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Homosexuality and Psychiatry in State-Socialist Hungary: Representing Women's Same-Sex Desire in the Psycho-Medical Literature

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This study explores representations of homosexuality in the psychiatric and sexology literature between the 1960s and the 1980s in Hungary with special attention to women. The literature is indicative of how psy sciences interacted with the system of norms on gender and sexual orientation embedded within the social and political context of the era. Examination of these sources shows a predominantly pathologizing-normative discursive framework deployed by experts. The fundamental therapeutic aim was to achieve good social adaptation. In this process, psy experts were influential representatives of the heteronormative society, reinforcing gender norms and state(-socialist) family ideals. Within the psychological discourses on homosexuality, the case of women had some special characteristics. Their sexual choices were represented as more alterable than men's and linked to emotional factors in the first place. In women's case, there was usually no "need" for therapeutic conversion because socially prescribed gender norms worked strongly enough and the lack of sexual pleasure with men was not considered a significant problem. Professional and popular psychiatric and sexology literature on homosexuality indicate that whereas for men, transgressing normative (hetero)sexuality was the stronger taboo, for women, it was the unfulfilled order of marriage and motherhood that was considered the most serious deviance, and lesbian relationships had to be prevented for this reason.

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Public Significance Statement

The psychiatric literature on female homosexuality in state socialist Hungary demonstrates a predominantly pathologizing-normative approach. Attempts of conversion were less typical for women because socially prescribed gender norms worked strongly enough. The study suggests that—in accordance and interacting with socialist gender norms—it was less lesbian women's sexual behavior but the possible transgression of their family roles that was considered a major "deviance."

Keywords: lesbianism, psychiatry, gender norms, state socialism, Hungary

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Medical-psychological handbooks and articles constitute a significant forum regarding the images of gays and lesbians, both reflecting and creating the discourses on homosexuality. During the Kádár era, the regime under the political leadership of János Kádár between 1956 and 1988 in Hungary, except for the police news, fag jokes, and the very rare and indirect cultural representations they provided, one of the most influential sources of information, "guidelines" and representations of homosexuality and the attitudes toward it both for the general public and for those "concerned." They serve as part of the few available sources for historical research, although these sources say less about how gays and lesbians thought about themselves and inform us more on the views of professionally sanctioned forums that influenced their self-image.[1] These forums both reflected and shaped the discourse about female sexuality and, on a more general level, about state socialist gender ideals. The aim of this article is to identify these discourses and

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[1] For some classical gay and lesbian historiographies, see Faderman (1981), Duberman, Vicinus, and Chauncey (1989), and Halperin (2002). For a comprehensive history of sexuality in Europe, see Herzog (2011).

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analyze their explicit or implicit relationship with the politics of gender in this era.

In this article, I review the scientific and educational psychiatric and sexology literature published on the subject of female homosexuality between the 1960s and the 1980s in Hungary written by Hungarian experts or translated from Eastern European authors. In the 1950s, the issue was not thematized at all—it was a taboo or came under the purview of criminal law (in the case of men). The time scope of my research is the term that is considered a "soft dictatorship" within state socialism, governed by János Kádár (after the hard autocracy marked by Mátyás Rákosi between 1945 and 1956). Psychiatry and the newly developing field of sexual psychology started to widely thematize homosexuality from the 1970s on (mostly by Hungarians and a few authors of the "Eastern bloc"). I include articles and books written by psychiatrists/sexologists partly for professional readers but also for a wider audience, as indicated by their publishers: Tankönyvkiadó (textbook publisher) and Lapkiadó Vállalat (newspaper publishing company). The review section of *Orvosi Hetilap* [Medical Weekly] regularly published reviews of the international literature of the field, which clearly addressed a professional audience. But the majority of the cited works are educational literature and more popular forums like youth magazines or public periodicals in which experts also published articles. Educational and scholarly literatures were not sharply divided either regarding the authors or the audience addressed.

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The Hungarian authors that I most frequently refer to are psychiatrists Béla Buda and Vilmos Szilágyi. Béla Buda (1939–2013) was a leading figure of psychiatry and the emerging psychotherapy in the 1970s to 1980s, specializing in addictology, communication, and sexuality. He was one of the most influential experts of sexuality representing rather progressive views (compared with his contemporaries) and being up-to-date in Western literature. Szilágyi is a (still living) pioneer and "doyen" of sex psychology in Hungary; he was the first advocate of open marriage in Hungary and wrote several papers and books especially for education purposes. It is hard to judge how much in practice these works were used; the Hungarians likely had the strongest influence. As for the more doctrinaire foreign authors (the Soviet sexologist Abram Sviadosh or the German-born Austrian physician Edith Kent), they were supposedly less applied, although the medical publisher Medicina implies the official sanction of the profession. But the representations themselves must have set the direction of thinking.

The role of and trends in psychology in general changed substantially in Hungary from the late 1950s to 1980s. The 1950s and early 1960s represented the "Pavlovization" of psychology and psychiatry, repressing psychodynamic approaches, especially psychoanalysis—which was an influential and internationally embedded terrain before World War 2, and its hidden influence lived through state socialist times, too, both in theory and practice (see Harmat, 1988). In the 1960s, the reinstitutionalization of psychology (including university education, academic committees, societies, and journals suspended after 1948) had started. From the 1970s on, the realms of psychotherapy (including the appearance of group therapy methods) and sexology appeared, individual psychological well-being became more important, and the relationship with Western theories and methods started to reemerge (see Buda, Tomcsányi, Harmatta, Csáky-Pallavicini, & Paneth, 2009; Kovai, 2016; Szokolszky, 2016)

During this time, approaches to the subject of gender and sexual orientation appeared to represent the prevailing values and norms of contemporary society—and were gendered as well. In this article, I first discuss the complex relationship of sexuality and state socialism and the legal and medical status of homosexuality in the era in Hungary, with some comparative regional outlook. Then, I analyze the sources according to the major themes appearing in the psychiatric literature with a special focus on female homosexuality: its spread and visibility; sexuality and partnership; the question of etiology; and the dilemma of therapy. In the final section, I explore when and how the issues of identity and social acceptance were discussed. This exploration of the literature suggests that although in the case of men, the transgression of normative (hetero)sexuality was the stronger taboo, women's same-sex desires were discussed and judged (condemned or ignored) primarily in light of the fulfillment of their reproductive duties, marriage, and motherhood; thus, the major "deviance" in their case was not their sexual behavior but the transgression of family roles.

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(Homo)sexuality and State Socialism in Hungary

The state socialist era in Hungary expressed a complicated attitude toward sexuality. It was basically considered to be a private matter—that is, partly a protected and free terrain, partly a taboo. At the same time, it was also a public issue that needed to be organized and controlled. The necessity of sexual education was raised more frequently starting in the 1970s, especially regarding the issues of "acceleration," premarital sexuality, or "sexual morals," and in the wider context of health, family, and population-policy issues. "Proper" sexuality was an important mediating area for the ideals and ideologies of gender roles, the monogamous family, and socialist society in general (Murai & Tóth, 2014).

As for the prevailing gender/women's roles in socialist Hungary, women's employment outside the home had become widespread and natural during the Kádár era; at the same time, their commitment to domestic and caring roles was expected, and also supported, by childcare institutions, childcare leave, and allowances (a regular, although small amount of childcare allowance was introduced in 1967, available until children reached 2.5 years of age). Gender equality was declared by theory and law, but the double workload (and the sexual double standard), as well as unequal wages, contradicted this in reality (Zimmermann, 2010). There was, nevertheless, some liberation compared with the first period of state socialism, under the leadership of Mátyás Rákosi, when serious pronatalist measures were introduced by Anna Ratkó, minister of welfare and, later, of health between 1949 and 1953. The ban on abortion and the childlessness tax were in force until 1956 (see, e.g., Kiss, 1991; Vargha, 2013). As a comparison, in the Czech Republic, a reverse direction took place from the 1950s, when gender equality and emancipation of women were stressed, to the 1970s, when gender hierarchy, especially in marriage, was considered necessary (Lišková, 2018). In Poland, women's emancipation was presented as an obstacle for traditional gender roles, and the latter was considered as a necessary condition for a good sex life (Kościańska, 2016).

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"Protecting" the Family

The rather numerous sexual education and sexual psychology materials published in the state-socialist era also proclaimed gender equality, refused the sexual double standard, and thematized the issue of homosexuality as well, but the attitudes expressed were ultimately heteronormative (Rédai, 2013). The primary goal of sex education was to prepare youth for heteronormative family life and reproduction: "*Normal sexuality means attraction towards those of the opposite sex*, and in the case of healthy, cultivated people it is interlaced with emotional and ethical elements" (Haraszti & Székely, 1965, p. 25; emphasis in original).

Analyzing the attitudes toward sexuality in one of the most popular "opinion leader" youth periodicals, *Ifjúsági Magazin* [Youth Magazine], historian Eszter Zsófia Tóth concluded,

> From the 1960s on, the sexual behavior and education of youth had gradually become an "issue" in the magazine; the discourse about it appeared as a social necessity, while the need for keeping it under control was maintained all along. (Murai & Tóth, 2014)

Body and sexuality became significant issues, which could, and had to, be controlled through the very discourses on them (see Foucault, 1978). Birth control, abortion, or divorce, however, were basically taboo issues, and reproduction as a primary task for women was unquestionable (Funk & Mueller, 1993; Gal & Kligman, 2000; Zimmermann, 2010). "Deviant" behavior had to be controlled (mostly through the experts of medicine or psy sciences) because alternative sexualities and lifestyles threatened the system of family and society, so they were not private issues anymore. People with "pathological" sexualities did not conform to the principles of socialist ethics; therefore, they could not be good sexual citizens (Rédai, 2013). In a smaller number, models of (and discourses on) open relationships appeared too—the commune ideal of the early 1970s (Heller, 1970; Heller & Vajda, 1970) and the issue of extramarital sexuality and "open marriage" (Szilágyi, 1980). Szilágyi (1980) emphasized models of voluntarism and equality in heterosexual relationships instead of patriarchal possession, recommending it as the "new, socialist model of marriage." Notably, none of this literature made explicit reference to same-sex relationships.

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Family was the basic unit of society but also a shelter from the oppressive state and the overpoliticized public sphere. The "respect of privacy" stayed somewhat intact, leaving private life as a space of security also for sexual minorities (this term, of course, was not used then either by the minority; this denomination is the product of identity politics starting in the 1990s). Nevertheless, considering homosexuality a "private issue" guaranteed and reinforced closeting and repression. During the political consolidation of the 1960s and the soft dictatorship of the 1970s to 1980s, under János Kádár's—or, more precisely, the supreme leader and ideologist of socialist cultural policy, György Aczél's—system of "toleration, prohibition, and support,"[2] gays' and lesbians' existence and meeting places were "tolerated," but they lived a highly closeted life (see Borgos, 2011; Kurimay & Takács, 2017; Takács, 2015, 2017)

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[2] In Hungarian, it was called the "three Ts": *tiltás*, *tűrés*, *támogatás*. Those who fell into the "prohibited" category were kept under surveillance, and in some cases, faced imprisonment (see, e.g., Valuch, 2000).

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This ambivalent attitude is manifested even in the accepting and open-minded psychiatrists' views, such as those of Béla Buda (1978a):

> Sexuality is everyone's private issue as long as they do not violate the rules of human cohabitation. . . . There are homosexuals who almost flaunt their otherness. One can often see such figures in Western magazines, television programs, but feminine men with make-up show up on the Pest streets too. This is just as wrong and harmful as judging or intervening in others' private life. (p. 59)

The quotation raises a few questions. As soon as homosexuality or the homosexual goes out of the private sphere, it was considered as "flaunting." The only acceptable attitude was mutual "tact," when heterosexuals do not abuse homosexuals and homosexuals do not burden straight people with their attractions by making their identity publicly visible through their bodies, conversation topics, or even by pressing human rights issues—that is, they do not threaten the order of heteronormative society. The other characteristic point in the text is the confusion of homo- and transsexuality, which has been typical both among experts and lay people. Also, Buda set an East–West division, suggesting that the figure of the "flaunting" gay was largely a "Western" phenomenon—which was basically correct if we translate it to gay and lesbian visibility.

There is hardly any trace of the thematization of homosexuality in the "socialist" social sciences in general, especially not from the viewpoint of stigmatization, exclusion, or minority situation. There is one unique empirical study from the 1970s that incorporated the subject of homosexuality and reveals something of the social attitudes at that time. It was conducted by sociologists Sándor Heleszta and János Rudas from 1971 (published in 1978) and explored the sexuality of youth workers and students.[3] The researchers inquired about the evaluation of different sexual practices or lifestyles, in part by using small stories of fictive figures. One of them (among the figures of the virgin, the prostitute, the womanizer, the masturbator, and some others) was the (male) homosexual "Konrád," introduced in a rather neutral and nonjudgmental way. The narrative nevertheless stressed "discretion" and the lack of "scandals" as a positive feature—revealing the twofold nature of privacy as both a possibility and a constraint:

> Konrád is not interested in women, he has always been attracted to men. He is looking for similar men with whom they can mutually meet each other's sexual needs. He is discreet in his relationships, he has never had a scandal. He believes that it is entirely up to him and his partners what kind of sex life they have. (Heleszta & Rudas, 1978, p. 227)

The respondents' attitudes were strongly refusing (1.7 on a 5-point scale), but they estimated the attitude of society as even more negative (1.3). The interpretations highlighted that they typically conceptualized homosexuality as an illness: "The verbal justifications suggest that the 'homosexual is a sinner' approach has been replaced by 'the homosexual is sick.' In some explanations though, the subcultural recognition and references to historical and social examples were voiced too" (Heleszta & Rudas, 1978, p. 45). The authors also cited a similar West German study,[4] which showed significantly more accepting attitude: The majority of students thought that the sexual behavior of homosexual men was "permissible" (37%) or "permissible with conditions" (38%; p. 60)

Another source from the 1970s press addressing an overseas Hungarian audience expressed an explicit refusal of homosexuality referring to the "defense" of the family. The brief (anonymous) article in *Amerikai Magyar Népszava* [American Hungarian People's Voice], the oldest and largest Hungarian-language weekly published in the United States, conveyed the heteronormative standpoint of the American psychiatrist Herbert Hendin (based on his article in *The New York* Times[5]), who regarded homosexuality as both a cause and a sign of the disruption of the family: "Although dr. Hendin does not condemn or consider homosexuality unequivocally abnormal, he protests against the attacks of the family made by the most extreme groups of homosexuals" (s. n., 1976, p. 8). Although the newspaper's viewpoint was politically in opposition to the prevailing communist system, on the question of sexuality and family, their arguments actually coincided; heteronormativity and the primacy of family were dominant and found proper scientific references in the "Western" and "Eastern" Bloc as well.

The Legal and Medical Status of Homosexuality in East Central Europe

(Male) homosexuality was decriminalized in Hungary in 1961 (relatively early in Europe), but a different age of consent was introduced for same-sex sexuality (20 until 1978 and 18 until 2002), which applied to women as well. In Czechoslovakia, decriminalization took place in the same year, and in Poland, there was no penalization, but apart from these countries, Hungary preceded all other East-Central European countries and also a few in Western Europe (some examples: United Kingdom, 1967/1981; Bulgaria, 1968; German Democratic Republic, 1968; Federal Republic of Germany, 1969; Finland, 1971; Norway, 1972; Slovenia and Croatia, 1977; Spain, 1979; Portugal, 1983;

[3] For a more detailed description of the study, see Takács (2015).

[4] H. Giese & G. Schmidt (1968), *Studentensexualität. Verhalten und Einstellung*. Hamburg, Germany: Rowohlt, p. 221.

[5] Herbert Henden (1975, August 22), Homosexuality and the family. *New York Times*.

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Russia, 1993; Serbia, 1994; Romania, 2001).[6] This might have indirectly been due to the consolidation policy of the era, which allowed a certain opening to the "West." The legislative change was apparently related to decisions made by the psychiatric profession and not to the influence of social movements that were basically absent in the region in the period concerned.

As for the relationship of psychiatry and homosexuality in the Central and Eastern European region, this ranged from the most serious condemnation and reparative constraint (Russia, Romania) to the establishing of support groups for gays and lesbians. Very different attitudes and practices could work in parallel, as in the Czech Republic. Obviously, in most countries, a significant change took place between the 1950s and the 1980s. In Romania, legal persecution (for both sexes) lasted until long after the change of the regime (2001), including pathologization (Moldoveanu, 2014). In Bulgaria, psychiatric handbooks in the 1960s still discussed homosexuality as a pathology and perversion, suggesting "treatment" through work therapy and Pavlovian conditioning, while the then-developing sexology brought a relatively progressive approach to views on homosexuality (Pisankaneva, 2005). AQ: 15

In the German Democratic Republic, in spite of the relatively accepting atmosphere, both the psychiatric and the general public considered homosexuality as deviance involving the "seduction" of youth in the first place (Evans, 2010; McLellan, 2011; Sillge, 1991). In 1950s Czechoslovakia, aversion therapy was in use (Brzek & Hubalek, 1988); at the same time, the supportive role of sexologists was apparent here, too: Their therapy groups in the 1970s served not just as a safe place but also as the first, and then only, partner-seeking forum for gays and lesbians (Sokolová, 2014). Lesbians were not targeted either by criminal law or as "sexual deviants" unless they were imprisoned for other reasons (Lišková, 2016). In Poland, there was no legal persecution, but the social and church intolerance was influential; in the 1980s, the secret police also monitored gay men ("Hyacinth action" from 1985; Kościańska, 2016; Stanley, 2004; Tomasik, 2012). In the Soviet Union, after the progressive sexology wave of the 1910s to 1920s (see, e.g., Healey, 2001; Kollontai, 1921/1977), homosexuals were exposed to hard persecution both on the part of criminal law and psychiatric forced treatments (Essig, 1999; Kayiatos, 2012; Tuller, 1997; Veispak & Parikas, 1991). Male homosexuality entered the penal code in 1934 and was removed only in 1993. In this respect, it seems that Hungary was not directly dependent on Soviet internal affairs, while psychological knowledge and points of reference on a general level were largely under Soviet influence. AQ: 16

Judit Takács and her colleagues found an important document indicating the direct antecedents of decriminalization in Hungary: a paper discussed at the 1958 session of the Neurological and Psychiatric Committee of the Scientific Council of Health, and the minutes of the session with an agenda item regarding the modification of the paragraph on homosexuality. The documents clearly demonstrate that the changes in criminal law were directly influenced by the medical-psychiatric standpoint.

The statements of the discussed paper (submitted by colonel-doctor Antal Csorba), in many ways, corresponded to those of the Wolfenden report from 1957, which helped facilitate the decriminalization of homosexuality in Great Britain, and it was probably known by the initiator of the paper. But unlike the much more heterogeneous British committee (including officials, churchmen, lawyers, scientists, and psychiatrists), the Hungarian committee was made up of psychiatrists only. The psychiatrically recommended decriminalization also coincided with the modernization and humanization of psychiatric methods within the mental health institutions from the late 1950s on, initiated in large part by Lilly Hajdu, who was a significant psychoanalyst in the prewar years, a director of the Institute of Psychiatry and Neurology in the mid-1950s, and also a member of the 1958 Committee[7] (see Borgos, 2018). Fn7

The comprehensive report expounded the abolitionist arguments in 10 points (Takács & Tóth, 2016). These rejected punishment not by arguing that homosexuality is an equal state with heterosexuality but by pointing out that criminal sanction is *pointless* for several reasons: society has a "natural aversion" toward it anyway; as a "congenital disease," it does not endanger heterosexual individuals and institutions; and, for the same reason, punishment does not "cure" homosexuality—however, it is a hotbed of blackmailing and prostitution. According to the minutes, the committee almost unanimously rejected the forced treatment of homosexuals, although the Head of the Council, Gyula Nyírő, a leading psychiatrist, contested this rejection.

The justification of the Minister of Health attached to the decriminalization law demonstrated the same biologizing-medicalizing argumentation:

> Medical observations have revealed that even in the case of acquired homosexuality and even for those who wanted to get rid of that, the desired result was very rarely achieved even by the most careful therapy. Homosexuality is therefore a biological phenomenon and for this reason it is wrong to consider it a crime. (1961; quoted in Linczényi, 1977, p. 134)

The text raises the question of origin in a quite controversial way: It refers to the biological roots of homosexuality as the primary basis for decriminalization, but it also points out that therapy is ineffective in the cases of "acquired" homosexuality, too. (The later, psychoanalytically oriented expla- AQ: 17

[6] See http://en.wikipedia.org/wiki/LGBT_rights_by_country_or_territory AQ: 56

[7] Lilly Hajdu was sent to retirement in 1957 after her son, Miklós Gimes, was arrested for his activities in the 1956 revolution. The trial of Imre Nagy and their fellows was going on just in June 1958—at the same time as the session of the psychiatric committee—and Miklós Gimes was one of the executed.

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nations—including, e.g., those of Béla Buda—definitely reject the idea of biological origin.) From being a penal issue, homosexuality became the object of "modern" psychiatric/sexologist expertise even more than before—a medical but, in fact, a gender and social issue.

After decriminalization, experts in Hungary did indeed motivate societal fear of homosexuals, particularly gay men. Certain psychiatrists continued to support criminalization on that basis—as if a relationship based on mutual consent was unthinkable among gays. The venereologist István Haraszti's book, published in 1964 (that is, after decriminalization came into force), included a chapter on "the degeneration of the sexual instinct," which declared,

> The sick, degenerated same-sex attraction is persecuted and punished by almost all civilized countries, although in some places—including Hungary—the law differentiates between men and women. Public opinion and sentiment also severely condemn such people. Punishment serves for the prevention of "seduction" and "perverting." (Haraszti, 1964, pp. 161–162)

The discourse on "seduction" threatening or "seriously disturbing" adolescents usually referred to, or implied, gay men.

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> Given that homosexual seduction may severely interfere with the juvenile personality development, it is undesirable to allow homosexuals to play a leading or controlling role in juvenile collectives . . . because their behavior may, under certain circumstances, serve as an "undesirable" example even without seduction. (Károlyi, 1970, p. 131)

There was, however, one special case, revealed in the state secretary archive, on a fake accusation of a Dominican nun of being a lesbian and seducing young female members of her religious circle (see Takács, 2018). In this case, stigmatization by homosexuality was not a purpose itself, just a tool for threatening and disrupting religious communities persecuted by the socialist state.

As for the everyday experiences of Hungarian lesbian, gay, bisexual, and transgender (LGBT) people in state socialist times, recent oral history interviews with elderly Hungarian gays and lesbians (Borgos, 2011; Hanzli, 2015; Takács, 2018) demonstrate difficult moments of self-identification, cognitive and emotional isolation, the lack or one-sidedness of representations (mostly found in lexicon entries and medical textbooks), the pressure to adopt a heterosexual facade (by marriage, closeting, or suppressing one's same-sex desires), and the difficulty of finding relationships and communities.

In the literature published in Hungarian, judgments of homosexuality were less harsh than those found in the Soviet literature, but it was mostly mentioned in a pathologizing context, even when the status of "illness" was officially not used anymore. There are hardly any reflections on the 1973 depathologization of homosexuality by the American Psychiatric Association in the Hungarian medical-psychiatric literature. This might be due to the fact that there was not much connection with the American association at that time, and probably the 1990 depathologization by the World Health Organization had a more significant influence on the Hungarian profession. I found only two mentions years later: one in Buda's article in a science-popularizing weekly (*Élet és Tudomány* [Life and Science]; Buda, 1982a), and another (questioning its legitimacy) in the previously mentioned article of *Amerikai Magyar Népszava* (s. n., 1976). A significant number of the publications discussed homosexuality as a "disorder," "aberration," "deviation," or "perversion," even in the 1980s (and some of them in the 1990s as well). However, during this period, some remarkable changes took place in the discussed issues, research questions, and orientations indicating the transformation of the professional and social environment.[8] The problems of "origin" and the dilemmas of the "therapy" were constantly present, but from the late 1970s on (mostly in the reviews), a few articles on the issues of identity, coming out, and social environment emerged as well. In the following section, some typical tendencies and themes will be presented, focusing on female homosexuality.

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Female Homosexuality and Psychiatry

How did state socialist psychiatrists view "female homosexuality" (the term "lesbian" was rarely used)? In the next sections, I explore this question thematically, with the most typical issues and patterns appearing in the literature (cf. e.g., Morin, 1977).

Spread, Visibility, Social Attitudes, and Research Interest

It is not a local feature that lesbians were much less discussed in the literature; male homosexuality was the default—women were usually explored in comparison with men. Exploring the representation of male and female homosexuality in English-language psychological journal articles between 1967 and 1974, Morin (1977), for example, found that 72% of the articles referred to men only. Women were of less concern in terms of legal and social persecution because they were seen as causing less of a "problem," but, therefore, they were less visible, too—this was also true for psychiatry. "It is less conspicuous and has received less attention than men not only in cultural history but also in the history of scientific research" (Buda, 1994, p. 280). The

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[8] On the situation of gays and lesbians in state socialist Hungary, see, for example, Harmat (1989), Borgos (2011, 2015), Takács (2015, 2017), Kurimay and Takács (2017), and Hanzli (2015, 2016). During postsocialist times, see Takács and Kuhar (2007), Takács and Borgos (2011), Kulpa and Mizielińska (2011), and Fejes and Balogh (2013). On the image of lesbians in prewar psychiatric literature in Hungary, see Borgos (2013).

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acceptable social roles and expressions of intimacy made it easier for women to avoid the "constraint" of undertaking a sexual identity and to stay invisible. Buda (1994)[9] reflected on this connection:

> Women accept their deviant impulses and homosexual behavior much more easily than men. This can be explained by the fact that the role-behavior for "the second sex" is prescribed less strictly by culture. . . . Therefore they receive psychological or psychoanalytic treatment even more rarely than homosexual men. (p. 291)

As long as they did not transgress their social roles, women's same-sex attractions were judged more lightly than men's—or, rather, they were more ignored both by professionals and the general public. Lesbianism itself counted as less of a transgression compared with male homosexuality, as the latter implied leaving the dominant role and becoming the sexual object of other men. In this sense, it was easier for women to be gay, particularly as they had to face less homophobic aggression. It is more precise, however, to say that it was easier for them *to be invisible*, and the lack of aversion often indicated the lack of recognition. This may be why, for many women, recognizing their same-sex attractions and identity was often a slower process.

The repression of lesbian desires in the era was reinforced by the ("naturally given") duty of marriage and motherhood and the stigma of the unmarried "old maid." Furthermore, the lack of heterosexual desire was not unusual or "anomalous" in women's case; for them, sexual satisfaction was much less expected than it was for men. For women, "an apparently complete heterosexual behavior—that is, the 'flawless' participation in the sexual intercourse—is possible even in the case of exclusively homosexual orientation" (Buda, 1994, p. 284).

As for its "spread," one finds varied estimates and interpretations in the literature. There was an overall consensus that exclusively homosexual women were fewer than men, although one can find some uncertainty about this as well: "Some experts think that female homosexuality is much rarer, while others believe it to be much more frequent, just better 'suit' to the forms of physical expression permitted among women" (Buda, 1978a, p. 58). It was pointed out that determining an exact frequency was difficult because of the "special, more diverse transitions and more latent forms" of female homosexuality; lesbians were more difficult to identify, too, because of the large number of closeted women (Buda, 1975). The influence of American sexologist Alfred Kinsey and his reports[10] are evident in discussing the spread and degrees of same-sex attractions; there are also several direct references to him in the Hungarian texts (Buda, 1969●●●, 1975; Sviadosh, 1978; Szilágyi, 1986).

Some authors have suggested a direct relationship between women's liberation and sexual orientation without interpreting it in any way: "Following women's emancipation, according to some data female homosexuality is increasing too" (Szilágyi, 1986, p. 286), and "Their proportion is 1.5–2 percent of the population but it has been rising fast: activists of women's liberation prefer lesbian love" (Erőss, 1984, p. 88).

Sexuality and Partnership

Women's sexual orientation was usually represented as being placed on a continuum, their sexual choices being linked to emotional factors—a general need for intimacy and attachment—rather than to sexual drives: "Women's bodily relationship is not associated so easily to sexual excitement and orgasm; it is more strongly bound to the partner" (Buda, 1994, p. 281). This desexualized image, although it suggested a biological difference, in fact reflected and reinforced social expectations regarding women's relationship with sexuality. At the same time, some authors declared that the discovery of sexual pleasure and unproblematic orgasm played a central role in women's turning to same-sex sexuality: "They know it from inside" (Erőss, 1984, p. 90). The visual representations of lesbians appearing from the 1980s (mostly in the tabloid press) focused on women's sexuality, although they primarily addressed the straight male gaze.

According to the experts, it was women's different psychosexual development and special physiological characteristics that delayed their self-identification as lesbians. It was a widespread view of sexologists that female orgasm was not "automatic" (contrary to the male one) but the result of a long and rugged path of maturation and learning (see Rédai, 2013). According to Szilágyi, "Their sexual responsiveness reaches the peak of its development only later, in their twenties. . . . It is rare that a teenager girl is homosexual" (Szilágyi, 1986, p. 286).

Most authors emphasized the long-term emotional, mutual, and supportive nature and the uncommonness of promiscuity in lesbian relationships. At the same time, some of them warned that deep passions and vulnerability may turn to jealousy and aggression (Buda, 1994), so there was a destructive potential in these relationships as well, obviously through the lens of the cases getting to the psychiatrists (Buda, 1969a).

[9] The publication date is 1994, but (on the basis of the references to the first publications) the volume contains Buda's collected papers from the 1970s and early 1980s. The study on female homosexuality is not dated; however, its latest bibliographical item is from 1973, so it is likely that it was written in that period as well.

[10] The "Kinsey Reports" include *Sexual Behavior in the Human Male* (1948) and *Sexual Behavior in the Human Female* (1953). The reports (among other things) revealed that human sexual orientation can be placed on a continuum, with most people being somewhere between the two extremes.

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Types

In a significant body of the texts, lesbian individuals and relationships appear in an especially polarized image, described along a binary pattern. The masculine/feminine "types" also involve the "real/pseudo," "innate/acquired," "active/passive," and "aggressive/tender" dichotomies (which go back to Krafft-Ebing's case studies). It is possible that these "butch/femme" couples (as a gender role pattern/constraint) were indeed more frequent at that time, but there is no reliable information on that. It is probably also a sign of the experts' conceptualization placing lesbian women in a binary gender role division: either masculine seducers or feminine and passive beings accepting sexual pleasure from the "real," dominant lesbian, typically after a bad straight relationship or marriage.

The "masculine" type was often merged with transsexualism, her sexual identity development being characterized as "strongly disrupted." The male-identified lesbian also played the role of a householder and preferred "masculine" work. She "strives to persuade girls and women to have sexual acts with her," as the Austrian physician Edith Kent[11] (author of *The Girl Becomes a Woman*) put it (Kent, 1970, p. 99). Lesbians were sometimes demonized and represented as threatening, aggressive, or even sadistic: "In active homosexual women explicit sexual aggression can be observed" (Kent, 1970, p. 100). This image was demonstrated mostly by the case study reports of Abram Sviadosh, head of the Leningrad Sexology Center and author of the 1978 text *The Sexualpathology of the Woman* (Sviadosh, 1978). One of his patients persecuted her lover, and another was threatening her beloved female doctor with a knife.

> Exploring the personality of active homosexual women, recklessness and rudeness occurred in 40 percent, cruelty in 16 percent, mendacity and egoism in 14 percent, while we met nice, easily contacting active homosexual women only in 20 percent of the cases. (Sviadosh, 1978, p. 116)

As these patients went to the clinic for different psychological problems, linking their "personality disorders" (directly) to homosexuality is highly questionable.

"Passive" homosexual women were described as playing the (most stereotypical) "feminine" role in their appearance, sexuality, as well as behavior and activities. Most of them had relationships with men but had not received sexual satisfaction. They "let themselves to be loved" by women, although they might have straight relationships or desires, being "pseudo-homosexuals" (Bágyoni, 1984; Kent, 1970; Sviadosh, 1978)—but there is no way that they were "pseudo-heterosexuals" by then. A basic presumption—a Freudian and a general cultural representation—was that ("feminine") women cannot have active (homo)sexual needs, they just passively accept others' desire. According to other (or even the same) authors, however, lesbian relationships were characterized by a stronger level of equality and mutuality, and the lack of divided (sexual and other) roles (e.g., Buda, 1969a).

Psychological texts also referred to the gay and lesbian and women's rights movements of the United States, acknowledging their legitimacy but not failing to mention their "extremism," "radicalism," "propaganda," or "militant" character. Activists inherently belonged to the "masculine" type; socially active and conscious behavior, or even the assumption of identity, was interpreted as identification with the male role. "In one group of masculine women the 'going public' phase manifests itself, assimilation to men indicating the openness of identity. Lately this openness has also been of a demonstrative nature, intended to serve the rights of a homosexual minority" (Buda, 1994, p. 286). Buda is especially well-informed: He mentions the women's liberation movement and "female homosexual" organizations like the Daughters of Bilitis and their magazine, *The Ladder*.

Some texts show interesting class aspects as well. In the sociographic literature on gays and lesbians written from the late 1980s (Csalog, 1989; Czére, 1989; Erőss, 1984; Géczi, 1987), lesbians appeared as representatives of the declassed layer or the socially marginalized "subculture"; they showed sexual and social deviance at the same time—as the causes/consequences of each other (of course, this was partly due to the genre of these texts).

Buda pointed out the relationship between social attitudes and lifestyle, at least in the case of "masculine" lesbians who could not conform to their environment:

> In the past especially, but still today, masculine homosexual women were concentrated in the fast-changing or disorganized quarters of big cities, because there was an opportunity to remain partially unnoticed there by the public and the peculiarities of their behavior were more tolerated in that milieu. (Buda, 1994, p. 286)

Etiology as "the Most Exciting Question"

As Béla Buda declared, the origin is "certainly the most exciting question" (Buda, 1969b, p. 2140). As in the Western literature, the problem of etiology was a central theme (see Morin, 1977). In the theories and case studies, male and female homosexuality appeared as the problem, the symptom itself, to be treated or at least explained. The efforts to find its roots and to create a great variety of psychological/psychoanalytic etiologies reinforced the concept of a "dis-

[11] Edith Kent (1908–1981) was born in Hannover and fled from Germany to Yugoslavia in 1933. She worked in the international doctors' service in Spain during the civil war, then went to China and worked in the service of the Red Cross. From 1947, she lived in Austria and finished her medical studies there. Her only book, *Vom Mädchen zur Frau, Eine Ärztin berät die jungen Mädchen* [●●●], came out in 1961 and was translated into Hungarian in 1970.

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order" or "deviance" from a scientific and therapeutic point of view. The (psychotherapist) authors rejected biological explanations and preferred psychoanalytic theories (on early experiences and parenting style) regarding both male and female homosexuality, but the latter was supposed to be more demonstrative of that concept: The development of female homosexuality "shows well the acquired nature of homosexuality" (Buda, 1975, p. 198).[12]

Regarding the origin of female homosexuality, psychiatrists presented partly similar theories to those regarding males, pointing out some special factors. According to Szilágyi (1986), the only difference was that female homosexuality develops later. Buda referred to the study of Kaye and his colleagues, who asked 150 members of the American Psychoanalytical Association in 1967 about their therapeutic experiences, getting reports on 50 cases of female homosexuality. In light of this, they determined the following major "causes" of lesbianism: attachment disturbances, the parents' "inverted" role (blaming especially the mother as a distant and dominating figure), a close relationship with a puritan father, deficient sexual identification, repressive sexuality, or other, sometimes unconscious, early "traumatizing" influences (Buda, 1969a, 1969b, 1975, 1994). In the words of Edith Kent, "according to the scientific standpoint, one becomes the psychopath of love life if one's psychosexual development has stuck at one point" (Kent, 1970, p. 93).

But one does not have to go that far: Another popular theory (and this was already specific for women) was the disappointment in men, especially sexuality with men. Accordingly, most women first try (or accept) a straight relationship that is sexually not satisfying enough due to the "low sexual culture" of men. Compared with male sexual games or "seductions," this kind of adolescent "imprinting" is rare in women; they try to live their "proper female role" with a man, mostly in a marriage. Apparently, gender norms consistently moved women toward repression and closeting (but this is not reflected in the psychiatrists' texts). Women's same-sex attraction was interpreted in the context of orgasm again:

> If she then meets a woman who can give her the satisfaction she expected from men in vain, her interest gradually turns to a homosexual direction. . . . The lovemaking technique of homosexuals is much more suitable for inducing female orgasm than heterosexual intercourse. (Szilágyi, 1986, p. 286)

Lesbian attraction and identity was thus basically considered as a "technical" issue; if stimulated in the right place, anyone could be shifted toward the other/same sex.

The role of beauty ideals was raised, too—the readers encountered the classical image of the "ugly lesbian": "Very beautiful women rarely become homosexual since they early on develop intensive relationships with men" (Buda, 1994, p. 288). Because there is less of a body and beauty cult among lesbians, "a homosexual relationship is an obvious alternative for women who do not meet the cultural beauty ideal" (p. 288).

Psycho-medical accounts seem to lack the acknowledgment of the completeness or evidence of women's same-sex sexuality, relationships, or identity. Lesbian orientation was interpreted as a deficiency, a substitution, an "alternative," a kind of a "secondary" path instead of the failed heterosexuality.

The Dilemma of Therapy

The problem of "therapy" is closely intertwined with the questions of etiology. Knowing the origin, one might more easily cure/prevent the trouble. Experts usually expressed a skeptical standpoint on "conversion" or "reparative" therapies, but the fundamental therapeutic aim was to achieve good social adaptation and adjustment to the "reality principle" (i.e., to the heteronormative social environment). Mainstream psychiatry showed hardly any social responsibility for, or critique of, the prevailing social norms. It considered its major scientific task to study or "treat" homosexuality and not the consequences of homophobia or minority situation. In this context, the propagation of reparative therapeutic methods was not unusual, mostly with implicit reference to male homosexuality, but there are examples of accounts of women's therapy as well.

Buda (1972) reported on recent experiments of "learning theory methods" (using aversive conditioning in association with homosexual stimuli) and suggested that change is just a matter of patience and will power. One has to note that (despite the strong Pavlovization of psychology) it is not known that these methods were ever practiced in Hungary,[13] but these texts themselves functioned as a symbolic pressure. "We have to try and influence them to see professionals, but we should not force anyone, because pressure will only result in pretended cooperation" (Buda, 1983, pp. 173–176). He went on to suggest that apart from the behaviorist methods, psychotherapy can also prove effective in repairing "program disorders," restoring "distorted sexuality," and can help the individual in adapting to the environment in case of conflicts (Buda, 1969a).

The strongly heteronormative statements limited "real" love to heterosexual relationships and link it to reproduction:

[12] In the book of the Hungarian criminologist János Rózsa, *Szexuális bűnözés* [Sexual Crime], a whole chapter ("Sexual Deviations") details the (mostly Western, psychiatric and psychoanalytic) origin theories of homosexuality, referring to a set of authors from Krafft-Ebing, Kinsey, and Freud to Clifford Allen, John L. Hampson, Robert L. Sears, Günter Schmidt, Imre Hermann, and Gyula Nyírő. (Rózsa, 1977)

[13] The medical records of the National Psychiatric and Neurological Institute (OPNI; closed in 2007) could be informative of this, but they are currently not accessible.

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> Even if homosexuality is not an illness in the classical sense, it is a disturbed and deviated psychosexual state of development. The homosexual person has to miss the real experience of love which can only come into being between a man and a woman. The homosexual attraction never creates a child who can give the special fulfillment of the love relationship. (Buda, 1975, p. 199)

The social (sociobiological) relevance of heteronormativity was clearly articulated by psychiatry and had to be conveyed by "modern" sexual education: "It is in the interest of society that the proportion of homosexuals does not increase but possibly decreases. The way forward is *propagating and disseminating modern sexual education* facilitating heterosexual orientation" (Szilágyi, 1986, p. 287; emphasis in original).

The importance of prevention was therefore pivotal: "Children must be protected and prevented from this 'blind track' by a healthy sex education from the school and the parents" (Buda, 1975, p. 198). Family was not only a target but also a means and the main field of proper gender socialization and preventing "slipping away": "To our knowledge, the best means of this is an harmonious family life and the correct childhood sexual education, with the avoidance of unnecessary prohibitions" (Buda, 1978a, pp. 58–59). Prevention was crucial, as the real social stake was to prepare for future marriage properly. As Edith Kent (1970) warned her young readers,

> Do not overdo even normal fraternization with girls in this age, as it is the time for going out with young men, get to know and get used to them. [. . .] All this is very important, so that later you can choose the man with whom you feel you will live in a happy marriage. (p. 98)

With respect to women, therapy was much less raised. Because they usually did not transgress their socially prescribed gender roles (being a wife and a mother), they did not require as much scientific and social attention, control, or therapy. Self-control and restraint could assure the proper social path for them:

> Even though we doctors also condemn homosexuality, we think we can do more with enlightenment than punishment. Thus, every girl has to keep herself away from what threatens her personal happiness now and in her later life, by the means of her own willpower. (Kent, 1970, p. 100)

If affection is under the control of the intellect and the force of social norms, then it does not become manifest and so a heterosexual "lifestyle" is secured. The best way (and also the aim) of that was marriage and motherhood itself: "Thus for example if a woman whose behavior is characterized by sexual inversion, can force herself to marry, to be a wife and a mother, can secure for herself a heterosexual way of life once and for all" (Sviadosh, 1978, p. 105). There was apparently a mutually reinforcing relationship between heterosexuality and family: Heterosexuality ensured the establishment of straight family, and the family ensured the reproduction of heterosexuality.

The only lesbian case in the "Homosexuality" chapter of the book *A szexuális élet zavarai* [The Disturbances of Sexual Life; Linczényi, 1977] conveys a whole system of social norms, especially marriage as an absolutely normative path for women and the insignificance of sexual pleasure for them. According to the case, a young woman, after the interruption of her long-term, satisfactory female relationship, and following the example of her former partner, got married. The author considered it as an ideal outcome of the "cure" despite the fact that his patient was at best "tolerating" heterosexual intercourse:

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> Their relationship was broken after five years because her girlfriend (already 40) was given an opportunity to marry which she did not want to miss. . . . The appeal of the identification with the ideal did not fail. Olga [the patient] suddenly found herself dating an older man of serious intentions. . . . She has become a good wife and a loving mother of her two children. She got used to, at least tolerates, but sometimes even enjoys sex life—commented the author on the "success story." (Linczényi, 1977, p. 124)

The case studies of Sviadosh report on more serious attempts of reparation (by way of "suggestion"): A teenage girl receiving psychiatric care after a suicide attempt was told that this kind of attraction is

> typical of adolescence. Real happiness, however, can only be found in a normal family life. She was given the suggestion that on growing up she would choose a worthy partner, marry him, and live the pleasures of love and motherhood. After six years, the successful marriage of this girl led to the normalization of her sexual orientation. (Sviadosh, 1978, pp. 124–125)

In the oral history interviews of elderly lesbians, some of the interviewed women reported on their experiences with psychiatrists and psychotherapy. Most of these experiences were less traumatic: They were not exposed to direct pressures of conversion but rather the "You'll outgrow it" attitude was typical. However, a complete recognition, "affirmation" of lesbian identity, did not appear before the 1990s and the psychiatrists' attitude was clearly heteronormative. Ilona (b. 1940) recalled that in the late 1950s, "I was sent to Lipót [the informal name of the National Psychiatric and Neurological Institute] where they made me go through some test where they showed me images and I had to say which ones I liked and which ones I didn't". Well, in any case, they said we should let time decide which way I would go (Borgos, 2011, p. 18). Mari (b. 1959) was talking about the 1970s: "Then in high school, when it turned out that I was attracted to girls, they called the school doctor who referred me to a psychiatrist, who told the doctor and my

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form-master not to worry, this is just some childhood adoration and I'd outgrow it" (p. 202).

Identity, Coming Out, Relationships, and Social Issues

There are only a few texts during the reviewed period that went beyond the questions of origin, prevention, and deviations. The reductive psychological interpretations rarely focused on the actual situation of gays and lesbians themselves: closet and coming out, self-acceptance, and the influence of social attitudes.

The issues of social exclusion and its psychological effects were raised from the 1980s on, mostly in the scholarly periodical *Orvosi Hetilap* [Medical Weekly], among the reviews of international (psychiatric/sexology) journal articles. Reviews were published of the works of subsequently much referred-to authors like Richard Troiden or Susan Golombok, among others. The default case was male homosexuality again; women were mentioned just a few times.

In 1980, the term "coming out" was used for the first time in *Orvosi Hetilap* (and possibly in any Hungarian forum), keeping the original English term. It appeared in the review of Troiden's article on the "developmental psychological model" of homosexuality (Buda, 1980). From the 1980s on, issues of homosexual "lifestyle" and relationships were discussed in a few reviews. Instead of seeking roots, these texts reflected on what the therapist's actual task could be: "Homosexual people often need psychotherapy because their environment condemns them and has prejudices against them" (Aszódi, 1985, p. 613). Another review reported on self-help groups in Sweden and Finland, pointing out how the protection of interests and the psychological state are connected in minority groups. (Buda, 1982b)

In 1985, the first review of a study on lesbian parenting was published in *Orvosi Hetilap* (the study discussed the situation after divorce, not joint childbearing.) The authors (Golombok et al.) did not find any "damage" in the children's development. However, they did not fail to emphasize that children had close relationships with men, which was essential for acquiring a proper masculine model (Buda, 1985). The issue of same-sex parenting, however, had not yet moved beyond the scope of a narrow professional circle.

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Besides the academic forums, from the 1980s, homosexuality was also thematized in public newspapers (partly by psychiatrist authors), basically in a liberal manner, handling it as a social (not a medical) issue. In 1982, Buda wrote an article in the weekly science magazine *Élet és Tudomány* [Life and Science], which overviewed the historical, cultural, legal, medical, and social reception of homosexuality (Buda, 1982a). Speaking of decriminalization, he also referred to the Wolfenden report, mentioned the psychiatric depathologization, the U.S. and Dutch social movements and communities, and the still-prevalent homophobia (he did not use this term) in Hungarian society resulting in the pressure for hiding.

Articles reported on the situation of homosexuals in Hungary, on prejudices, as well as the question of gay marriage (Buda, 1989; Harmat, 1989). The progressive social science monthly, *Valóság* [Reality] had already, in 1980, published a detailed and thorough (although anonymous) report on Western European gay movements, politics, and LGBT scenes from Spain to Sweden, based on a November 1979 issue of *International Herald Tribune*. The author apparently hesitated to use the Hungarian term for "gay" (*meleg*—literally, "warm"—was in use mostly among gays themselves and it might have seemed too informal and subcultural), so he kept the original "gay" term within quotation marks: "Today, the 'gay' bars, meetings, magazines, and the street marches of homosexual liberation movement ('gay liberation') are growing across Europe like mushrooms. The so-called normal society responded surprisingly maturely and with restraint" (s. n., 1980, p. 120). The language difficulty and the lack of translations (of "coming out" or "gay") indicate that these terms could not been integrated into the Hungarian environment at that time due to the lack of respective social processes behind them. They became part of the public discourse and were given a Hungarian denomination only in the 1990s, together with the beginning of human rights movements.

In a 1989 article published in the cultural-political monthly *Kapu* [Gate], Buda stood up for the long-term cohabitation, "sanctified" partnership, or "marriage" of gay people, declaring that this is what most of them actually long for, and promiscuity comes only from their situation. Women almost always live in long-term relationships anyway, even rearing children, as he stated. He mentioned the marriage claims of the Gay Liberation Movement, but in Buda's view, women do not necessarily want a formal bond as many of them already have (bad) experiences of it with a man (Buda, 1989). He did not mention the legal aspects of marriage or the discrimination in that respect.

Pál Harmat, a Hungarian psychiatrist based in Vienna, wrote about the manifestations of social prejudices and their consequences including hiding, fake marriages, discrimination at work, or police provocations. He referred to the volume edited by the Viennese Homosexuelle Initiative (*Rosa Liebe unterm roten Stern* [●●●][14]) that presented the situation of Eastern European homosexuals, stating that Budapest is "the Eastern European California of homosexuals" as well as being a destination of Western sex tourism (Harmat, 1989).

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[14] Homosexuelle Initiative Wien (1984), *Rosa Liebe unterm roten Stern. Zur Lage der Lesben und Schwulen in Osteuropa* [●●●]. Hamburg, Germany: Libertäre Assoziation.

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From the mid-1980s, lesbianism became a favored topic of the proliferating popular lifestyle magazines; it was typically discussed as a titillating phenomenon but often covered in a semiscientific style. It proved to be a good marketing element, especially as a visual component; the articles were illustrated with women even when 90% of the text was about male homosexuality.[15] By this, the goals of "scientific dissemination" (discussing sensitive topics) and the presentation of erotic content satisfying a heterosexual male audience could be realized at the same time.

There are some telling lacunae in the resources that are worth mentioning. It is remarkable that the issue of homosexuality did not appear in the popular volumes of sexologists responding to readers' letters,[16] and it was almost completely absent from the psychologists' columns of youth, family, or women's magazines.[17] One exception was the political and cultural weekly magazine *Új Tükör* [New Mirror], with its medical column led by the physician and novelist Péter Bólya between 1980 and 1986, in which female and male homosexuality was a quite frequently returning topic in readers' questions. The answers, however, represented and reinforced the most prejudiced public opinion, defining homosexuality as a disturbance of the sexual instinct that could not be cured. The claiming of rights was arrogantly brushed aside. At the same time, the most aggressively homophobic readers were countervailed by Bólya (Bólya, 1985).

Conclusions

Homosexuality is not merely a psychological phenomenon but also a social affair to be handled by different institutions—even when it is the object of the theoretical and clinical interest of psychologists and psychiatrists. In this process, psy experts, while speaking from the position of objective and neutral science, in fact reinforce traditional gender norms and state(-socialist) family ideals; thus, they function as influential representatives and mediators of heteronormative society. The 1961 (Hungarian) decriminalization and the 1973 (international) depathologization of homosexuality did not change the pathologizing-normative discursive framework deployed by experts. Although rough reparative interventions in Hungary were not typical (or not known), the fundamental therapeutic aim was to achieve good social adaptation. There was actually no recognition of lesbian (or even bisexual) identity or life perspective as a healthy and self-evident way of life; it was interpreted to be a traumatic or "secondary" substitutive phenomenon. The involvement of social aspects and a greater sensitivity toward their psychological consequences occurred only in a few cases, mostly from the 1980s.

Within the psychological discourses of the era on homosexuality, the case of women had some special characteristics. Their sexual orientation was usually described along a continuum, in which their sexual choices were linked to emotional factors and a general need for intimacy in the first place. The interest in the "origin" was similarly strong (and partly led to similar conclusions), as in the case of men. In women's case, however, there was no "need" for therapeutic conversion because the socially prescribed scripts for getting married were strong enough and the lack of sexual pleasure with men was not considered to be a problem, as they could fulfill their primary role without that. Homosexuality appeared as a danger threatening the straight family; at the same time, at least for women, the internalized norm of marriage and motherhood was the "protection" itself against choosing an openly lesbian way of life. The acceptable social roles and expressions of intimacy also made it easier for women to avoid taking up a lesbian sexual identity and to stay invisible.

Women's same-sex attractions and activities were perceived as less transgressive, although women as active sexual beings (without even sexually relying on men) might threaten the prevailing social and gender order, so the questions of prevention and therapy were raised in their case, too. Altogether, the professional and popular psychiatric and sexology literature on homosexuality indicate that whereas for men, transgressing normative (hetero)sexuality was the stronger taboo, for women, it was the unfulfilled order of marriage and motherhood that was considered the most serious deviance and danger during the state-socialist period—which, nevertheless, does not seem a phenomenon characteristic of state socialism only. AQ: 60

[15] E.g., d. sz. l. (1986).
[16] E.g., Veres (1982, 1986).
[17] *Nők Lapja* [Women's Magazine], *Magyar Ifjúság* [Hungarian Youth], *Ifjúsági Magazin* [Youth Magazine], *Családi Lap* [Family Magazine].

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