

STEPCHILDREN OF NATURE AND THE MODERNIZATION OF SEXUALITY

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Richard von Krafft-Ebing (1840-1902), who, as the author of the bestseller *Psychopathia sexualis*¹ and many other psychiatric works on sexual perversion, was one of the founding fathers of scientific sexology, has got a bad press in historical studies of sexuality. Several scholars, strongly influenced by Foucault, have pictured Krafft-Ebing and other late nineteenth-century doctors as powerful agents in the control of sexual deviance. Often characterized as a manic classifier, a harsh judge of sexual deviants, a traditional materialist psychiatrist and a staunch adherent of degeneration theory, he has been contrasted in a negative way with Sigmund Freud. Krafft-Ebing has been blamed for sustaining Christian and Victorian morality and for pathologizing and stigmatizing sexual minorities. His psychiatric work on sexuality has indeed evoked powerful emotions and valuejudgments, but in my view its historical significance has barely been done justice. As I have tried to explain in my book *Stepchildren of Nature*², it cannot be regarded only as a medical or moral disqualification of sexual perversion.

My book focuses on Krafft-Ebing's patients, correspondents and informants and their interactions and negotiations with psychiatry. I have analyzed 440 published and unpublished cases from his work: regular case histories written down by Krafft-Ebing and his assistants as well as the letters and autobiographies they sent to the psychiatrist. Next, I have tried to explain these interactions by connecting to them several contexts. The psychiatrist as well as his patients were social actors having specific knowledge, motives, interests, positions in society, and cultural backgrounds. Thus my book deals with Krafft-Ebing's psychiatric ideas, explanations and theories, and how these related to psychiatric knowledge in general, with his professional strategies, and with the institutional contexts of his practice. And as far as the so-called perverts are concerned I have paid attention to the way in which they became involved with psychiatry, their situations and motives, and their position of power vis-à-vis the psychiatrist, especially whether their involvement was of an involuntary or voluntary nature, which in its turn was closely connected to their social position, class, education, gender, and cultural background. (See sheet.) The psychiatric understanding of perversions moved between scientific control and the realization of the liberal ideals of individual self-expression and self-realization. Whether the scale tipped to one side or the other depended to a large extent on the social position and gender of the psychiatrist's clients. Upper and middle class men capitalized on psychiatric models in order to explain and to justify themselves. But lower class men, prosecuted sexual offenders, and most female patients were generally not in a position to escape the coercion which undeniably was part of psychiatric practice as well.

¹ *Psychopathia sexualis: eine klinisch-forensische Studie* (Stuttgart: Enke, 1886; subsequent editions in 1887, 1888, 1889, 1890, 1891, 1892, 1893, 1894, 1898, 1901, 1903, 1907, 1912, 1918, 1924, and in 1937).

² Harry Oosterhuis, *Stepchildren of Nature: Krafft-Ebing, Psychiatry, and the Making of Sexual Identity* (Chicago and London: The University of Chicago Press, 2000).

To be true, like other psychiatrists, Krafft-Ebing surrounded sexual deviance with an aura of pathology and he echoed nineteenth-century stereotypical thinking on sexual issues. However, his views were all but static or coherent and there were many contradictions and ambiguities in his work. It was open to divergent meanings and contemporaries, among them many of Krafft-Ebing's patients, correspondents and informants, have indeed read it in different ways. *Psychopathia sexualis* did not only gratify one's curiosity about sexuality and make sexual variance imaginable, but individuals concerned viewed it also as an endorsement of their desires and behavior. Its numerous case histories revealed to them that they were not unique in their sexual desire. Krafft-Ebing's work was the impetus to self-awareness and self-expression and many suggested that it had brought them relief. What is striking is not only that life histories were so prominent in his publications, but even more that the autobiographical accounts were not forced into the straitjacket of his sexual pathology. Many of the life histories were submitted voluntarily and although their authors demonstrated a considerable degree of suffering, this did not necessarily mean that they considered themselves to be immoral or ill. The medical model was employed by many of them for their own purposes to mitigate feelings of guilt, to give perversion the stamp of naturalness and to part with the charge of immorality and illegality. In some of his autobiographical case histories the seeds of sexual emancipation were sown. Several perverts went to the psychiatrist, not so much seeking a cure, but to develop a dialogue about their nature and social situation. In fact Krafft-Ebing responded to these stepchildren of nature, as he characterized them. Even if they criticized medical thinking and the social suppression of deviant sexualities, he still published their letters and autobiographies uncensored, and he also acknowledged that some of them had influenced him. Thus Krafft-Ebing enabled voices to be heard that were usually silenced. In a way, the psychiatrist and his most articulate patients and informants cooperated. Perverts who wanted to make their voice heard in public depended on sympathetic physicians like him, because medical science was the only respectable forum available. Many of them believed very strongly that science was instrumental to objective truth and enlightenment and that it might help to improve their lot. On the other hand, the psychiatrist relied on their confessions and stories to give his theoretical considerations an empirical basis. Krafft-Ebing considered their narrations seriously as crucial material to support his psychiatric analysis. Lay views and medical views of sexuality overlapped. As more and more private patients and correspondents came up with life histories which did not fit the established perception of psychiatry and bourgeois morality, the more Krafft-Ebing's approach became enmeshed in contradictory views and interests. The reception of psychiatric thinking on sexuality in society, especially by those concerned, set in motion a dynamic which was difficult to keep in check.

Krafft-Ebing's work fluctuated between the explanation of perversions as mental diseases and the recognition of a variety of sexual desires. In several ways it challenged traditional sexual ideology. The current term *medicalization* with its connotation of scientific control does not clarify how psychiatric sexology was viewed by many perverts themselves and it also fails to grasp its historical significance. In my view, medical labelling and the disciplining effects of scientific interference have been overemphasized as the major determinants in the process I would rather characterize as the *modernization* of sexuality. As a central moment in the constitution of the modern sexual experience, in several ways Krafft-Ebing's work anticipated twentieth-century attitudes toward sexuality. Sexual modernism was not only a reaction against traditional prohibitions and, as such, an ideology of sexual liberation; it was a much more

fundamental transformation of the definition and explanation of sexuality and of its meaning in human life. I would like to discuss five outstanding features of sexual modernity which one can find in Krafft-Ebing's sexology. As I will point out, all of them are more or less characterized by ambiguity.

The first one is the notion that sexuality is an inevitable, natural and powerful force in life, which is dangerous as well as wholesome. Krafft-Ebing heralded a new approach to sexuality, not only because he transferred it from the realm of sin and crime to the domain of health and illness, but even more because he made clear that sexuality was an essential part of human nature with which everybody has to come to terms. On the one hand, he propagated the current idea that the sexual urge posed a persistent threat to the moral and social order because of its explosive and barely controllable nature. Therefore, it had to be repressed by outside regulation and self-control. On the other hand, he stressed that sexuality also played a constructive role in personal and social life. He attached great value to having a gratifying, harmonious sexual life, believing it to be crucial in the healthy development of personality and partnership. Sexual desire was not only inevitable, according to Krafft-Ebing, its fulfillment was also necessary for psychic well-being, personal happiness, and social harmony. In subjective experience the sexual act was not only accompanied by sensual pleasure, but also by responses of a social and ethical nature. One of the abnormalities he discussed in his work was sexual anesthesia, the absence of sexual feeling, which was the opposite of satyriasis and nymphomania. One of its characteristic symptoms was a lack of altruism and sociability. Acknowledging that sexual abstinence indeed could be detrimental to one's mental health, he also anticipated today's assumption that sexual restraint is unhealthy repression. From his viewpoint it was only a small step to modern sexual enthusiasm, the idea that every man and woman has a right, and perhaps even an obligation to sexual fulfillment. In our culture sexual satisfaction together with ideals of partnership are closely related to how we define personal happiness.

The contradictory tenor of Krafft-Ebing's work gave way to confirmation and, to a certain degree, also acceptance of sexual variance. The liberal-minded psychiatrist countered church and jurisdiction with a positivist, scientific approach, aimed at understanding and enlightenment, and he even espoused, to a certain extent, a favorable view of sexuality. In his actual descriptions of sexual activities the still prevailing reproductive norm fades into the background; he invoked pleasure, orgasm, and physical as well as mental satisfaction as their "aim". Yet his writings also betray pessimism regarding the irresolvable contradiction between the rational, moral cultural order and the frequently bizarre and sometimes violent sexual urges. As is true of Freud's work, that of Krafft-Ebing is perfused with a huge dilemma. On the one hand, the human is inevitably driven by sexual urges and their suppression causes nervous complaints. On the other, it is impossible to freely give way to lust, because, as an irrational and transgressive force it is simultaneously a great threat to social life.

The second feature of sexual modernism concerns the way sexual desires are defined and classified and the way the normal and the abnormal are differentiated. By naming and classifying virtually all non-procreative sexuality, Krafft-Ebing was one of the first to synthesize medical knowledge of what then was labelled as perversion. In the last decades of the nineteenth century, several prominent French and German psychiatrists were mapping the wide range of deviant sexual behaviours they discovered. Several taxonomies were developed, but the one that took

shape in Krafft-Ebing's work set the tone. Although he also paid attention to such phenomena as voyeurism, exhibitionism, pedophilia, bestiality, and others, Krafft-Ebing distinguished four fundamental forms of perversion: contrary sexual feeling or inversion, including various fusions of manliness and femininity that in the twentieth-century would gradually be differentiated into homosexuality, androgyny, transvestitism and transsexuality; fetishism, the erotic obsession with certain parts of the body or objects; sadism and masochism, neologisms actually coined by him. Part of his vocabulary, such as sadism, masochism, and pedophilia is still with us; both terms homosexuality and heterosexuality, which Krafft-Ebing also began to use, first entered the English language in the 1892 translation of *Psychopathia sexualis*.

At first reproduction was Krafft-Ebing's touchstone for making a clear differentiation between normal sexuality and pathological perversion, but as his work progressed, this basic assumption was more and more abandoned. Firstly, in his ongoing discussion of the main perversions, the barriers between the normal and abnormal were subverted. These boundaries appeared to be not so much qualitative and absolute but rather quantitative and flexible. Sadism, masochism, inversion and fetishism were not only disease categories, but also terms which described extremes on a graded scale of health and illness, and which explained aspects of normal sexuality. He explained, for example, that sadism and masochism were inherent in normal male and female sexuality, the first being of an aggressive and the second of a submissive nature. Also fetishism, as defined by Krafft-Ebing, was part and parcel of normal sexuality, because the individual character of sexual attraction, and connected to that, monogamous love, were grounded in a distinct preference for particular physical and mental characteristics of one's partner. And his extensive discussion of several forms of physical and especially mental inversion highlighted the chance character of sex differentiation and signalled that exclusive masculinity and femininity might be mere abstractions. These perversions were not only disease categories but also important concepts for a broader psychological understanding of sexuality in general. Normal (hetero)sexuality could only be explained in the context of perversions as extremes on a graded scale of the normal and the abnormal: it became understood as the result of a developmental synthesis of various impulses.

Secondly, Krafft-Ebing's basic classification saw a remarkable change as he shifted attention away from the traditional distinction between procreative and nonprocreative acts to the relational dimension of sexuality. This shift entailed that he more and more highlighted the dichotomy of heterosexuality and homosexuality. At the end of his career he even tended to see these categories as equivalents. In one of his last publications on sexual perversion he identified other perversions as subvariations of the more fundamental hetero-homosexual division. In this way Krafft-Ebing underlined that the gender of one's sexual partner - the other (hetero), the same (homo) or both (bi) - became the distinctive feature of the modern sexual order, and not so much the preference for other characteristics of one's sexual partner, for certain acts or scripts, or for body parts or specific objects. The explanation for this might be found in the third hallmark of sexual modernity, which, in fact, I already mentioned: the shift from the centuries-old procreative norm to the relational, affective dimension of sexuality

The sexual instinct was not only important for reproduction, Krafft-Ebing stressed, but also for the full psychological development of individuals and for engaging in a love bond, the glue of marriage. He acknowledged that reproduction was not the only, perhaps not even the most

important goal of sexual intercourse: affection appeared as a major purpose. He considered love as a social bond that was inherently sexual and since he tended to value the longing for physical and psychological union with a partner as a purpose in itself, the exclusive reproductive norm became problematical. Stressing that both love without sexuality and sexual pleasure without love were incomplete, Krafft-Ebing clearly replaced negative attitudes toward sexuality by a positive evaluation of it within the context of the ideal of romantic love. He thus anticipated the increasing sexualization of marriage and love which after World War I was widely propagated in marriage manuals like Marie Stopes' *Married Love* (1918) and *Enduring Passion* (1928) and Theodoor van de Velde's *Ideal Marriage* (1926). It was exactly his appreciation of the relational aspect of sexuality that contributed to his changing view of homosexuality. At the end of his life he was inclined to think that homosexuality was the equivalent of heterosexuality, because many homosexuals who had expressed themselves in his case histories, had made clear that partnership was as important to them as sexual gratification. The other perversions could in themselves hardly be geared to the romantic ideal because it was based on intimacy, equality, reciprocity, and psychic communication.

The psychologization of sexuality is the fourth dimension of sexual modernity. Many historians have connected psychiatric interference with sexuality to a biological determinism. Krafft-Ebing was indeed strongly influenced by the natural-scientific turn in mental medicine and also by the fashionable theory of degeneration, but on the whole his approach cannot be characterized as biological. There is a striking inconsistency between on the one hand his general theory, situating the sexual drive in the nervous system and the brain, and on the other his clinical analysis of cases. Although in his case histories he sometimes mentioned physical and anatomical examinations of patients and in his theory the underlying causes of perversion remained heredity and degeneration, these were not very relevant for Krafft-Ebing's understanding of perversion. In clinical practice not so much bodily characteristics were important, but personal history, subjective experience, and inner feelings: perception, emotional life, dreams, and fantasies. The seat of the sexual instinct was located in the personality. It was the psychological attitude behind outward appearance and behavior that counted as the defining criterium of contrary sexual feeling, sadism, masochism, and fetishism. For the greater part he had to judge from what perverts were telling him and that is why (auto)biographical accounts were so important in his work.

The psychological dimension of sexuality first appeared as a typical constituent of perversion and masturbation: as Krafft-Ebing explained, certain mental stimuli, such as fantasies, prevented the spontaneous physiological process which characterized normal sexuality, from taking its course. Later, however, he also drew attention to the decisive role of the mind in the development of normal sexuality. Normal sexual functioning was considered as more than just the physical ability to have intercourse. The satisfaction of the sexual urge was not only made up of physical release, he pointed out, but also of emotional fulfillment. In fact his psychiatric model of sexuality postulated a complicated interaction between body and mind, including, as he phrased it, the "unconscious life of the soul". Sexuality was a complex of behaviors, reflexes, experiences, feelings, thoughts, desires, and fantasies. Thus the sexual took on a strong meaning, especially because physical sensations and experiences played such a significant role in the emotional lives of individuals. This very interaction between mental and physical experience, which is so central in his understanding of sexuality, might explain why it has become such a

meaningful experience in modern Western culture: the emphasis on sexual experience is an expression of the preoccupation with the interplay between the body and the inner self. As such sexuality has become a sensitive issue giving cause to an array of emotional problems: endless self-scrutiny, fears of being abnormal, anxieties about erotic attractiveness and sexual achievement, and conflicts between sexual fantasies and the realities of everyday life. Krafft-Ebing's autobiographical case histories already show that sexuality had become the subject of endless self-reflection, which, on the one hand, had a redeeming effect, but, on the other, reinforced inner conflicts, the unbridgeable gap between private desire and social role, and between fantasy and reality. As many of Krafft-Ebing's case histories illustrate, self-contemplation was more often than not a cause for anxiety and uneasiness, but it also created the possibility for self-awareness and self-expression, and later for sexual emancipation.

Closely related to the psychological experience of sexuality is its strong link to personal identity, the fifth distinctive characteristic of sexual modernity. Defining an individual's prime identity through his or her sexual taste is basically a nineteenth-century invention. Shifting the focus from a temporary deviation of the norm to a more or less permanent pathological state of being - and thus challenging the authority of both the church and the judicature - psychiatry advanced a paradigm change in the understanding of sexual deviance, which laid the foundation for the emergence of sexual identities: a fundamental change in the experience of sexual deviance in the sense that it was no longer perceived as more or less temporal, fleeting digressions, but as a continuous and essential feature of one's personality. However, for the materialization of sexual identity in personal and social life a cultural model, a script, was necessary. In this respect Krafft-Ebing's case histories played a crucial role: his work offered a space in which sexual desire in the form of autobiographical narrative could be articulated. It offered a framework for understanding and justifying sexual desires in the context of one's life history. The genre of the psychiatric case history and that of the autobiography seamlessly merged into each other: whereas in modern autobiography authors analyze the course of their life to arrive at self-knowledge, in psychiatric case histories a diagnosis was made by reconstructing the past life of the patient. For many of Krafft-Ebing's patients and correspondents, the whole process of writing their life history, giving coherence to their torn self, might result in a 'catharsis' of comprehension. Their detailed self-examinations and the presupposition that their sexual desire and behavior expressed something deep and fixed from within the inner self, were crucial in the development of sexual identity. By offering a script to tell one's life history, Krafft-Ebing's autobiographical case histories also linked individual introspection and social identification.

As we all know, postmodern social and cultural theorists and historians have undermined the idea that sexual identities are fixed in nature or the psyche; in my view sexual identity can be viewed as a script, on which individuals modelled their life history. Sexual identities crystallized as patterned narratives and as such their content and form were of a social and historical origin, rather than of an individual and psychological nature. Thus we have debunked or deconstructed sexual identity at a theoretical level. However, we should not forget that sexual identities are nevertheless real in a historical sense, a product of social life itself, and an inalienable part of the common sense understanding of sexuality and the self in modern Western society. Sexual identity is still experienced as a (psychological) essence which is already there, waiting to be discovered, explored, understood, and expressed. Sexologists, psychotherapists, self-help groups and manuals, and emancipation movements have only intensified the preoccupation with the true

self. Scanning their own past life for clues to their sexual being, people still tell each other intimate stories to foster a sense of identity since sexuality has become a focal point of personal awareness, individual growth, self-actualization, and emancipation. The idea that it is wholesome to transform one's (sexual or other) suffering or pleasure into a personal, authentic story is widely shared in modern Western culture. What Krafft-Ebing's patients and correspondents did in the privacy of the psychiatric consulting room or in their correspondence has become public property: nowadays such stories are told in popular magazines or on television and the internet all the time.

To come to a conclusion, I want to emphasize again that the modern understanding and experience of sexuality, which I have tried to catch in these five features, emerged not only from medical thinking in itself. To believe that a transformation of such magnitude was caused merely by psychiatrists, would be overrating their power. Psychiatry did not so much construct as articulate the modern experience of sexuality. Whereas psychiatry provided a new conceptual framework and new role models, longer-term social and cultural developments had substantially transformed the experience of sexuality in society. As I have indicated before, some of Krafft-Ebing's patients, correspondents, and informants played an active role in the development of his perspective. To a large extent, his psychological conception and interpretation of sexuality relied on the self-observations of some of his most articulate patients and correspondents. New ways of understanding sexuality came about in a process of social interaction between individuals from the upper and educated classes who contemplated on themselves, and psychiatrists who delineated sexual perversion as a medical field in a process of professionalization of their specialty. Both patients and doctors were agents of culture at large. Apart from the institutional developments in psychiatry, changes in the self-understanding of the individuals who became its object have to be taken into account and these can only be explained in the wider cultural and historical context. The modernization of sexuality involved transformations in the field of individualism, self-reflection, and personal identity as well as changes in the social function of sexuality.

Economic independence, social and geographical mobility, and urbanization were important social conditions for the emergence of sexual identities. These could only come into being when more and more individuals could pursue their idiosyncratic desires, not as short-term, random diversions from fixed social roles and family responsibilities, but on a more regular basis as part of their lifestyle. The pursuit of sexuality outside the constraints of the family indeed became possible, especially in cities, big and anonymous enough to shelter and support a "sexual market" as well as deviant subcultures. Previously isolated individuals, who might have felt their desires to be odd and unique, found others with similar predilections in the crowded cities. For the members of the upper and middle classes, capitalism entailed not only increasing opportunities to enter into free economic relations with other individuals, but also, as living standards rose from the end of the nineteenth century, to place more stress on individual choice, taste, and pleasure. It was in the context of an emerging consumer culture and a democratizing civil society that sexual desire became significant in a new way.

Also, and perhaps even more crucial were the spread of the ideal of romantic love and of autobiographical self-analysis among the bourgeoisie. Before the nineteenth century, the sexual conduct of individuals used to be determined by marital and procreative demands, social status

and hierarchy, economic necessities and interests, and fixed gender roles. Only in the context of romantic love, which presumed privacy, intimacy and psychic communication, personal emotion and desire gained primacy. As the clue to the inner self, sexuality became associated with profound and complex emotions and anxieties, and as such it achieved importance in self-reflection and individual authenticity. In the wake of romantic love and autobiographical self-analysis, sexuality grew into a separate, largely internalized, sphere in human life. Only at that point it was possible for medical science to define it as a distinct impulse or instinct, and to delve into its psychology.

