

EXTENDING THE BOUNDARIES OF PSYCHIATRY THE PROFESSIONAL STRATEGIES OF RICHARD VON KRAFFT-EBING

About three months ago I finished the manuscript of my book on the work of the German-Austrian psychiatrist Richard von Krafft-Ebing in field of sexuality, especially focusing on his patients and their autobiographies. In the last decades of the 19th century Krafft-Ebing was one of the most prominent psychiatrists in central and eastern Europe: he was professor in Vienna and wrote major textbooks in the field of clinical psychiatry, forensic psychiatry, and sexual pathology: the famous *Psychopathia sexualis*.

One of the things which struck me when I studied Krafft-Ebing's work was the extent in which his psychiatric thinking is divergent, incoherent, and even contradictory. Advocating a natural-scientific approach, including brain anatomy and neurophysiology, he presented himself as a 'materialist', biomedical psychiatrist, but at the same time he was the leading apostle in Central Europe of degeneration theory which, next to heredity, in fact highlighted cultural and social factors in the explanations of mental disease. Moreover, both the biomedical approach and the concept of degeneration seem to have had less relevance for his treatment of patients than the theoretical frame in his work suggests. His clinical practice focused on behavioral and psychological symptoms of mental illness. In his numerous and often extensive case histories attention focused especially on the life history of patients and their subjective condition: inner life, memories, dreams, fantasies, and imagination.

How can this incoherence be explained? In this paper I want to suggest that it can be understood when we look at Krafft-Ebing's work from the perspective of professional strategy. The contradictions in his psychiatry, we can see retrospectively, more or less served a purpose. In this paper I will look at the career of Krafft-Ebing from the 1860s until the turn of the century as an example to show in which ways late nineteenth-century psychiatrists tried to solve certain professional difficulties and to promote the scientific as well as social status of their specialty. To clarify Krafft-Ebing's professional strategies, I would like to draw your attention to the three levels of my analysis, which are, as I will try to explain, closely interconnected.

1. the divergent cognitive contents of his work: the juxtaposition of a somatic and psychological approach, which I already mentioned.
2. the changing institutional setting of his psychiatric practice: Krafft-Ebing was actively engaged in the process which caused the main institutional locus of medical psychiatry to shift from the asylum to the university; moreover, he extended the boundaries of psychiatry by stressing its forensic role in courts and its moral role in society, and by building a private practice as well as founding a private sanatorium.
3. the change in the social background of his patients: there is a clear shift from lower class to middle and upper class patients.

Under the influence of Foucault and other revisionist historians, 19th-century psychiatrists have often been pictured as powerful agents of social control. However

in fact, their position within medicine, as well as in society at large, was precarious. Their authority was basically confined to the walls of the lunatic asylum, which housed especially the chronically insane of the pauper classes. Typically, KE started his psychiatric career in 1860s working in asylums, but soon, in the 1870s, when he was the medical supervisor of a large public asylum near Graz, his professional élan was severely challenged. Like other public asylums, Feldhof was overcrowded with generally poor, chronic and sometimes violent patients, who were difficult to treat. As a medical director KE continued to be dependent on government officials, who often applied non-medical criteria for the admittance of patients. As a therapeutic institution the asylum did not come up to expectations: psychiatry had become more akin to routine custodial care than to a scientific-medical calling and it did not fulfil Krafft-Ebing's academic ambitions, since he had been nominated professor of psychiatry at the University of Graz. For teaching and publishing purposes and for successful treatments, he needed a wider variety and a higher turn-over of more acute patients than the asylum could provide for.

The desire to escape the constraints and frustrations of asylum psychiatry drove KE in the 1870s and 1880s to broaden and diversify his professional territory. Firstly, Krafft-Ebing stood out as a leading expert in the field of forensic psychiatry by arguing that the current legal stipulations for distinguishing responsible and irresponsible offenders were far too formal and narrow. Usually judges only accepted the diagnosis of lasting intellectual impairment as a valid symptom of insanity. KE stressed that mental illness could be of a transitory nature and that it also included disordered emotions and deficient moral consciousness, which, apparently, left reason intact. Essentially, he tried to convince the public that there were many mental conditions which suspended the powers of the free will but which were very difficult to identify as pathological by laymen. These arguments served one clear message: the psychiatrist should have more say in jurisdiction vis-à-vis lawyers.

Secondly Krafft-Ebing withdrew from the asylum and shifted his efforts to the university: he began lobbying for a psychiatric and neurological clinic in the university-hospital of Graz in which only medical criteria would be applied and acute and potentially curable patients would be admitted on a voluntary basis. Demonstrating such patients in lectures, he tried to make psychiatry a more interesting option for medical students. KE strongly advocated the full integration of psychiatry into the medical curriculum. However, the crucial problem which he faced as a professor at the university was that psychiatrists still operated in the margins of medicine. They had difficulties in convincing other medical scientists and the public at large that as physicians, they had an exclusive and scientific insight in the nature of insanity. For psychiatry to be accepted as a distinct branch of modern medical science, it was necessary to prove that mental disorders were organic diseases of the brain and the nervous system and that they could be cured. Therefore, in Graz, and later in Vienna as well, he connected psychiatry to neurology partly because the anatomy and the physiology of the nervous system were promising fields and these were part of established medical science. Krafft-Ebing asserted that psychiatry was a branch of neurology, and psychiatric clinics should be connected to neurological

clinics rather than to asylums. This clearly served the purpose of distancing himself from the mental asylum and strengthening his ties with mainstream medicine.

The alliance with neurology was not only a strategic move in order to promote psychiatry scientifically, it was also means to uplift the social prestige of psychiatry by attracting more private patients from the middle and upper classes who feared being associated with the insane. Hearing that one suffered from a physical disorder of the nerves was far more acceptable than learning that one was mentally deranged. By advertising psychiatric care under the loose label 'nerves' and posing as a 'nerve doctor', Krafft-Ebing met the needs of this lucrative clientele that wished to avoid confinement in an insane asylum. In the last three decades of the nineteenth century numerous private 'nervous' clinics and sanatoria were established in central Europe for well-paying middle and upper class patients. These offered a variety of physical treatments like massages, rest cures, and electro-, light-, hydro-, and dietary therapies. Although they would never advertise this, many of these establishments also admitted psychiatric patients, as long as they were controllable and kept quiet. Krafft-Ebing played his part in this expansion of neuro-psychiatric care. Next to his clinical work he developed a private practice and in 1886 he founded the sanatorium 'Mariagrün' in a suburb of Graz for an exclusive, wealthy clientele suffering from a variety of psycho-somatic complaints and relatively mild nervous disorders, especially neurasthenia. Nervous diseases not only referred to somatic disorders of the central and peripheral nervous system, but also to neurosis, 'nervousness' or 'weak' and 'tired' nerves. Publishing scientific as well as popular works on neurasthenia, he played an important part in the introduction of this new and fashionable disease category in central Europe. Whereas in asylums and clinical wards, Krafft-Ebing mainly treated lower class patients with more or less serious mental derangements, the sanatorium as well as his private practice catered to men and women from the higher ranks of society for whom hospitalization was not desirable. Among these patients were several members of the German, Austrian and Hungarian aristocracy, and well-to-do patients from all over Europe; they provided Krafft-Ebing the reputation of a 'society doctor'. He must have been clear-minded enough to see that here was a market to be exploited. This clientele was not only more interesting and lucrative than the generally poor asylum population but it also gave him the possibility to uplift the social prestige of psychiatry.

Krafft-Ebing ventured beyond the asylum and the clinic to seek new patients as well as to enlarge the audience for psychiatry, not only among medical students and physicians but also among the lay public. In various ways, in lectures and demonstrations as well as writings, he tried to popularize psychiatry, and as the author of *Psychopathia sexualis* his name became widely known outside the medical world. Several times Krafft-Ebing's more or less public activities, such as lectures, spectacular demonstrations of hypnosis and his treatment of high-placed patients, were covered by the press. He also sought to advance the moral authority of psychiatry in the wider community. He believed that as a psychiatrist he had a moral task to fulfill in society. Especially in the field of forensic psychiatry and sexual pathology he posed as a moral entrepreneur: ignorance and prejudice should make

way for an enlightened, scientific and humanitarian approach. He also stood out as a culture critic: especially in his writings on neurasthenia, he stressed the pathogenic impact of modern society.

Connecting his psychiatry with neurology as well as forensic issues, KE clearly succeeded to attract a middle and upper class clientele and the attention of a wider audience, thus uplifting the social prestige of psychiatry. However, it was more difficult to raise the scientific stature of psychiatry. For psychiatry to be a distinct branch of modern medical science, it was necessary to emphasize the anatomical and physiological basis underlying mental disorders, but the belief in somatic causes was hardly confirmed by contemporary laboratory-research. Thus psychiatry's scientific stature remained inadequate. It was in this context, I believe, that we must understand KE's embracing of degeneration as an explanation, not so much because heredity offered a more precise understanding or better treatment of mental disease, but because it was an alternative means to gain scientific legitimacy. Based on a theory of biological evolution, it appeared to substantiate the somatic model of mental illness which had not been proved by anatomical and physiological research. Degeneration theory was also attractive because it provided a unitary, supposedly natural scientific concept that encompassed several aspects - constitution, pathological behavior, mental symptoms, moral influences and social conditions - under one rubric. In Krafft-Ebing's model of disease, a multitude of divergent causes could be responsible for mental disorders and there were causal relations between physical processes, mental traits and environmental factors, without giving a definite answer to the question what was cause and effect. It was virtually impossible to disentangle the complex interaction of body, mind and environment.

It is difficult to escape the impression that Krafft-Ebing, like other psychiatrists, consciously or unconsciously capitalized on the imprecision of degeneration theory in order to divert attention away from the lack of empirical evidence of the somatic basis of mental illness and his ignorance of which lesion or physiological process caused insanity. On the one hand, the explanation of mental disorder in terms of heredity suggested a somatic explanation of mental disease, while on the other, it allowed enormous scope for the consideration of moral, social, and psychological phenomena. Thus KE's approach to mental illness was far from somatic in a reductionist sense. For him there was no contradiction between a somatic model of mental disturbances in theory and a practical willingness to consider their psychological and subjective aspects. Much of Krafft-Ebing's work, consisting for a large part of case histories, forensic reports, and autobiographies of patients, focused on extensive clinical observation and description, and might refer to degeneration theory, without answering fundamental questions like the ultimate cause of insanity and the nature of the body-mind relationship. His clinical practice was based largely on a combination of introspection, empathy and common-sense psychology. In his very detailed case histories he sought to present a coherent and interlinked picture of individual patients, that ran from physical appearance, cerebral defects, and presence or absence of a hereditary predisposition, to the history of childhood illnesses and traumatic episodes, intellectual capacities and defects, and

the affective and moral make-up. As far as his private patients were concerned he especially focused on the subjective condition: inner life, memories, dreams, fantasies, and imagination. For KE subjective experiences, as reported by middle and upper class patients, were important in the diagnosis of mental complaints.

Ironically, more than anything else it was the expansion of the psychiatric field in the direction of apparently organic nervous diseases - a logical consequence of his orientation towards neurology - that resulted in his recognition of the autonomy of psychological symptoms. Krafft-Ebing's growing interest in a number of nervous illnesses, some of them with a long history such as hysteria, others newly discovered such as neurosis, neurasthenia, and sexual perversion (viewed as 'psychoneurosis' by Krafft-Ebing), made him stress the importance of psychological symptoms and remedies in clinical practice. From 1886 Krafft-Ebing and his assistants began to use hypnosis and the so-called 'psychical therapy', not only in the treatment of neurotic or neurasthenic and hysterical patients in his sanatorium, but also of 'perverts' who consulted him in his private practice. In central-Europe he was one of the pioneers using hypnosis in psychiatry. Alongside hypnosis Krafft-Ebing, in his private practice as well as in his sanatorium Mariagrün, advocated free and easy talking as a therapeutic device.

The talking-cure and hypnosis were developed in a relatively new psychiatric setting. Apart from private practices, the first forms of psychotherapy were generally developed in private nerve clinics for middle and upper class neurotics. The patients Krafft-Ebing treated with psychological therapies were not representative of the population in asylums and psychiatric wards of hospitals. It was especially in his private practice and his sanatorium that he stressed the usefulness of hypnosis, suggestion and talking. Only those patients were considered to have the necessary qualities for successful therapies. Successful treatments, Krafft-Ebing emphasized, depended on the personality of the patients: a certain level of self-reflection, self-control, will-power and sense of responsibility was desirable.

The employment of these psychological therapies can be seen, again, as part of Krafft-Ebing's effort to broaden and diversify his professional territory outside of mental asylums and psychiatric clinics and also to enhance their social prestige. The psychological approach enabled them to make psychiatry more attractive for individuals who showed relatively mild neurotic and mental disturbances and who often needed not to be hospitalized. Just as the 'monomania', 'moral insanity', and 'psychopathy' diagnoses had formed the core of an expansion of the psychiatric field in the middle of the nineteenth century, so various forms of nervousness, especially neurasthenia, hysteria, and sexual perversion, played an analogous role for the psychiatric profession in the 1880s and 1890s.

Probably KE and other 'nerve-doctors' responded to a new demand for psychological services among the bourgeoisie. By meeting the needs of a well-to-do, middle and upper class clientele, he created the possibility to build up a private office practice. Not only the psychiatrist's interest in psychological symptoms, but also the fact that

their patients were of the same class and sometimes intellectual background, brought them closer together psychologically. Apparently Krafft-Ebing applied hypnosis and began to develop the psychical therapy, also because several of these patients more or less expressly asked to be treated in this way. The proto-psychotherapeutical approach rationalized close, concerned contact between doctor and patient. It was especially in the field of sexual perversions - Krafft-Ebing was widely known as author of *Psychopathia sexualis* - that he appeared as the emotional confidant of many of his patients.

To come to a conclusion, the career of Krafft-Ebing shows that divergent, even contradictory tendencies in his psychiatry can be explained by looking at it from the perspective of his professional policies. Like other late nineteenth-century psychiatrists, he sought to uplift the scientific and social prestige of psychiatry by extending its boundaries. The diversity of and even contradictions in his theoretical and practical approach of mental disease were functional: ideas about the proper explanation and treatment of mental disorders were more or less geared to the changing institutional contexts in which he worked and the shifting social background of his patients. Moving from the public asylum to the university clinic, and founding a sanatorium and a private practice, he tried to enhance the autonomy of psychiatry and enlarge its domain as well as to attract a new clientele. Whereas the somatic model of mental disease and degeneration theory promoted the scientific status of psychiatry, a psychological approach was more fruitful to attract middle and upper class patients suffering from rather mild disorders like nervousness and neurasthenia. Krafft-Ebing must have been aware that the social prestige of psychiatry (and its profitability) depended for a large part on the social status of its patients.

RICHARD VON KRAFFT-EBING (1840-1902)

career in psychiatry

1858-1863: medical education, University of Heidelberg

1864-1869: training in psychiatry, Illenau-asylum (Baden)

1872-1873: professor of psychiatry, University of Strassburg

1873-1880: medical superintendent, Feldhof-asylum (Graz)

1873-1889: professor of psychiatry, University of Graz (Extraordinarius until 1882)

1882-1886: founding of psychiatric and nervous clinic at the University of Graz

1886: founding of private sanatorium Mariagrün

1889-1892: first chair of psychiatry, University of Vienna; medical superintendent of the provincial asylum

1892-1902: second chair of psychiatry, University of Vienna; medical superintendent of the psychiatric clinic of the University of Vienna

1892-1902: president of the Austrian Society of Psychiatry and Neurology

Professional strategies

COGNITIVE: brain anatomy neurophysiology	degeneration	psychological approach hypnosis talking-cure case history autobiography
INSTITUTIONAL: asylum		the court (forensic psychiatry) university/neurology private practice/sanatorium general public
PATIENTS: lower class madness/forensic		middle and upper class nervousness/neurasthenia