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Magnus Hirschfeld's 1899 psychobiological questionnaire: the paradoxes of de-narrativizing sexual and gender nonconformity

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ABSTRACT

The first scientific questionnaire to establish gender and sexual "intermediate" identities "objectively" was published in 1899 by the internationally renowned sexologist and pioneer of LGBTI emancipation, Magnus Hirschfeld (1868–1935). In this article, I show that this questionnaire changed how interactions took place between psycho-medical professionals and people who did not conform to sexual or gender norms. Rhetorically, the questionnaire created a delicate balance between self-expression and objectification of the subject. It broke down already existing semiautobiographical case histories into a list of characteristics, behaviour, and inclinations; all predicated on a conventional binary view of gender. I conclude that the questionnaire paradoxically activated and reified conventionally binary-gendered phenomena precisely by offering gender nonconformist people a robust frame for (gender-fluid) self-understanding; an inheritance still haunting us today.

KEYWORDS

Hirschfeld; LGBTI; gender; non-binary; questionnaire; self-narration

1. Introduction

In 1899, the German sexologist Magnus Hirschfeld (1868–1935) published the first questionnaire seeking to establish gender and sexual nonconformist identities. These are just a few of the almost one hundred questions:

> 58. Is the mental constitution productive rather than reproductive, more analytical or receptive?
>
> 62. Do you have an inclination for or aversion to female occupations, such as cooking, cleaning, hairdressing, … or masculine ones, such as sports, hunting, shooting, fighting. For which subjects do you have a particular interest (e.g. politics, fashion, theatre, horses)?[1]

Published as part of the first article of the first volume in the famous *Journal of Sexual Intermediates* (*Jahrbuch für sexuelle Zwischenstufen*), this questionnaire constitutes an important moment in the early period of his career as a scientist and, in current terms, early LGBTI activist and advocate. Hirschfeld would soon become an

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internationally renowned sexologist (a discipline he helped to found) and a pioneer of gay, lesbian, bisexual, transgender and intersex (LGBTI) emancipation; he was the first to distinguish conceptually and scientifically between variations of physical sex, sexual orientation, and gender identification, while at the same time attempting to tie them together politically as "sexual intermediates."[2] While most recent studies honour Hirschfeld as a predecessor of LGBTI emancipation, Heike Bauer offers a more ambiguous analysis. On the basis of Hirschfeld's work, she argues that

> the emergence of homosexual rights discourses around 1900 was framed—and remains haunted—by not only antiqueer attacks but also colonial violence, racial oppression, and the unequal contribution of power within a society that denied full citizenship on grounds of gender.[3]

In a similar vein, this article will show Hirschfeld's 1899 questionnaire to be a deeply paradoxical turning point in the history of practices and techniques aimed at establishing transgressive gender and sexual identities. It was the first published questionnaire within the medico-psychiatric field to study transgressive sex, sexuality, and gender as distinct categories and formed the basis of the emerging discipline of sexology. His questionnaire-based approach enabled him to move away from biography-based case histories and towards a denarrativized assessment of an individual's specific mix of "male" and "female" physical, psychological, and sexual elements. In so doing, it prompted questionnaire respondents to a self-diagnosis that involved the gendering of a plethora of phenomena, as the cited examples already indicate. The questionnaire thus also reified stereotypical bourgeois gender norms, which – to agree with Heike Bauer – still haunts present day conceptualizations of trans people.

This article first places this new technique – the questionnaire – within a long-term historical perspective on the coming into being of (nonconformist) sexual and gender identities. Its main argument is that Hirschfeld's questionnaire has been pivotal in a subtle but fundamental shift in the relation between expert knowledge and subjective experience. There are different aspects to this. I first sketch the medico-psychiatric casuistry on which Hirschfeld based his questionnaire topically, and how he offers an innovative turn to this field by introducing his theory of sexual intermediates. I then offer a close analysis of how Hirschfeld's questionnaire deals with the distinction between body and self. Next, I discuss how the questionnaire marks a change from earlier (autobiography-based) case histories in the relations it creates between the subject (of self-expression) and the object (of enquiry and diagnosis). Finally, I will show how the sexual intermediate subject can only come into being on the basis of a fixed gender binary. I briefly compare Hirschfeld's questionnaire with a contemporary pioneering psychological questionnaire used to establish "the psychology of women," one which illuminates the conventional binary basis of the seemingly "gender-fluid" concept of Hirschfeld's "sexual intermediate," as well as the remarkable fluidity of a questionnaire based on a solid distinction between "women" and "men."

Though only recently internationally recognized, Hirschfeld's work had a profound impact on post-World War II developments regarding the concept and treatment of transsexuals. He was already performing sex confirmation operations on what he called "extreme transvestites" decades before the German-American Harry Benjamin famously started similar surgeries in the United States after World War II. According

to Rainer Herrn, Benjamin never credited Hirschfeld as the pioneer of transsexual treatments, though he knew him personally from 1907 and had regularly cooperated with him.[4] However, Hirschfeld's inheritance is more far-reaching and paradoxical: his conceptualizations, based in binary gender, have shaped categories of transgender identification and medicine that continue to influence Western societies today.

2. Narrating sexual and gender transgressions

When Hirschfeld published his questionnaire, the idea that some people suffer from inborn, "pathological deviations" in sexual and gender desires and behaviour had already taken hold in forensic psychiatry. There was a diagnosis of congenital "sexual inversion." It stood at the basis of the modern Western concept of sexual and gender identities, and was supported by long-established attitudes towards transgressive sexual desires and acts. Over the centuries, the context of this discussion shifted from a moral and juridical context to a medico-psychiatric one, as Foucault argued in the 1970s and has been further nuanced by numerous lesbian, gay, and queer historians over the last four decades.[5]

The eighteenth century saw a shift from a "*crimen nefandum*," a crime that should not be mentioned at all, towards extensive criminal interrogations during which full confessions were sought. As has been shown for both Holland and England, such interrogations helped produce a kind of self-legitimation, creating the first tentative steps towards subcultural self-understanding. Sodomites started to describe their inclinations as created by God and spoke about other sodomites as members of the same community. Simultaneously, and in connection to broader changes in the understanding of sexual relations, an association between effeminacy and sodomy came into being (for example with a subculture of "mollies" in England), in relation to which sodomy slowly transformed from a hierarchical relation between an older and a younger man into a love relation between consenting adults.[6]

Influential in Hirschfeld's German-speaking milieu was the work of Karl Heinrich Ulrichs (1825–1895), who, from his personal experience, described sodomites as "women trapped in men's bodies" and fought for their rights. This formula formed the basis for the idea of "sexual inversion," which pertained to a broad variety of gender and sexual variations.[7] The work of the Viennese forensic psychiatrist Richard Krafft-Ebing (1840–1902) on "sexual pathologies" then elaborated on this concept further, in order to be able to distinguish between morally corrupt perverts and people with congenital sexual aberrations.[8]

Another historical context should be noted. As I have argued elsewhere, in cases of what was at the time labelled "(pseudo)-hermaphroditism," the patient's "self" only began to play an important role in the clinical establishment of social and legal sex from the end of the nineteenth century. As I will show, Hirschfeld was one of the first to propose the idea of a "sex of self," that is, the deep psychological feeling that one belongs to one or the other sex by linking the concept of "sexual inversion" to such cases. This notion of a "sex of self" can be seen as a predecessor of what, in the 1950s, was coined "core gender identity."[9]

To understand how Hirschfeld's questionnaire was rooted in this context, a brief look at earlier and concurrent techniques is necessary. Both Klaus Müller and Harry

Oosterhuis have extensively shown that Krafft-Ebing's work was pivotal in producing a dynamic in which case histories from his work as forensic expert in criminal cases against "sexual inverts" invoked self-narrations of bourgeois males who identified with the concept of congenital sexual inversion and thus provided new case material. Men who wrestled with their own "aberrant" sexuality started to write to him or send him their life histories; they understood the hereditary nature of the deviation as a legitimation.[10] Krafft-Ebing used this material to extend his collection of cases; from its first appearance in 1886, *Psychopathia Sexualis*, many new editions, each thicker than the former, saw the light. *Conträre Sexualemfindung* – literally "inverted sexual feeling," mostly translated as "sexual inversion" – was at the heart of this work and did not clearly distinguish between "inverted" gender and sexuality.[11]

Oosterhuis places the autobiographical narrations that Krafft-Ebing collected in the larger framework of a booming general interest in autobiographical writing at the time, arguing that "the nineteenth-century fashion for the autobiographical genre" demanded a life history to be a "voyage of self-discovery," "interrupted by frequent misdirections and confused by inward struggles." There was a strong emphasis on the interior, inner truth, which contrasted a "real self" with the role one played in society.[12] Same-sex lovers' autobiographical narratives were moulded after this method of self-narration and contained a meaningful plot of self-discovery, or "closure." Such "coming out" narratives contained several standard elements, such as a peculiar way of feeling and acting during childhood and puberty, early sexual experiences and a struggle with masturbation, the exploration of one's gender identity in the past and present, the painful knowledge of being different and in conflict with society, and the comforting discovery of not being alone. This narrative served to acknowledge, recognize, and legitimate one's feelings, experiences, and lives.[13] Many of these elements reappear in Hirschfeld's questionnaire, but in a different form.

Basically, medical-psychiatric transformations of such a self-narration into a medical case history involved reordering the elements of the self-narration into the format of a medical case history.[14] A standard medical case history contained three main elements: aetiology or anamnesis (pre-history); symptoms or present state; and diagnosis/prognosis. The anamnesis not only contained significant events or observations about the patient's life history but also possible signs of degeneration in the family, such as psychiatric episodes, suicide, or alcoholism. Also, physical marks of degeneration, both in the patient or his family, could be noted (form of the skull, ears, eye-brows, etc). The "present state of the patient" section usually started with a physical examination reporting general physical characteristics, the results of an examination of genitals and secondary sex characteristics, and a (sometimes lengthy) description of the current psychic and sexual situation. Every element, taken from the self-narrative, the visit, or examination is taken as a (possible) symptom of the underlying congenital constitution: sexual inversion. Experiences in a person's life history or "*vita sexualis*" were thus frozen in time as elements of a stable identity, in expressions such as "has always felt" or "already at the age of x fantasized about."[15]

A medical case history was directed at ticking all the right boxes to come to its conclusion: a diagnosis/prognosis. In practice, this involved little more than giving the case history a label. But such a label could be highly meaningful, because "congenital sexual inversion" or "moral insanity" often functioned as a mitigating circumstance in criminal

lawsuits against homosexuals. It was, moreover, meaningful to the patients themselves, as it legitimated their feelings and experiences as, if not normal, at least not criminal.[16] In the brief autobiographies sent to Krafft-Ebing, many patients adopted available diagnoses. Such autobiographies were often simply inserted in new editions of *Psychopathia Sexualis* as case history: case x, autobiography.[17] For psychiatrists, the ultimate aim was development of a pathological taxonomy. Autobiography-based medical case histories suited both this aim and sexual inverts' aims of self-expression and self-understanding because these narratives offered positive moral closure.

3. Hirschfeld's questionnaire

Hirschfeld first published his questionnaire as part of an article entitled "The Objective Diagnosis of Homosexuality" (1899). However, the article is not restricted to our contemporary understanding of homosexuality as a sexual orientation: it concentrated on characteristics we would now classify as "gender." To explain the theory behind the questionnaire, Hirschfeld addresses the discrepancy between "homosexual" in the title and his interest in gender in the opening sentence, stating that, in order to examine homosexual people, one cannot restrict oneself to sexuality alone: "he [*sic*] should be understood and examined in his complete individuality."[18] This is immediately followed by a statement that was revolutionary at the time:

> The most valuable result of research in the area of homosexuality is the conclusion that in all mental and physical aspects there only exist gradual, quantitative differences between man and woman; an extraordinary variety of mixed forms in all directions between them are present, at the extremes of which, as paradoxically it might seem, men with female and women with male genitals exist.[19]

According to Hirschfeld, everybody can be considered an "intermediate" somewhere on a scale between the extremes of Woman (*Vollweib*) and of Man (*Vollmann*).[20] Theoretically, Hirschfeld thus acknowledges that *everyone* was a sexual intermediate to a certain degree, which would de-pathologize *all* forms of gender. However, in all his work, Hirschfeld almost exclusively employed this theory to examine, diagnose, and defend pathologized or criminalized gender and sexual "deviants"; in practice, therefore, "sexual intermediate" remained for him an abnormal exception to be explained.[21] Moreover, as Daryll Hill has argued, in practice Hirschfeld's intermediaries were not fluid but actually split into categories.[22]

Further explaining this idea, Hirschfeld analytically distinguishes five levels of sexual differentiation:

- sexual glands;
- genital apparatus;
- secondary sex characteristics appearing with puberty;
- mental or psychological ("*geistliche*") differences; and
- differences in the direction of the sexual drives.[23]

Following this theoretical introduction on "sexual intermediates," Hirschfeld very briefly introduces the questionnaire itself. In order to recognize homosexuality "objectively" as a

natural-scientific phenomenon, he states that "in individual cases in particular the following points should be taken into account." He then presents the eighty-five questions that comprise the questionnaire.

The first edition of Hirschfeld's questionnaire (1899), printed in a thick yearbook, was clearly mainly meant to be filled in by Hirschfeld's academic colleagues. In 1908, the questionnaire was revised with the help of many others[24] and published in the journal *Zeitschrift für Sexualwissenschaft*; further editions appeared in 1911, 1915, 1921, 1925, and 1930.[25] The titles of revised editions indicate that the questionnaire assessed more than sexual orientation: *Psychoanalytischer Fragebogen* (*Psychoanalytical Questionnaire*) (Berlin 1909); and *Psychobiologischer Fragebogen* (*Psychobiological Questionnaire*) (Berlin 1915). These refined and extended editions, which appeared as separate brochures as early as 1909, were reportedly handed out to anyone interested (colleagues, patients, and non-medical visitors) at Hirschfeld's Institute for Sexual Sciences, which he started in 1919. By 1920, Hirschfeld reported he had collected no less than 4,000 completed questionnaires, a collection destroyed when the Nazis burned his library and archive in 1933.[26]

4. Transformation of a medical case history

How did Hirschfeld's questionnaire relate to earlier medical case histories and homosexual self-narration? Hirschfeld's questionnaire appeared at a time when the distinction between homosexuals and gender "deviants" was not yet analytically clear; both were diagnosed under the same broad umbrella term "sexual inversion." Under that term, many other subdivisions had already been proposed, leading to the creation of a wide range of categories of sexual and gender deviancies, most of which did not historically survive. Building on the pioneering work on sexual pathology of the Austrian psychiatrist Richard von Krafft-Ebing (1840–1902) from the 1870s onwards, Hirschfeld managed to introduce systematic distinctions that still hold today, distinguishing ("deviations" in) physical sex, sexual preference, and gender. His questionnaire probed the gender characteristics of subjects under the heading of *geistliche Eigenschaften* ("mental characteristics"), while *Geschlechtstrieb* ("sexual drive") referred to sexual instinct and inclinations. In 1910, about a decade after the publication of the first questionnaire, Magnus Hirschfeld issued his landmark study *Die Transvestiten* (*The Transvestites*), in which he argued that male homosexuality did not necessarily imply effeminateness and that a man's "urge" to dress in women's clothes did not necessarily imply homosexual desires.[27]

More radical even was his statement on "men with female and women with male genitals," implying that what we now call "gender identity" could be different from someone's sexual anatomy and gender of birth.[28] As I have argued in my study on medical case histories of hermaphroditism in the nineteenth century, it was only towards the very end of that century that physicians started to conceptualize what I have labelled a "sex of self" separate from a patient's predominating physical sex.[29] It was then that they started to argue (often in heated debates) about whether and to what extent someone's identification as a woman or a man should be taken into account in the sex assignment of cases of physically doubtful sex.[30] Hirschfeld was among the doctors developing a concept of the "sex of self" by transforming outer gender codes (such as clothes,

education or occupation) into constant inner desires, preferences and inclinations.[31] It was thus only through medical cases of (pseudo-)hermaphroditism and psychiatric cases of "sexual inversion" that the idea of an inner, inalienable psychological "sex of self" started to take shape. The questionnaire was an instrument to perform this idea in the interaction between people seeking confirmation of their "deviant" genders and sexualities and scientists objectifying these into medical-psychiatric identities.

According to the historian Müller's brief interpretation of Hirschfeld's questionnaire, it was meant to link scientific demands with emancipatory goals by creating more distance between the subject and the scientists than the previous autobiographical approach.[32] The questionnaire sought to detach the information from the individual level and allowed for a collective analysis of quantified and systematized data. But how precisely did that work? How did the technique of the questionnaire make this possible? And what happened to the voyage of "self-discovery" that the autobiography had previously provoked, or to the relief at being able to express oneself through a narrative arc? My investigation of Hirschfeld's questionnaire is based on the first, least extensive version of the questionnaire from 1899, as well as on the one filled-out questionnaire that was presented as a model in Hirschfeld's standard work on male and female homosexuality, published in 1914.[33] These two versions also show a clear development in the position of the questioned subject in Hirschfeld's questionnaire method.

4.1. The context of medical case histories

While Hirschfeld's questionnaire was clearly topically based in medico-psychiatric case histories, I believe he designed it to convince medical colleagues rather than psychiatrists, who were used to studying subjective feelings already. His design of the questionnaire carefully guided medical colleagues away from a traditional medical examination to a diagnosis of "subjective," embodied gender and sexual characteristics. It did so in two ways: firstly, topics within the questionnaire were structured along the lines of a standard medical case history; and secondly, it enabled a smooth transition from the examination of the body to an examination of psychological gender and sexual characteristics.

The structure of the questionnaire's themes must have looked quite familiar to traditional medical doctors: an anamnesis (A + B) is followed by a physical examination to establish the "current situation":

Name, place, sex, age, race, occupation, marital status
A. Descent (8 questions)
B. Youth (10 questions)
C. Current Situation (67 questions)
  I Physical (28 questions)
  II Psychic/Mental Characteristics and Capacities (20 questions)
  III Sexual Drive (19 questions)

The questions in part A looked for possible inherited socio-biological signs of degeneration such as alcoholism or mental illness in the family. These were standard in (psychological-)medical examinations at the time, but not something Hirschfeld paid much attention to in his work. The section on childhood in part B was very brief

and did not contain many questions on gender or sexuality (four out of ten questions). I will come back to this remarkable absence of interest in childhood. Part C was the innovative core of the questionnaire.

In the first part within C ("Physical"), the questionnaire still followed the usual structure of a case history by starting with the physical exam. However, under this rubric, there were no questions about primary sex characteristics (e.g. sexual organs), secondary sex characteristics (breasts, facial hair, pitch of the voice), or reproductive functioning (e.g. menstruation, potency, ejaculation). This part of the questionnaire was instead directed to what Hirschfeld thought to be the "subtler" traits by which bodies are gendered, such as, for example, "the form and strength of joints," "the contours of the body" ("more square and tight … or more curved"?) (Q20), or the hands: "Are the hands small, soft, weak or narrow, strong and robust?" (Q23). For physicians, this was both familiar terrain (the body), yet at the same time pertaining to traits they would not usually examine.

Interestingly, many aspects under the heading of "Physical" were not "just" physical. After questions about the form of the skeleton, the outer forms of the body, and the measure and character of the hands and feet, the following questions appear:

> 'Inclination to powerful muscular exertion' or rather 'calm, rocking movement'? (Q27)
>
> 'Steps small, slow, tripping, dancing' … 'or sturdy, big, fast, solemn'? (Q28)
>
> 'How can you whistle and how do you clear your throat?' (Q31)
>
> 'Is the gaze soft, languishing, intimate, flirting, mobile, or rather calm, steady, naïve'? (Q41)

Here the external physical aspects of the body turn out to be animated and activated by the subject as well. Hirschfeld's examination of the physical is full of these strongly socio-culturally determined subjective embodiments of gender. Sometimes, this is strengthened by Hirschfeld's formulation, as in the case of vocal pitch: Q45 "Is there a strong inclination to sing falsetto or bass voice?" This question does not concern what the pitch *is*, but the *inclination* of the subject. The socio-cultural and embodied character of these traits was to a certain extent camouflaged by the fact that they are presented under the heading "physical," and by the way these questions are randomly alternated with elements that could more easily be separated from subjective behaviour and movement. Thus questions 26–45 pertain to: hands, movements of hands, and handshakes; skin structure and complexion; breasts and facial hair; sensitivity to pain; gaze; and Adam's apple, voice, speech, and singing pitch.

4.2. Objectifying a subjective narrative

Daston and Gallison importantly historicize different *kinds* and *practices* of scientific objectivity, one of which is the ideal of a "selfless" scientist.[34] However, their work does not directly address the psychic or behavioural sciences, or humans as biological objects. What might the practices and discourses of "objectivity" look like in those disciplines in which the objects of enquiry are human embodied subjects?[35] For one, a systematic set of questions would calibrate the medical and psychiatric examinations of "sexual intermediates," which would erase individual scientists' subjectivity and enhance "communitarian objectivity."[36]

How did Hirschfeld seek to "objectify" subjective experiences, stories, emotions, and observations of the respondents? In his questionnaire, this was done by turning each of these into a (possible) externally observable symptom: instead of responding to the expressed experiences, desires, or emotions, these are observed, examined, and analysed in relation to a taxonomy of sexual and gender deviations.

This is both a subtle and fundamental shift in the subject's speaking position: via a refined, ambiguous rhetorical technique, subjective information could be processed as objective information. The questions in part A.I systematically oscillate between questions *about* the subject and questions addressed *to* the subject: "Are the upper arms rather cylindrical flattened (*abgeflacht*), or roundish?"(Q21) versus: "How can you whistle?" (Q31); Q21 asks for the physician's observation, whereas Q31 asks for the respondent's experience. A similar kind of oscillation can be found in the embedded perspective: some questions could only be answered by someone who *looked at* the subject of inquiry – "Are the steps small, slow … or rather … gross, quick" (Q28), "Is the gaze moving … or rather … steady?" (Q41) – while others are answerable only through *introspection* on the part of the subject: "Is there more inclination to strong, fast, precise muscle activity … or rather calm, rocking movements such as dancing?" (Q27). This last example shows how a question demanding introspection from the respondent (their inclination to something) was not necessarily formulated as a "you question" (e.g. "What is your inclination"), but rather as a question without a subject addressed. In this way, Hirschfeld could give the authority over the statement to the medical questioner, even when the topic addressed was about subjective experience. These linguistic forms may seem mundane, but they create a constant ambiguity about who is in charge of the story, of the observation, of the fact production. It allows for the individual expression of the respondent at the same time as it transforms this into a fact authorized by a detached medical observer.

This ambiguity is again notable in the second and third sections of part C, "Mental/psychic characteristics and capacities" and "Sexual drive." There, almost all the questions have to be answered by people who "know" themselves, while many questions are still put in quasi-objective terms, such as: "Is an inclination to adventure present?" (Q53) and "Is strong egoism, jealousy, excess of personality, sensibility to admiration and support, inclination to attract the attention present?" (Q51). Again, the form of the question suggests that these characteristics can be assessed by a detached medical observer, while the content requires either the respondent's introspection or enquiries into the experiences and assessments of close friends, lovers, and relatives. A fragment of the respondent's self-narration and self-characterization is thus subtly transformed into something established as an objective observation of a character element.

Such ambiguity is even stronger in the last section, on sexual drives, in which the questions ask for full access to the intimate interiority of the questioned subjects: "Is there indifference, aversion or hate towards the other sex, and abhorrence against the normal (heterosexual, GM) act?" (Q70); "Were erotic dreams directed at people of the same or of the other sex?" (Q71); "Is love directed at individuals of the same sex who in appearance and character approach the opposite sex, thus on juvenile men or women with masculine traits? Or, on the contrary, [is love] directed at same-sex persons distinctively representing their sex, thus at strong, real masculine and soft, real feminine types?" (Q74); "Were you captivated by cultivated or ordinary, soft-hearted or rough, elegant or strong natures?" (Q75). These formulations show how Hirschfeld

carefully balanced between allowing the subject to express herself and turning these expressions into symptoms discernible to the professional eye.

4.3. Towards a more autonomous use

The formulation of questions in the 1914 edition unequivocally gives more voice and perspective to the interrogated subjects: almost all questions in this edition take the "you" form. This allowed subjects to express their own experiences and observations more directly. Hirschfeld appears to have been aware of the function of the questionnaire as a site for self-expression. After the presentation of the 127 questions of this edition, he commented: "We know from our experience that many, mostly educated people, feel rather an inner satisfaction and relief by accounting for themselves in this way."[37]

In 1914, Hirschfeld published a questionnaire in which he inserted the answers of one respondent. The specificity of the answers suggests that he used an existing example, but, as this is not presented in its original handwriting, it is unclear to which extent Hirschfeld modified the answers. The answers suggest that the subject indeed used the questionnaire to reflect on herself[38] and express her experiences, emotions, and opinions. To see how much subjects were invited to take the opportunity to explore and express themselves, here is one example of the usually quite long answers she gives:

> Q. 74 Do you have a strong or weak will, energy, fearfulness or courage?
>
> Have absolute will. Energy in carrying through things I consider important ('you always bang your head against the wall'). Fearfulness in the general sense is alien to me; however, in concrete cases I usually support the expression 'He who loves danger, perishes in it'. Once I found a mouse in bed, shook it out and continued sleeping calmly. In the case of danger, I keep very calm. Once been driven over, yet do not hesitate to pass through the chaos of vehicles carefree. In others, I love their need for protection.[39]

Between the 1899 and 1914 editions, the questionnaire not only changed its form (e.g. how subjects were addressed) but also how the questionnaire was distributed and filled in. The 1899 edition was predominantly meant to be used and filled in by medical or psychiatric experts. Moreover, it was printed in a thick volume of the *Yearbook of Sexual Intermediates*, and therefore could not easily be handed over to a patient to fill out on their own. This edition of the questionnaire was therefore primarily a tool in the hands of medical professionals to diagnose "homosexuality" or "sexual intermediacy." However, a footnote asks readers to answer the questionnaire and send it to the *Scientific Humanitarian Committee* (Hirschfeld's organization). This autonomous use of the questionnaire quickly became more important.

In 1908, the questionnaire was revised with the help of many others, printed as a separate brochure, and handed out to anyone visiting Hirschfeld's Institute for Sexual Reform. In 1920, Hirschfeld reported he had collected 4,000 completed questionnaires.[40] Over fifteen years, Hirschfeld thus transformed the questionnaire from one that supported a medical exam to one that acted as a self-administered interrogation.

How did this shift change the ways in which subjective experiences, observations, and emotions were made into objectified data? The 1914 version – a version published in a section of his landmark study *Die Homosexualität des Mannes und des Weibes* (*Homosexuality of men and women*) to explain research methods – came with another subtle

change in questioning, in order to camouflage the significance of a question. Hirschfeld cautions that questions should be formulated in such a way that "the respondent has a minimum awareness of the conclusions to be drawn from the answers."[41] This is in clear contrast to the 1899 version, which at some points makes explicit the reason behind a question, presumably to inform the professional interviewing his patient. For example, the 1899 version suggests that homosexual men might clear their throat more softly (Q31), explains that men usually are more sensitive to pain than women (Q39), discusses why it is interesting to ask about feelings of shame towards one's own or the opposite sex (Q73), and explains why there are questions on whistling (Q31) and desires for people in uniforms (Q75). These explanations are missing in the 1914 version. This is an indication that the questionnaire was increasingly meant to be answered exclusively and autonomously by respondents who should not be aware of what an answer would tell the expert. This is something Klaus Müller also noted with regard to the 1925 edition: namely, that Hirschfeld inserted questions that offered him subtle signs that only medical experts were able to interpret.[42]

However, when it came to the way the questionnaire enquired about gendered characteristics, most of the questions hardly hid their diagnostic meaning. As I discuss in the last section, most references to physical and mental characteristics and sexual drives and practices were so obviously gendered according to contemporary bourgeois norms that the subjects could hardly have missed that. Also, stereotypical gay behaviour (such as theatricality) or famous tropes of homosexual autobiographies such as feeling "other than the others," "fighting one's own feelings," and "suicide" must have given clear clues to respondents. Suggestively worded questions asked subjects to position themselves, for instance, in terms of whether they fought or suffered from their inclinations. Q70 enquires as to whether one feels "indifference, aversion or hatred" towards sexual intercourse with the other sex. Q84, which asks whether one has fought "one's nature," is followed by: "Did you feel very unhappy?" and "Did you try to commit suicide?"[43] These invitations within the questionnaire to narrate interior struggles offered recognition of suffering to individuals and could be employed in Hirschfeld's emancipatory political struggle, but they also strongly activated and canalized the emotional expression of a sexual and gender nonconformist life. According to Herrn, this mass use of a standardized questionnaire taught subjects which elements of the life histories – which practices, experiences, inclinations, desires, and dreams – were of interest. It thus created a mould for sexual and gender biographies.[44]

This is important to notice because such a diagnosis could be very valuable in a society in which (male) homosexuality was considered a crime and some women living as men needed formal authorizations to carry a male name on their passports.[45] Herrn shows in an infamous criminal case of 1910 how Franz Eichbaum, a man in women's attire, successfully adopted the terms of the questionnaire to get a diagnosis as "Transvestite in order to plead mitigating circumstances."[46] In less pressing situations as well, however, Hirschfeld's defence of sexual intermediateness as something natural might have been a sufficient reason for subjects to tick the right boxes.

It seems that Hirschfeld nevertheless tried to circumvent this conscious embracing of iconic or all-too-obvious characteristics by inserting at least some questions which escaped the subject's awareness. The most striking example of this is Q42, which asks for the "type of face" of the respondent and for a photograph, or to label the type of

face by comparing it to a famous person. Hirschfeld comments that the "female characteristics of the facial expression in male homosexuals [*Urnings*] can be found best when they are asleep, just as the male expression in lesbians [*Urninden*], so that a photograph of the sleeping person would be most desirable."

On the one hand, the questionnaire thus increasingly became a tool that could be used for systematic self-description and self-diagnosis; and, on the other, it still left the final diagnosis to the expert by inserting "keys" that only an expert could interpret. This ambiguity fits well within Müller's general assertion that Hirschfeld's work constantly balanced between emancipatory and scientific objectives. However, the questionnaire restricted the subject's power over its interpretation in yet two other ways: by de-narrativizing biographical case histories and the displacement of disclosure from the individual narrative to a collective statistical interpretation.

4.4. Displacement of narrative closure: from individual to collective

In question after question, Hirschfeld's questionnaires relentlessly demanded that subjects expose their intimate selves. Many topics that had typically been part of the genre of homosexual life stories, as described by Müller and Oosterhuis, returned in the questionnaire: the first emergence of sexual desires and their object, the history of sexual intercourse with people of the same sex and of the other sex, feelings of easiness or shame towards one's own sex, early infatuations, suppression of feelings, the moment of discovering one's "nature," and so on. What was considered of interest did not significantly change, although Hirschfeld's questions certainly gave more detailed attention to gender. Whereas an autobiographical narrative left it to the writer to select out issues most meaningful to them, the questionnaire format required respondents to consider all topics listed and it did not allow for subjects to add new ones.

Just as with the autobiographical case histories, the questionnaire contained invitations to self-expression, self-observation, and self-narration. It is precisely in the closure of the narrative that the moral message is achieved; in the case of sexual and gender deviants at the time mostly pertaining to a relief of guilt. However, the fragmented answers which the questionnaire required no longer formed a single "coming-out" narrative even when certain answers were sometimes structured as mini-plots. This transformed the interaction between informants and medical and psychiatric professionals in the production of knowledge about sexual and gender pathologies. The autobiographies on which taxonomies of sexual and gender pathologies had been based previously now appeared as a catalogue of de-narrativized subjective observations. Split up into about one hundred parts, the questionnaire left the final interpretation of the answers and diagnosis exclusively to the clinician.

This enabled another kind of closure on a collective and statistical level. In 1899, the questionnaire was published as a medico-psychiatric tool to enhance the diagnosis of homosexuality in clinical settings. Only in a footnote was it mentioned that Hirschfeld's *Scientific-Humanitarian Society* (*Wissenschaftliches-humanitäres Commitee*) would be interested in receiving completed questionnaires. The aim of collecting these questionnaires was obviously not to diagnose an individual, but to use the information for scientific research. After the questionnaire's revision and publication as a separate brochure in 1908 – distributed among all the visitors of Hirschfeld's *Institute for Sexual Science* from

1919 – an interest in the statistical-scientific use of the questionnaire increasingly became apparent. As Herrn has also noticed, in 1919, the questionnaire did not so much serve individual sexual diagnosis but rather the production of scientific data on what he calls "sexual diversity."[47] He thereby points to Hirschfeld's report for 1919–1920, which referred to studies into sexuality of a more general character, based on the collection of questionnaires. These concerned, among other things, a social-psychological study of the relation between female employment and declining fertility, the innervation of potency, and a medical dissertation on "endocrine and psychological mechanisms in the etiology of sexual inversion."[48] Extracted from the questionnaire's systematic catalogue of symptoms, the intimate fragments of observations, experiences, and emotional expression were reordered in new, collective, and abstract stories. These kinds of statistical closures completely escaped control by the questioned subjects.

4.5. Comparing two binary systems

There is yet another level at which the subjects of the questionnaire were ambiguously positioned: the questionnaire offered respondents ways of understanding their gender transgression or ambiguity, but only if one accepted the deeply conventional bourgeois gender binary that informed its framework. As we have seen, Hirschfeld's starting point was that genitals did not necessarily correspond to a person's "sex," or (in current terms) "gender identity." Partly on the basis of hermaphrodite case histories, he began to develop the idea of a separate "sex of self."[49] Herrn, who described Hirschfeld's pioneering operations and treatments of "extreme transvestites," notes that renowned post-war transsexual conceptualization and treatments, such as those of Benjamin, were in fact built on Hirschfeld's earlier work. The questionnaire, as well as its theoretical foundation of sexual intermediaries, are, even today, fundamental to the recognition and conceptualization of transgender. But this is, I argue, a deeply paradoxical inheritance.

Herrn notes that Hirschfeld's questionnaire used an "easy to understand" vocabulary with very suggestive questions, which he interprets as an indication that it was meant to be filled in by subjects autonomously.[50] There is more to this "easiness," however: the polarized "either–or" formulations were firmly based on contemporary stereotypically binary bourgeois gender norms. Of the sixty-five questions in part C, 48 are posed in an either–or form and leave no doubt as to the gendered character of the polarization. Listing the "male" and "female" characteristics reveals stunningly stereotypical gendered characteristics: "male" is strong, big, solid, square, tight, calm, fast, deep, heavy, raw, unclean, simple and productive, critical, active, and abstract; being male is to like sports, hunting, shooting, and fighting and to prefer hats, high collars, and boots. Female is round, gracious, voluminous, soft, weak, slow, small, white, rosy, clean, fleshy, full, as well as coquettish, desirous, reproductive, receptive, artistic; being female is to like cooking, cleaning, hairdos, stockings, perfumes, make-up, jewellery. I list these characteristics here to underline a simple but important point: Hirschfeld could only "demonstrate" his theory of sexual intermediates by taking extremely stereotypically gendered characteristics as a solid point of departure. Only on this basis could he then argue that, in reality, people mixed such gendered characteristics. Theoretically, he claimed that no one was a true women or true man; in practice, only people deviating from this gender or sexual norm were classified as "intermediates." Moreover, in practice he could not avoid the

social and legal gender binary and often concluded a diagnosis by labelling someone either truly male or female, even when this was not reflected in the body.[51]

A huge range of detailed aspects of a person's body, behaviour, interests, preferences, and inclinations were thus gendered. This stereotypical gendering – not of people, but of characteristics – was presented as self-evident. Stefan Hirschauer, in his sociological dissertation on transsexualism, perceptively argued in 1993 that, in Hirschfeld's theory of sexual intermediacy, the gender binary was displaced from individuals to a plethora of appearances, attitudes, habits, practices, inclinations, and desires.[52]

By way of contrast, it is interesting to look at another questionnaire assessing gender identity, developed at about the same time, by the Dutch experimental psychologist Gerard Heymans, an internationally renowned pioneer of experimental psychology at the University of Groningen in the Netherlands.[53] He was one of the first psychologists to create extensive questionnaires as a tool. The questionnaire of interest here stands at the basis of his famous 1910 publication *Die Psychologie der Frauen* (*The Psychology of Women*).[54] His interest in female psychology was possibly related to his membership of the Dutch organization for women's suffrage; just as Hirschfeld, he was a man politically supporting women's emancipation. The questionnaire, used to analyse "the psychology of women," was initially developed to enquire into the heredity of psychological characteristics generally. It consisted of ninety subdivided questions that covered a large range of topics. Items could contain a question with a "yes" or "no" response, a choice of two or more contrasting possibilities, or pairs of two answers. To give an example: Q75 asked the respondent whether they had an inclination for abstract discussions (yes/no); Q70 allowed a choice between "courageous," "fearful," or "cowardly"; Q74 a choice between reading "a lot" or "a little bit," and between reporting one's reading as "precise and orderly" or "unprecise and confused."

In Heyman's questionnaire, like Hirschfeld's, some questions posed a gendered opposition, but this was certainly not systematically the case. What is different is that Heyman's questionnaire was not concerned with individual gender (or sexual) identity, but with the establishment of differences between men and women generally. To that end, in the presentation of the results in an attachment to his book, the subjects were divided into two solid, unquestioned groups: men ($n = 1{,}310$) and women ($n = 1{,}205$). The total of the reported percentages of responses often did not amount to 100%, so one can surmise that the option not to answer a question appears to have been frequently taken. Although there are sometimes clear differences between the percentages of men and women, often the overlap is more striking. Take a question that was strongly gendered, Q9, which asks whether one is emotional (men 45.9%; women 59.8%) or not emotional (men 39%, women 26.5%). There was a clear difference, but, based on these results, being emotional could not be seen as an exclusively female characteristic, nor could not being emotional be defined as male. It was actually quite "gender-fluid."

While Heymans took the gender identity of the interrogated men and women for granted in order to be able to study the distribution of psychological traits among men and women, Hirschfeld did the opposite: he questioned the gender and sexual identity of his subjects, but started from taken-for-granted gendered behavioural and psychological characteristics. I do not mean to say that Hirschfeld's questionnaire offers more space for "gender fluidity" than Heymans's, or vice versa. Rather, I want to demonstrate that in both cases, "gender fluidity" (in persons or in characteristics) becomes possible only after the questionnaire first fixed the gender binary elsewhere (in characteristics

or in persons). This comparison may teach us that, with regard to criticizing "the gender binary," we rather have to ask *where* the gender binary is actually operating.

5. Conclusion: manifold ambiguities

Throughout this article, I have pointed to the various multi-layered ambiguities involved in Hirschfeld's questionnaire. On one level, I pointed at a range of ways in which the questionnaire dealt with the ambiguity between the need for respondents to understand and express themselves and the demand for objectivity and standardization from a scientific standpoint. The questionnaire walked a thin line between medical and mental examination, subjective expression and standardized symptoms, and between individual narrative closure and statistical interpretation of data collections. These ambiguities presumably converged in a shared aim of LGBTI emancipation, where an objectification of subjective narratives was supposed to be a pertinent political tool.

On another level, there is an even more fundamental ambiguity. For the first time in the history of human sciences, Hirschfeld proposed to understand individuals as gradually gendered between male and female, as "intermediate." We would call it gender-fluid nowadays. His questionnaire was meant to measure someone's degree of masculinity or femininity. These measures, however, consisted of a set of binary gendered characteristics, stereotypical for the middle class at the time.

I contend that these different levels of dealing with ambiguity cooperate with and shape each other. Hirschfeld's questionnaire offered non-conformists with respect to sex, gender, and/or sexuality an easily recognizable, scientifically authorized frame of reference with which to structure their self-understanding. However, this was funded on a set of stereotypically gendered characteristics. Thus, the paradox emerges that gender-nonconformity or gender-fluidity started to be expressed in terms referring to nineteenth-century European bourgeois gender-stereotypical characteristics, reifying the latter as natural. This is the challenging heritage Hirschfeld left us with.[55]

Notes

1. Hirschfeld, "Die objektive Diagnose", 32.
2. Dose, *Magnus Hirschfeld*; Herzer, *Magnus Hirschfeld*. For the most extensive work on Hirschfeld as a pioneer in diagnosing and helping transvestites and (precursors of) transsexuals, see Herrn, *Schnittmuster des Geschlechts*, 38–42.
3. Bauer, *The Hirschfeld Archives*, 2.
4. Herrn, *Schnittmuster des Geschlechts*, 219–20.
5. Foucault, *History of Sexuality*.
6. Trumbach, *Sex and the Gender Revolution*; Van der Meer, "Sodomy".
7. Müller, *Aber in meinem Herzen*, 55–90. For the relation between Hirschfeld's theory and Ulrichs, see also Mancini, *Magnus Hirschfeld*, 46–61.
8. Oosterhuis, *Stepchildren of Nature*, 131–73.
9. Mak, *Doubting Sex*, 157–225.
10. Oosterhuis, *Stepchildren of Nature*, 158–61.
11. Müller, *Aber in meinem Herzen*, 111–41, 203–30.
12. Oosterhuis, *Stepchildren of Nature*, 216–17.
13. Oosterhuis, *Stepchildren of Nature*, 200, 229; Oosterhuis based this analysis also on Müller, *Aber in meinem Herzen*, 208–30.

14. For changes from speaking subject to studied object in autobiographies, see also: Müller, *Aber in meinem Herzen*, 168–77. Mak, "Sandor/Sarolta Vay", 63–6, offers a detailed narratological analysis of such a shift in one case.
15. Mak, "Sandor/Sarolta Vay", 63–6.
16. Mak, "Sandor/Sarolta Vay", 62–3; Müller, *Aber in meinem Herzen*, 91–110; Oosterhuis, *Stepchildren of Nature*, 131–9.
17. For an extensive analysis of the moulding of their brief autobiographies according to this medical frame, see Müller, *Aber in meinem Herzen*, 203–29.
18. Hirschfeld, "Die Objektive Diagnose", 4.
19. Ibid.
20. Mancini, *Magnus Hirschfeld*, 61–71, offers a good overview of the development of Hirschfeld's publications on gender intermediacy; Hirschfeld's ideas about gender intermediacy and polarity of sexual attraction are strikingly similar to the ideas in Weininger, *Geschlecht und Charakter*, although they drew almost opposite conclusions from it.
21. For the first explanation of this theory, see Hirschfeld, "Die Objektive Diagnose", 4–26; for his more elaborate explanation, see Hirschfeld, *Die Transvestiten*; for Hirschfeld's theory of sexual intermediates, see Herrn, *Schnittmuster des Geschlechts*, 42–63. Herrn focuses on the political emancipatory relationship Hirschfeld (unsuccessfully) tried to establish among homosexuals, transvestites, and hermaphrodites by defining them under the same umbrella-term, "sexual intermediates", as well as distinguishing among them. He does not specifically comment on the fact that all Hirschfeld's cases were "*Abweichlinge*", or abnormal; for an important and critical discussion of this theory, see Hirschauer, *Die soziale Konstruktion*, 82–5.
22. Hill, "Sexuality and Gender", 316–32.
23. Hirschfeld, "Die Objektive Diagnose", 8–9.
24. These were: Carl Abraham, Iwan Bloch, James Fraenkel, Otto Juliusburger, Heinrich Körber, Friedrich Jordan, Max Tischler, Georg Tobias, F. Stein, L.S.A.M. von Römer and Paul Bürger-Diether; see Herrn, "Die falsche Hofdame", 218.
25. Hirschfeld, *Psychoanalytischer Fragebogen*; Hirschfeld, *Psychobiologischer Fragebogen*, and further editions under the same title. I have not been able to get hold of the 1908 edition published in *Zeitschrift für Sexualwissenschaft* 1(1908): 684–95, or other separate publications of the *FragebogenI*. Herrn, "Die falsche Hofdame", gives a good account of the development of the questionnaire, the people involved in later versions, its distribution, and its use. Along with the first edition, I refer here to the edition published in Hirschfeld, "*Die Homosexualität*". The 1914 edition comes with one example of answers given.
26. Herrn, "Die falsche Hofdame"; Bauer, *The Hirschfeld Archives*, for the questionnaires in the Hirschfeld collection 43–9, 93–4; for Alfred Kinsey's assessment of Hirschfeld's questionnaire, 218–19; for the (burning of) the Institute, 78–101.
27. Hirschauer, *Die soziale Konstruktion*, 82–5; Herrn, *Schnittmuster des Geschlechts*; Herrn, "Die falsche Hofdame". Theoretically, the separation between the direction and character of sexual desires and gender identification included both men and women; in practice, however, for women, the link between gender and sexuality was never really cut, or had it been done by most of his contemporary sexological colleagues. See: Mak, "'Passing Women'".
28. Hirschfeld, "Die Objektive Diagnose", 4.
29. For an extensive discussion of the coming into being of a "sex of self" around 1900, seeMak, *Doubting Sex*, 157–232.
30. Mak, *Doubting Sex*, 185–204; Mak, "Conflicting Heterosexualities".
31. Mak, *Doubting Sex*, 193–9.
32. Müller, *Aber in meinem Herzen*, 303–5. The connection between case histories and sexual questionnaires has recently also been remarked by Douglas Pretsell, who traces a connection between four questions regularly used by Ulrichs, which Pretsell calls a "proto-questionnaire," and the increasingly standardized approaches to sexual case histories among early sexologists, including Westfal, Krafft-Ebing, and John Addington Symonds. Indeed, Pretsell surmises that Symonds must have developed an actual questionnaire, but Symonds never published his questions, and Pretsell doesn't speculate on the content. Pretsell, "The Evolution of the Questionnaire".

33. Hirschfeld, *Die Homosexualität*, 240–63.
34. Daston and Galison, *Objectivity*.
35. For this question in racial science at the time, see also: Mak, "Touch in Anthropometry", 328–9; Bultman and Mak, "Identity in Forms", 66, 88.
36. For the relation between the ideal of a "selfless" and "communitarian"objectivity and standardization through forms and questionnaires, see, for example: Daston and Gallison, *Objectivity*,139–41, 265–72, 139–63.
37. Hirschfeld, *Die Homosexualität*, 262.
38. I am referring to this subject here as "her" and "she" in order to keep close to the way she describes and understands herself in the questionnaire as a women with a lot of masculine characteristics. Even if this self-conception would be the result of the lack of acknowledgement for the option of a trans man identity at the time, it *is* her self-perception, including the experienced frictions between sex of birth and perceived gendered characteristics. In my view, pronouns such as "they" and "their" would not do justice to these experienced frictions.
39. Hirschfeld, *Die Homosexualität*, 252.
40. Herrn, "Die falsche Hofdame", 218–19.
41. Hirschfeld, *Die Homosexualität*, 239.
42. Müller, *Aber in meinem Herzen*, 304.
43. For an in-depth study of tropes of suffering and suicide, see Bauer, *Hirschfeld Archives*, 37–56.
44. Herrn, "Die falsche Hofdame", 221.
45. For the long history of the role of psychiatric diagnosis in criminal case histories, see: Oosterhuis, *Stepchildren of Nature*, 131–9; Müller, *Aber in meinem Herzen*, 91–109; Mak, "Passing Women", 384–99; Mak, "Sandor/Sarolta Vay"; Herrn, "Die falsche Hofdame vor Gericht".
46. Herrn, "Die falsche Hofdame", 203, 220–4.
47. Herrn, "Die falsche Hofdame", 219, fn80.
48. Hirschfeld, "Bericht", 64.
49. Mak, *Doubting Sex*, 193–200.
50. Herrn, "Die falsche Hofdame", 219.
51. This did entail a shift towards a notion of sex as self, as I argued (Mak, ""Passing Women""; Mak, *Doubting Sex*, 185–224), but was at odds with his theory of sexual intermediaries. See also Bauer, *The Hirschfeld Archives*, 70.
52. Hirschauer, *Die soziale Konstruktion*, 82–5.
53. For an extensive analysis of Heymans's psychological experimental science, see: Van Strien, "The Historical Practice".
54. Heymans, *Die Psychologie der Frauen*.
55. These ambiguities have pervaded medical, sexological, and psychological sciences with regard to establishing gender identities ever since. See: Mak, "The Sex of the Self".

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