Maastricht University

Medical science and the modernisation of sexuality

Citation for published version (APA):

Oosterhuis, H. (1999). Medical science and the modernisation of sexuality. In F. X. Eder, L. Hall, & G. Hekma (Eds.), *Sexual cultures in Europe: National histories* (pp. 221-241). Manchester University Press.

Document status and date:
Published: 01/01/1999

Document Version:
Early version submitted to journal

Please check the document version of this publication:

• A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
• The final author version and the galley proof are versions of the publication after peer review.
• The final published version features the final layout of the paper including the volume, issue and page numbers.

Link to publication

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

• Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
• You may not further distribute the material or use it for any profit-making activity or commercial gain
• You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the “Taverne” license above, please follow below link for the End User Agreement:

www.umlib.nl/taverne-license

Take down policy
If you believe that this document breaches copyright please contact us at:

repository@maastrichtuniversity.nl

providing details and we will investigate your claim.

Download date: 20 Apr. 2024

MEDICAL SCIENCE AND THE MODERNISATION OF SEXUALITY

Harry Oosterhuis

In his influential *History of Sexuality* (1976) Michel Foucault argues that the modern idea of sexuality was historically constituted in the nineteenth century when medical science delimited perversion. Whereas earlier historians saw the 'medicalization' of sexuality as a change only of attitudes and labels - for them, unchanging deviant sexual behaviours and feelings were no longer regarded as unnatural, sinful or criminal but simply became diseases, relabeled by physicians - Foucault and other social constructivist historians have challenged this interpretation. Not only are they critical of the view that the medical model was a scientific and humanitarian step forward. They also emphasize that nineteenth-century physicians, by describing and categorizing non-procreative sexualities, were very influential in effecting a fundamental transformation of the social and psychological reality of sexual deviance from a form of immoral behaviour to a pathological way of being. By differentiating between the normal and the abnormal, thus the argument runs, physicians, as exponents of a 'biopower', were not only constructing the modern idea of sexuality but also controlling the pleasures of the body. Socially created out of disciplining powers and discourses of knowledge, sexuality was a nineteenth-century invention. Before medical theories emerged that lumped together behaviour, physical characteristics, and the emotional make-up of individuals, there was no entity, according to Foucault, which could be delineated as sexuality.

I would be the last to reject this account totally, but my basic assumption is that the picture which has been drawn of the medicalization of sexuality is rather one-sided. The disciplining effects of medical interference with sexuality have been overemphasized. Medical theories have played an important role in the making of sexual categories and identities. However, this does not necessarily mean that these were only scientific inventions, shaped systematically by the logic of medicine and imposed from above by the power of organized medical opinion. In order to explain how sexuality was shaped by nineteenth century medical science, which is the subject of this article, the wider social context has to be taken into account. Arguing that new ways of understanding sexuality emerged not only from medical thinking in itself, I will focus on the connections between the contents of medical theories and their institutional and social settings. This article relies on my current research of the work of the German-Austrian psychiatrist Richard von Krafft-Ebing as well as on work of other scholars.

Scientific interest in sexuality which originated in the Enlightenment replaced the Christian view of sin and virtue with secular notions of nature. As a natural phenomenon, sexuality was open to two distinct moral meanings. On the one hand, leading Enlightenment thinkers like Rousseau believed that unspoiled nature offered a foundation for moral behaviour and harmonious relations between the individual and society. On the other hand, De Sade and others argued that natural drives were ethically neutral or even blindly amoral and thus could not provide a foundation on which to build society. Connected to these divergent interpretations of human nature, Enlightenment thinking on sexuality was ambivalent. To the extent that it contributed

to procreation and was connected to harmonious heterosexual love, marriage, family, and maternity, it was applauded, but if sexuality was premature, illicit, excessive, or motivated by sheer lust, it was considered socially subversive. As a basically irrational, unproductive, and egoistic drive sexuality undermined the optimistic idea of moral nature and posed a potential risk to social harmony. The preoccupation with the dangers of masturbation was typical of the Enlightenment approach of sexuality, relying on sanitary solutions and the benefical effects of a healthy lifestyle, moderation, and self-mastery. Not so much penal law, but medicine, education, and social hygiene were seen as the means to prevent deviance and shape a healthy sexuality capable of being integrated into society.

Next to the (economic) interest in the size and health of the population for which Malthus set the tone, the growing concern over public health issues in the nineteenth century, especially problems of sexually transmitted diseases, prostitution, and public indecency, fostered medical interest in sexuality. After 1850 the scientific and social status of medicine was enhanced, especially in France and Germany where physicians were allied to the state. Physicians gradually replaced the clergy as authoritative personal consultants in the realm of sex. On the one hand doctors could not escape from recognizing that sexual passion was an essential part of human nature. Echoing the typical nineteenth-century model of the closed energy system, the (male) sexual drive was conceptualized a powerful force that builds up from inside the body until it is released in orgasm. Many believed that, especially in males, unfulfilled drives would lead to (nervous) illness. On the other hand, giving oneself up to uncontrolled impulses was considered dangerous for the health of the individual as well as that of society. The human sexual economy was believed to function according to a quantitative model of energy flow in which the 'spending' of semen meant a loss of energy in other areas of life and moderate expenditures were most consonant with health and fertility. Moderation and will-power were keynotes in the professional advice offered to the bourgeoisie.

It is questionable whether the medical profession as a whole did impose a sexual ideology on the lay public. Not only was there diversity of opinion in medical literature on sexuality, it is also necessary to differentiate between the bourgeoisie and the working class. Most medical men were strictly dependent on the approval of their bourgeois clients. Sexual immorality was a special target for medico-moral campaigns aimed at surveillance and regulation of the working class and the urban poor. In the discourse of the public health movement of the mid-nineteenth century, immorality, poverty and the spread of contagious diseases became condensed. Prostitution was a chronic concern. It was upheld by a double standard: bourgeois women were supposed to be protected, but promiscuity on the part of bourgeois men was tacitly condoned, with lower-class women providing a 'necessary outlet' for the male sexual drive. At the same time prostitution was seen as a problem because of the transmission of venereal diseases. In the course of the nineteenth century, police systems of registering prostitutes were implemented throughout Europe. The medical control of sexually transmitted diseases was tacked on to the existing police-surveillance of the demimonde of prostitution. At the same time, the police increasingly took strong action against other forms of disorderly sexual conduct in the course of the nineteenth century. Same-sex practices of men - particularly in public places in cities as well as in such institutional settings as prisons, barracks,

ships, schools, dormitories - were especially worrisome.

The extensive state-backed medical involvement in the regulation of female prostitution contradicted a crucial legal principle of both Enlightenment thought and nineteenth-century liberalism: non-interference by the state in citizens' private lives. Opposing the union of church and state, Enlightenment and liberal thinkers emphasized the distinction between sin, the province of the church, and crime, the concern of the state. However, the liberal separation of private and public spheres quickly ran up against its limits. Sexual conduct and its possible consequence, reproduction, came to be seen as critical social and political issues, since they involved the health and strength of nations. The compulsory medical examination of prostitution and the medicalization of deviant sexualities marked a transformation of private activity into behaviour that could be legitimately judged by standards of respectability and public health.

Whereas earlier medical interest had focused on masturbation, prostitution en venereal diseases, from the 1860s onwards prominent psychiatrists became concerned with deviant sexual behaviours that were usually considered immoral and that were often punishable. Although sodomy had been decriminalized in several European countries during and after the French Revolution (France, the Netherlands and Bavaria for example), new offences against morality such as public indecency were introduced, and also ages of consent for sexual contacts. Moreover, in the second half of the nineteenth century the criminalization of homosexual behaviour was extended in Germany (in 1871) and in England (in 1885 and 1897). As a result of the growing persecution of immoral offences, physicians, as forensic experts in courts, were increasingly confronted with sexual deviance. Before the 1860s, medical interest in disorderly sexual conduct was intrinsically linked to forensic medicine, focusing on criminal acts like rape and sodomy. In general experts in forensic medicine confined themselves to physical diagnosis to furnish evidence of immoral offences. Thus the French professor in forensic medicine A. Tardieu claimed in 1857 that pederasts arrested by the Paris police possessed penises shaped like those of dogs, and their passive partners the soft and rounded contours of women. The forensic explanation of their behaviour was rather social than biological: it would be the result of moral failure, unfavourable conditions of life, bad habits, such as masturbation, and imitation. For the German psychiatrist H. Kaan, who published one of the first psychiatric classifications of sexual disorders (*Psychopathia sexualis*, 1844), perversions were still ubiquitous bad habits, fostered by individual and social conditions; he did not yet consider the offender as a fundamentally different type of person.

In the first half of the nineteenth century it was not decided whether lewdness was a cause, a result or a form of insanity in itself. Various medical authorities assumed that, as with onanism, commiting 'unnatural acts' could lead to physical weakness and insanity. However, around the middle of the century the connection between sexual behaviour and morbid deviation was reversed in some medical analyses. In their treatment of sodomy, the French physician C.F. Michéa in 1849 and the German forensic medical authority J.L. Casper in 1852, shifted the focus from the physiological characteristics of the sodomitical act to the biological disposition of the offender. They were the first to assert that a preference for

members of the same sex was often innate and involved femininity in men. Their approach set the tone for psychiatrists who began to connect sexual acts that were not aimed at procreation with diseases of the brain and the nervous system.

Psychiatric interest in the broader aspects of sexual deviance emerged from the forensic preoccupation with the psychological make-up of moral offenders. Whereas physicians had first believed that mental and nervous disorders were the *result* of 'unnatural' behaviours, psychiatrists supposed that they *caused* sexual deviance. More and more sexual disorders were viewed, not just as forms of immoral behaviour, but as symptoms of an underlying morbid condition, as a form of 'moral insanity' especially. Called upon to deliver expert testimony in court, the main thrust of psychiatrists was that the irresponsibility of moral offenders had to be considered in judging them. Certain categories of defendants should be sent to asylums and clinics rather than to prisons.

In the last decades of the nineteenth century, several psychiatrists, especially in France and Germany, were classifying and explaining the wide range of deviant sexual behaviours they discovered. Basing their arguments on deterministic theories of hereditary degeneration and neurophysiological automatism, more and more psychiatrists subscribed to the new view that in many cases deviant sexual activies were not immoral choices, but symptoms of innate characteristics. From around 1870, prominent German and French psychiatrists shifted the focus from a temporary deviation of the norm to a pathological state of being.

In 1869 the German psychiatrist C.F.O. von Westphal published the first psychiatric study of what he coined as contrary sexual feeling (conträre Sexualempfindung). R. von Krafft-Ebing's article, 'Ueber gewisse Anomalien des Geschlechtstriebs und die klinisch-forensische Verwerthung derselben als eines wahrscheinlich functionellen Degenerationszeichens des centralen Nervensystems' published in a leading German psychiatric journal in 1877, can be considered as a direct precursor of numerous classifying works on sexual pathology. Whereas Krafft-Ebing in 1877 distinguished only four perversions - murders for lust, necrophilia, anthropophagy (cannibalism), and contrary sexual feeling - in the 1880s and 1890s he and his German and French collegues created and underpinned new categories of perversion by collecting and publishing more and more case histories. After uranism, contrary sexual feeling (inversion), and homosexual (and heterosexual) had been coined in the 1860s by, in succession, C.H. Ulrichs, Westphal and K.M. Benkert, exhibitionism was introduced in 1877 by C. Lasègue, the master-concept 'sexual perversion' in 1885 by V. Magnan, fetichism in 1887 by A. Binet, sadism and masochism in 1890 by Krafft-Ebing, and algolagnia in 1892 by A. von Schrenck-Notzing.

In the 1880s most leading French psychiatrists contributed to the development of sexual pathology, while after 1890 German and Austrian experts would set the tone; English, Italian, and Russian contributions to this field, although substantial, were less numerous. Their and many other publications made a substantial contribution to the emergence of a medical discourse on sexuality so that at the end of the nineteenth century perversions could be recognized and discussed. Several taxonomies were developed, but the one that took shape in Krafft-Ebing's popular and much quoted *Psychopathia sexualis* eventually set the tone, not only in medical circles but also in common sense thinking. The first edition (1886) of this

highly eclectic encyclopaedia of sexual deviation was followed soon by several new and expanded editions and translations in several languages. With this book, containing extensive case studies and autobiographies, Krafft-Ebing became famous as one of the founding fathers of scientific sexology. By naming and classifying virtually all non-procreative forms of sexuality, he was one of the first to synthesize psychiatric knowledge of sexual perversion. Although he also paid attention to several other derangements in sexual life, Krafft-Ebing distinguished four main perversions: sadism, masochism, fetishism and contrary sexual feeling. The last one was most prominent and it was explained as a biological and psychological mixture of manliness and femininity. Subsumed under this rubric of inverted gender were not only homosexuality, but also various physiological and psychological fusions of manliness and femininity that in the twentieth-century would gradually be reclassified as radically separate phenomena, such as hermaphroditism, androgyny, transvestitism and transsexuality.

Psychiatrists were not only concerned with labelling deviant behaviours and bracketing them as perversions, but they also tried to explain them as biological and psychological phenomena. The development of sexual pathology can be understood in the context of some major currents in late-nineteenth century psychiatry. Changing views of sexuality were congruent with trends in general theories of psychopathology: they embraced both the dominant somatic etiological notions of late-nineteenth century psychiatry, the pathology of nervous tissue and degeneration theory, as well as the attempt to escape the limitations of the somatic model by elaborating a psychological understanding of mental disorders. In fact, the modern meaning of sexuality came to the fore when the dominant physiological approach was superseded by a more psychological one. In the first half of the century the term mainly referred to the fact that an individual belonged to the male or female sex. Sex difference was explained from anatomical variation: the decisive benchmarks for evaluation of sex identity were the genitals, secondary sexual characteristics, and functional potency with a normally constituted member of the opposite sex. There was an evolution over the nineteenth century from medical explanations stressing anatomical features to those placing more weight on the sexual instinct and psychology. Only gradually the term sexuality was used to indicate *desire* for the opposite sex (or the same sex), an attraction that was based on a physical and psychological polarization and matching of male and female elements.

In explaining perversions, several psychiatrists tried to integrate it with current biomedical thinking. Late nineteenth century psychiatry was characterized by a growing and pervasive emphasis on heredity as key factor in the etiology of mental illness. Although many psychiatrists continued to believe that perversion was sometimes acquired through bad environmental agents, seduction, and corrupt habit formation like masturbation, they increasingly stressed that sexual disorders, like many mental diseases in general, were inborn. Following the dominant somatic approach in psychiatry that situated mental disorders in the nervous system and particularly in the cerebral organs, many psychiatrists supposed that not only physical, but also intellectual and moral traits were hereditary. In addition to the pathology of nervous tissue and Darwinism, the theory of hereditary degeneracy played an important part in psychiatric explanations of mental illness in general and

sexual disorders in particular. It was argued that while reproductive heterosexuality was the result of evolutionary progress, sexual deviance showed that natural processes could also move backwards in a sort of process of devolution; nature was capable of producing monsters, or, as the British psychiatrist H. Maudsley and Krafft-Ebing put it more mildly, 'step-children of nature'.

Krafft-Ebing and his French colleagues were deeply influenced by B.A. Morel, who had devised a theory of degeneration to explain several pathological phenomena by the influence of environment as well as inheritance. According to Morel, acquired disorders could be inherited from 'tainted' relatives and once mental illness had a hold, it followed its inevitable course in the 'neuropathic family': it was handed on to the descendants and deteriorated over the generations until the line died out. The analysis of degeneration was embedded in a critique of the increasingly frantic conditions of modern civilization, stressing the vast range of novel stimuli which produced nervous exhaustion, fatigue and mental disturbances. Degeneration was associated with lack of inhibitory control of the 'higher' faculties over the more primitive levels of the central nervous system: modern man was less and less governed by moral law and had become more and more a slave of his physical desires.

The concept of hereditary degeneration became a central organizing concept of late nineteenth-century psychiatry, especially in France, not because it offered a more precise understanding or better treatment of mental disease, but because of the possibility of gaining scientific legitimacy. Although the belief that insanity was an organic disease was hardly confirmed by contemporary anatomical and physiological evidence, degeneracy theory was attractive for psychiatrists because it offered a naturalist model of mental pathology that seemed to make sense of their clinical data in scientific terms. The theory also facilitated psychiatry's annexation of sexual deviance because it enabled psychiatrists to extend the boundaries of mental pathology by including under their patients a substantial number of people who behaved erratically yet were rarely believed to be completely mad. Strengthening the association between mental disorders and social evils, degeneration theory not only gratified specific professional needs for late-nineteenth century psychiatry, but it also served a larger and more covert political role. Indicating that within humankind lay the seeds of inevitable decay, it became a dominant cultural idea that articulated anxieties in society at large and it marked a crisis of the social optimism that had characterized liberalism. The concern with biological decline and depopulation became something of an obsession affecting many nations by the late nineteenth century, especially France, but also Britain, Germany, and Italy. Hereditary degeneracy summed up for late nineteenth-century Europeans the terrible human costs of modernization and it expressed deep fears of the disorder of 'mass society' and of the 'dangerous' classes in big cities. The Enlightenment and liberal concept of human nature that stressed the fundamental commonalities shared by all men, was superseded by increasing emphasis on inborn differences and 'natural' hierarchy. Degeneration theory, like Social Darwinism, rationalized social inequalities as facts of nature.

Whereas the first historians of sexology, often psychiatrists themselves, emphasized that superstitious beliefs and cruel practices had been replaced by sound medical

science and humanitarian treatments, more recent historical work has associated medical theories of sexuality with social, political and moral control. Not only has psychiatric interference with sexual deviance often been characterized as the climax of the medicalization of sexuality, it has also been considered as a typical expression of conservative bourgeois morality and Victorian hypocrisy by several historians. True, as the eager reception of degeneration theory by psychiatrists illustrates, there are elements that would substantiate such a judgment. They often relied uncritically on conventional standards of sexual conduct in their diagnosis of perversion, thereby confusing mental disorder with mere nonconformity. Uncontrollable sensuality was pictured as a severe threat to civilization; in the medical view the history of mankind was a constant struggle between animal lust and morality. Psychiatrists indeed surrounded sexuality with an aura of pathology, and they echoed, for example, nineteenth-century stereotypical thinking on masturbation, masculinity, and femininity.

However, psychiatric theories were far from static and coherent and they cannot be regarded only as a disqualification of sexual aberration. Different national sexological traditions are relevant here. In France the concern about effeminacy and the depressed fertility rate determined psychiatry's interference with sexuality in the defense of the heterosexual family-ethic and the proper roles of men and women. In Germany, Austria, and Britain the development of sexology in the last decade of the nineteenth century was also connected closely with efforts to abolish laws outlawing homosexual behaviour - Krafft-Ebing, Hirschfeld and Havelock Ellis are cases in point. Ironically, this difference in national sexological traditions - the German, Austrian and British ones more innovative than the French - can be explained by the fact that disorderly sexual conduct, such as homosexuality, was not punishable in France, while German, Austrian and British law codes laid down penalties for 'unnatural vice'. In France, fears of depopulation, national decline, and male impotence influenced the rather conservative orientation of medical research of sexuality.

In the 1890s, when Austria (Vienna) and Germany (Berlin) replaced France as the center of medical research into sexuality, the emerging new science of sexology - the term 'Sexualwissenschaft' was introduced in 1906 by Bloch - underwent some important theoretical innovations. Firstly, there was a change in emphasis from a somatic to a psychological interpretative framework. Secondly, there was a shift away from a classification of disease categories within clear boundaries to a tentative understanding of 'normal' sexuality in the context of perversions as extremes on a graded scale of health and illness, normal and abnormal, and masculine and feminine. Thirdly, the significant step from a predominantly forensic focus and a physiological explanation to the considerable broader goal of addressing general psychological issues of human sexuality meant that sexuality was more and more disconnected from reproduction. Fourthly, some sexologists began to consider the impact of cultural differences in explaining various forms of sexual behaviour.

A striking case in point was Krafft-Ebing's sexual pathology. Influenced by degenerationist thinking, his biological approach to sexuality has often been contrasted with Freud's psychological one. However, around 1890, when he introduced fetishism, sadism and masochism in his *Psychopathia sexualis*, the focus shifted from a physiological to a more psychological understanding. Not so much

bodily characteristics nor actual behaviour were decisive in the diagnosis of perversion, but individual character, personal history and inner feelings: psychological motives, emotional life, dreams, imagination and fantasies. At the same time an associationist explanation of perversion was proposed by psychiatrists like Binet and Schrenck-Notzing. They asserted that the major forms of sexual pathology were psychologically acquired by exposure to certain accidental events. Although the underlying causes of perversion remained degeneration and heredity, Krafft-Ebing, Binet, Schrenck-Notzing, and others shifted the medical discussion away from explaining sexuality as a series of interrelated physiological events to a more psychological understanding. In this new psychiatric style of reasoning, perversions were disorders of an instinct, that could not be located in the body. Already before Freud the idea gained ground that sexual disorders could result from unconscious psychological causes which originated in childhood.

There was another way in which the psychiatric approach to sexuality foreshadowed Freud's. Whereas the differentiation of healthy and pathological sexuality - reproduction being the touchstone - was the basic assumption in his work, in Krafft-Ebing's discussion of the main perversions for example, at the same time the barriers between the normal and abnormal were subverted. Sadism, masochism, and fetishism were not only disease categories, but also terms which described extremes on a graded scale of health and illness, and explained aspects of 'normal' sexuality. In his view, sadism and masochism were inherent in normal male and female sexuality, the former being of an active and agressive, and the latter a passive, submissive nature. Also the distiction between fetishism and 'normal' sexuality was only gradual, quantitative rather than qualitative. Fetishism was part and parcel of normal sexuality, Krafft-Ebing explained, 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. This was in line with Binet's assertion that all love was to some extent fetishistic, thus indicating that it was a general tendency at the heart of sexual attraction.

In addition, the barriers between masculinity and femininity became diffused in medical theory. The extensive discussion of several forms of physical and mental inversion - often connected to homosexuality - highlighted the idiosyncratic and chance character of sex differentiation and signaled that exclusive masculinity and femininity might be mere abstractions. Whereas earlier Krafft-Ebing and many of his collegues had tended to identify inversion with degeneration, in the mid-1890s the concept of sexual intermediacy was grounded in contemporary embryological research and in evolutionary theories. The first stressed that the early state of the human embryo was characterized by sexual neutrality and the second suggested that primitive forms of life lacked sexual differentiation. Echoing E. Haeckel's law of recapulation, man appeared to be of a bisexual origin from a phylo- as well as an ontogenetic perspective.

Although Darwinism had often been used to prove that heterosexuality was a natural norm for higher forms of life and that perversions like homosexuality were necessarily degenerate, evolution theory could also be invoked to undermine the conventional sex-differentiation. Darwin viewed masculinity and feminity not as static properties, but as malleable functions that depended on the contribution any given

trait made to the survival and reproductive success of the organism. Hirschfeld, the leader of the first homosexual rights movement in Germany and the founder of the first sexological journals, was profoundly indebted to Darwinian notions of evolution. Differentiating between successively anomalies in the sex glands, the genitals, secondary sexual and psychological characteristics, and sexual orientation, he argued that there was a seamless continuum of human sexual types ranging between fully male and fully female: hermaphroditism, androgyny, transvestitism, and homosexuality (transsexuality would be coined in the 1940s). Also from a more psychological perspective, the absolute distinction between masculinity and femininity as well as between homo- and heterosexuality was undermined. According to the German psychologist Dessoir, sexuality during puberty was still undifferentiated and indefinite. He concluded that not only homosexuality but also heterosexuality was acquired in culture.

It should be clear that, as far as the scientific discussion about sexuality is concerned, Freud was not a radical pioneer, but that he built on psychiatric theories of sexuality that had been formulated in the 1880s and 1890s. Psychiatric theories opened up a new continent of knowledge, not only by treating sexual abnormality as disease instead of sin and crime, but even more because they made it clear that the nature of sexuality was significant for the whole existence of the individual and society, and therefore deserved serious study. Krafft-Ebing pointed to the danger of the sexual instinct threatening civilization, but at the same time he drew attention to its constructive role in culture and society. For him, love, as a social bond, was inherently sexual and he tended to value the longing for physical and psychological union with a partner as a purpose in itself. As far as the relational aspect of sexuality was concerned, Krafft-Ebing, at the end of his life, was inclined to the opinion that homosexuality was the equivalent of heterosexuality and therefore not an illness.

The exclusive naturalness of the reproductive instinct became problematical, and more and more primacy was assigned to the satisfaction of desire. The German sexologist Moll broke new paths by positing two major instincts as basic for what he called the 'libido sexualis': discharge (Detumescenztrieb) and attraction (Contrectationstrieb). The first referred to the sexual act proper, the second to social needs. In his *Untersuchungen über die Libido sexualis* (1897), Moll explicitly detached the sexual impulse from propagation and compared normal and abnormal sexual forms side by side. Reproductive heterosexuality lost its naturalness and became increasingly understood as the result of a developmental synthesis of component impulses. Accepting sexuality, not just procreation, as a vital physical force, sexologists like Moll, Marcuse, and Ellis began to discuss the question whether sexual abstinence was harmful and to recognize the relative normalcy of infantile sexual manifestations. Theories of sexuality began to center on desire instead of reproduction. Sexology's tendency to make sexual variance imaginable enlarged the sphere allotted to idiosyncratic desires and from this it was only a small step to Freud's lusting 'libido' and 'pleasure principle', according to which the sexual desire's only built-in aim is its own satisfaction. The modern concept of sexuality that was constituted around the turn of the century, was not only a reaction against Victorian prohibitions but also an epistemological transformation: an individualisation and psychologisation of sexuality. The emergence of sexual identity and desire, irrespective of its reproductive potential, is central to the modern sexual ethos.

Several historians of sexuality have more or less damned late-nineteenth century contributions to sexual pathology as medical imperialism. Although Foucault stressed that sexuality was shaped rather than repressed by the scientific will to know, the purport of his argument, and even more that of some of his followers, is that 'perverts' were trapped in a medical discourse through which not only power relations and social control of deviant sexualities, but also sexual subjects themselves are constituted. The radical implication of Foucault's reasoning is that before say 1870 there did not exist 'perverts' like homosexuals, fetishists and masochists, nor their counterparts, 'normal' heterosexuals. Perhaps this contention can be defended, but the problem is that too readily the conclusion has been drawn that new categories and identities were merely constructed by a monolithic medical discourse. The exclusive focus on medical theories entails that the voices of the individuals from which doctors drew their observations and demonstrated their theories, remain silent. However, sexology was unlikely to have gained momentum without the particular impetus created by the intimate confessions of 'perverts' themselves. In the development of sexual pathology (auto)biographical accounts played a central role; for a large part doctors were influenced by the people concerned as they furnished them with life stories and sexual experiences. The works of Krafft-Ebing and Havelock Ellis, for example, were illustrated with hundreds of case histories and autobiographical accounts.

The subjects of Krafft-Ebing's case studies were drawn from different social groups. Whereas hospitalized patients and suspected moral offenders on whom he wrote forensic reports, had no other choice than to conform to standard medical procedures, and have their stories recorded by Krafft-Ebing and his assistants, many of his aristocratic and bourgeois patients, who generally had contacted him of their own accord, were given ample opportunity to speak for themselves. These individuals - most of them were economically independent, and, for the most part, living in large cities and outside of the traditional family - had contacted Krafft-Ebing as private patients, or corresponded with him because they had recognized themselves in published case histories. Some of them sent in an autobiography in order to have it published in a new edition of *Psychopathia sexualis*. Whereas most cases in his early work on the whole were rather short and factual, later publications contained more extensive ones. By publishing autobiographies and quoting his patients, many case studies especially focused on the patients' subjective experience.

Especially homosexual men, but also fetishists and masochists were usually eager to reveal their lives to Krafft-Ebing. Whereas he probably had expected them to be nervous 'degenerates', many indicated plausibly that they enjoyed perfect health and that they were physically indistinguishable from their fellow-men. Written by educated and often cosmopolitan men, some of the autobiographies were full of learned and literary references, speculations about the causes of their odd feelings, and detailed self-analysis. They linked perverse desire to the experience of the self and they were clearly seeking a confirmation of their sexual urges. Also they vividly demonstrated a considerable degree of subjective suffering, not so much because of their sexual orientation as such, but because of the social condemnation, the legal situation, the need to disguise their real nature, the fear of blackmail and of losing

their social status. Several men stressed that their sexual behaviour could not be immoral or pathological, because they experienced their desire as 'natural'. By publishing such arguments and remarking that they strikingly illustrated the feelings and suffering of 'perverts' - Krafft-Ebing must have made a powerful statement for those concerned. In new editions of *Psychopathia sexualis* he included more and more extensive autobiographies in which they made clear that they did not seek a cure since it was not their disposition that made them unhappy, but the social condemnation.

Especially homosexuals did not play by definition a passive role vis-à-vis the psychiatrist. The revision of medical views on homosexuality at the end of the nineteenth century did not only involve medical theorizing. Next to physicians, the impetus for scientific investigations into contrary sexual feeling had come from self proclaimed homosexuals themselves, especially the German lawyer Ulrichs who introduced the concept of uranism in 1864. Krafft-Ebing's views were influenced not only by Ulrichs, but also by like-minded patients and informants. After having published several autobiographies which showed the harmful effects of penalization, he began to favour judicial reform. When, at the end of the nineteenth century, homosexuals began to organize protest movements, they referred to Krafft-Ebing as a scientific authority who was on their side; and he indeed supported the homosexual rights movement which was founded in Berlin by Hirschfeld in 1897.

One can find different, even contradictory sets of values in Krafft-Ebing's *Psychopathia sexualis* and it was open to divergent meanings. Quite evidently, contemporary readers interpreted the book in various ways. Although intended for physicians and lawyers, it did not only serve as a guide for professionals, but also as a mouth piece and panel for the individuals concerned. By publishing letters and autobiographies and by quoting statements of his patients ad verbatim, Krafft-Ebing enabled voices to be heard that were usually silenced. The active role of several subjects of his case studies in the genesis of his sexual pathology suggest that medical sexology not only facilitated medical treatment and other forms of restraint, but also created the possibility for the individuals concerned to speak out and to be recognized. For them the book could give the initial impetus to self-awareness and self-expression. To a large extent individuals who recognized themselves in Krafft-Ebing's cases could give their own meaning to their sexual feelings and experiences. Some of the autobiographers took the opportunity to express their criticism of current social norms and even those of the medical profession.

'Perverts' began to speak for themselves and they were looking for models with which to identify. Despite the medical bias, many case histories in *Psychopathia sexualis* served as go-betweens, linking individual introspection - the (often painful) recognition that one is a deviant kind of person - and social identification - the often comforting sense of belonging to a community of like-minded. Because Krafft-Ebing distinguished himself as an expert who had made a stand against traditional moral-religious and legal denunciations of sexual deviance, individuals approached him to find understanding, acceptance and support. For many of Krafft-Ebing's clients his work was an eye-opener; they made references to its salutary effects and a few even stated that it had saved them from despair. In fact, they did not need medical treatment, because pouring out one's heart was something of a cure in itself. The writing of their life history, giving coherence and intelligibility to their torn self, might

result in a 'catharsis' of comprehension.

Krafft-Ebing and many of his higher class clients shared the same cultural background and the same bourgeois values. In a way they 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, and on his turn Krafft-Ebing had to rely on their confessions to validate empirically his sexual pathology. Generally, psychiatric accounts and case histories as published by him were not simply a means of coping with or controlling deviant sexualities, but they also offered a space in which sexual desire in the form of autobiographical narrative could be articulated. In the long run, the greater ability to be recognized and discussed, facilitated medical treatment and other forms of restraint, as well as self-awareness. The way several of his patients and informants read his work, illustrates that the sexual domain became a contested field and that it was but one step from the admission of the individual's right to sexual fulfilment.

New ways of understanding sexuality emerged not only from medical thinking in itself: changes in the context of psychiatry, both the immediate professional, institutional settings and the wider social environment should be taken into account. The development of sexology within psychiatry was closely connected to the professional endeavour of broadening and diversifying psychiatry's territory outside of the mental asylum by changing the institutional settings in which psychiatrists worked. Psychiatry's interference with sexual deviance grew out of its fundamental weakness rather than its strength. Psychiatrists were far from being the powerful agents of social control suggested by many historians of sexuality and of psychiatry. During the first half of the century psychiatrists had won dominion over the most serious and dangerous forms of mental dysfunction, but in general their authority was confined to the walls of the lunatic asylum, housing the chronically insane of the pauper classes. Moreover, even in the second half of the century, psychiatrists had difficulties in convincing other scientists and the public that as physicians, they had an exclusive and scientific insight in the nature of insanity. The lack of anatomical and physiological evidence of the somatic basis of mental illness and the therapeutic futility of the asylum underlined the vulnerability of psychiatry. When psychiatrists began to theorize on sexuality around 1870, their professional status was rather fragile. So, I would suggest, rather than explaining how psychiatrists used their power to control and discipline sexual deviants, the question should be why they interfered with sexuality as a way to promote their specialty and to extend their professional domain.

In the last decades of the nineteenth century, leading psychiatrist shifted their activities away from the mental asylum, in which care and management of ever-expanding numbers of chronic and poor patients had taken the place of expectations of cure, to the university clinic and private practice. The psychological approach provided psychiatry with both a new clientele and a vastly enhanced social authority. Psychological thinking enabled psychiatrists to appropriate middle class patients who were just slightly mentally deranged, who showed relatively mild disturbances and who needed not be hospitalized in asylums. By meeting the needs of bourgeois clients, psychiatrists created the possibility to build up a private practice and this entailed a shift in the social background of their clientèle. Psychiatrists indeed played

a key role in the construction of the modern concept of sexuality, but the emerging medical theories only became established as facts about sexuality because they were linked to relevant social groups from the beginning.

Case-histories and autobiographies of Krafft-Ebing's patients and their social and cultural settings make clear that medical knowledge of sexuality could only be succesful because it was embedded in society. The construction of modern sexual identities was realized in a process of social interaction between individuals, who contemplated on themselves, and physicians, who shaped perversion as a psychiatric field. Self-conscious sexual identities clearly evolved among well-educated, urban and often cosmopolitan bourgeois and aristocratic circles. It was in the context of the rapid expanding urban life and the emerging consumer culture that the individual's particular and unique desires became significant. Psychiatric theories reached a public that was already provided with a great number of literary and other medical works on the subject of sexuality. Sexual themes were emerging as topics for novels and the stage. There was a market for a psychologically orientated psychiatry, that responded to the need for self-knowledge.

Psychiatric discourse reflected as well as shaped sexual experiences. It indicated and provoked a growing preoccupation not only with sexuality, but also with the searching scrutiny of the inner life. In late nineteenth-century bourgeois society sexuality was priviliged as the quintessence of privacy and the individual self. The rise of sexual pathology in psychiatry only magnified the effects of this need for self-comprehension. This does not necessarily mean that individual meanings of the sexual self should be considered as reflections of an internal, psychological essence. Neither psychiatric case histories nor autobiographies are unmediated sources for the voices of 'perverts'. Sexual identities crystallized as patterned narratives, and as such their content and form were of a social rather than of a psychological origin. Sexual identity appeared as a script, on which individuals modeled their life-history. Psychiatry offered a fitting framework to look at and make sense of one's self, and in this way it was crucial to the new sexual self-consciousness and the public conception of sexuality. In the absence of traditional social routines or moral certainties, self-contemplation was a cause for anxiety and uneasiness; yet, as many of Krafft-Ebing's case histories illustrate, it also created some space for individuality and self-expression.

'Perverts' appealed to ideals of authenticity and sincerity to bestow moral value on their sexual identity. In nineteenth-century bourgeois society individual authenticity had become a pre-eminent value and a framework for introspection, self-contemplation and self-expression. The constitution of desire as the clue to the inner self can only be explained as a consequence of the reconstitution of the function of sexuality in modern society. Whereas in traditional society, sexuality, as a function of social behaviour, had no distinct existence, the differentiation of public and private entailed the ever greater dissociation of sexuality from its embeddedness in fixed, putatively 'natural' patterns of behaviour. The rise of the ideal of romantic love - 'true' love became the reigning standard to justify sexuality - entailed that sexuality was gradually differentiated from a transcendental moral order and from its traditional instrumental integration with reproduction, kinship, and social and economic necessities. Personal sentiment and attraction gradually replaced the calculus of familial advantage in choosing a partner and sexuality became located in the

separate sphere of intimacy, dating, courtship and romantic love. This, in its turn, created the possibility for medical science to define it as a distinct impulse and to discover its internal physical and psychological laws. Whereas in pre-modern society, sexuality was dominated by a reproductive imperative - the crucial differentiation was between reproductive sex within marriage and acts that interfered with procreation within marriage (adultery, sodomy, bestiality, and masturbation) - and it was more or less embedded in social patterns of behaviour, the emergence of 'perversions' reveal that in modern experience the sexual domain began to generate its own meanings. Sexuality became associated with profound and complex human emotions and anxieties.

Physicians may have purposefully heightened the problem of sexuality as a matter of health and disease in order to enhance their professional status, but this does not mean that the modernization of sexuality can be reduced to medicalization. Medical labelling and the disciplining effects of scientific interference have been overemphasized as the major determinants in the process creating sexual identities. A critical attitude towards the concept of sexuality as a stable, 'natural' psycho-biological unity - in culture a diversity of inferences can indeed be made vis-a-vis 'nature' - should not lead to loosing sight of sexuality as part of social reality. The argument that sexual identities are culturally shaped rather than rooted in biological or psychological essence does not mean that they are not more or less stable *social* realities. The process of medicalization has to be seen in the context of broad changes in the social structures of sexuality. Medical explanations of sexuality took shape at the same time as the experience of sexuality in society was transformed and it became a subject for introspection and obsessive self-scrutiny in the bourgeois milieu.

Selected Bibliography

Birken, L. (1988). *Consuming Desire. Sexual Science and the Emergence of a Culture of Abundance, 1871-1914*. Ithaca, London: Cornell University Press.

Bullough, V.L. (1994). *Science in the bedroom: a history of sex research*. New York: Basic Books.

Davidson, A.I. (1990). Closing Up the Corpses: Diseases of Sexuality and the Emergence of the Psychiatric Style of Reasoning. In: G. Boolos ed. *Meaning and Method: Essays in Honor of Hilary Putnam*. Cambridge: Cambridge University Press.

Davidson, A.I. (1987). Sex and the Emergence of Sexuality. *Critical Inquiry 14*, 16-48.

Dowbiggin, I. (1991). *Inheriting madness. Professionalization and psychiatric knowledge in nineteenth century France*. Berkeley: University of California Press.

Ellenberger, H. F. (1970). *The Discovery of the Unconscious. The History and Evolution of Dynamic Psychiatry*. New York: Basic Books/Harper Torchbooks.

Foucault, M. (1976). *Histoire de la sexualité I. La volonté de savoir*. Paris: Gallimard. English translation: (1980). *The History of Sexuality. I: An Introduction*. New York: Vintage.

Gallagher, C.; Laqueur, T., eds. (1987). *The making of the modern body: sexuality and society in the nineteenth century*. University of California Press.

Greenberg, D.F. (1988). *The Construction of Homosexuality*. Chicago, London: The University of Chicago Press.

Hekma, G. (1989). "The beginnings of the end of sodomy and the making of the homosexual" in: Gerard, G., Hekma, H., eds. *The Pursuit of Sodomy. Male Homo-sexuality in Renaissance and Enlightenment Europe*. New York, London: Harrington Park Press.

Hekma, G. (1985). Geschiedenis der seksuologie, sociologie van seksualiteit. *Sociologische Gids* 5-6, 352-370.

Hekma, G. (1987). *Homoseksualiteit, een medische reputatie. De uitdoktering van de homoseksueel in negentiende-eeuws Nederland*. Amsterdam: SUA.

Katz, J.N. (1995). *The Invention of Heterosexuality*. New York: Penguin.

Lanteri-Laura, G. (1979). *La lecture des perversions. Histoire de leur appropriation médicale*. Paris, New York, Barcelone, Milan: Masson.

Luhmann, N. (1982). *Liebe als Passion. Zur Codierung von Intimität*. Frankfurt am Main: Suhrkamp Verlag.

Mort, F. (1987). *Dangerous Sexualities. Medico-Moral Politics in England since 1830*. London: Routledge Kegan Paul.

Müller, K. (1991). *Aber in meinem Herzen sprach eine Stimme so laut. Homosexuelle Autobiographien und medizinische Pathographien im neunzehnten Jahrhundert*. Berlin: Verlag rosa Winkel.

Nye, R.A. (1984). *Crime, Madness, and Politics in Modern France. The Medical Concept of National Decline*. Princeton, NJ: Princeton University Press.

Nye, R.A. (1991). The History of Sexuality in Context: National Sexological Traditions. *Science in Context 4*, 387-406.

Nye, R.A. (1993). The Medical Origins of Sexual Fetishism. In: Emily Apter, William Pietz, eds. (1993). *Fetishism as Cultural Discourse*. Ithaca; London: Cornell University Press.

Nye, R.A. (1989). Sex Difference and Male Homosexuality in French Medical Discourse, 1830-1930. *Bulletin of the History of Medicine* 63, 32-51.

Pick, D. (1989). *Faces of Degeneration. A European Disorder 1848-1918*. Cambridge: Cambridge University Press.

Porter, R.; Hall, L. (1995). *The Facts of Life. The Creation of Sexual Knowledge in Britain, 1650-1950*. New Haven, London: Yale University Press.

Porter, R.; Teich, M., eds. (1994). *Sexual Knowledge, Sexual Science. The History of Attitudes to Sexuality*. Cambridge: Cambridge University Press.

Sulloway, F.J. (1979). *Freud. Biologist of the Mind. Beyond the psychoanalytic Legend*. London.

Wawerzonnek, M. (1984). *Implizite Sexualpädagogik in der Sexualwissenschaft 1886 bis 1933*. Köln: Pahl-Rugenstein Verlag.

Weeks, J. (1981). *Sex, Politics and Society. The Regulation of Sexuality since 1800*. Londen, New York: Longman.

Weeks, J. (1985). *Sexuality and its discontents. Meaning, myths and modern sexualities*. Londen, Melbourne, Henley: Routledge.

Wettley, A.; Leibbrand, W. (1959). *Von der 'Psychopathia sexualis' zur Sexualwissenschaft*. Stuttgart: Ferdinand Enke Verlag.