

**The Invention of the Unsexual: Situating Frigidity in the History of Sexuality
and in Feminist Thought**

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Studying the construction of the idea of feminine sexual frigidity in France across the turn and beginning of the twentieth century is a particularly useful pivot for theoretical consideration of what it means to write the history of sexuality more broadly. In this paper I hope to show how approaches to the sexual past must be reconsidered according to historicist ideals of context, specificity and critiques of presentism. After examining universalist and presentist assumptions about the politics of frigidity, I examine, via a series of thematic headings, how texts of late nineteenth- and early twentieth-century France reveal their own politics of gender, power and medicine when they talk about lacking feminine sexual desire.

Historians have frequently overlooked concepts of non-pleasure within discourses of sexuality since these appear on the surface to have little to do with the creation of medical, psychiatric and psychoanalytic attempts to categorize and hierarchize sexual behavior.¹ Surely the non-sexual by definition is the thing least likely to tell us anything about the sexual? But this paper will argue that the imagining of the unsexual feminine subject in medical, psychoanalytic, literary and vulgarized hybrid medical texts of the late nineteenth and early twentieth centuries was part of an effort to define sexuality as a quantifiable and tangible thing via a delineation of its failures and absences. Moreover the study of frigidity serves to show how fundamentally significant concepts may be overlooked in the study of sexuality history if literary works and vulgarized medical texts are omitted from our sources,

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¹ One notable exception is Angus McLaren who has examined psychoanalytic ideas about frigidity in the work of Freud and Bonaparte. See Angus McLaren, *Twentieth-Century Sexuality: A History* (Oxford, 1999), 110.

missing the uniquely dynamic relationship between them and the medical discourses they simultaneously echo, elaborate and inspire.

Visions of frigidity across the last years of the nineteenth century up until the 1930s appear with equal ubiquity in middle-brow novels, in texts written by doctors and in works written by pretend doctors that form perhaps a new category of discursive text. In attempting to track down biographical information about a range of men who constructed visions of female frigidity, it is clear that although all of these writers published as *docteurs*, few appeared to have completed medical studies or to have practiced medicine in France. This has led many sexuality historians to ignore figures such as Jean Fauconney and Dr Riolan—two writers who appeared not to hold medical qualifications and yet published prolifically in the first few years of the twentieth century on medical questions about sexuality. Similarly, the sexuality doctors Thésée Pouillet and Paul Voivenel are rarely discussed by sexuality historians. Both were medically qualified, but their writings on perversion and frigidity were published (between 1897 and 1930) by the lowbrow houses of the 8th arrondissement, not the respectable medical publishers around the *École de Médecine* in Paris. The interwar psychoanalytic writer Marie Bonaparte further complicates the history of frigidity since she both theorized it and constructed herself as a frigid woman. But it is precisely the way these texts often appear to oscillate between salacious narrative and medical etiology that is curious, suggesting the need to delineate more carefully the exact processes of transmission of knowledge between medicine and culture, between high and low-brow, between fiction and institutional power, between the construction of sexual categories and the lived experience of them.

While academic historians of sexuality have been inclined to ignore frigidity, there has been discussion of this question among contemporary feminist psychoanalytic scholars. A brief look at these approaches may help to suggest why historians have been reluctant to consider frigidity. With very few exceptions such analyses have tended to see any mention of the notion of feminine sexual frigidity as simplistically repressive and patriarchal—based on the failure of male doctors to understand the nature of feminine desire or on the phallocentrism of heterosexual men generally who fail to understand the importance for women of clitoral pleasure or of non-orgasmic forms of *jouissance*.² As Elizabeth Grosz explains, paraphrasing Luce Irigaray, “The so-called ‘frigid woman’ is precisely the woman whose pleasures do not fit neatly into the male-defined structure of sexual pleasure...,” and then quoting Irigaray, “‘Many women believe they are ‘frigid,’ and they are often told this is so. When a woman tells me that she is ‘frigid,’ I laugh, and tell her I don’t know what this means.’”³ Frigidity is frequently imagined to be part of some simple binary dichotomy in which there are modern feminist attitudes versus old-fashioned misogynist conservatism.⁴ Ironically, Andrea Dworkin, the recent thinker most associated with the contestation of pornographies and sexualities in relation to modern feminism, considered the invention of frigidity to be a lesser form of misogyny than the pornographic stereotypes of women as voracious nymphomaniacs, remarking: “Perhaps this is a recognition, however perverse, that no one could

² See Jean Baker Miller, ed., *Psychoanalysis and Women* (Harmondsworth, 1973), 145-146.

³ Elizabeth Grosz, *Three French Feminists* (Sydney, 1989), 133.

⁴ See for instance Charles Rycroft, *A Critical Dictionary of Psychoanalysis* (London, 1968), 55.

possibly like or want what men do to women.”⁵ That Marie Bonaparte advocated (and underwent) a kind of clitorectomy as part of her theorization of frigidity has no doubt added to the aura of horror that surrounds the notion of the frigid woman in modern feminism.⁶ The dichotomy between vaginal and clitoral organs so widely assumed in psychoanalytic thought throughout the twentieth century has been contested in particular by American feminist writers since the 1960s, namely Anne Koedt’s 1968 article, much cited by Radical Feminists writers, “The Myth of the Vaginal Orgasm.”⁷

While the critique of frigidity as a misogynist construction may be a useful exercise for contemporary feminist agendas, it is a problematic framework in the study of the past in that it fails to take into account the contextual parameters of late nineteenth- and early twentieth-century debates about female desire. The word was coined, conceptualized and developed by those who saw themselves precisely as contesting prevailing notions of normative feminine desire or as defending the rights of women to maximum pleasure. The inventors of frigidity were no feminist avengers either. Their demands for female pleasure assumed a delicate axis between the avoidance of excess and the dangers of perversion that would result from any attempt to deny sexuality. This was a unique rhetoric of its age, and to tease out its significance we must abandon contemporary certainties.

What frigidity demands of us, then, is a continual re-evaluation of its definition across the period in which we track it, and a continual set of questions posed about institutional power, about marginal and dominant discourses, about the production of texts, and the about the highly dynamic conversation occurring between literature and medicine, between therapist and patient, between men and women.⁸ I define the study of sexuality-as-‘discourse’ as a uniquely applied form of close textual analysis (what might be thought of as a vertical axis) in combination with a wide social and political contextualization (what could be seen as a horizontal axis). This approach is necessary precisely because it is not always easy or even possible to know what was the impact or magnitude of a published text (and even less an unpublished one), who read it, what effect it had, how *many* people were effected by it, who the authors were and what relationships they had to power. This is especially true of nineteenth-century sexuality writings.

The Victorian era, as Foucault famously showed us at the expense of Steven Marcus, was hardly a period in which sexual matters were silenced. But while the nineteenth century saw a progressively emerging cacophony of intellectual exercises in representing sex, these exercises had nonetheless to be conducted according to highly codified languages and forms. A large part therefore of what historians of sexuality in the Foucauldian tradition can do is to study how these systems of codification worked in order to explain, for example, why in eighteenth-century libertine writing “la froideur des femmes” was a playful, changeable or humoral condition, whereas in the late nineteenth century it became a category of pathology

⁵ Andrea Dworkin, *Pornography: Men Possessing Women* (London, 1981), 179.

⁶ See Nellie L. Thompson, “Marie Bonaparte’s Theory of Female Sexuality: Fantasy and biology,” *American Imago* 60 (2003): 343-378.

⁷ Anne Koedt, “The Myth of Vaginal Orgasm,” in *Radical Feminism*, eds. Anne Koedt, Ellen Levine and Anita Rapone (New York, 1973), 198-207.

⁸ This paper is drawn from a larger ARC-funded collaborative project in which Professor Peter Cryle and I look at the changing notion of female frigidity in French medical and literary texts across the late eighteenth to mid-twentieth centuries.

with its very own nominalization—how, for instance, the word “frigidity” (French - *la frigidité*, German - *die Frigidität*, Italian - *la frigidity*) suddenly became widely used in European languages at a time when the sexual nature of women was imagined to be naturally cool in the first place, in contrast to the hot and animalistic drive of men. How was it possible to see certain women as pathologically frigid if all women were already deemed normatively cool? A discursive history of frigidity asks also why fin-de-siècle definitions were so multiple and mutable, as often about the incompetence of men as about the inadequacy of women, whereas in the interwar period frigidity came to mean something far more singular, far more located within the feminine psyche and frequently bound up with pronatalist anxieties and perceptions of gender conflict. Here we have a powerful opportunity to examine how sexual attitudes from the past functioned according to their own cognitive structures and according to their own external social pressures.

This very slipperiness of frigidity across its long history also raises some poignant questions about how we track it as an object of historical inquiry. The traps here are many. For instance, an article by Suzanne Laba Cataldi discusses images of “frigidity” in the works of Simone de Beauvoir but uses a contemporary psychiatric definition (frigidity as the American DSM “Inhibited Female Orgasm Disorder”).⁹ While this may prove useful for instrumentalizing Beauvoir’s critique of myths of feminine desire in contemporary feminist opposition to psychiatric pathologization, it does little to inform us about how the politics of sexuality were played out in 1940s France and how Beauvoir situated herself in relation to them. Frigidity in 1940 meant something very different to what it meant in 1890. The disjuncture between current day assumptions and the historically specific notions that circulated in the late nineteenth and early twentieth century is precisely the focus of this paper. Many of the categories-of-object that determine our terms of approach in the history of sexuality are also categories of self-identification for variably politicized minority groups. Frigidity, on the other hand, is something few women publicly or collectively defend or promote, allowing us perhaps to appreciate better its specifically historical and constructed character without the pressure of relating it to a contemporary lived identity based on the assertion of a-priori meaning. What follows is a series of thematic questions that help to show how the frigidity of this notion’s early genesis bore a unique relationship to the politics of gender, power and medicine.

Frigidity and Power

Neither the medical vulgarizer Jean Fauconney or the self-identifying “frigid” woman Marie Bonaparte (to take the two most emblematic figures) were clinicians in relationships of institutional power to individuals under their treatment. Such for instance as could be said of Richard von Krafft-Ebing or of Sigmund Freud—although Bonaparte did later become a therapist after the publication of her work on frigidity). Fauconney and Bonaparte borrowed medical and psychoanalytic jargon but held ambiguous subject-positions in relation to institutionalized medicine and to doctrinaire psychoanalysis. For Fauconney, frigidity formed part of what he articulated as a campaign against Victorian calls for abstinence. His work decried the destructive effects of rape and castigated masculine sexual clumsiness. For Marie Bonaparte, the articulation of frigidity formed part of a strategy of adopting, editing

⁹ Suzanne Laba Cataldi, “Sexuality situated: Beauvoir on ‘Frigidity’,” *Hypatia* 14:4 (Fall 1999): 70-82.

and interrogating Freudian theory, finally synthesizing it with ethnographic study and with personal reflection and frustration. While the notion of frigidity helped to map out the confines of the sexual and to construct a strictly limited vision of heterosexual normativity as coitus, it also formed a highly ambivalent pivot for a range of very complex agendas by thinkers who often located themselves at the margins of more widely accepted views. Marie Bonaparte in particular confounds scholars with her unique combination of rigorous intellectual theorization and passionate self-identification. Her commitment to understanding female frigidity undoes the tidy dichotomy in which male doctors, as the inventors of a *scientia sexualis*, are imagined to operate from the top down across a gender order in which men create and women receive knowledge. Moreover, while reflecting interwar pronatalist concerns with female sexuality as corrupted by excess agency, Bonaparte also challenged stereotypes of European superiority and liberty of sexuality by siding with the practices of African cultures in the excision of the clitoris.¹⁰

Both Fauconney and Bonaparte then help us to identify some of the points at which the *scientia sexualis* of frigidity intersected with cultural representations, prescribed behaviors and lived identities among both men and women. Fauconney was a self-proclaimed doctor but also produced titillating works of medical vulgarization under the pseudonyms Dr. Caufeynon and Dr. Jaf (and possibly other pseudonyms). Indeed, his variety of names and genres reflects something of the polyvalent status of frigidity, which tends to traverse the borders between pathology and practice, between official discourse and middle-brow culture. While Fauconney, it seems, possessed no medical qualifications and never practiced medicine individually in France, his numerous works on sexuality are rich in medicalized language and terms, projecting a strong scientific authority.¹¹ This appropriation of a medical stance by a writer who probably was not a doctor is indeed an intriguing aspect of Fauconney's work, a sign of the extent to which medicalized visions of sexuality seeped into the social fabric, held a currency outside of institutional establishments, indeed perhaps in the case of frigidity, were even predominantly engineered and sustained by non-doctors. While important regulation of doctors occurred in the late nineteenth century (the 1882 law abolishing the category of *Officiers de Santé*, and the creation of the Guide Rosenwald listing all medical practitioners in France), there was clearly still a great deal of fluidity between formal and informal medical knowledge, allowing "Docteur" Fauconney to publish under that name and under his other clearly fictitious pseudonyms throughout the early twentieth century.

¹⁰ See Jean Walton, *Fair Sex, Savage Dreams: race psychoanalysis, and sexual difference* (Durham, NC, 2001), 82-101.

¹¹ Fauconney appears in no official medical listings from the period 1870-1930, including the Guide Rosenwald: *Guide Rosenwald: Annuaire Statistique médicale et pharmaceutique* (Faculté de Médecine de Paris, 1887 etc... to 1930). Nor can he be found in the medical thesis catalogue of the Bibliothèque interuniversitaire de médecine, or in documents relating to medical graduations throughout France in the Archives Nationales, AJ16 6385 id.1880; AJ16 6386 id.1881; AJ16 6387 id.1882; AJ16 6388 id.1883; AJ16 6389; id.1886, 1887, 1888, 1889; AJ16 6390 id.1890, 1891, 1892; AJ16 6391 id.1893, 1894; AJ16 6392 id.1895, 1896. It is of course possible that Fauconney, too, was a pseudonym and that he held medical qualifications under another name.

Marie Bonaparte is an even slipperier fish in the qualification of institutional power. She was a highly educated aristocratic woman, the great grand-niece of Napoléon Bonaparte. She married King Yorgo of Greece and was thereafter a princess, and her mother owned most of Monte Carlo.¹² Clearly then it is possible to locate her subject position within a distinct, highly privileged class milieu. She was a patient of Freud as well as an unruly disciple to him. She published a range of works on female sexuality and frigidity, more scientific ones under her own name, and more personalized accounts under the pseudonym Narjani—this dual identity reflecting the multi-dimensional nature of her specialization, driven by both intellectual curiosity and by the personal conviction that she herself was a frigid woman. She studied African cultures that practiced clitoridectomy and speculated that this was an under-utilized treatment among Europeans for the condition of “clitoridism”, the female fixation with clitoral at the expense of vaginal pleasure, widely considered by psychoanalysts and doctors in that time to be a phallic-disorder of failed gender identification. Ignoring Freud’s advice, she had herself operated upon in the attempt to relocate her clitoris such that it would be more directly stimulated by coital penetration. But unlike Freud, Ernest Jones, Melanie Klein and a range of other psychoanalytic writers who theorized on female sexuality, Bonaparte did not dismiss the clitoris as an unnecessary or inappropriate locus of feminine pleasure, and she was clearly both an anti-conformist within the ranks of psychoanalytic thinkers, as well as a spectacular example of a figure who embodied both the representation and the lived experience of the discourse of sexuality.¹³

The ambiguous institutional relationship of frigidity writers to established medical discourses should be our first clue that this concept emerged out of more complex relations and ideas than is often imagined when it is assumed to be a masculine medical imposition. The content of ideas about it moreover shows how the politics of sexuality in such texts hovered somewhere between concerns about appropriate sexuality and cultures of desire, pornography and sexual representation.

Natural and Unnatural Coldness

There is rich variety of late nineteenth-century French sources upon which one could draw to see examples of the widely held view that women constituted the less sexual gender or at least that normative femininity entailed feigning indifference or resistance to the sexual interest of men. Feminine desire was often reduced to a desexualized longing for motherhood and happy families. An 1898 *Guide moral et universel du mariage* rapturously celebrated the virtues of a young woman’s singular and burning desire for marriage and *le foyer* “depuis sa naissance!” Nothing was more enchanting than “les douceurs, les ignorances, les pudeurs qu’elle doit personnifier!”¹⁴ Women as constitutionally more “lymphatic” exhibited a “frigidity naturelle” according Docteur Riolan, specialist on the problems of impotence and sterility.¹⁵ On the subject of *la pudeur*, writes Paul Voivenel, author of numerous pseudo medical works on sexual perversion at the turn of the century:

¹² See Célia Bertin, *Marie Bonaparte* (Paris, 1999).

¹³ See Walton, *Fair Sex, Savage Dreams*.

¹⁴ *L’Auxiliaire: Guide moral et universel du mariage*, no. 1 (Juin 1898): 2-3.

¹⁵ Le Docteur Riolan, *Impuissance, Frigidité, Stérilité* (Paris, 1909), 52-53.

Elle [la pudeur] est si naturelle à la femme, cette exquise timidité spéciale, qu'elle est, pour nous les hommes, d'un charme particulièrement attirant ... La femme se défend des audaces de l'homme; elle est instinctivement poussée à lui résister... et aussi instinctivement poussée à l'attendre.¹⁶

Equally widespread among the growing ranks of pseudo-medical sexuality writers at the fin de siècle, such as Fauconney, was the view that although women were not really less sexual, they do often appear to be and certainly should always pretend to be. In the 1904 work *Histoire de la femme; ses corps, ses organes, son développement au physique et au moral*, Fauconney (writing as Caufeynon) addressed the problem of whether it is natural for women to desire sex less. "Chez la femme, la pudeur est généralement plus forte que chez l'homme, mais aussi elle a des tendances à fléchir plus souvent."¹⁷ The norm is for marriage to cause the instinctive *pudicité* of women to abate. While all animal species have the desire to procreate, in humans the desire is so strong as to be dangerous; retarding influences are therefore necessary. Hence, "la passion sexuelle, à part quelques cas exceptionnels, n'est pas aussi fortement développée chez la femme que chez l'homme."¹⁸ But in any case, Fauconney tells us, it is perfectly functional for women to resist the sexual passion of men since,

la pudeur est un sentiment naturel, mais il est certain que s'il ne l'était pas, les femmes l'inventeraient par coquetterie, elles savent trop bien que ce que l'on cache a plus de prix encore que ce que l'on montre....la jeune femme fuit afin d'être poursuivie...

The woman should resist in order to stimulate the desire of the man.¹⁹ Here Fauconney seems to oscillate between a very nineteenth-century scientific attempt to construct women as naturally less sexual and a very libertine attempt to eroticize *la pudeur* as a game of "plus tu fuis, plus je te suis." The result is a peculiarly fin-de-siècle promotion of a particular semiotic order in which normative sexual behaviors are identified by their functionalism in a mechanics of heterosexual desire. This is not the late twentieth-century biological essentialism of, say, Desmond Morris, for whom all sexual behavior was an elaborate set of ruses designed to maximize reproduction of the species.²⁰ For Fauconney, as for other fin-de-siècle writers, heterosexual intercourse is itself the goal of desire, not reproduction. *Pudeur* in this vision was thus really a form of *coquetterie* or *taquinerie* that served to inflame the passions of men with the thrill of pursuit. While women were naturally cooler and less given to

¹⁶ Paul Voivenel, *Du Timide au satyre, la timidité et le trac, l'obsession, la regardelle, l'amour de tête, le bacille et l'amour, la jalousie, le sadisme, les fous meutriers* (Paris, 1933), 19.

¹⁷ Docteur Caufeynon, *Histoire de la femme; son corps, ses organes, son développement au physique et au moral, ses séductions, ses attraits, ses aptitudes à l'amour, ses vices, ses aberrations sexuelles, saphisme – nymphomanie – clitorisme – les déséquilibres de l'amour – inversion sexuelle etc., etc.* (Paris, 1989), 72.

¹⁸ Drs. Jaf et Caufeynon, *La Sécurité des deux sexes en amour: Hygiène des sexes – la stérilité vaincue* (Paris, 1907), 78.

¹⁹ Caufeynon, *Histoire de la femme*, 73-74.

²⁰ Desmond Morris, *The Naked Ape: A zoologist's study of the human animal* (New York, 1967).

sensual pleasures than men, they could also heat up and become even more ardent. Anti-masturbation texts also frequently emphasized this deceptive feature of feminine desire. Thésée Pouillet, in contrast to Fauconney, was a qualified medical practitioner who defended a thesis at the *Faculté de Médecine de Paris*. In his 1897 text *De l'Onanisme chez la femme*, he warned against the dangerous assumption that women were less sensual—while feminine *pudeur* was a virtue to be extolled and a functional part of hetero-normative seduction, the ever-present threat of the temptation to masturbate applied equally to women as to men, perhaps even more so, he speculated.²¹ Some variation of this view was echoed by a range of frigidity writers. Docteur Clément in the 1870s hedged:

Nous jugeons inutile de parler des instruments variés ou des procédés bizarres par lesquels l'imagination dépravée de certains individus des deux sexes a tenté de se procurer de honteux plaisirs. Nous ferons seulement la remarque que les jeunes filles sont, sous ce rapport, beaucoup plus ingénieuses que les garçons.²²

Thus while women were the cooler sex, when somehow they did become heated, their passion appeared to be even more dangerous and perverse than that of men.

The Impossibility of the Un-Sexual

But what remains still the most intriguing question is how the specter of a non-sexual subject was invoked into conceptual existence at the precise moment when categories, hierarchies, knowledges of sexuality were being generated in a growing mass across medical, psychiatric, psychoanalytic, literary, criminological and hygienist texts. Could it be that the sexual could only be conceived as a distinct and special object of scientific and cultural definition by invoking its anti-definition? While the narrowing of the definition of “frigidity” from humeral (as late as the mid-nineteenth century) to perverse (at the fin-de-siècle) to phallic (in the interwar period) helped to delineate heterosexual normativity across this period, it also served increasingly to define and assert the all-pervasive status of the sexual. By always finding some other locus of desire lurking within the apparently frigid woman, late nineteenth- and especially early twentieth-century visions nurtured an understanding of the sexual as a thing always present, inescapable if often hidden. While nineteenth-century texts lack the strict dichotomy in the mapping of female sexual pleasure that we find in interwar definitions, it is clear nonetheless that there was already a growing preoccupation at the fin-de-siècle with the corrupting and perverting potential of the clitoris, identified as the centre of female voluptuousness. As the genitalia of both genders was increasingly drawn, described, their properties listed, so too clitoral pleasure was increasingly bound to frigidity. The clitoris became the site of a curious contradiction in which perversion and lack were made to meet - the frigid woman and the nymphomaniac became as one and the same. One could become frigid as a result of masturbation or as a result of developing a taste for other perverse pleasures, but also one was more inclined to be tempted into perversion if those appropriate desires

²¹ Thésée Pouillet, *L'Onanisme chez la femme*, septième édition (Paris, 1897), 41-43.

²² Le Dr E. Clément, *Le Guide de la femme dans les maladies de son sexe: impuissance, stérilité, fraudes, hygiène, beauté, traitement préventif et curatif* (Paris, 1875), 140.

for coitus and marriage were absent in the first place. Perverse pleasure was thus at once the cause, the sign, and the result of frigidity.

Visions of frigidity also throw up questions about how we *hear* what nineteenth- and early twentieth-century thinkers try to tell us about their own relationship to cultural hegemony and marginality. Almost all sexuality writers who talk about frigidity in the late nineteenth and early twentieth centuries situate it within or alongside a statement about the dangers of abstinence. The notion of the un-sexual woman, they insist, is a dominant myth that must be debunked. Sexual abstinence is not in itself a virtue, they argue, because perversion could as easily result from excessive *pudeur* as from licentious non-restraint. In *La Virginité* of 1911, Fauconney elaborated on the critique of abstinence suggested in many of his earlier works, arguing as one of the central claims of the book that “une abstinence trop rigoureuse finit souvent par produire un effet tout opposé à celui qu’on en attendait, elle conduit à une exaltation de l’appétit vénérien.”²³ Medical attacks on *la pudeur* date from as early as the mid-nineteenth century. Dr J. L. Curtis in 1868 argued that what defined humans from animals was precisely that although we have the same “passion qui domine...toute la création animée,” it was nonetheless “bien réglée”, and that to imagine this passion somehow separate from higher forms of love “serait en contradiction flagrante avec la nature.”²⁴ On the one hand is the error of prudishness; on the other, the error of *libertinage*. Inappropriate pleasures indulged by both sexes (pleasures not “réglés,”) “sont les ennemis jurés de la fécondité et des véritables jouissances sexuelles, devant lesquelles ils dressent la barrière de L’IMPUISSANCE PHYSIQUE.”²⁵

There is only one way to avoid this sort of disaster—by exercising “de la modération dans tout,”²⁶ and by encouraging only desires that may result in procreation, especially as far as women are concerned.²⁷ A rejection of sexual pleasure is made the flip side of perversion. The woman who resists sex out of moral *pudeur* (or whose frigidity is tolerated because of a belief that sex is after all unsavory) is the woman most likely to develop an excessive appetite for venereal lust. The frigid woman must be cured, must be made to be *sexuelle* precisely in order to save her from the more aberrant forms of pleasure that invade when the inescapable *sexualité* manifests. Frigidity is not a concern for anyone in this period because it might result in women’s unhappiness—this we find only in the 1920s in the work of Marie Bonaparte. Rather fin-de-siècle frigidity is part of a network of new forms of textual possibilities, elaborating what the sexual is by delineation of its absences, its failures, its perversions. In positioning perversion as the inevitable product of abstinence and frigidity, the sexual itself is made ever-present, undeniable, obligatory: a fact, a thing, an imperative. This was a uniquely late nineteenth-century discourse, the same one identified by Foucault in his discussion of the work of Tardieu. The construction of medical visions of the sexual had necessarily to operate in opposition both to moral and licentious gazes in order neither to condemn nor tolerate the sexual,

²³ Jean Fauconney, *La Virginité ; l’hymen, défloration, la continence et le célibat, le viol* (Paris, 1911), 107.

²⁴ J. L. Curtis, *Guide médical du mariage* (Paris, 1868), 11.

²⁵ *Ibid.*, 21. (Capitals appear in text.)

²⁶ *Ibid.*, 9.

²⁷ *Ibid.*, 25-27.

“mais,” as Foucault explained, “... à gérer, à insérer dans des systèmes d'utilité, à régler pour le plus grand bien de tous, à faire fonctionner selon un optimum.”²⁸

The Dual Problem of Excess and Absence

The special character of sexual logic in the late nineteenth century is most strikingly revealed in descriptions of how excess pleasure causes the absence of pleasure, or how the clitoris could be responsible for frigidity precisely because it *was* the most important organ of female pleasure. This is in contrast to interwar psychoanalytic visions that mapped the female body according to a clear dichotomy of infantile clitoral versus adult vaginal pleasure.²⁹ For Jean Fauconney and for the American doctor William Hammond (whose classic fin-de-siècle text on impotence was almost immediately translated into French) the clitoris was an essential part of feminine pleasure within a normative heterosexual rubric.³⁰ But clitoral pleasure was also seen as dangerous for many late nineteenth-century sexuality writers as it threatened normative desire from both sides, that of nymphomania and that of frigidity. Docteur Curtis, writing as early as the 1860s, claimed, “L’habitude vicieuse qui produit si souvent la nymphomanie” could also produce “...un tel durcissement, une telle callosité des surfaces membraneuses, qu’elles deviennent insensibles au frottement doux produit dans le coït.”³¹ Clitoral stimulation would desensitize the genitals of a woman causing her to veer off into rampant sexual perversions in search of new forms of stimulation.³² For Docteur Pouillet writing in 1897, the dangers of clitoral pleasure could not be emphasized enough. A woman who stimulated her own clitoris was inevitably driven to frigidity: “Le coït, en ce cas ne lui inspire qu’indifférence, ennui ou répugnance.”³³ She was therefore a woeful spouse—the unsuspecting newlywed man “doit s’attendre à voir insensiblement ses soins et son affection accueillis par une froideur involontaire.”³⁴ Docteur Riolan, like Fauconney, used the term “clitorisme” to refer to feminine masturbation, seen as a great culprit of frigidity and sterility: “La débilité des organes génitaux est souvent le résultat des excès vénériens et de l’abus, plus dangereux encore, des plaisirs solitaires.”³⁵

But this is not the same as the *clitoridisme* concern as we find it later in the work of psychoanalytic frigidity writers. There is no theorized dichotomy of feminine organs of pleasure in the later nineteenth century, as there will be in Freud and Marie Bonaparte. In later psychoanalytic visions of frigidity on the other hand, the clitoris is ‘primary’ only in a chronological sense—the female child must naturally evolve to vaginal pleasure, and if she remains attached to the clitoris, her Oedipus complex is disrupted, resulting in a perverse intrusion of the phallus that rejects its normative

²⁸ Michel Foucault, *Histoire de la sexualité 1: La volonté de savoir* (Paris, 1976), 34-35.

²⁹ See Marie Bonaparte, “Les deux frigidités de la femme,” *Bulletin de la Société de Sexologie* 1, (1932):161-170, and Marie Bonaparte, *La sexualité de la femme*, troisième édition (Paris, 1967).

³⁰ Le Docteur W.-A. Hammond, *L’Impuissance sexuelle chez l’homme et la femme*, Troisième édition (Paris, 1903), 83

³¹ Curtis, *Guide medical du mariage*, 144-146.

³² See Pouillet, *L’Onanisme chez la femme*, 41-43

³³ *Ibid*, 164.

³⁴ *Ibid*, 43.

³⁵ Riolan. *Impuissance, Frigidité, Stérilité*, 58.

castration. For late nineteenth-century medical writers, clitoral stimulation was dangerous not because it was phallic, but because it resulted in excess pleasure, thereby in turn causing “l’impuissance par épuisement.”³⁶ But this could occur from an excess of any sort of sex. Clitoral pleasure was only more dangerous than other kinds because it was identified precisely as the most important organ of feminine sexual pleasure, and was therefore the gateway to perversion or indeed to any kind of sexual possibility. Perhaps one of the other reasons too why the history of notions of feminine frigidity is so rarely considered by historians of sexuality is because references to it often appeared bound up with that other more well-known phenomenon of ant-masturbation texts.³⁷ It is clear too that for late nineteenth-century medical writers, the danger was not merely from onanism: Thésée Pouillet tells us a story of a 30-year-old woman “poussée jusqu’à la névropathie générale la plus douloureuse” by the orgasms her husband provoked by stimulating her clitoris.³⁸

Sexuality as a Thing

Within the same texts in which medical and pseudo-medical writers describe the dangers of too much, not enough, or the wrong kind of sex, the perils of marriage, infertility, and *impuissance*, we also find detailed anatomical accounts of the sexual organs of men and women, their shapes, sizes, secretions and hydraulics. These passages too suggest that what was being elaborated is precisely the voluminous, capacious thingness of the sexual. The uterus is “un organe creux...de la forme d’une poire” and the size of a hen’s egg. Its role is to nurture the egg and “la formation du fruit.” The vagina is a “canal membraneux” and a “bassin” between seven and nine centimetres in length.³⁹ The clitoris is “un corps allongé cylindrique.”⁴⁰ The concept of *frigidity* in Fauconney and friends was characteristic of sexual discourses that were particular to the late nineteenth century and unlike the strict dichotomy of vaginal versus clitoral pleasure that we will see in twentieth-century definitions. But it would be absurd to imagine that this was due to some more liberated fluidity in fin-de-siècle visions of gender and sexuality. Rather it is exemplary of a period in the emergence of sexual discourses where the singularity of the sexual was asserted precisely through a numeric listing of its finite possibilities. The shift from constitutional coolness to pathological frigidity was a microcosm of the broader shift toward the making of sexuality into a thing that came in so many shapes and sizes, but only so many, that could be absent, but only because pathologically hidden or perverted. The discussion of frigidity was clearly also part of the generalized appropriation of sex by a medical science not content with the mechanics of the physical, but which sought increasingly to intervene in the construction of desire. The collapsing divide in medicine between analyses of the physical sexual body and analyses of economies of pleasure was indeed observed most astutely by Doctor Thésée Pouillet in 1897, when he remarked, “Le corps, qu’il soit malade par une cause quelconque: vissitude ou vices, appartient toujours au médecin.”⁴¹

³⁶ Ibid., 58.

³⁷ See for instance Thomas W. Laqueur, *Solitary Sex: A cultural history of masturbation* (New York, 2003).

³⁸ Pouillet, *L’Onanisme chez la femme*, 42.

³⁹ Fauconney, *Sécurité des deux sexes en amour*, 368.

⁴⁰ Ibid., 370.

⁴¹ Pouillet, *L’Onanisme chez la femme*, 12.

But I would add, from Pouillet's time onwards, if bodies belonged to medicine, medical knowledge of sexuality belonged to many. Frigidity is a part of the story, not of the encroachment of doctors into feminine desire, but of the complexification and dissemination of medical ideas about sexuality outside the bounds of medical institutions. The notion itself is a product of medicine's loss of control over its own discursive apparatus, of the eroticization of medical knowledge at the service of complex gender and ideological agendas.