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From Hormone Shots to Cruising Tips: Hungarian Experts and Homosexuality in Late State-Socialism

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This paper is about a remarkable file, ‘Interviews with Homosexuals’, in the bequest of László Cseh-Szombathy (1925–2007), who was internationally renowned and one of Hungary’s most celebrated sociologists. Looking at the ways in which the interviews and the conceptual framework of the questions asked by Cseh-Szombathy were crafted, along with the interviewees’ answers to those questions, the article investigates the interaction of sexual experts and male homosexuals in late socialist-state Hungary. The author contends that, at the same time as sexual experts had historically fuelled and contributed to homophobia, sexual experts during late state-socialism also became the primary agents who started to speak out against the pathologisation of homosexuality and played a crucial role in facilitating homosexual men’s exploration of sexual identity and self-acceptance. The paper highlights how Hungarian sexological experts engaged in productive dialogue with their patients and interview subjects, which shaped sexological expertise on homosexuality.

This paper focuses on a remarkable file, ‘Interviews with Homosexuals’, found in the bequest of László Cseh-Szombathy (1925–2007), an internationally renowned sociologist and one of Hungary’s most celebrated academics. The file of Cseh-Szombathy, housed at the City Archives of Budapest, contains interviews and a group discussion with self-declared homosexual men undertaken in 1981 and 1982. It is almost certain that the twenty-eight interviews were conducted by Cseh-Szombathy’s student Melinda Kassai, who was working on her sociology degree at Eötvös Loránd University.¹ Cseh-Szombathy helped to design the interview questionnaire and may have been present at the group discussion. The transcription of the interviews represents a rich set of historical sources as they captured the self-described experiences and opinions of male homosexuals under state-socialism at a time when there was little public discourse giving space to homosexuals. Thus, amidst the scarcity of historical sources on homosexuals and their subculture, the extensive interviews and discussion between interviewees, Kassai and Cseh-Szombathy provide a unique window into homosexual existence during late state-socialist Hungary.² This paper, however, takes an alternative focus. I explore the ways in which the interviews – including the conceptual framework of the questions, along with the interviewees’ answers to those questions – provide insights into the interaction of sexual experts and male homosexuals in late state-socialist Hungary. The documents illustrate the unquestioned authority that sexual experts (particularly psychiatrists) enjoyed over matters of sexual orientation well into the 1980s. I understand sexual experts as physicians, social scientists (psychologists

¹ Kassai’s thesis, ‘Egy Szubkultúra vizsgálata [Examination of a Subculture]’ was defended and filed at Eötvös Loránd University’s Sociology Department in 1983. I have not had a chance to see the actual thesis.

² There have been interviews with both male and female homosexuals about their lives during state-socialism after 1989. See, for instance, Anna Borgos, *Eltitkolt évek: tizenhat leszbikus életút* (Budapest: Labrisz Leszbikus Egyesület, 2011) or Péter Hanzli et al., eds., *Meleg férfiak, hideg diktatúrák: Életinterjúk* (Budapest: Civil Művek Közművelődési Egyesület, 2015).

and sociologists) and psychoanalysts who researched and/or undertook clinical work in the domain of sexual orientation. As sexual experts were the only figures who could speak publicly about homosexuality, their conceptualisation of homosexuality as a mental illness reflects and contributes to medical and social pathologisation of homosexuality. The archival documents reveal the great extent to which sexual expert views shaped societal views and also, crucially, self-described homosexual men's own understanding of homosexuality as a mental pathology and a non-normative behaviour. However, at the same time as sexual experts fuelled and contributed to homophobia, sexual experts during late state-socialism also became the primary agents speaking out against the pathologisation of homosexuality; they played a crucial role in facilitating homosexual men's exploration of sexual identity and self-acceptance.³ Moreover, an analysis of the opinions of sexual experts in the context of international developments shows how sexological expertise on homosexuality in state-socialist Hungary was shaped in a dynamic, transnational and interdisciplinary process that linked various forms of expertise – in particular psychiatry, sociology and psychology.

This article demonstrates that Hungarian sexual experts engaged with research on homosexuality emanating from both sides of the Iron Curtain and further evaluated those currents in light of their own experience with homosexual patients. In doing so, the article contributes to ongoing efforts to challenge and complicate the notion that Eastern Europe⁴ during state-socialism was removed from, lagging behind, or simply mimicking Western scientific developments in the realm of sexuality.⁵ Finally, the article contends that sexological experts engaged in productive dialogue with lay voices, who in turn played a role in shaping sexological expertise on homosexuality in this historical period. In highlighting the willingness of Hungarian experts to engage with and listen to their patients in (re) forming their own ideas, the article reflects recent works that complicate long-held assumptions about the power dynamics between experts and patients.⁶

A Sociologist Interviews Hungarian Homosexuals in Late State-Socialist Hungary

When, in 1981, László Cseh-Szombathy, a leading Hungarian sociologist at the Sociology Institute of the Hungarian Academy of Sciences, explicitly undertook a study of homosexual men, consensual homosexual acts had been decriminalised for nearly two decades.⁷ As historian Anita Kurimay showed, despite homosexuality being criminalised between 1878 and 1962, both liberal and conservative political regimes showed considerable tolerance towards homosexual men and women throughout the first half of the twentieth century.⁸ The systematic targeting and prosecution of homosexuals only began under the newly established Hungarian Communist Dictatorship in 1949. Consistent with the terror and repression that the Rákosi system (named after Mátyás Rákosi, the General Secretary of the

³ This was not necessarily unique to state socialism since there were sexual experts who had fought against pathologisation and homophobia throughout the twentieth century. See, for instance, sexual expert Zoltán Nemes Nagy and his widely circulated book, *Traitédiák a Szerelemi Életben* (Budapest: Aesculap, 1933) during the interwar period.

⁴ Eastern Europe is here broadly defined as including countries that were part of the Soviet sphere of influence during the Cold War.

⁵ Analyses by sexual scientists Kateřina Lišková in Czechoslovakia and Agnieszka Kościańska in Poland show how scientists behind the Iron Curtain were both tuned in to Western discussions around sex and were also perfectly capable of creating their own scientific approaches which at times could rival if not seem more progressive than their Western counterparts. See Kateřina Lišková, *Sexual Liberation, Socialist Style: Communist Czechoslovakia and the Science of Desire, 1945–1989* (Cambridge: Cambridge University Press, 2018) and Agnieszka Kościańska, *Gender, Pleasure, and Violence: The Construction of Expert Knowledge of Sexuality in Poland*, translated by Marta Rozmysłowicz (Bloomington: Indiana University Press, 2021). In the context of Hungary, see the works of Anna Borgos and Judit Takács, who have demonstrated how Hungarian sexual experts continued to have access to Western research and theories on homosexuality throughout state-socialism.

⁶ For recent studies on sexual science, see for instance works by Kateřina Lišková and Agnieszka Kościańska, who challenge the assumption that the power dynamics between patients and physicians was severely biased towards experts.

⁷ Since 1975, Cseh-Szombathy had worked at the Sociology Institute of the Hungarian Academy of Sciences, which was one of the research institutes belonging to the research network of the Hungarian Academy of Sciences.

⁸ Anita Kurimay, *Queer Budapest, 1873–1961* (Chicago, IL: University of Chicago Press, 2020).

Hungarian Communist Party who liked to refer to himself as Stalin's best pupil) imposed on anyone who dissented from the official Stalinist line, homosexuals were deemed enemies of the socialist nation. Considered both as 'unreliable elements' and even enemies, the police monitored homosexuals and their known meeting places. They were expelled from the Communist Party and received prison sentences in the hope of reforming them into heterosexual socialist citizens. A change of official treatment of homosexuality came during the political transition from hardline Stalinist policies to reformed 'goulash Communism' in the wake of the failed Hungarian Revolution of 1956. Following the recommendation of a medical advisory committee that conceptualised homosexuality as an innate pathological condition (as opposed to an acquired behaviour) consensual homosexual acts were decriminalised in 1961.⁹ While the Kádár era (named after János Kádár, the General Secretary of the Hungarian Communist Party between 1956 and 1988) brought a halt to the aggressive prosecution of same-sex sexual behaviour, the long tradition of state surveillance of homosexuals continued until the end of state-socialism in 1989. In addition, until the 1980s, homosexuality remained largely a taboo subject, and there was an absence of explicit political discourse on homosexuality. State socialist authorities preferred silent tolerance for what they understood as private sexual matters.¹⁰

It was sexual experts, mostly psychiatrists, clinical psychologists and, by the 1980s, sexual psychologists, who openly spoke out in public discourse about homosexuality. Importantly, Cseh-Szombathy was not the first Hungarian sociologist who considered homosexuality to be a subject of inquiry. Sociologists Sándor Heleszta and János Rudas (who later also became a psychologist) at the Hungarian Academy of Sciences in the early 1970s examined the sexual behaviour and attitudes of university students and young workers on sexual matters, from ideas about premarital sex to polygamy. Remarkably, the survey also included attitudes and behaviours related to homosexuality.¹¹ Their study, published in 1978, was inspired by Hans Giese and Gunter Schmidt, who in 1966 surveyed the sexual behaviour and attitudes of 15 per cent of all West German university students.¹² The Hungarian study, which included both university and vocational students between ages eighteen to twenty-four in Budapest, was coordinated with Sergey Golod, a Leningrad sociologist who was undertaking a similar study in St. Petersburg (Leningrad) with a clear attempt to examine and compare local and transnational sexual attitudes.¹³ Heleszta and Rudas's study was based on and referenced existing sexual surveys from the East and West and offered some comparative analysis. In particular, it highlighted how the liberalisation of attitudes towards (heterosexual) sex among young people apparently cut across the East–West divide.¹⁴ That ideas about sex could be legitimate research questions was a clear indication of both the liberalisation of sociology as a discipline and the serious demographic and societal challenges Hungary was facing with falling fertility rates and rising divorce rates. In fact, Hungary's divorce rates had been consistently among the highest in Europe throughout the twentieth century.¹⁵ Yet, the sexual–sociological survey went much

⁹ On the process of decriminalisation, see Judit Takács and P. Tóth Tamás, 'Liberating Pathologization? The Historical Background of the 1961 Decriminalization of Homosexuality in Hungary', *Hungarian Historical Review: New Series of Acta Historica Academiae Scientiarum Hungaricae*, 10, 2 (2021), 267–300. DOI: 10.38145/2021.2.267.

¹⁰ On the relationship of state-socialist authorities and homosexuality, see Anita Kurimay and Judit Takács, 'Emergence of the Hungarian Homosexual Movement in Late Refrigerator Socialism', *Sexualities*, 20, 5–6 (2017), 585–603.

¹¹ Sándor Heleszta and Rudas János, *Munkásfiatalok és egyetemisták szexualitása* (Budapest: MTA Szociológiai Kutató Intézete, 1978).

¹² Hans Giese and Gunter Schmidt, *Studenten-Sexualität: Verhalten und Einstellung: eine Umfrage an 12 westdeutschen Universitäten* (Reinbek bei Hamburg: Rowohlt, 1968).

¹³ On the discussion of the findings of the two studies, see Sándor Heleszta and Rudas János, 'Empirikus Szexuálszociológiai Kutatás Magyar Egyetemisták És Munkásfiatalok Körében', *Szociológia: A Magyar Tudományos Akadémia Szociológiai Bizottságának Folyóirata*, 7, 2 (1978), 211–27.

¹⁴ *Ibid.*, 219–20.

¹⁵ For the historical origins of high divorce rates in Hungary, see Sándor Nagy, 'One Empire, Two States, Many Laws: Matrimonial Law and Divorce in the Austro–Hungarian Monarchy', *Hungarian Historical Review* 3, 1 (2014), 190–221. For divorce trends throughout the twentieth century, see Józsefné Csernák, 'Házasság és Válás' in Margit Balogh

further than asking about people's attitudes towards marriage and non-monogamy. Rather, it aimed to measure how young people perceived the most common types of sexual behaviour. That the survey considered 'the homosexual' lifestyle as one of the 'typical' and 'widespread' forms of sexual relationships in Hungary was incredible. In carrying out this survey, the researchers openly acknowledged the prevalence of homosexuals in Hungarian society, something that officials would never publicly admit throughout state-socialism.¹⁶

If Heleszta and Rudas's published study marked an important milestone, it was their fellow sociologist at the Hungarian Academy of Science, László Cseh-Szombathy, and his student, Melinda Kassai, who first undertook the study of homosexuality as an identity category as opposed to just a behaviour from 1981 to 1982, which was one of the earliest (if not the earliest) comprehensive study of homosexuals behind the Iron Curtain.¹⁷ Cseh-Szombathy was a renowned and internationally acclaimed sociologist who pioneered the study of family in Hungary. Trained as a sociologist, demographer and historian, he published on 'disorders of social integration',¹⁸ the official label for acts of social deviance (i.e. on the history of suicide and alcoholism). By the time Cseh-Szombathy's student Melinda Kassai began conducting interviews with homosexuals in the early 1980s, Cseh-Szombathy was already one of the most prominent social science researchers in Hungary.

To my knowledge, the interviews – housed among Cseh-Szombathy's papers in a file entitled 'homosexuals' – have not been published and there is no mention of them within any of Cseh-Szombathy's formidable number of publications. Copies of the twenty-eight interview transcripts and the transcript of a group discussion with the interviewees are held as part of Cseh-Szombathy's bequest at the City Archives in Budapest.¹⁹ Why and how the transcripts got there remains a mystery. Likewise, the circumstances and details of how the interviewees were selected and even the exact purpose of the interviews remains unknown, although as the leading sociologist of the family and deviance, studying homosexuality would have been squarely within Cseh-Szombathy's research interests.²⁰ As to why, apart from giving his blessings to Kassai's university thesis, Cseh-Szombathy never published or referred to the research in any of his publications, we can only hypothesise. Whether it was protecting the privacy of the interviewees – since some of them held positions within the Communist Party and others worked as educators – or because there was no academic press that in the 1980s would have published the findings, or simply that amidst his many responsibilities he did not find time to finish writing up his findings, we will never know.

The Interview Questions

Interview Questions²¹

1. Family and socioeconomic background; parental principles
2. School, and if possible, even earlier childhood relationships in elementary school, situation in class, friendships, main interests and how they changed over time through high school = life story

(Continued)

et al., eds., *Magyarország a XX. Században II: természeti környezet, népesség és társadalom, egyházak és felekezetek* (Szekszárd: Babits Kiadó, 1997), 184–5.

¹⁶ On attitudes towards homosexuality during state-socialism, see Judit Takács's *Meleg század: adalékok a homoszexualitás 20. Századi magyarországi társadalomtörténetéhez* (Budapest: Kalligram, 2018), 139–71.

¹⁷ Oral history projects with self-described homosexuals both in Hungary and elsewhere in the former Eastern Bloc had taken place since 1989.

¹⁸ *Társadalmi Beilleszkedési Zavarok*.

¹⁹ Cseh-Szombati László irathagyatéka, BFL XIV.77. 4.d. From now on, CSLI.

²⁰ Access to Kassai's (Cseh-Szombati's student) university thesis would offer additional information about how and why interviewees were selected.

²¹ CSLI, Interjúvázlat. All translations are by the author.

(Continued.)

Interview Questions

3. Emergence of sexual interest, its manifestations. How does he remember these now, hetero and homosexual interests (sex plays)?
 - a. the beginning of homosexual interest
 - b. first time of hearing about 'homosexuality' – from whom in what context
 - c. when did the idea of homosexuality emerge – how?
 - d. Have you read something about homosexuality – what?
 - e. First sexual experience – when with whom? Did you know the person before; what effects did it have on him; have you spoken about your first experience with anyone = why?
 - f. Sexual relationship (homo and hetero) history
4. Right now, who knows about their homosexuality – family, relatives, friends, work colleagues, only homosexual friends?
 - a. Why did he share or not share it?
 - b. How did people react?
 - c. What would happen if they found out?
 - d. Are there people who they did not share it with, but they know? How does that make them feel? How do those people know?
 - e. Are there people who know about their homosexuality that you feel especially awkward/displeased about? Why?
5. Have you been in a situation when you felt uncomfortable about your homosexuality – what was it?
6. What is your opinion about this statement, 'Society excludes homosexuals.'
7. Do you have any homosexual acquaintance who is in a (heterosexual) marriage of convenience in order to conceal their homosexuality?
 - a. What is your opinion about this solution?
 - b. Can you see yourself having to do this?
 - c. For married interviewees: what was the reason for getting married? Does your wife know about homosexuality?
8. In your opinion, in today's Hungary, is there any discrimination against homosexuals?
9. Do you have any acquaintances who left Hungary as a dissident?
 - a. In your opinion, did homosexuality play a role in their decision to leave?
 - b. Have you ever considered leaving?
 - c. If it were possible, would you do it?
10. What do you know about the situation of homosexuals in other countries?
11. What do you know about how society viewed homosexuals in different times?
12. Do you have homosexual acquaintances who committed suicide?
 - a. Have you ever had suicidal thoughts?
13. How do you spend your free time?
 - a. How have you spent your holidays?
 - b. In the company of friends or alone?
 - c. In hetero or homo company?
 - d. Do you visit so called *meleg* [gay] places?
 - i. Why/why not?
 - ii. How frequently?
 - iii. In recent times where have you met people who became sexual partners?
 - e. Longer relationships/friendships – their lengths; start; friend's occupation; reasons for break up
 - f. It is a generally accepted belief that lasting and deep relationships between homosexuals are rare. What is your opinion about this?
14.
 - a. Do homosexual men commit more sexual crimes than others?
 - b. Social prejudices [about homosexuals] pose the greatest problems for homosexuals
 - c. Homosexuals have more mental/emotional troubles than the rest of society
 - d. Among homosexuals there are a lot of impassionate people, which is why public opinion has turned against them
 - e. Homosexuals are more educated and stand on an intellectually higher ground than the rest of society – that is why public opinion turns against them
 - f. Homosexuals are more sexually free people
 - g. Homosexuals have had a greater role in creating culture than others
 - h. Homosexuality is an illness
15. What do you think the reason is for the creation of homosexuality?
16. If there were a magic pill for erasing homosexuality, would you take it?

The intellectual roots of the questionnaire lay in deviance studies, where homosexuality was approached as a non-normative behaviour that was the result of the combination of biological and

social environments.²² The questions were meant to excavate the life histories of homosexual men in order to understand the evolution of their (homo)sexuality (i.e. when and what they learned about homosexuality; when they had their first sexual and homosexual encounter). However, a reading of the transcribed conversation that subsequently unfolded (the transcripts of the interviews range from twelve to twenty-five single-spaced typed pages) suggests that, rather than trying to locate the forces that pushed someone off the normative path, Cseh-Szombathy and his student were interested in exploring 'homosexual lifestyle', how homosexual men conducted their life differently from their heterosexual counterparts. In wanting to understand homosexual lifestyles as opposed to simply their sexual preference and frequency of sexual acts, the questionnaire and overall study was much closer to the studies done by the Kinsey Institute for Sex Research at Indiana University than any of the sexual surveys that had looked at homosexuality in order to categorise and describe people as homosexuals.²³ Like their American counterparts, in particular Allen Bell and Martin Weinberg's pioneering (1978) study *Homosexualities*, Cseh-Szombathy and Kassai's research considered homosexuality 'not only in terms of ages, techniques, and partners but also – and more importantly – in terms of how it interrelated with the social and psychological fundamentals of life shared by all human beings regardless of sexual orientation.'²⁴ Thus, the interview methods along with the fact that they were never published indicate that the researchers were not interested in quantification, classification and description of homosexuals for the sake of sociology's professional development and 'to claim more territory for the discipline'.²⁵ The transcribed individual interviews and group interviews offer the possibility that men who were willing to share deeply personal information with the researchers did so partly because they felt that they could do so without prejudice. By seeking to learn how homosexual men grew up and lived – in addition to how they were conducting their sexual lives – Kassai and Cseh-Szombathy joined an ongoing transnational effort of sexual scientists to recognise homosexuals as people with full lives that could not be reduced down to their sexual behaviour.²⁶

The length of the questionnaire – which included sixteen main questions, each with up to five additional sub questions – suggests an attempt to probe both the depth and breadth of the lives of interviewees. The first few basic questions – about people's family and socio-economic background (questions 1 and 2), the emergence of their homosexual desires and cataloguing their (homo)sexual encounters (question 3) – had been standard for medical and particularly psychiatry case studies that tried to understand the role of environmental and biological factors in the development of homosexuality. But even within these standard questions, the sub questions such as 'the first time of hearing about homosexuality' or 'what kinds of [if any] things you have read about homosexuality' suggest that Kassai and Cseh-Szombathy's interest went beyond standard questions. These questions about the different kinds of discourses on homosexuality that were available in the 1970s and early 1980s, and also which particular ones actually reached homosexual men, is indicative of the scope of the research. The cataloguing of the different medical/expert, popular and homosexual subcultural discourses on homosexuality and their various reach and effects on homosexuals, along with subsequent questions about when people first learned about homosexuality, how their first homosexual experiences affected them and people's connectedness to their wider community, suggest that the researchers were interested in uncovering the path of becoming a homosexual man in Hungary. In this sense, they were researching both what the scripts of homosexuality looked like in state-socialist Hungary and the different ways in which people came into contact with them, to the degree they embraced and challenged them. That is,

²² Within deviance studies, homosexuality was understood as a form of deviance along with alcoholism, prostitution and drug use.

²³ Alan P. Bell and Martin S. Weinberg, *Homosexualities: A Study of Diversity Among Men & Women* (New York, NY: Simon & Schuster, 1978).

²⁴ Paul H. Gebhard, preface, *Homosexualities*, 11.

²⁵ Heather Love, *Underdogs: Social Deviance and Queer Theory* (Chicago, IL: University of Chicago Press, 2021), xi.

²⁶ For a seminal work that addresses the complicated role of sexual experts in the context of the United States, see Jennifer Terry's, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society* (Chicago, IL: University of Chicago Press, 1999), 120–57.

they were interested in mapping the kinds of behaviour, dress codes, vocabulary and ways of communication that informed and characterised what it was to be performing as homosexual men in 1980s Hungary. And with question thirteen that asks people to detail the ways in which they spend their free time, the ways in which they get involved with the homosexual subculture and the places they meet their sexual partners, he also wanted to document how homosexual men lived in Hungary during the early 1980s. In other words, Kassai and Cseh-Szombathy were interested in mapping male homosexual subculture, including the community members' own knowledge about the situation of homosexuals in different countries and in different time periods (questions ten and eleven).

Questions four to eight are concerned with the interviewee's perception of homosexuality's status in Hungary. Whether it was about the interviewee's comfort level of being out with close family, relatives, friends and work colleagues or about whether they have ever felt uncomfortable about their homosexuality, these questions permitted an acknowledgement of the widespread homophobia in late state-socialist Hungary. By asking about how homophobia affected people's personal and professional lives, we can infer that Kassai and Cseh-Szombathy wanted to assess the contours of homophobia (including internalised homophobia) from the perspectives of homosexuals. Question twelve asks whether the interviewee knows anyone who has committed suicide and if they themselves have ever thought about suicide. Including a question on suicide in the questionnaire points to the researchers' awareness of increased suicide rates among homosexuals, which by the 1980s both medical and sexual experts had begun to document.²⁷

One of the most interesting aspects of the questionnaire is question fourteen, which asks the interviewees to reflect on (what at the time were) prevailing stereotypes about homosexuals, for example, 'Homosexual men commit more sexual crimes than others', 'Homosexuals are more sexually free than heterosexual people' and whether homosexuality was an illness. The questionnaire asked interviewees to reflect on positive stereotypes of homosexuals, for example, that homosexuals were instrumental in creating art and civilised society, or that they tended to be more educated and cultured than the rest of society. In formulating these questions, Cseh-Szombathy and his student were interested in how homosexuals understood themselves and perceived the homosexual subcultures in light of increasing, yet largely negative, visibility of homosexuals in public discourse. While there had been a few popular sexological articles on homosexuality during the 1970s, the arrival of the 1980s saw homosexuality becoming regularly featured in newspapers.²⁸ International news stories presented homosexuality in the context of crime and intrigue, such as the murder trial of John Wayne Gacy, who was tried for the murder of thirty-three young men in Chicago, reporting on the homosexual prisoners at the Washington State Penitentiary or the screening of the film *Cruising* (about a serial killer targeting gay men) at the West Berlin film festival.²⁹ There were also local Hungarian stories about homosexuals. Importantly, in 1981, there was a murder case in Budapest where an off-duty military sergeant was murdered. There was a homosexual motive and the killer was a homosexual man, which received national attention.³⁰ Finally, the release and reception of the first and only major homosexual themed film in state-socialist Hungary and East-Central Europe, *Egy másra nézve* (Another way), in 1982 exemplified the newfound visibility and presence of homosexuality in public discourse. All of these instances raised the visibility of homosexuality and made homosexuals the focus of public conversations. Although the tone and subtlety varied, the newfound visibility was largely negative, with

²⁷ For contemporary examples of establishing the link between homosexuality and suicide risk, see Marcel T. Saghir and Eli Robins, 'Male and Female Homosexuality: Natural History', *Comprehensive Psychiatry*, 12, 6 (1971), 503–10 and Joseph C. Rupp, 'Sudden Death in the Gay World', *Medicine, Science and the Law*, 10, 3 (1970), 189–91.

²⁸ This claim is based on the author's research on Arcanum digital database, which shows the drastic increase of homosexual-themed articles across different types of Hungarian media during the 1980s. Other scholars, such as Anna Borgos and Judt Takács, have also come to similar conclusions.

²⁹ *Népszava*, 14 Feb. (1982), 9.

³⁰ The portrayal of homosexual men as either victims or perpetrators of violent crimes became a more general trend, particularly in the criminal investigative television show 'Kék Fény'. See Hanzli, 'A rendszerváltás előtt titokként kellett megélni', 147.

homosexuality represented as a mental aberration and at times also as an immoral and even criminal behaviour. Thus, by asking homosexuals to respond to widely circulating negative assumptions about homosexuals (such as associations with criminality), as well as to more positive ones fostered by famous homosexuals in history (such as the idea that homosexuals are culturally superior), Cseh-Szombathy and Kassai wanted to contextualise how Hungarian homosexuals and their community saw themselves in relation to dominant public narratives as well as to influential transnational ideas within homosexual subcultures.

The Interviewees

The age of the men interviewed ranged from eighteen to forty-nine but most men (eighteen of twenty-eight) were between twenty-two and twenty-nine. They came from diverse socio-economic backgrounds (many grew up in smaller Hungarian cities, some came from rather well-off families, others grew up in religious households), with different school experiences (ten out of a total of twenty-eight had a college or university degree) and held various jobs ranging from manual labour to school principal to party official. It is not always possible to match the age to specific interviewees because the information was recorded separately, probably in an effort to preserve anonymity. Since most of the men were not 'out' to their families and almost none of them were 'out' at their workplaces, the concealment of their identities was important. Most of the files have only the interviewee's initials or what seems to be a pseudonym.

Far from being self-assured homosexuals who embraced their homosexual identities, let alone fought publicly for greater acceptance, most interviewees wanted neither political nor sexual revolution. In this sense, their experience shared basic similarities with what has come to light in interviews with Polish homosexuals about their experience during the 1980s.³¹ From a Western gay liberation perspective, this might seem apolitical. However, within the state-socialist framework, aspiring to have the same right (to their heterosexual counterpart) to conduct their sexual affairs in private was radical. For these interviewees, becoming full members of society was conceptualised in terms of material equality with their heterosexual counterparts and greater access to privacy and private spaces. Thus, asserting the right to privacy was not antithetical to challenging heteronormative state-socialist scripts. As one of the interviewees, the thirty-two-year-old B.J., expressed:

Whoever is gay and takes on/undertakes our style of living, whether he knows it or not, by irritating the petty bourgeoisie with his existence represents a kind of fermenting matter. And this ideal life that was designed for 10 million people; the family, the weekend houses, and the car means that even the idea of being a faggot is better. By being a homosexual, one questions that [heteronormative] way of life even if they are not able to consciously oppose it and do not want to confront it. It's certainly not that just because 95% live differently, their life is authentic, correct, and forward-looking.³²

By acknowledging and being open about their own non-normative sexual behaviour and identities, these Hungarian homosexuals went against state-socialist norms that, in case of homosexuals' inability to fulfil the biddable nuclear family, demanded secrecy. Under an authoritarian state, where details about one's personal life could easily be used for extortion by both the state and blackmailers, to voluntarily offer details about deeply personal matters can be understood not only as a result of trusting the interviewer but also as an act of defiance.³³

³¹ Jędrzej Burszta, 'Three Circles of Male Homosexual Life in State-Socialist Poland', in Tomasz Basiuk and Jędrzej Burszta, eds., *Queers in State Socialism: Cruising 1970s Poland* (London: Routledge, 2020), 11–22.

³² CSLI, B.J., 9.

³³ On the communist authorities' use of blackmail, see Kurimay, *Queer Budapest*, 223–30.

Sexual Experts and the Pathologisation of Homosexuality

The interviewees provide crucial insights on the role of sexual experts, psychiatrists and psychologists in shaping their understanding of their own (homo)sexuality.³⁴ Many of them had encountered psychiatrists and psychologists throughout their coming to terms with their homosexuality. Some of them were initially forced by their parents to consult psychiatrists or psychologists to ‘cure’ them of their homosexuality. Some of them sought therapists themselves to be cured. The interviews provide a window into how various sexual experts approached homosexuality in late state-socialism. We learn that there were general practitioners (equivalent to primary care physicians in the United States) who refused to intervene in ‘messing with the sexual orientation’ of men, even if they were homosexual.³⁵ These physicians accepted the medical view that homosexuality was an innate condition and therefore one’s sexual orientation – even if pathological according to contemporary medical understanding – could not be changed. According to these physicians’ views, since homosexuality was no longer criminalised, homosexual men and women should be able to live their lives without medical or family interventions.

However, based on the interviews, these physicians seemed to be in the minority and there were plenty of physicians, first and foremost psychiatrists, who claimed to have expertise on how to change sexual orientation and cure homosexuality. In fact, reading the interviews, it is clear that in Hungary during the 1970s and early 1980s consulting a psychiatrist was synonymous with wanting to change one’s sexual orientation. For instance, as L.L. explains in his interview, once his mother found out about his homosexuality, she suggested that he should go to see a psychiatrist. L.L. continues, ‘I did not want to go because I did not want to change [my sexual orientation].’³⁶ L.L.’s statement suggests that being sent to see a psychiatrist indicated a belief that homosexuality, like other presumed medical conditions, could be diagnosed and treated. It also suggested that one sought out psychiatrists precisely to find a ‘cure’ for homosexuality. There were apparently eager psychiatrists who offered their services both in outpatient and inpatient settings. In the case of the men Cseh-Szombathy interviewed, the methods of psychiatry treatments centred around hormonal injections and therapy. As for the success of these efforts, the answer from the interviewees was unequivocally zero. To provide just two examples: as one of the interviewees, K.J., explains:

I wanted to get help [to cure my homosexuality] – so I told my father who found an old doctor – he was a charlatan, who, I don’t even know how many injections he had stabbed me with, and got a lot of money in his pockets, but then there was no result.³⁷

And from B., whose parents checked him into a psychiatric ward in a small town for two to three weeks, we learn that: ‘It was totally senseless. They gave me male hormones – but the only result was that I grew a beard.’³⁸ While these men in their narration mostly focused on the futility of the medical treatment and did not go into greater details about the specifics of their treatments, looking at Hungarian publications on homosexuality during the late state-socialist period, it is possible to reconstruct the major ideas around homosexuality that would have shaped how sexual experts offered their treatments to these men.

One of the few publications for a popular audience – *A Szexuális Élet Zavarai* [Disorders of Sexual Life], published in 1977, just a few years prior to when Cseh-Szombathy was conducting his interviews – is instructive in terms of the state of sexual expert thinking as well as approaches to

³⁴ I understand that the interviews were mediated by a myriad of factors, such as the relationship to men with each other, to Cseh-Szombathy, their upbringings, their socio-economic and professional status as well as men’s history with sexual experts. The ideas and meanings expressed in the interviews were also context specific. Consequently, the following analysis and critical interpretation is based on my historical contextualisation of the interviews within the late state-socialist context in Hungary.

³⁵ CSLI, 6/1951.

³⁶ CSLI, L.L., 1982.10.23., 3.

³⁷ CSLI, K.J., 1982. 9.3., 5.

³⁸ CSLI, 1982. 3.22.,11.

homosexuality that the interviewees would have encountered. To begin with, a chapter entitled 'On Homosexuality' followed by a chapter on 'Other Perversions' indicates the perception of homosexuality as not only a sexual but also a mental disorder and even a form of sexual perversity. Written by Adorján Linczényi, M.D., psychoanalyst and editor of the book, the chapter begins with the following sentence: 'The word homosexuality denotes the kind of sexual perversion in which the attraction of people of the same sex to one another determines mate selection.'³⁹ The awkwardness of the sentence formation is not due to poor translation. Rather, steeped in medical and pathologising language, the ways in which homosexuality is introduced are a reflection of how most sexual experts in Hungary approached homosexuality – as a form of disorder that required diagnosis and potentially treatment. But, unlike the hormonal treatments reported by some of the interviewees, Linczényi's chapter focuses on psychoanalytical approaches to homosexuality, which by the 1980s provided the basis of what became known as sexual psychology. Linczényi, even as he stresses that psychoanalytical approaches are more objective and humane towards homosexuality (as opposed to other mostly psychiatry based approaches), spends most of the chapter detailing the various psychoanalytically pathologised explanations about the origins of homosexuality. To give a flavour of the type of statements that Linczényi scatters throughout the chapter (with the periodic insertion of case studies to demonstrate the validity of his arguments), consider the following statement he makes. Having explained in detail the various ways in which different psychoanalytic theories explain the mother's role in the development of homosexuality, he goes on to conclude that:

All homosexuals, whether male or female, have an attachment to a very strong mother: in case of a woman [female homosexual], [because of the attachment to the mother] she cannot choose a [sexual] object of a different sex from that of her mother, and in case of a man [male homosexual], in identifying himself with his mother, as she [his mother] attracts men or at least one man – his father – he also chooses men [as his sexual object]. Narcissistic emotions, the straight continuation of anal erotica or the formation of its counter-effects, and the fear of castration can always be sought out in homosexuals.⁴⁰

As this statement demonstrates, in addition to blaming mothers for their children's homosexuality and the pathological description of homosexuality, Linczényi also indicated that homosexual people were narcissists and preferred anal sex. In such framing of homosexuality, homosexual readers would have found little to no positive acknowledgements or validation about their (same) sexual desires and a lot of reasons for despair. If they read the full chapter (which abruptly ends with an overview of the still relevant paragraphs of the Hungarian Criminal Code that deemed illegal non-consensual same sexual activities, consensual same sexual activities with a person under twenty years old and consensual same sexual activities to be 'outrageous') it is unsurprising that Hungarian homosexuals like their counterparts elsewhere during state-socialism felt stigmatised by sexual experts and society alike. Whether the reader could come away contemplating their relationship with their mother or wondering about their own supposed narcissism, there was no positive message or hope in many of these sexological texts that increasingly became part of mainstream Hungarian discourse.

Moreover, the idea that homosexuality was a form of perversion rather than a result of one's identity encouraged people to seek out the same sexual experts who pathologised their sexuality in the first place. The ensuing therapies would try to discover when homosexual patients veered off the 'normal' (read: heterosexual) development path and subsequently diagnose the supposed origins of homosexual behaviour, then encourage patients to reconsider their sexual object choices. While this type of psychological treatment lacked the physical effects of aversion therapy or physical side effects of hormonal treatments, it could be overall just as (if not even more) harmful in terms of the mental and emotional

³⁹ Adorján Linczényi, Béla Radnai and György Vikár, eds., *A szexuális élet zavarai* (Budapest: Medicina Könyv kiadó, 1977), 114.

⁴⁰ *Ibid.*, 130.

well-being of homosexuals. A testament to the effects of these treatments as well as the ideas behind them (disseminated by books like *A Szexuális Élet Zavarai*) is evident among the men Cseh-Szombathy interviewed. Conceptualising their homosexuality as an illness, internalised homophobia and questioning their relationship to their mothers were all apparent among the interviewees.

'It's Natural': The Turn towards Tolerance in Sexual Expertise on Homosexuality

Interviewees talk about how growing up in the 1960s and 1970s, unlike today, there was not only no public discourse around homosexuality but also no access to sex education materials, for example in clinics or popular magazines.⁴¹ Such limited information made the few sexual expert voices all the more significant. In particular, the interviewees highlight the positive role of more progressive sexologists like Buda Béla in writing informative articles about the evolution of medical conceptualisations of homosexuality. Take, for instance, one of Buda's first articles in 1969 (many more were to follow) in the premier medical journal *Orvosi Hetilap* [Medical Weekly], which presents the sexological genealogy of homosexuality. In the article Buda discusses approaches of Krafft-Ebing, Magnus Hirschfeld and Freud, along with more recent American studies of Alfred Kinsey and an influential response to the Kinsey Report by psychiatrists Irving Bieber and Harvey Kaye, who respectively argued that male and female homosexual desire and homosexuality were a result of psychosocial maladjustment in childhood and therefore a curable mental illness.⁴² Buda detailed findings of an influential (1952) British publication, *Society and the Homosexual*, by Michael Schofield (under the pseudonym Gordon Westwood) that argued for a more humanitarian approach towards male homosexuals and greater societal tolerance. Buda also discussed *The Homosexual Society* – the sociological study of Richard Hauser commissioned by the British Government's Home Office on homosexual men.⁴³ In cataloguing the different approaches and their findings, Buda explains the evolution of medical research into an etymology of homosexuality that focused on the biological factors such as chromosomal or genetic explanations as well as physiological research and theories, which according to Buda were much more promising since they offered a more comprehensive view of homosexuality. Buda also detailed different approaches to 'cure' homosexuality by changing people's sexual orientation, which he concluded had been by and large unsuccessful. In his up-to-date view on transnational research on homosexuality, along with the psychotherapeutic approaches from the West, Buda also mentions Czechoslovakian sexologist Kurt Freund's behavioural therapy.⁴⁴ As evidenced by his account, sexologists in Hungary could follow developments on both sides of the Iron Curtain. But, in actuality, during the 1950s, 60s and 70s few medical professionals or psychologists in Hungary did so.⁴⁵ Buda opined, 'Unfortunately, there is little domestic interest in research on sexual behavior. Modern knowledge about sexuality has not spread enough among doctors and psychologists.'⁴⁶ Thus, in contrast to the pre-Second World War era, during the first three decades of the state-socialist era (1949–89) with no official encouragement, or actually active discouragement, there was little personal and professional incentive for psychiatrists and neurologists to follow international developments in sexology. At the same time, Buda was far from idolising the situation in the West in terms of the dissemination of

⁴¹ On popular discourse of sex in print culture, see Eszter Zsófia Tóth and András Murai, *Szex És Szocializmus* (Budapest: Libri Könyvkiadó, 2014), 54–80.

⁴² Irving Bieber, *Homosexuality: A Psychoanalytical Study* (New York, NY: Vintage Books, 1962), Harvey E. Kaye et al., 'Homosexuality in Women', *Archives of General Psychiatry*, 17, 5 (1967), 626–34.

⁴³ Gordon Westwood, *Society and the Homosexual* [Pseud. of Michael Schofield]; with an Introduction by Edward Glover (London: Gollancz, 1952); Richard Hauser, *The Homosexual Society* (London: Mayflower Books, 1965).

⁴⁴ On Kurt Freund's approach and influence on the international sexual expertise, see Kate Davison, 'Cold War Pavlov: Homosexual Aversion Therapy in the 1960s', *History of the Human Sciences*, 34, 1 (2021), 89–119. DOI: [10.1177/0952695120911593](https://doi.org/10.1177/0952695120911593).

⁴⁵ The extent of knowledge of theories and research on homosexuality among physicians needs further verification. At the same time, Buda's assessment of the lack of knowledge and research is supported by the scarcity of medical publications as well as a lack of popular discourses on homosexuality in the period.

⁴⁶ Béla Buda, 'Homoszexualitás', *Orvosi Hetilap*, 110, 37 (1969), 2144.

expert sexual knowledge on homosexuality. As he points out, ‘The results of the large amount of research have not sufficiently transferred to the knowledge and consciousness of the relevant professions, even in the developed Western countries where the research has taken place. Medical [as opposed to psychological] awareness in particular is uninformed.’⁴⁷ As someone who believed that homosexuals were suffering not from a biological defect but rather from the consequences of being pathologised by medical experts, Buda was equally critical of dominant medical approaches to homosexuality on both sides of the Iron Curtain. He closes the article with advice to therapists and physicians:

Treat homosexual problems with great tact, unbiased understanding, and as little verbalisation as possible, that is do not ‘diagnose’ or ‘care for’ homosexual people because this is beyond our strength and training for the time being. There is no doubt that the domestic development of medicine and psychiatry – as well as other relevant disciplines – will soon reach a stage where research and occupation with the help of institutional and other disciplines with sexuality will become necessary and possible.⁴⁸

Buda was hoping for institutional support to carry out research on sexuality in Hungary as he believed that cultural and social circumstances played an important role in shaping sexual practice and attitudes. Institutional and political investment in sexuality research would also help to train medical professionals to be more attentive to homosexuals not in a sense of curing them from their homosexuality but rather to assist them in accepting their own sexual orientation and coping with homophobia.⁴⁹ While those institutional and political investments never materialised, it is not difficult to see that Cseh-Szombathy’s study of Hungarian homosexuals is a direct response to Buda’s call. The questionnaire, with its attentiveness and acceptance of people’s homosexuality without qualifications, was precisely interested in understanding the effects of societal attitudes towards homosexuality and how that affected members of the homosexual community.

While there were those who actively tried to re-educate men into heteronormative lifestyles, there were also those sexual experts who worked to help homosexual men become comfortable with who they were. Notably, even in the cases of interviewees K.J., L.L. and others who had first seen an unhelpful and in most cases harmful psychiatrist, it was also psychologists or psychiatrists who ended up playing an important role in their homosexual self-discovery and, in most instances, self-acceptance. For example, the same interviewee, K.J., whose first experience was with a ‘charlatan who kept injecting him with hormonal shots and taking his money’, went to see another sexual expert at his father’s suggestion. It seems that K.J.’s father this time around did his research because the psychologist that K.J. saw proved to be immensely helpful for his mental health and self-discovery. As K.J.’s interview continues:

And then my father got a psychologist, who then fixed my mind a little bit, and it was a very valuable moment, and I told him all my grief and that it [my homosexuality] was causing me all my problems, and of course he didn’t believe me. He made me complete the Szondi test, but my homosexuality didn’t come out of the tests unequivocally, even though if someone is a homosexual that is clearly me.

And then he said he would only believe me if I tried it [to have sex] with someone.

Well, I was completely shocked, with whom and how, I was already around 22 years old, how would I find someone – I had not had any sexual contacts before. But he [the psychologist]

⁴⁷ Ibid., 2137–8.

⁴⁸ Ibid., 2144.

⁴⁹ At the same time, as Anna Borgos pointed out, even Buda was far from unconditionally accepting homosexuality. See Borgos, ‘Homosexuality and Psychiatry in State-Socialist Hungary: Representing Women’s Same-Sex Desire in the Psychomedical Literature’, *American Psychologist*, 74, 8 (2019), 928.

said it didn't matter if it was a boy or a girl, but he couldn't do anything until I had my first sexual experience.

When I went back [to the psychologist]– and I was feeling really awkward and I said that there was nobody I could sleep with – and then he told me to go and hang around Emke [a known homosexual café in Budapest], where there were supposed to be people like that [homosexuals]. Then I went out [. . .] and met a man.

Then I told the psychologist that it had happened and after which they said that they now believed it [that I was a homosexual] and that I should continue to travel on the same road [of homosexuality] as I had started on.⁵⁰

As this excerpt highlights, those sexual experts who could simply listen without any judgement or wanting to impose quick therapeutic 'fixes' for homosexuality could be a lifeline for members of the homosexual community. That did not mean that many of these therapists did not have their own heteronormative biases or used methods such as the Szondi personality test (named after renowned Lipót or Leopold Szondi, 1893–1986, a psychiatrist, psychoanalyst and professor of psychology) who considered homosexuality to be a mental illness.⁵¹ The use of the Szondi test to diagnose patients' homosexuality underscores the power sexual experts held in framing discussions and even in determining one's homosexuality. At the same time, as the case of K.J. demonstrates, there were sexual experts who, when the patients pushed back and disagreed with their diagnostic evaluations, were willing to reconsider their position. These sexual experts were open to working with their patients and assisting them in their self-discovery, even as in the case of K.J., by directing men to visit regular homosexual hangouts in order to find a sexual partner. In this process, homosexual men like L.L. and K.J. could form a patient–therapist relationship that empowered homosexual men.

Finally, there were also those therapists and sexological experts who unequivocally accepted homosexuality as an equal counterpart to heterosexuality and provided crucial support for homosexual men in accepting their sexual orientation. The interviewees did not provide specific names of therapists, but psychiatrist Lajos Romsauer, who would become the founding member of Homérosz, the first official Hungarian (and Eastern European) LGBT organisation in 1988 and the first openly gay physician, would have certainly been one of the best-known allies and therapists for homosexual men.⁵² In fact, in not one but in two cases, interviewees talked about working with a homosexual psychiatrist and psychotherapist who helped these men to accept their sexuality and fight their own internalised homophobia. While only a small number, these interviewees confirm the findings of more recent interviews about the role of homosexual psychology professionals.⁵³ The following two interview excerpts illustrate the positive role those homosexual sexual experts could play in the lives of homosexual men. According to L.L., the homosexual psychiatrist told him that, 'even if he [the psychiatrist] wasn't homosexual, he wouldn't talk to anyone to change it [their sexual orientation], because it is impossible and also a stupid thing to try. It's only that people tend to freak out about it.'⁵⁴ Or in the case of H.K., who explained that,

he [the homosexual therapist] told me that I shouldn't make a problem out of it [my homosexuality], that it's an integral part of our existence, we have to accept ourselves as we are; he also

⁵⁰ CSLI, K.J., 5–6.

⁵¹ The Szondi test, invented in 1937, was a personality test designed to map the unconscious drive structure of the individual but also to recognise the delinquent and anti-social, including homosexual, tendencies. It was widely used across the globe from the 1940s to predict 'anti-social' or delinquent behaviour. From the 1970s onwards, it has also been systematically critiqued.

⁵² On Homérosz, see Kurimay and Takács, 'Emergence of the Hungarian Homosexual Movement'.

⁵³ See, for instance, Péter Hanzli "A Rendszerváltás Előtt Titokként Kellett Megélni": Életinterjúk Meleg Férfiakkal a Hatvanas-Nyolcvanas Évekről, *Korall*, 66 (2016), 142–63, 148.

⁵⁴ CSLI, L.L., 1982.10.23./3.

accepts [his own homosexuality]. When [homosexual] people turn to him [for advice], he says that it [homosexuality] is a natural process of life.⁵⁵

By offering non-judgemental and non-pathologising views, and treating homosexuality as a variation of sexual behaviour without any negative value assigned to it, these therapists played an instrumental role for the homosexual community. In doing so, they countered and challenged both dominant medical perceptions as well as state socialist normative ideas about sex and sexuality.⁵⁶ In the context of the 1980s, moreover, when affirming medical publications on homosexuality continued to be sparse, with the appearance of AIDS and HIV (which first became reported in the Hungarian press in 1983 with increasingly negative media attention to homosexuality), a small number of sexual therapists (psychologists and psychiatrists) could offer an alternative portrayal of homosexuality to the mainstream homophobic view that continued to be both pathological and criminal.

The Dynamic Relationship of Sexual Experts and Homosexual Patients

The knowledge exchange between sexual experts and interviewees and patients in the 1970s and 80s was far from a one-way street. Indeed, as in the case of the early twentieth century when homosexual patients of sexologists like Zoltán Nemes Nagy proved to be instrumental in informing the views of sexual experts, so were the patients and interview subjects of Béla Buda, Cseh-Szombathy, Lajos Romsauer and others.⁵⁷ As we saw in the case of K.J., even if sexual experts held certain views, as long as they were open to consider alternative possibilities to their own – in K.J.’s case, a pathological view on homosexuality – by working with patients and seeing them through their homosexual self-discovery, sexual experts could and did change their views on how they understood homosexuality. As a result, it is important to acknowledge the role of the patients in shaping sexual experts’ views on homosexuality.

Even if there were many Hungarian homosexual men who initially clearly did not know where to find legitimate information about homosexuality and some even had a difficult time in locating actual homosexuals, there were many homosexual men who showed familiarity with both more affirming Western identity-based gay theories and also gay meeting places in Hungary and elsewhere behind the Iron Curtain. Thanks to Hungary’s relatively milder form of authoritarianism following the Hungarian revolution of 1956, travel for leisure within the Eastern Bloc and Yugoslavia was not simply permitted but, by the 1980s, became a standard feature for many Hungarians. Travelling outside Hungary became crucial for homosexuals who could afford it. As one of Cseh-Szombathy’s interviewees expressed, ‘you cannot really talk to a homosexual who doesn’t travel abroad yearly or who doesn’t like to travel.’⁵⁸ In sharing their experiences, domestic and international, with sexual experts, homosexual men provided information about homosexuality and homosexuals.⁵⁹ While, in the West, gay and lesbian organisations played a pivotal role in pressuring national psychiatry and psychology associations to reconsider their pathologising views on homosexuality, Hungarian homosexuals as patients and as interview subjects could and did help to provide important insights to and shape the views of Hungarian sexual experts on homosexuality in less direct and more intimate ways.

Conclusion

There has been a growing scholarship dedicated to complicating the notion that Eastern Europe was simply mimicking Western sexual scientific developments. Contextualising the archival material of

⁵⁵ CSLI, H.K., 1982.09.17./13.

⁵⁶ On state socialist ideas about sex and gender, see Tóth and Murai, ‘Szex És Szocializmus’, Introduction.

⁵⁷ On Zoltán Nemes Nagy and his interaction with homosexual patients, see Kurimay, *Queer Budapest*, 161–72.

⁵⁸ CSLI, L.L., 4.

⁵⁹ Lukasz Szulc, *Transnational Homosexuals in Communist Poland: Cross-Border Flows in Gay and Lesbian Magazines* (New York, NY: Palgrave Macmillan, 2018).

Cseh-Szombathy's interviews within Hungarian sexual expert discourse underscores that sexual experts in Hungary were aware of and followed scientific research on homosexuality from both sides of the Iron Curtain. The documentary evidence that Cseh-Szombathy and his research team marshalled also speaks to the dynamic interaction between sexological experts and their patients, and interviewees who constructed sexual expertise on homosexuality. Scholars have shown that homosexual men and women were instrumental in the creation of expert theories and views on homosexuality from the birth of sexology.⁶⁰ An analysis of Cseh-Szombathy's interviews provides specific ways in which patients and interviewees continued to have an influence on expert discourse even at the height of medical and social-scientific power over sexuality. Whether it was refuting social scientific assumptions about the specific characteristics of homosexuals (for example, that they tended to be more criminally inclined), challenging the validity of established diagnostics to 'detect' homosexuality, or simply by introducing ideas about gay liberation to therapists, homosexual men played a role in challenging mainstream sexual expert knowledge. In so doing, they contributed to the albeit slow and uneven changes that were taking place in sexual expertise on homosexuality. In other words, the de-pathologisation of homosexuality that became visible following 1989 was already happening in the therapy sessions with homosexuals and during Cseh-Szombathy's interview process during the 1970s and 1980s.

Finally, Cseh-Szombathy's interviews reveal the complex roles Hungarian sexual scientists could play at a time when political and social organising was not an option for homosexuals under state-socialism. While sexological experts were the ones who initially pathologised (and many continued to pathologise) homosexuality throughout state-socialism, in the process of working with homosexuals during the 1970s and 1980s, some sociologists, psychiatrists and psychotherapists also became some of their fiercest protectors and advocates. At a time when growing concerns around HIV/AIDS fuelled deep-seated homophobia in Hungarian society, some sexual experts could offer a safe space where, having found reassurance of their sexual identity, homosexuals could entertain the thought of seeing themselves as being part not of a pathologised group but rather of a sexual minority. In so doing, sexual experts were instrumental in laying the groundwork for what, after the democratic changes of 1989, became an LGBT social movement.

Acknowledgements. I would like to thank the archivists at the Budapest City Archive for their help in locating materials and also the anonymous reader for their comments.

⁶⁰ Harry Oosterhuis, *Stepchildren of Nature: Krafft-Ebing, Psychiatry, and the Making of Sexual Identity* (Chicago, IL: University of Chicago Press, 2000), was instrumental in making this argument.

Cite this article: Kurimay A (2023). From Hormone Shots to Cruising Tips: Hungarian Experts and Homosexuality in Late State-Socialism. *Contemporary European History* 1–15. <https://doi.org/10.1017/S0960777322000947>