race. Working-class girls and racial "others" were generally portrayed as more sexually available or even insatiable, as reflected in erotic literature such as John Cleland's *Fanny Hill* (1748) and the

anonymous *My Secret Life* (1888), while prostitutes were commonly depicted as hypersexual beings with rotten, corrupted bodies. The lower categories were on the assumed hierarchical scale of civilisation, the closer they were to “primitives” – which is why, in general, women were assumed to be “as a rule... much more the slaves of their instincts and habits than men”, as the Swiss sexologist Auguste Forel put it. Working-class men and women, Africans, Asians and Jews (the latter considered a separate “race”) were considered especially voluptuous and more likely to engage in “uncivilised”, “degenerate” sexual practices.

In addition to the biologisation of gender differences, a further central feature of the biological model of sexuality was the assumption that “natural” sexual behaviour included heterosexual acts and desires only. Heterosexuality was thus treated as the implicit norm, whereas homosexuality, in particular, came to be conceptualised as, somehow, a pathological departure from the norm. Somewhat ironically, when the American doctor James G. Kiernan adopted the term “heterosexual” in its earliest known occurrence in the English language in a medical journal in 1892, he used it to describe the “sexual perversion” of having sex for recreational rather than procreative reasons via “abnormal methods of gratification”, which referred to ensuring pleasure while avoiding reproduction. The association of heterosexuality with abnormal (i.e. non-procreative) craving for the opposite sex continued well into the 1920s, when an appetite for non-procreative different-sex sexuality started to be seen as the norm.

The biological model conceptualised people who engaged in deviant sexual practices as fundamentally, biologically different from others. This was an important conceptual innovation, which can be illustrated with the concept of the “homosexual”. Of course, same-sex practices have always occurred throughout history and specific acts such as sodomy have been tolerated at times and persecuted at others (in Europe, most intensely in the 18th century). However, any person – depending on their lack of morality – was thought to be capable of such sinful practices. As Foucault (1990) famously pointed out, it was only much later, beginning in the 19th century, that the idea started to emerge that people who engage in “sodomy” are a separate type of person, with a specific identity and inclinations resulting from abnormal biological instincts which lead them to commit such acts: or

“homosexuals”. As Foucault (1990, 43) put it: “The sodomite had been a temporary aberration; the homosexual was now a species”.

While some historians trace the beginnings of this change back to the late Middle Ages and point out that from the 17th and 18th centuries onwards a certain homosexual subculture, with specific meeting places, started to form in large European cities, it is certain that with the 19th century conceptualisation of the sodomite as a particular type of person, the modern homosexual was born. A Hungarian journalist born in Vienna, Karl-Maria Kertbeny, is generally credited with coining the term “homosexual”, first in a letter to Karl Heinrich Ulrichs, an early German advocate for the rights of sexual minorities, in 1868, then publicly in an anonymous pamphlet of 1869 campaigning against Prussian sodomy legislation. Kertbeny contrasted the homosexual initially to the “monosexualist” (someone who masturbates), the “heterogenist” (someone who has sex with animals) and the “heterosexual” or “normalsexual” (a man who has a sexual preference for women). Regarding the latter category, Kertbeny held the view that the high sex drive of “heterosexuals” or “normalsexuals”, which he claimed was stronger than that of homosexuals or bestialists, gave them an appetite for engaging in depraved excesses including incest, assaulting “male but especially female minors”, and “behaving depravedly with corpses”. Given the later shift in meaning to denote the biological naturalness and moral superiority of heterosexuality, the invention of the category of the heterosexual in the context of Kertbeny’s promotion of gay rights is “one of sex history’s grand ironies”, as the historian Jonathan Ned Katz (2007, 53) has pointed out.

The term homosexuality was popularised in Germany by Krafft-Ebing and in the United Kingdom by Ellis. Charles Gilbert Chaddock, translator of Krafft-Ebing’s *Psychopathia Sexualis*, is thus credited by the *OED* with having introduced the word “homosexuality” into the English language in 1892, a year after a medical publication had introduced the same term into French. “Lesbianism” first appeared in 1870, initially competing with the concepts of “tribadism” or “sapphism”. The term homosexual also had early competitors. The German pioneering campaigner for sexual rights Karl Heinrich Ulrichs, for example, founded in 1862 the cult of “Uranism”, a term borrowed from Plato’s *Symposium* where “Uranian” or “heavenly” love of men for boys, attributed to the god Uranus, is praised. Against the backdrop of the romanticist

rediscovery of Ancient Greece in Germany and Victorian England, other Uranian societies promoting male love and friendship sprang up in both countries, including in places like Oxford and Cambridge. Other terminological contenders were “homosexualist”; “pederast” (though referring to sex with boys, it also came to be used in reference to sex between men); “contrary sexual feeling”; “inverted sexual proclivity”; “sexual inversion”; “intermediate sex”; “third sex”; and “urnings” (again, from “Uranian love”).

The concept of “sexual inversion” was particularly popular in the 19th century. It expressed the widespread belief of the time that people with same-sex desires suffered from some kind of gender disorder and were really women in men’s bodies, or *vice versa* (though the concept also covered a wider range of deviant gender behaviours such as men dressing up in women’s clothes), or even possessing a third sex. Same-sex desire was widely interpreted through the lens of gender, but disagreements raged over what the exact link between sexual identity and gender was. Whereas those defending the sexual inversion model argued that male homosexuals were “feminised”, others held up the Greek paederastic model to argue that they were on the contrary especially masculine. The first movement for the rights of sexual minorities in the world emerged in Germany around the end of the 19th century, following the criminalisation of homosexuality at a national scale, which had resulted from German unification. By 1902, divisions within the movement emerged over precisely this question, with Magnus Hirschfeld defending the third sex model whereas Benedict Friedländer argued that homosexuality was “the highest, most perfect evolutionary stage of gender differentiation”, and that the male homosexual “inverted type” represented hypervirility, and possessed superior capacities for leadership and heroism than heterosexual men (Kosofski Sedgwick 1990).

In both competing models however, homosexual men and women were considered to be biologically separate types of persons, with specific personality traits, clothes, and bodies. They were thought to be particularly prevalent in large urban centres (which, in the context of the social disruptions resulting from accelerating urbanisation processes, were held to be particularly fertile breeding grounds for perversion, compared to the simple, “natural” life in the countryside).

The biological model of sexuality saw homosexuals not as sinners or criminals, but as abnormal persons who were in need of a cure. Although some sexologists, including Ellis, saw homosexuality as inborn but not a disease, much of sexual science has been preoccupied with problematising and investigating these “marginal” sexualities, and thinking about how to “correct” the pathologies through therapy, as well as chemical and surgical interventions, including castration. Homosexuality was officially classified as a mental illness in the American Psychiatric Association’s Diagnostic and Statistical Manual until 1973, and by the World Health Organisation until 1992. Similar psychiatric labels were abolished in the United Kingdom in 1994, in the Russian Federation in 1999, and by the Chinese Society of Psychiatry in 2001, after gay rights groups as well as dissenting psychiatrists argued that it was homophobia rather than homosexuality which was the problem.

The cultural model of sexuality

The biological paradigm remained dominant up to the 1980s and is still an important theoretical influence on sex research today, especially given the current revival of evolutionary models of sexuality and genetic perspectives. However, the biological model of sexuality has come under attack from various quarters. The most decisive challenge to this model has resulted from the emergence of cultural perspectives across a range of disciplines in the social sciences and the humanities from the 1970s onwards. These new theoretical models reject the idea of sexuality as natural or biological, emphasising instead the cultural nature of sexual experience. Following Foucault’s controversial but highly influential account of sexuality as a “historical apparatus” whose origins can be retraced to the 18th century, drawing from his canonical *History of Sexuality: An Introduction* (1990), authors such as David Halperin in classics, Stephen Heath in literary criticism, and Jeffrey Weeks, Ken Plummer and numerous others in sociology have prominently argued for the need to understand sexuality as a historically and culturally situated domain of experience which is shaped by social relations of power.

Following this cultural model of sexuality, sexual identities are not merely the expression of natural instincts, but are social as well as

political constructs. At the collective level, sexuality carries particular symbolic importance since it is through reproductive sexuality that the nation is biologically reproduced, which turns it into a concern of the state. As Michel Foucault (2004, 257) put it: "Sexuality has always been the site where the future of our species (and at the same time our truth as human subjects) are formed."²

The sociologist Nira Yuval-Davis (1997) has pointed out that collective preoccupations with the "purity of the race" tend to be crucially intertwined with the regulation of female sexuality. Politics around AIDS, for example, illustrate the complex intersections of sexuality with hierarchies around gender and "race", and its connections to notions of individual and collective "purity". More generally, concerns with higher levels of reproduction from "undesirable" categories of citizens such as Muslim immigrants have been openly articulated by politicians in countries such as France in the 1990s, echoing older Western worries about fertility levels in non-Western countries such as India or China. Female reproductive sexuality continues to constitute a particular policy concern of the state. For example, in 1970s America, an unspecified number of poor women were sterilised under the threat of withdrawal of welfare benefits, estimated to have impacted 100,000-150,000 women by the Federal Judge who put an end to the legality of such practices in a 1974 ruling. Numerous Mexican American women and an estimated 25% of American-Indian women had been sterilised without their consent or without their full knowledge by the mid-1970s. Doubts are frequently expressed as to the degree of current enforcement of the outlawing of sterilisation of welfare recipients; Republican politicians in the US renewed calls for forced sterilisation of "disorderly" categories such as crack mothers and other welfare recipients in the 1990s.

Issues such as AIDS, sex tourism, international trafficking of women and internet networks of paedophiles illustrate the global nature of politics of sexuality, as well as the resurgence of moral purity discourses and their political influence. Against the backdrop of the politics of sexuality as well as wider social and technological developments, sexuality has undergone profound changes over the past few decades. Modern sexual science has documented such everyday exper-

² My translation.

iments. Somewhat ironically, the primary agents in the transformation of sexual truths and relations of power are those that the biological model (medicine and sexology) had constructed as marginal in relation to hegemonic male heterosexuality, such as women, homosexuals of both sexes, or transsexuals. In the process, social understandings of what sexuality means have opened up to a plurality of meanings in recent years. Whereas sexual liberation theorists such as Herbert Marcuse and Wilhelm Reich saw unrestrained sexual pleasure as crucial for the fulfilment of full human potential and happiness, competing understandings have portrayed sexuality as the site of risk, death, moral decay, commercial exploitation, male violence, political self-affirmation, and destabilisation of identities.

Against this backdrop, the claim that heterosexuality, homosexuality, lesbianism and even sexuality itself were invented in the 19th century does not only mean that the terms were invented in that period (although they were). More fundamentally, it means that the ways in which individuals – especially in the West – experience and make sense of their sexualities and identities in modernity are heavily shaped by the three core elements associated with the conceptual apparatus of sexuality, in particular the notion of “natural” sexual instinct, the assumed biological basis for gender differences, and the notion of sexual identity.

Female sexuality has been subjected to particular scientific and moral scrutiny throughout modernity. It has also constituted a central concern in feminist struggles. Female activists from mostly upper middle-class backgrounds played important roles in the numerous social movements promoting greater moral purity and “social hygiene” which emerged from both the political left and conservative and religious organisations across the Western world from the late 19th century onwards. Campaigns against prostitution called for an end to the “white slavery”, which forced innocent, impoverished young working-class girls into sexual exploitation by unscrupulous middle-class men. The moralist view was that prostitution was a vice; it was also considered a major public health problem. Prostitutes were seen as the main vehicles of the contamination of men with venereal diseases such as gonorrhoea and syphilis, echoing traditional associations in Western culture between the female body and disease.

Venereal disease itself came to be culturally represented as female in the Modern Age: “Dame Syphilis” as the French called it. Syphilis had

appeared in Europe from the late 15th century, possibly carried by sailors returning from the Americas, and led to a great epidemic across the continent. Collective anxieties about syphilis portrayed it as coming from the “outside”, in particular from foreigners, reflecting wider cultural meanings around sexual disease that tended to see the healthy, male bodies of the nation as polluted by diseased female and foreign bodies.

Driven by fears that venereal disease would make male bodies too weak for military purposes, many nation-states started to regulate prostitution in the 19th century in order to prevent and limit the spread of sexual infections. No efforts were made to prevent customers from contaminating prostitutes, but the latter were targeted with compulsory medical inspection, and, if contamination was diagnosed, incarceration and forced hospital treatment. Folk beliefs circulated in the 19th century that intercourse with a child virgin could cure venereal disease, and brothels catered to this particular sexual demand. More generally, child prostitution was widespread across Europe and elsewhere. In 1904, the first International Agreement for the Suppression of the White Slave Traffic was agreed upon, giving rise to a gradual process of legal prohibition of brothels across most Western countries.

Male sexuality and power

From a theoretical point of view, it is worth noting that feminist struggles against prostitution and pornography, in the 19th century as well as in more recent decades, portrayed male sexuality routinely as intrinsically violent. The prominent second-wave feminist Andrea Dworkin (1987) famously extended the analysis to intercourse itself, arguing that the sexual domination which she saw as central to pornography constitutes a basic feature of the ways in which men and women experience intercourse in patriarchal society. Dworkin’s views echoed statements made a few years earlier by the radical Leeds Feminist Revolutionary Group who declared in 1981: “Only in the system of oppression that is male supremacy does the oppressor actually invade and colonise the interior of the body of the oppressed. (...) Penetration is an act of great symbolic significance by which the oppressor enters the body of the oppressed”.

Though by no means a unified field, feminist theories of sexuality primarily problematised female sexuality and its repression, while treating male sexuality as implicitly unproblematic. Portrayals of male sexuality tended to echo biological models of sexuality in taking for granted its naturally aggressive, triumphant and, at times, violent nature. In contrast, poststructuralist, postcolonial and postmodern theories of gender emerged from the 1980s, which rejected perceived simplistic binary oppositions between men-the-oppressors and women-the-passive-victims as politically mobilising but conceptually unhelpful. Feminist critics such as Lynne Segal, joined by theorists of masculinity – a field which has greatly expanded since the 1990s – argued that it would be a mistake to conclude that this is also the way in which individual men experience sexuality. As Segal (1997, 212) has pointed out, “for many men it is precisely through sex that they experience their greatest uncertainties, dependence and deference in relation to women – in stark contrast, quite often, with their experience of authority and independence in the public world”.

The theoretical conflicts run deep here, because they do not only concern differences about political strategies regarding commercial sex, but also involve fundamentally different ways of thinking about sexuality and its links to relations of power between the genders. The connections between sexuality and power are all the more important because our relation to ourselves as sexual beings constitutes such a central component of modern identity, as Foucault emphasised. For Foucault (1990, 15), sexuality is “an especially dense transfer point” of power relations; a prime target of modern relations of power and fundamental to processes of societal disciplinisation of “disorderly” populations in health and demographic policies, for example. A similar point is made by the social theorist Anthony Giddens, who argues: “Somehow... sexuality functions as a malleable feature of self, a prime connecting point between body, self-identity, and social norms ”(1992, 15). The two authors disagree, however, on the political implications of the centrality of sexuality to modern self-identity (see also Mottier 1998). Whereas for Foucault, sexuality is a prime target of modern relations of power and fundamental to processes of societal disciplinisation of “disorderly” populations, Giddens identifies the spread of the “pure” relationship over the past few decades as a positive phenomenon; by “pure” relationships he means to denote a type of relationship which, in a

social context where women's economic dependency towards men has lessened and exit options such as divorce have become accessible on demand, exists for its own sake. Though more fragile than traditional marriage which was propped up more firmly by wider social institutions, the pure relationship involves transformations of intimacy which contribute towards a democratisation of the private as well as the public sphere. Concentrating on heterosexual relationships, Giddens, similar to the German sociologists Beck and Beck-Gernsheim, see women as the vanguard of more equal understandings of sexuality and intimacy. In their view, transformations of male sexuality are largely a result of female agency and of women's struggles to change their lives. As Beck and Beck-Gernsheim (1995, 153) put it, "men's liberation is a passive affair". Men, they add, "seem to engage in self-liberation as spectators".

Certainly, relations of power between men and women have shifted dramatically over the past few decades, as have normative models of femininity and masculinity. Whereas male sexuality has been frequently theorised as inherently violent, as we have seen, alternative accounts have emphasised the passivity and vulnerability of male (hetero)sexual experience against the backdrop of a wider "crisis of masculinity". Similarly, recent controversies over the potency drug Viagra could be read in different ways: the speed of its availability on the market could be seen as a sign of the triumph of male wishes or, alternatively, as further contributing to the myth (and psychological pressure) of unproblematic male sexual performance. In terms of intersections between gender and sexuality, analyses have currently come full circle, from the pathologisation of female sexuality and taken-for-grantedness of male heterosexuality as the norm within sexual science and medicine, to greater problematisation of male sexual experience, reminding us, in the words of the political theorist Terrell Carver (1996), that "gender is not a synonym for women".

Current theoretical conflicts around the links between sexuality and gender power also signal the need to further explore the intersections between sexuality, gender and "race". For example, as the African-American author bell hooks has argued, sexual violence such as rape has historically played a particularly important role for Black women, as a central element in the system of slavery, and continues to have an impact on contemporary sexualised portrayals and sexual fantasies about Black women. Glossing over such differences in the name

of universal male oppression is neither analytically accurate, nor politically satisfactory, I believe. Consequently, it seems to me that there is an urgent need in development studies for an in-depth understanding of the ways in which sexual pleasures, dangers, and health risks, are shaped by complex relations of power around gender, “race”, and social class (one could add age, mental illness, and physical disabilities). I would therefore like to conclude this chapter by calling for more differentiated analyses of male and female sexuality, which take into account their complex intersections with “race”, social class, and other identity categories.

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