

Push and Pull

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Push and Pull: Biological and Psychological Models of Sexuality in Medical Sexology and Psychoanalysis (1870-1930)

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Summary

Sexual science or sexology arose in the last three decades of the 19th century when psychiatrists and neurologists began to study and treat deviant sexualities as sickly “perversions.” The new science of experimental psychology did not engage with this morally contested subject. Research into sexuality was rooted in a biomedical and clinical approach. All the same, in the late 19th and early 20th centuries, some medical experts increasingly explained perversion as well as regular sexuality in a psychological way. This trend was intertwined with the changing definition of sexuality as either a pushing or a pulling force, which pertained not only to biological versus psychological interpretations, but also to the contrast between nature and culture, male and female sexuality, and pessimistic and optimistic evaluations. All of this has contributed to the shaping of the modern concept and experience of sexuality and also to its sociopolitical regulation in the 20th-century Western world.

Keywords: sexuality, perversion, sexology, sexual science, psychiatry, neurology, psychoanalysis, psychology, medicalization, psychologization

Introduction

In 1905, the German neurologist Albert Moll (1905, p. 273) pointed out that the young science of experimental and applied psychology had largely overlooked a crucial dimension of human life: sexuality. Aside from a few exceptions, such as Alfred Binet (1888) in France and Max Dessoir (1894) in Germany, the pioneers of psychology targeted a variety of social issues, from mental retardation and education to vocational counseling and advertising, but not sex. Struggling for academic and social recognition, psychologists indeed held back from this morally contested subject. Using distinctive testing methods in a laboratory setting, they focused on mental capacities rather than emotions and instincts. Another reason for the reticence of psychologists about sexuality was tied to the dominant role of physicians in this field. Psychiatrists and neurologists in particular carved out sexual science or sexology as their expertise, which was rooted in a biomedical and clinical approach.

All the same, sexuality was increasingly explained in a psychological way in the late 19th and early 20th centuries. Several medical experts, including Moll, Richard von Krafft-Ebing, Havelock Ellis, and Sigmund Freud, articulated psychological interpretations of sexuality next to their biomedical considerations. The modern notion of sexuality was not only shaped through disciplinary “medicalization,” as emphasized by many historians following Michel Foucault (1976), but also through “psychologization,” partly with liberating effects. These trends were reflected in two basic modes of thinking about sexuality: a push model, which was connected to biological explanations, and a pull model, which drew on psychological understandings and, to some extent, sociocultural ones. The two metaphors pertained not only to biological versus psychological interpretations, but also to the contrast between nature and culture, male and female sexuality, and pessimistic and optimistic evaluations.

The push model defined sexuality as a powerful force from inside the body, as a natural instinct or drive which was inevitable and irresistible, at least with respect to men. It largely took for granted that there was a basic tension between nature and culture, and that sexuality was inherently dangerous and disruptive for morality and society. The pull model pointed out the relational dimension of sexuality and how the dynamic of attraction between individuals was shaped by psychological processes. This model, implying a positive evaluation of the specific nature of female sexuality, underlined its beneficial aspects: its importance for love, partnership, and physical and mental well-being, without denying that it could also be a source of anxiety and emotional pain.

Sexual science arose in the last three decades of the 19th century when psychiatrists and neurologists began to study and treat deviant sexualities as sickly “perversions.” Their biomedical and physiological approach highlighted the push model. From around 1890, however, psychological explanations of sexuality were introduced and the pull model began to make headway. This did not imply that biological research into sexuality lost ground: In the 20th century, endocrinology, genetics, and sociobiology (re)confirmed the belief in the physical and evolutionary basis of sexuality. Yet the psychological perspective, highlighting the interplay between the sensations of the body and the inner self, has been—and still is—highly influential in the Western world in regard to how people understand and experience sexuality; the diagnosis and treatment of sexual problems in counseling, psychotherapy, and self-help manuals; as well as emancipatory movements. Although psychoanalysis has never been uncontroversial, Freud’s influence on the psychological self-understanding of modern humans as sexual beings has been formidable. It has fueled the belief that the deep sources of sexual desire can be found in childhood experiences and intrapsychic life. As a crucial constituent of personal authenticity, emotional self-realization, and relational intimacy, sexuality is widely seen as a fundamental human need. Against this background, it has become both a subject of endless psychological reflection and discourse *and* a sensitive and often conflictual issue.

The different models—push and pull, biological and psychological—cannot be neatly mapped in chronological stages, for they evolved concurrently, in both complementary and contradictory ways, in sexology as well as psychoanalysis. Psychoanalysis was not a radical break with previous medical thought on sexuality. Sexologists introduced psychological perspectives, while Freud’s thinking built on neurophysiology and evolutionary biology. Just like sexual science in general, psychoanalysis vacillated between the push and pull models, but the psychologization of sexuality clearly advanced from around 1890. Several intellectual and social factors may explain how and why the biomedical study of sexuality moved into the direction of sex-psychology. After sketching the historical background of the prevailing push

model of sexuality until the late 19th century, this article discusses the establishing of psychiatrists and neurologists as experts on perversion, the expansion of their professional field and circle of patients, and their response to particular shortcomings of the biomedical approach. Next, the prominence in sexology of individual case histories and the emergence of a new style of reasoning about perversion and, consequently, about sexuality in general is elaborated on.

Medicalization

The definition of sexual passion as an overwhelming pushing force from within the body, which largely shaped Western attitudes toward sexuality, can be traced back to Greco-Roman thought, Christian theology, and natural science. Greek and Roman philosophers considered lust as a powerful urge, on the one hand, a source of pleasure, but on the other, entailing risks, in particular if lust—metaphorically associated with fire, explosion, war, madness, and falling—went beyond reasonable limits and escaped self-control (Golden & Toohey, 2014). Picturing the cravings of the flesh as the unfortunate consequence of the Fall, Christianity stressed the dangers of sexuality rather than its pleasures. Carnal desire was crucial for procreation and the survival of mankind, but at the same time it was an unruly and dangerous bestial force that sprang from the dark depths of the body and that tended to corrupt the soul and undermine salvation. The need to subdue sexual impulses through the use of God’s gift to mankind, reason and free will, and the absolute norm of asceticism (for the clergy) or of procreation in marriage (for lay believers) was the essence of Christian morality. The theological distinction between natural and unnatural sexual acts was not only relevant for the definition of virtue and sin, but also determined the punishment of moral offenses in secular criminal law and would even influence modern scientific explanations of sexuality. Sexual activities not geared toward procreation in marriage, such as “sodomy” (including homosexual acts, bestiality, and other non-reproductive sexual behavior), were considered contrary to the inbuilt purposes of a God-given nature and condemned as mortal sin and serious crime (Gerard & Hekma, 1989; Greenberg, 1988, pp. 261-346; Wiesner-Hanks, 2000).

In the 18th century, the enlightened notion of human nature and increasing trust in scientific, in particular, biomedical knowledge challenged the theological-judicial approach. The age-old idea of sexuality as a pushing force and the teleological view of reproduction as the natural purpose of sexuality were not fundamentally questioned, but reformulated in secular and naturalist terms. Sickness began to replace sin and crime in the evaluation of sexual deviance. Starting with a long-lasting medico-moral crusade against masturbation, a growing body of (pseudo)medical literature began to spell out the morbid aspects of sexuality (Laqueur, 2003; Stengers & Van Neck, 2001). A crucial breeding ground for medical interest in sexual deviance was the involvement of physicians as forensic experts in courts of law (Hutter, 1992; Mildenberger, 2002; Oosterhuis & Loughnan, 2013). Until the mid-19th century, their main task was to diagnose possible physical evidence in cases of abuse, rape, and sodomy. Their focus was on the bodies of perpetrators and victims. If forensic doctors mentioned the underlying causes of sexual offenses at all, they usually referred to moral and behavioral factors: excess, corruption, bad habits, seduction, and imitation. Some medical authorities, however, also referred to possible pathological conditions. Whereas they first argued that sexual misbehavior, like masturbation, could lead to disorders, later the causal link was reversed. Around 1850, some French and German forensic experts explained sodomy as an

innate preference for the same sex, which was related to mental impairment and feminine temperament (Casper, 1852; Michéa, 1849). Such findings paved the way for the notion of homosexuality as an innate disposition and broadened the forensic perspective, opening up the field to psychiatrists. Whereas forensic experts in somatic medicine were mainly concerned with visible marks on the body caused by sexual misconduct, psychiatrists, who were called upon in courts to explore the accountability of moral offenders, shifted attention to their personal characteristics. Their crucial point was that the contingent sexual debauchery of essentially normal individuals differed from perversion as an inborn or acquired psychopathological condition. Disorders such as “monomania,” “moral insanity,” and “psychopathy” affected instinctual and emotional life and suspended free will and moral judgment. Claiming a prominent role in the judgment of the accountability of moral offenders, psychiatrists argued that mentally disturbed and therefore irresponsible perverts should be put under a medical regime instead of being sentenced.

In the last three decades of the 19th century, leading psychiatrists and neurologists, in particular in France, Germany, and Austria, successfully claimed that sexual deviance was their field of expertise.¹ They described, classified, and explained the varieties of perversion they observed, not only as part of their forensic involvement in courts but also in their regular practice in mental institutions, hospitals, clinics, and private consultation rooms. Their empirical starting point was the collection and study of individual cases about delinquents, mental and nervous patients, and also persons who provided them with first-hand information about their lives and sexual experiences. The flood of such case descriptions spawned an upsurge of sexual neologisms and numerous works classifying and explaining a growing variety of perversions. The new labels introduced in the 1860s for same-sex attraction (uranism, contrary sexual feeling, inversion, and homosexuality) were followed by many more for other pendants: exhibitionism, voyeurism, fetishism, sadism and masochism, necrophilia, scatology, and pedophilia—to mention only those that are still current. The overarching label of perversion denoted all sexual desire with an unusual goal (not aimed at coitus and therefore barring procreation) and object (the same sex, children, corpses, animals, body parts, inanimate objects, or particular scenarios).

The medical endeavor to find the pathological causes of perversions did not lead to clear answers. Clinical examinations failed to prove that the reproductive organs or any other outward physical features offered adequate clues. Consequently, in the 1860s and 1870s, the idea gained ground that sexuality was not so much a function of the sex organs as of the brain and the nervous system, an assumption that had been raised earlier by phrenologists as part of their effort to locate mental characteristics in different parts of the cerebellum (Shortland, 1987). Anatomy of the brain and nervous tissue as well as neurophysiology should trace the hidden material defects causing the mental and behavioral symptoms of perversion that psychiatrists and neurologists saw in clinical settings. Yet laboratory research did not yield clear evidence of this assumption, and increasingly they turned to heredity and degeneration as an explanation. In this way, they sustained their natural-scientific credentials while sidestepping the need for exact empirical verification. The theory of hereditary degeneration, launched by the French psychiatrist Benedict Auguste Morel (1857) and building on Jean-Baptiste Lamarck’s explanation of evolution, became an important ingredient of sexual science. Morel posited that a pathogenic environment and particular detrimental effects of modern civilization could weaken people’s nervous system and affect the reproductive cells. Acquired defects were transmitted to offspring, resulting in innate physical and mental

disorders, which were again passed on to subsequent generations and worsened in the process. The broad diagnosis of pathological degeneration embraced various more or less serious illnesses and abnormalities as well as social evils. The consideration that curing inborn degeneration was difficult, if not impossible, stimulated physicians to extend their professional competence toward preventive social hygiene.

Degeneration theory provided a plausible and useful explanation for sexual deviance. Physicians drew attention to the inborn nature of perversions without ruling out that they could also be acquired through an unhealthy physical or cultural environment, seduction, decadence, moral corruption, or bad habits like (excessive) masturbation. In this perspective, often colored by cultural pessimism about the frantic conditions of urbanized modern society, perversions were generated by the interaction between innate developmental anomalies and external physical or social strains. The conviction that evolutionary progress had advanced reproductive heterosexuality implied that the instinctual life of perverts was either a regression toward primitivism or a digression from the regular development of mankind. Sexual aberration was not only associated with atavism and inborn deficiencies but also related to the unhealthy effects of over-refined civilization, which distorted man's natural drives. Both nature and civilization raised doubts: If nature as pure and unspoiled essence was the opposite of nature as amoral wildness, culture as moral progress was the reverse of decadent loss of healthy vitality.

Male and Female Sexuality: Push and Pull

All the same, the biomedical approach put forward a naturalist understanding of sexuality as an immanent and powerful instinct, deeply rooted in the body (Vermorel, 1990). Charles Darwin's identification of two primal instincts, self-preservation and procreation, was broadly echoed in sexology. The notion of the sexual urge as a recurring and irresistible pushing physiological force that builds up excitatory tension inside the body and that is discharged in orgasm and ejaculation was typically modeled on assumptions about the male sexual drive. Sexual arousal in men was conceived as accumulated pulsating energy causing tension and pressure, and pushing for release. The frequent use of volcanic, hydraulic, and energetic metaphors—explosive eruption, an unstoppable gushing stream, pressing steam in a boiling kettle, or pushing vital energy—underlined its forceful dynamics.

Such associations echoed broader patterns of thinking in 19th-century culture, science, and technology. The holistic Romantic view that all of nature, including human beings, was moved by an inherent dynamic of driving forces that continuously press ahead, resonated in vitalist explanations in biology picturing life as the dynamics of self-regulating and developmental energies. Thermodynamic definitions of energy in physics and the interrelated materialist-mechanical view of the body also contributed to the push model. The quantitative model of energy flow in physics was a heuristic guide for equating life forces with quantities of energy generated in the body through chemical and metabolic processes and converted in activity. The view of the body as a fuel-consuming and energy-producing machine—suggesting similarity with the steam engine—was a compelling metaphor in an industrializing world. The perception that the supply of physical energy was limited and could be exhausted, invited comparisons with well-considered and efficient expenditure. The equation of male orgasm and ejaculation with the spending of finite quantities of vital energy implied that excessive sexual

activity would undermine not only health and fertility, but also economic productivity and cultural achievements. The wide consensus about the harmfulness of masturbation as well as of so-called spermatorrhea (recurrent involuntary and excessive emissions of semen) was grounded in the belief that sperm was a precious nutritious fluid. Its conservation and recirculation in the body was essential for health and masculine vitality, and squandering it was debilitating. Another hazard of self-abuse was that (too) frequent and unproductive ejaculations through orgasm, which was equated with an epileptic spasm, would overstrain and wear out the nervous system. In this “spermatic economy” of the male body, onanism—the scare about it did not ignore women, but focused on men—threatened the prudent spending of vital fluids and nerve force (Barker-Benfield, 1973). The energy and economic metaphors did not only guide biomedical understandings of sexuality, but also more psychological ones. Freud described the “libido” in terms of quantities of dynamic energy that could be transferred between the body and the “psychical apparatus.” Libido energy could be released in sexual activities and discharge, but also be dammed and relocated (moved to the subconscious part of the mind) or redirected and transformed into either neurosis or character-building and cultural endeavors (sublimation) (Freud, 1898, p. 104; 1905, pp. 22, 30–34, 54–59, 71–77; 1915a, 1915b, 1915c).

The push metaphor underlined the relentless, unmanageable, and compulsive intensity of the sexual instinct, its irrational, amoral, and asocial tendency toward “recalcitrance” and “rudeness,” in Freud’s words (1908, p. 123). Descriptions of perversion—highlighting not only more or less bizarre and obsessive desires and practices, but also sexual violence, rape, and abuse—in particular suggested an irresolvable dichotomy between sexuality and civilization, an unending struggle between unruly passions and the need to tame them. In the neurophysiological explanation, the pushing force of overwhelming desires and compulsive behavior was the defining characteristic of perversion. The domination of the “lower” automatic reflexes over “higher” mental operations, a reversal of the regular hierarchy resulting in a lack of inhibitory control, was considered a central weakness which sexual perverts shared with other misfits, such as the insane and feeble-minded, born criminals, hysterics, epileptics, and alcoholics. Such erratic individuals were driven by irresistible urges and obsessions, stronger than moral awareness and any sense of responsibility. As the leading psychiatrist Richard von Krafft-Ebing (1867, p. 777; 1887, pp. vi, 139; 1897, pp. 359–360; 1903, p. 386) put it, these “instinctive people,” either dangerous monsters or pitiful “stepchildren of nature,” were at the mercy of “their obsessions, their impulsive acts, and their strange mental associations,” as well as of “the unconscious dimension” of their minds. They were “insusceptible to ethical feelings” and like “an automaton, the slave of what makes . . . [them] act.” The unruly sexuality of moral offenders, perverts, prostitutes, corrupted children, and the pauper class was generally viewed to signal that people in civilization could revert to primitiveness. Lust murders, rape, and other forms of sexual violence, as well as sadomasochism fueled evolutionary speculations about the affinity of primordial predatory and cannibalistic behavior and the brutal origins of the sexual instinct. That male and female sexuality, defined in terms of instinctive aggression and submission, were antagonistic and that therefore heterosexuality was far from harmonious, was a recurring concern in sexual science (Dickinson, 2007; Moore, 2009).

That sexuality manifested itself in opposite ways in men and women was an assumption that followed from a more general naturalization of gender differences since the late 18th century. On the basis of their anatomy and physiology, women were defined as inherently different and

complementary—but, in fact, inferior—to men (Honegger, 1991; Laqueur, 1990; Russett, 1989; Schiebinger, 1989, 1993). Evolutionary interpretations fostered the belief that masculinity denoted higher and femininity lower development. This perspective not only legitimated the different social roles of the sexes, but also underpinned the understanding of sexual desire in terms of gender. Until the late 19th century, the unspecific meaning of the term “sexuality” did not only point to desire or sexual drive, but also to the physical features of the two sexes, in particular the genitals and secondary sex characteristics. The basic assumption was that the biological distinction between the bodies of men and women determined their contrasting instinctual, mental, and behavioral features, including the direction of their desire. The idea of a natural and comprehensive binary opposition between the two sexes shaped the conceptualization of sexual appeal in terms of a charged polarity (like electricity or magnetism) between innate male and female elements, which were instinctively drawn to each other. This entanglement of biological sex (being either a man or a woman) and sexual appeal was affirmed by evolution theory. The mechanism of sexual selection had supposedly advanced an increasing differentiation of males and females and their mutual attraction as the prevailing form of the procreative sexual instinct.

The energy and economic metaphors and the related preoccupation with organic bookkeeping did not only color the understanding of the male drive but also affirmed the current explanation of how woman’s nurturing role, as wife and mother in the family, was determined by the nature of her sexuality. The female body and mind were swayed by the reproductive organs, and her pervasive and diffuse sexuality, although basically passive and reactive with respect to carnal lust, demanded so much energy for the sake of pregnancy, giving birth, and childcare that it left no resources for social and intellectual activities. The active and thrusting male instinct was more intense and overwhelming, but normally manifested itself periodically rather than constantly. Since their sexuality was not as all-pervading, men had much more energy for social and cultural pursuits than women, who supposedly lacked rationality and willpower.

Such views were not without contradictions. Prevailing medical opinion held that (normal) women were not driven by lust, but by the desire for monogamous love, emotional attachment, and nurturing motherhood. Women, contrary to basically polygamous males, seemed to be more adept than men in channeling their sexual energy in a socially constructive way. From a moral viewpoint, male continence might be desirable, but in practice it was largely taken for granted that abstinence before marriage was not a realistic option for men because of the uncontrollable power of their sexual drive. The medical belief that release of sexual pressure through regular intercourse was necessary for male health upheld the double standard and the tacit acceptance of prostitution as an inevitable evil, the more so because paid heterosexual intercourse was considered less harmful than alternatives, such as (excessive) masturbation or possible homosexual contacts. Prostitution, however, undermined the belief that all women lacked intense sexual feelings and thus raised fears or fantasies about their boundless sensuality and anxieties about male sexual dependence.

Sexual scientists generally sustained conventional views of the natural differences between the sexes, but female scholars and feminists challenged such thinking (Bland, 2001; Leng, 2018). The female sex drive was as strong as the male one, they argued, but in contrast to the selfish and aggressively thrusting urges of men, it was an inherently restrained and benevolent pulling energy. Drawing on evolutionary theory, they suggested that male and

female features were not fixed but adaptable biological functions. Since women actually performed the choosing role in sexual selection, their careful way of finding a partner rather than the blind lust of men was crucial for healthy reproduction. Some women sexologists asserted that male domination had fundamentally poisoned heterosexual relations, but others believed that these could be improved through social and ethical reform on the basis of shared values: the equal right of sexual self-determination, the coupling of love and lust, and a partial separation of sexuality and procreation. They stressed that this emancipatory agenda was not about selfish freedom, but that putting more control over sexual relations and reproduction in women's hands was in the collective interest. What they basically shared with male sexologists was their emphasis on heterosexuality as the norm for socially responsible sexuality and healthy procreation. All of them embraced objectives of public health, social hygiene, and eugenics as the parameters for a modern and equitable regulation of sexuality.

Feminist sexologists questioned naturalist thinking, but at the same time they sustained it by positing moral standards for sexual life in line with an (idealized) female nature, which was considered superior to the prevailing nature of men. This implied that men should adapt themselves to the needs of women: They should contain the pushing thrust of their sexual drive and become more receptive to the affective and relational aspects of sexuality. Some of the most prominent male sexologists came to similar conclusions, not so much because they supported the emancipation of women (although Ellis did so), but rather as part of their turn toward psychological explanations of sexuality. Krafft-Ebing, Albert Moll, and Havelock Ellis acknowledged the moderating and refining influence of female sexual restraint on men, and they drew attention to the beneficial impact of such effeminized sexuality. Their positive view of relational sexuality in marriage, implying reciprocal sexual satisfaction and greater equality between the sexes, was inspired by their broadening definition of the sexual drive beyond the biological push model and the natural procreative aim (Ellis, 1905, 1906, 1924; Freud, 1898, pp. 71–72; 1908, pp. 126–127; Moll, 1898, pp. 10–25, 52–55; 1904, 1905, pp. 274–276; 1927a, 1927b).

Psychological Explanations of Sexuality

Not only the shortcomings of anatomical and physiological explanations and of the biological push model of sexuality, but also the changing institutional landscape of psychiatry and neurology instigated the rise of psychological perspectives and the increasing relevance of the pull model, even though biological, and in particular evolutionary explanations persisted in sexology. From the 1880s on, psychiatrists and neurologists diversified their professional field by expanding their institutional locus from isolated asylums for the insane and mentally retarded to psychiatric and neurological clinics, sanatoria and spas, and private practices for a much wider range of patients suffering from a variety of nervous and psychosomatic conditions. The rising interest in neurosis and neurasthenia, including their sexual manifestations, fueled a new diagnostic and etiological style of reasoning. Such ailments could have somatic roots, but the material affections of organs, nervous tissue, or chemical processes were apparently so subtle that the microscope could not (yet) detect them. These complaints, which could only be identified on the basis of behavioral and psychic symptoms, were now understood as functional disturbances. Next to physical treatments such as electro-, hydro-, and dietary therapies, psychological methods were introduced, in particular hypnosis and suggestion therapy, but also free and confidential talking. Listening patiently to accounts

of patients' troubles and taking their subjective experiences seriously, doctors met the needs of middle- and upper-class clients demanding an attentive ear for their personal stories. Some physicians began to surmise that hidden motives, covered up memories, and childhood experiences were relevant for the etiology of psychoneurotic complaints. Hypnosis was not only used for therapeutic purposes, but also for investigating the unconscious, delusional, and hallucinatory aspects of the psyche. The psychological approach framed sexuality as a dimension of human life that affected the deepest interior of personality beyond its conscious and reasonable core.

New perspectives on perversion, increasingly defined as a functional disorder, also emerged, since psychiatrists and neurologists gained access to case studies in new ways. Initially, they largely drew them from their involvement in criminal proceedings and mental asylums. In this context, sexual aberration was not so much diagnosed as a distinct syndrome but rather as an aspect of insanity—for example, hospitalized male patients displaying excessive masturbation and women whose mental afflictions were related to pregnancy and menstruation—and of severe moral offenses such as lust murder, necrophilia, bestiality, rape, sodomy, and sexual intercourse with minors. When the neuropsychiatric field targeted a broader variety of milder nervous and psychosomatic illnesses, the case histories did not only increase in number and size, but also their contents and the background of the involved individuals changed. Most sexual offenders and institutionalized mental patients were from the lower classes. They had hardly any other option than submitting to the institutional procedures of law courts and asylums, without having a voice of their own, as physicians recorded their cases. In contrast, middle- and upper-class patients in nervous clinics, sanatoria, and private practices had much more opportunity to speak for themselves. Many of them were articulate and in a more equal position vis-à-vis the doctor, the more so because they were often self-paying and shared the same sociocultural background. Moreover, such individuals—mostly male, educated, and of means—contacted doctors in private practice for the very reason that they wanted to talk about their troubled sexuality. Some of them corresponded with psychiatrists and neurologists as informants and sent in autobiographical accounts, often after having read sexological writings and published case descriptions. The case history format, designed for medical diagnosis and classification, could also be deployed for self-expression. While lower-class men, prosecuted sexual offenders, and most women too were not in a position to escape the coercive tendencies in sexology, upper- and middle-class men were able to take advantage of it.²

The subsequent editions of Krafft-Ebing's much-quoted bestseller *Psychopathia sexualis* (1886–1924) and other major sexological works, such as those of Moll and Ellis, contain hundreds of case histories, including (auto)biographical accounts, letters, and intimate confessions. The sexologists underlined the importance of inspiring the confidence of these individuals—quite a few seemed to be reasonable fellow citizens rather than frivolous freaks—because their reports provided authentic evidence for understanding perversion. By incorporating personal narratives into their publications, sexologists offered perverts a public forum for self-presentation. Homosexuals in particular used the opportunity in order to part with the charge of immorality and illegality, to explain and justify themselves, and to elicit sympathy and recognition. The push model of sexuality surfaced in the way they talked about their preference as an irresistible innate urge, which, from its awakening in childhood or puberty, had become an essential part of their life and character. Their sexuality might be

abnormal, but it felt natural and authentic to them. Suppressing it was difficult, if not impossible: Their well-being depended on sexual gratification. Most of them did not need or want any medical treatment; pouring out one's heart had a redeeming effect in its own right.

The push model of sexuality, then, helped perverts to deal with moral conflicts and come to terms with their leanings, but the narrative framework was one of self-reflection and life history rather than biological explanation. References to heredity, degeneration, and physical symptoms were still frequent, but case descriptions were organized around subjective experiences and self-awareness. They focused on perceptions, feelings, motives, moods, memories, imagination, dreams, fantasies, "latent" inclinations, and the "unconscious life of the soul" (Krafft-Ebing, 1889a, 1186; 1903, p. 355). Recurring plot elements included the following: childhood experiences; first arousal of sexual feeling, masturbatory fantasies, and sexual contacts; confusion about gender identity; discovery and painful awareness of being different and in conflict with society; anxieties about health and moral stature; feelings of shame and despair; uncertainty about the future; becoming acquainted with information about perversion and possibly with like-minded individuals; and self-justification and hope for acceptance. In such accounts, prefiguring the typical "coming out" confession, all of these elements were woven together into a presentation of an individual's inner development and state of mind, thus revealing that sexual desire was a central feature of personal identity.

It is striking that the psychological exploration of perversion paved the way for a similar understanding of regular sexuality. In one of his earliest articles about sexual pathology, Krafft-Ebing (1875, p. 427) argued that the difference between masturbation and normal intercourse was that the first was dominated by purely mental stimuli—he typically referred to "psychical onanism" for indulging in sexual imagination and fantasy—whereas regular coitus was much more directly driven by spontaneous physical impulses and reflexes. A similar reasoning guided his explanation of the main perversions. The crucial feature of so-called contrary sexual feeling, fetishism, and sadomasochism—the main perversions, according to Krafft-Ebing—was that particular ways of thinking and feeling diverted desire away from the assumed natural core of the sexual instinct that usually automatically aimed for heterosexual coitus. That this logic, which was also adopted by Moll, Ellis, and Freud, contradicted the neuropsychiatric definition of sexual aberration as the complete domination of instincts and automatic reflexes over consciousness, passed unnoticed.

The exemplary perversion drawing most attention in the medical world, contrary sexual feeling or inversion, did not only include same-sex attraction (homosexuality), but also "psychic hermaphroditism"—the term at that time for bisexual desire—and gender deformations that later would be differentiated into androgyny, transvestitism, and transsexuality (Herdt & Hekma, 1994; Herrn, 2005; Mak, 2012). These sexual and gender phenomena shared a basic anomaly: The bodies and mental life of the individuals concerned showed in different ways and to varying degrees an abnormal mixture—inversion—of male and female features. The dominant understanding of homosexual orientation followed the gendered explanation of sexual desire in general in terms of attraction between maleness and femaleness. Men and women who felt attracted to members of their own sex were supposedly driven by inner traits of the opposite sex. Homosexuality was therefore part of a broader range of disturbances in the normal differentiation of the physical and mental characteristics of the sexes. They shared an incomplete differentiation of sex, which was identified as a remnant or as a comeback of a primordial hermaphroditic condition. The notion of

recapitulation, which postulated that the growth of embryos repeated in condensed form the evolutionary development of the species, provided an explanation: Primitive organisms as well as embryos in the early stage of development lacked any differentiation between masculinity and effeminacy. What distinguished homosexuality and psychic hermaphroditism from the other forms of inversion, which centered on the body and which later would be distinguished as gender rather than sexual anomalies, was the psychic experience of sexual desire. Although homosexuals may show minor secondary physical characteristics of the opposite sex (whereas bisexuals lacked these altogether) and their disposition had biological roots, the decisive factor was the discrepancy between their biological sex and their sexual preference that manifested itself in psychic life. Some of them may be able to perform intercourse with a woman, Krafft-Ebing (1903, p. 19) noted, but only through extra mental effort by using a "psychical trick," that is, by fantasizing about men.

Mental factors were also prominent in Krafft-Ebing's understanding of sadomasochism. Actual physical pain was not its essence, he emphasized; masochists rather derived pleasure from the inner feeling of being dominated and abused. Perception, imagination, and fantasy, or "psychic lust," were crucial. Many masochists pointed out that it was often difficult to realize their desires because of the gap between mental inspiration and concrete physical experiences. One of them referred to his endless "orgies of fantasy" and indicated that he felt more at home in the world of the imagination than in that of reality (Krafft-Ebing, 1890, p. 21). The tragedy of masochists was that their attempts at realizing their fantasies frequently resulted in frustration. The understanding of sadism as either violent behavior or imaginary cruelty was closely related to the class background of the subjects of case histories. Sadism was first associated with lower-class sexual delinquents whose crude misbehavior transgressed the boundaries of normal masculine sexual aggressiveness. Later case studies of middle- or upper-class men, who were labeled as sadists, stressed their controlled and imagined cruelty. In his explanation of fetishism, Krafft-Ebing, as well as Moll and Freud, largely adopted the argument of the French psychologist Binet (1888) about the decisive role of the psychic mechanism of association. Binet did not rule out a hereditary disposition as a necessary precondition, but biology in itself could not clarify which body part, object, or scenario would be the focus of a specific fetishist obsession. After a particular experience during childhood had, more or less by chance, aroused lust, he argued, the mental association between the incident and the sexual feeling persisted in memory, imagination, and fantasy.

Thus, the psychical dimension of sexuality first appeared as an essential part of perversion: Certain mental stimuli or digressions hampered the supposedly more direct and spontaneous physiological process of regular heterosexual coitus. From around 1890, however, sexologists began to draw attention to the importance of the mental dimension for sexuality in general. Krafft-Ebing pointed out that the experience of sexual pleasure depended on "a psychical performance of the organ of consciousness," and he also used the expression "psychologically dissatisfied" with regard to the lack of sexual fulfillment about which some of his patients complained (1891b, p. 95). In an article on "sexual anesthesia," he presented the case of a 29-year-old man whose problem was that he wanted to marry while having no sexual feelings. Impotency was not the issue: He regularly visited brothels, but this was, as he stated, only for physical release, satisfying a purely physical impulse, in the same way that eating was necessary to satisfy hunger. What worried him, though, was that he did not feel any emotion during the act or sympathy toward his partner, whom he rather experienced "as a lifeless object, as 'a piece of wood'"; women were simply "an instrument for his coarser sensual

needs." How a man could fall in love with a woman, or be jealous about them, he did not understand. This patient experienced his malfunction, Krafft-Ebing (1899, pp. 179–180) wrote, as a painful "mental failure, for spinally he is all right, always potent." Krafft-Ebing's reason for diagnosing him with "sexual anesthesia" was the assumption, apparently shared by the patient, that normal sexual functioning was more than just the physical ability to have intercourse. Sexual satisfaction was not just the result of "the operation of a spinal reflex," Krafft-Ebing (1894a, p. 93) noted, "but a course of events which is complicated by psychocerebral processes. If this were not so, coitus for a man would merely be a masturbatory act in a woman's body." The satisfaction of the sexual urge consisted not only of physical release but also of emotional fulfillment.

Other cases of sexual anesthesia also focused on the lack of the psychic longing for an intimate relationship. Repeatedly, Krafft-Ebing noticed that such patients tended to be unsociable and emotionally underdeveloped. Apart from reproduction, sexuality was important for the development of social feelings and engaging in a love bond as the basis for marriage. Although Krafft-Ebing believed that sexual abstinence was not always harmful for health, he indicated that for both men and women, a satisfying sexual relationship was better. Married women who did not experience orgasm in intercourse, he contended, ran a considerable risk of developing nervousness, neurasthenia, and hysteria, an insight which was even more stressed by Freud (Freud, 1898, p. 72; 1908, pp. 126–127; Krafft-Ebing, 1888a). Precisely because of the increasing weight of romantic love and sexual satisfaction in the perception of marriage, it became more difficult for individuals with homosexual or other perverse desires to meet its requirements. Perverts and sufferers of sexual anesthesia called on Krafft-Ebing because they wanted or were expected to marry, whereas they had severe doubts about their ability to fulfill the implied emotional and sexual needs.

The psychological approach of perversions put up for discussion their constitutional nature and drew attention to their possibly acquired condition. The consideration of environmental and mental factors (seduction, association, suggestion, and fixation) in the etiology of unusual sexual desires involved expectations about the possibility to treat them through psychological methods such as hypnosis and systematic suggestion in order to break with and transform habits, obsessions, and fantasies. It was no coincidence that several pioneers of hypnosis and other psychical methods (including Krafft-Ebing, Moll, and Freud) distinguished themselves as experts on sexuality and applied them in the treatment of sexual as well as nervous disorders. The private practices of Krafft-Ebing, Moll, and other doctors, who published successes of such therapies, attracted several perverts asking to be cured (Krafft-Ebing, 1888b, 1889, 1893; Moll, 1900, 1911, 1921). Freud's thinking about sexuality largely originated during the 1890s in his efforts to explain the etiology of hysteria and other psychoneuroses and to find an effective therapy (Breuer & Freud, 1895; Freud, 1898).

Innovative Sex Psychology

Most sexological works appearing in the 1880s and 1890s were basically empirical and eclectic. Explanatory reflections were organized in a rather ad hoc way around more or less detailed descriptions of clinical observations and case histories. Yet their insights, in particular those of Krafft-Ebing (1901a, 1901b), initiated a new way of thinking about sexuality in general, which around 1900 was elaborated in more systematic and sophisticated

theoretical outlines by Moll, Freud, and Ellis. In particular, Moll's *Untersuchungen über die Libido sexualis* (1898), which built on his earlier book about homosexuality, *Die Conträre Sexualempfindung* (1891), and Freud's *Drei Abhandlungen zur Sexualtheorie* (1905) broke new paths, while Ellis covered a wide spectrum of sexuality in his seven-volume *Studies in the Psychology of Sex* (1897–1928). These physicians had no background in institutional psychiatry and were at a distance from hospital medicine. While Ellis did not practice as a doctor, Moll and Freud, as neurologists, ran private practices and were at the forefront of introducing hypnosis and other psychological methods. Their case histories involved patients from the middle and upper classes and educated correspondents and informants. All three of them took a critical stance toward explanations of perversion in terms of mental illness, neuropathy, and degeneration, and shifted their attention to the influence of childhood experiences. They considered perversion as a more or less disordered phenomenon in itself, without serious morbidity. It could only be understood in connection with a more general sexual drive, which showed, like any other physiological or psychological function, a wide spectrum of variations and gradations (Ellis, 1898, 1900, 1901; Ellis & Moll, 1912, p. 652; Freud, 1905, pp. 11, 20, 24; Moll, 1891, pp. 131, 189–190, 202–204; 1898, pp. 543–556, 626–644). The essence of the libido, a fluctuating and fragmented mishmash of random partial impulses and lustful sensations that involve several parts of the body, was a pushing energetic force aimed at nothing but physical gratification through very diverse ways. Perverse leanings, as variations in an endless series of transitional forms, came into being as modifications of the normal sexual drive. Regular genital heterosexuality was nothing more or less than the result of a developmental conversion and synthesis of various component impulses, a process quite susceptible to obstacles and digressions. Many people knew perversions, be it in different degrees and either periodically or more durably.

Moll, Ellis, and Freud indicated that the differentiation between normal and abnormal sexuality was not absolute and qualitative but gradual and quantitative (Ellis, 1900, 1901, 1903, 1905, 1906; Freud, 1905, pp. 11–12, 16–21, 46–47; Moll, 1891, pp. 125–131, 151–169; 1898, pp. 320, 429–460). The evolutionary roots of fetishism, sadomasochism, voyeurism, and exhibitionism threw light on fundamental aspects of regular sexuality and showed that their differentiation was a matter of degree. To a certain extent, fetishism was an intrinsic feature of normal sexual attraction and relationships, which were grounded in a distinct predilection for particular physical features of one's partner. In this sense, fetishism had a function in evolution: The core of sexual selection was that mating partners were chosen on the basis of physical characteristics signaling fitness. The perversity of fetishism in the human world depended on the degree in which the taste for a specific feature or object had dissociated itself from a loved person and as such had become the exclusive and obsessive aim of sexual gratification. Similar interpretations applied to voyeurism and exhibitionism as deep-rooted characteristics of human sexuality. The prominent role of seeing and being seen, in contrast to the reliance of "lower" animals on smell as the primary sensory factor in their mating behavior, showed how human sexuality had surpassed primitive baseness through the development of an upright position in evolution. Krafft-Ebing's explanation of sadomasochism as a general tendency of heterosexuality, the male drive being active and aggressive and the female one passive and submissive, was adopted by Moll, Freud, and Ellis. As a perversion, sadomasochism was characterized by either an exceeding of what was appropriate male

assertiveness and female submission or by an inversion of sexual roles: Since masochism was mainly found among men, and in particular, among homosexuals, the assumption was that these men took a female role, whereas sadism in women was a sign of their masculinization.

Evolutionary explanations of inversion increasingly challenged the view of homosexuality as a morbid anomaly. The usual explanation in biomedical sexual science had privileged heterosexuality as the result of a progressive differentiation of the sexes among higher forms of life, while various forms of gender inversion were viewed as atavistic or degenerative abnormalities. Newer interpretations of evolution as a continuing, open-ended process questioned this valuation. Masculinity and femininity, rather than being exclusive and static properties, were malleable functions within a wide range of natural possibilities, an insight confirmed by embryological research. In evolution as well as in the development of the embryo, there was not necessarily an increasing sexual differentiation but a continuing chance intermingling of male and female elements. Inversions could therefore be seen as developmental modifications rather than evolutionary throwbacks or degenerative deficiencies. The idea that homosexuality, as a form of gender inversion, was natural had, in fact, already been put forward from the 1860s on by the first advocates of equal treatment and decriminalization of same-sex contacts, in particular by Karl Heinrich Ulrichs (1898). The trailblazer of the first homosexual rights organization and leading sexologist, Magnus Hirschfeld, widely promoted his biological theory of sexual intermediate stages, which held that nature had created an endless variety of gender and sexual types between fully male and female (Hirschfeld, 1896, 1903, 1914). Although most sexologists did not go so far in the normalization of homosexuality as Hirschfeld, several of them, notably Krafft-Ebing, Moll, and Ellis, supported his aim of decriminalizing it because they believed that same-sex desire was often inborn and therefore inevitable, and that these unfortunate “stepchildren of nature” deserved humanitarian treatment (Ellis & Symonds, 1896; Krafft-Ebing, 1891a, 1894b, 1901b; Moll, 1891, pp. v-vi, 223-246; 1898, pp. 694-856).

Qualifying the distinction of normality and perversion was central in discussions of infantile sexuality and its relevance for the socio-psychological genesis of the adult libido. Challenging the current belief in the sexual innocence of children, Moll, Ellis, and Freud stressed that sexual impulses and activities, including masturbation, homosexuality, and even fetishist, sadistic, or masochistic leanings during childhood were far from uncommon and abnormal. Infantile perversity was often not caused by either degeneration or seduction, and it did not inevitably lead to perversion in adulthood. Sexuality was undetermined and undifferentiated until puberty or even, as Moll claimed, until the age of twenty-three. In adolescence, normally a distinct and continuous sex drive, with a definite object choice and orientation toward the other sex, gradually took shape. Apart from possible congenital predispositions, the triggers of adult perversions could be found in psychological and environmental factors that obstructed the regular transformation of erratic infantile impulses into normal heterosexual desire. Overall, most young adults would show a heterosexual desire and a minority among them a homosexual or bisexual one, while specific perverse leanings could occur in both groups (cf. Dessoir, 1894; Ellis, 1898; Moll, 1891, pp. 154-177; 1898, pp. 54-55, 306-308, 420-423, 427-429, 449-450, 497, 505; 1908, pp. 46-102).

A more intricate argument about the bodily and mental aspects of childhood sexuality was the centerpiece of Freud's *Three Essays* (1905, pp. 31-52). The infantile libido, which manifests itself soon after birth, Freud explained, is “polymorphous perverse.” Continuously pushing

without any definite aim and object, it is a boundless and self-centered hunger for titillation and direct and repetitive pleasure. There is no differentiation between the child's sensation of lust and other basic physical needs and functions: eating, drinking (sucking being the primal form of sexual activity), and defecation. Not the genitals but also other parts of the body—lips, mouth, anus, and other “anatomical transgressions” or “erotogenic zones”—are involved in pleasure-seeking (1905, pp. 12, 26–27, 39, 42, 47–50). Between early childhood and adolescence, these immediate physical sensations are complicated by mental responses to the experience of the growing body. Desires take shape through mental associations with and memory traces of previous experiences of pleasure, which reveal themselves in the imagination, fantasy, and dreams. Puberty causes the inarticulate mental impressions of childhood to be retrospectively reinterpreted and loaded with explicit sexual meanings. The dynamics of sexual development are contradictory and full of tension, in particular because of increasing feelings of revulsion, shame, and guilt: psychic resistance and repression which generate the formation of the unconscious part of the mind as the repository of disconcerting yearnings.

Freud's understanding of the diffusiveness and unruliness of infantile sexuality and the related psychical feedback mechanisms originated in his finding that neurosis and hysteria were caused by extreme psychic resistance against awkward pleasure wishes—another instance of how thinking about anomaly shaped sex psychology. Not only neurosis but also perversion threw light on individual sexual development: The only difference between neurotics and perverts and more well-adjusted people was that the latter had managed to channel their unruly sexual urges more effectively (Freud, 1898, 1905, pp. 24–30, 56, 67–68). The attainment of more or less steady adult sexuality required the transformation of the diffuse and wandering infantile libido into a more clear-cut sexual drive by centering on the sex organs and coitus, and turning toward a definite object choice for a person of the other sex (or possibly of the same sex). The formation of a distinct gender identity and sexual orientation implied a conflictual and vulnerable developmental process and considerable psychic effort. Normal sexuality vacillated uneasily between neurosis as the effect of excessive repression and manifest perversion as following from a lack of sublimation.

Both Moll and Freud took a nuanced stance in the continuing discussion about the inborn or acquired nature of perversion. The distinction itself, they argued, was misleading: The dynamic interaction between nature and nurture should be taken into account. Rejecting reductionism and leaning toward psychophysical parallelism, they were skeptical about any biological and anatomical explanation that located the sexual drive in some part of the body (gonads or ovaries, the brain or the nervous system) or chemical processes such as hormonal secretions—even though they acknowledged that endocrinology was a promising branch of sex research. Sexuality was certainly rooted in inborn physical needs and impulses, but these biological factors were not more than indefinite preconditions and possibilities, or, as Moll phrased it, “reaction-capacities” or “reaction-modes” (Freud, 1898, pp. 103–104; 1905, pp. 6–8, 60–61, 74–79; Moll, 1891, pp. 156–177, 181–184, 222; 1898, pp. 89–93, 327–328, 497–505, 513–515, 592–593, 620–625; 1905, 1921, pp. 7–21). Their materialization depended on external sensual stimuli, mental processes, life experiences, habits, emotional attachments, and the broader bearings of culture and history. Therefore, human sexuality was not completely determined by either inborn nature (like the instinctual urge for procreation in animals) or the sociocultural environment, but rather the result of their interaction. Moll, Freud, and also Ellis pictured sexuality as an intricate psychosomatic complex of physical

functions, reflexes, sensations, behaviors, experiences, attitudes, perceptions, motivations, feelings, thoughts, memories, fantasies, dreams, and character features. The crucial indicator for the determination of perversion and sexual orientation was not the body or particular behavior as such, but subjective inner life. Because particular physical sensations and experiences triggered powerful meanings in individual minds, this psychosomatic ensemble involved profound and complex emotions and anxieties. That is why sexuality's influence in human life and on individual personality was so pervasive and sensitive.

Moll, Ellis, and Freud made clear that human sexuality was not given by nature but shaped through the interaction between the experience of the body and the mental processing of that experience, in particular during childhood and adolescence. Psychosexual development tended toward a transformation of the amorphous libido in a differentiated and goal-oriented sexual drive, which implied that its crude pushing component was complemented by a more advanced pulling dynamic. Moll (1898, pp. 10-25, 52-55; 1905, pp. 274-276) typically distinguished between the physical and the socio-psychological dimension of the sexual drive. The first one, *Detumescenz* (discharge), manifested itself in physical arousal and centered on the sexual act (either with someone else or alone) as a means for the release of excitatory energy and tension in orgasm. The second one, *Contrectation* (attraction), involved the relational aspect of sexuality: the appeal of a real or imaginative partner and intimate interaction such as courting, touching, caressing, fondling, kissing, caring, and other expressions of affection, all of which showed the overlap between sexual and social feelings. The link between the psychological and relational dimension of sexuality was underlined by Moll's comment that the Latin term *contrectare* did not only denote touching, but also mentally focusing on something. Sexual functioning was more than just a spontaneous physiological process, and it depended not only on physical ability. Mental stimuli were crucial; the satisfaction of the sexual urge was made up not only of physical release but also of emotional fulfilment (Moll, 1905, pp. 275-276, 302). Ellis (1905, 1906) highlighted the socio-psychological dimension of sexuality in a similar way. Apart from autoeroticism, as Ellis (1898) called masturbation, sexual arousal (*tumescence*) was not automatically driven by natural impulses, but was incited by succeeding phases of courtship operating through the interaction of social and psychic processes.

Against this background, the understanding of perversion focused on shortcomings in the relational dimension of sexuality in the sense that attraction was not mentally oriented, as usual, on a person of the other sex. Homosexuality, the most widely discussed perversion in sexology, became even more significant as a consequence of sex psychology's turn toward the pulling model of sexuality. It was through particular understandings of homosexuality that heterosexuality as the reverse and standard category came into being. Moll (1891) was one of the first to put several of the prevailing notions about homosexuality into perspective. He criticized moralizing attitudes and its illegality, and questioned its pathological nature (Moll, 1891, pp. 131, 189-190, 223-246; 1898, pp. 626, 635, 644). His queries about the abnormality of homosexuality were shared by Ellis and Freud, and they also casted doubt on the usual explanation of same-sex desire in terms of gender inversion. They did not completely reject this view, but noticed at the same time that quite a few homosexuals were entirely masculine in their appearance, behavior, and mental make-up, whereas several effeminate men appeared to be heterosexual (Freud, 1905, pp. 1-10; Moll, 1891, pp. 70-71; 1898, pp. 347, 514-515). In two ways Moll and Freud challenged the definition of homosexuality, propagated by Hirschfeld and others, as a more or less comprehensive gender inversion. First, their focus on

the psychic dimension of homosexual preference implied that it was explicitly detached from other, partly physical and behavioral forms of inversion (transvestitism, androgyny, and transsexuality), which they defined as gender anomalies rather than as sexual ones. The sexual desire of transvestites, transsexuals, and androgynous individuals, they emphasized, could be hetero- as well as homosexual. Second, their increasing use of the term “homosexuality” instead of “inversion” and “contrary sexual feeling” signaled a turn away from the definition of same-sex desire as deviant inversion and of heterosexual desire as a standard gender characteristic of most men and women, to an understanding of both orientations in terms of partner-choice only. This separation of sexual desire and gender identity undermined the general understanding of sexuality in terms of attraction between the biological poles of masculinity and femininity (Freud, 1905, pp. 7-8; Moll, 1924, pp. 430-431, 572-585; cf. Hirschfeld, 1910).

In line with what some homosexuals in their case histories made clear—that partnership was as important to them as sexual gratification—Moll, Ellis, and also Krafft-Ebing in his last works (1901a, 1901b), noticed that the manner in which they experienced sexual passion as well as love was in no way different from how heterosexuals felt these things. Gratification through homosexual intercourse seemed to be wholesome for those involved—and preferable to solitary masturbation—rather than harmful to their health. Neither did homosexuals distinguish themselves from heterosexuals, as was widely believed, through a particular preference for youngsters; in both groups only a minority showed such desire and therefore there was reason to dissociate regular homosexuality from “pederasty” or—Krafft-Ebing’s term—“pedophilia” (Moll, 1891, pp. 70-71, 90-92, 105, 115-121, 202-204, 233, 240). Another indication that both orientations were of the same kind was the finding that sexual perversions such as fetishism and sadomasochism occurred in a similar way among homo- and heterosexuals.

All of this advanced the prominence of the dichotomy of heterosexuality and homosexuality as the fundamental sexual categorization (with bisexual orientation as an ambiguous residual class) and all other perversions as subdivisions (Moll, 1891, pp. 122-148; 1898, pp. 319-320; cf. Krafft-Ebing, 1901a). The gender of one’s sexual partner—other (hetero), same (homo), or both (bi)—was to become the organizing framework of modern sexuality, which was at odds with all classificatory systems that started from the reproductive norm and tended to consider all aberrations from it in the same light. Binet (1888), for example, considered fetishism as the essence of all perverted predilections: for unusual sexual partners (a person of the same sex, an improper age category, a peculiar physical type, an animal, or a corpse), for particular objects (body parts, garments, fabrics, shoes, or other inanimate objects), and specific aims (certain acts, scripts, or settings of sexual activities). The focus on the sex of the sexual partner and the implied primacy of the heterosexual-homosexual dichotomy, however, would shift the emphasis from the age-old procreative norm to the modern appreciation of relational sexuality.

The rise of the concept of heterosexuality and its changing meaning in sexology throws light on this change (Katz, 1995, pp. 19-32, 57-82, 87-88). Defined as the desire for the other sex, the term at first did not signify normalcy but rather non-procreative deviancy. Krafft-Ebing (1888, p. 88; 1889, p. 96) introduced it in his discussions of perversion, in particular with regard to cases of fetishists and psychical hermaphrodites who seemed to enjoy sex for other purposes than reproduction. Soon, however, he used the term more broadly as the opposite of homosexuality: the mutual attraction of males and females without connotation of perversion,

the meaning which for Moll, Ellis, and Freud was self-evident because in their view of sexuality, procreation was not prominent. They separated sensual attraction between the sexes from any reproductive intention and shifted attention to its relational dimension as a purpose in its own right. Heterosexuality, if enabling reproduction, was more about sensual pleasure and psychic fulfillment in an affective bond. It was increasingly associated with the psychic qualities of romantic love: equality, empathy, reciprocity, and intimacy. The break with the procreative norm and the sexualization of partnership in marriage advanced the consideration that the relational model might be within reach of homosexuals, although Krafft-Ebing, Moll, Ellis, and Freud did not really acknowledge homosexuality as the full equivalent of heterosexuality. Emphasizing that heterosexuality was not a given because its manifestation, just like that of homosexuality, depended on a psychic developmental and social environment, they believed that it should be actively promoted.

Limits of Sex Psychology

Although sex psychology questioned procreation as the natural aim of sexuality, at the same time the model of psychosexual development was based on assumptions that affirmed heterosexuality as the standard. The age-old telos of reproduction was replaced with the purpose of healthy coital and relational sexuality, which the sexologists tended to project back into nature. Moll suggested that most people reached heterosexuality because evolution had favored biological “reaction capacities” that tended toward this orientation, the more so since the anatomy of the male and female sex organs were supposedly “teleologically” tailored to each other (Moll, 1897, pp. 164–165). Freud’s *Drei Abhandlungen* have often been regarded as revolutionary because his analysis of perversion and infantile sexuality undermined the naturalness of any delineated sexual orientation. In the third essay about psychosexual development, however, a normative teleological logic returned. It was further strengthened when, in subsequent editions, he elaborated on the psychic processing of the Oedipus complex, involving the child’s changing relation to its parents, as the decisive and necessary transition to a clear-cut gender identity and sexual orientation, culminating in adult coital and relational sexuality (Freud, 1905, pp. 53–79, 1913). Referring to the “intention of nature” to underline the inevitability of this process, Freud claimed that the genitals of the child “are destined to great things in the future.” Their “coming primacy is secured,” he went on, by the infant’s masturbatory activities and the emergence of genital pleasure already before puberty, and during puberty by the emergence of the natural attraction between the sexes and the spontaneous combination of the maturing genitals and the surfacing psychic “love function” (Freud, 1905, pp. 42, 57, 69, 75). For Freud as well as Moll, the essence of perversion was the fixation on partial and aimless lust, and the avoidance of integration and closure through full satisfaction in coitus (Freud, 1905, pp. 12, 16, 21; Moll, 1924, pp. 632–639, 648–650).

That Moll and Freud fell back on an assumed inherent naturalness of normal sexuality was contradictory in the light of the prominent position of perversion in their overall sexual theory, which was pervaded with a pessimistic tenor—in contrast to the more optimistic vision of Ellis. For all of them, though, it was evident that human evolution, together with the interplay of nature and culture, had made the human sexual drive fundamentally different from and much more precarious and complicated than the instinctual sexuality of animals. Their evaluation of the relation between nature and culture was ambivalent. The sexual drive was a

divided and inconsistent force, pushing and pulling, either threatening the social order or potentially constructive for culture. “In sexuality,” Freud (1905, p. 21) wrote, “the highest and the lowest are intertwined” and there was a constant danger that the last overruled the first. Constraining sexuality for the sake of the civilized order was therefore inevitable, but what also worried Moll, Freud, and Ellis was that such repression would go too far and could be detrimental for individuals and for society as a whole. The sexual morality of Christian and bourgeois culture, which limited legitimate sexuality to procreative intercourse within marriage, showed an excess of repression beyond what was required for the maintenance of civilization. This morality was counterproductive: Sexual dissatisfaction undermined health and well-being, while also obstructing constructive sublimation of sexual energy for the sake of cultural purposes (Freud, 1898, 1908; Moll, 1891, pp. 3-4, 90-92, 240; 1898, pp. 8, 29, 52-55, 65-66, 398, 406-407, 581, 587, 592, 620; 1905, p. 303; 1908, pp. 196-198; 1912, p. 430).

Moll’s and Freud’s ambivalence with regard to nature and culture even went deeper. On the one hand, Moll argued—much like Krafft-Ebing—that the development of civilization and the interrelated increasingly self-controlled style of life entailed a domestication of erratic sexual impulses and their ever-closer association, in the attraction drive, with love, partnership, marriage, family, and even broader social relationships. This showed that cultural development was in line with a natural evolution that advanced heterosexual desire as the dominant mode of sexual potential. These assertions, on the other hand, were inconsistent with Moll’s explicit separation of the sexual drive from the procreative instinct, which rather denied that heterosexuality was rooted in nature. Moreover, he made clear that closer scrutiny of the impact of civilization on the sexual drive casted doubt on the cultural achievement of relational heterosexuality and its taming of the erratically pushing discharge drive. The historical, social, and individual diversity of sexuality and the universal prevalence of perversions indicated that cultural refinement inevitably modified and deformed the sexual drive. The artificiality of civilization advanced not only the separation of sexual desire and procreation, but also the intensification of aimless sensual pleasure in multiple ways. Man “seizes the most ingenious methods to heighten voluptuousness, which one rarely finds among animals,” Moll (1898, pp. 406-407) wrote; “All of this shows most clearly how far man has drifted away from nature.” Perversion exemplified how culture had amplified its psychological dynamics. Again and again Moll articulated worries about what he called the “sexualization” of modern life, which was bound to have problematic repercussions for individual experience: the tendency to see diverse feelings and experiences in a sexual light, which triggered all sorts of anxieties (Moll, 1908, pp. 13, 63, 82-84, 154, 171-172, 201-211; 1911, p. 8; 1912, pp. 885, 893-895).

Freud emphasized even more the conflictual nature of the sexual drive, not only because of the irresolvable tension between natural instincts and civilization, but also because of inherent emotional frictions within man that had evolved in evolution. He explained that the experience of infantile lust, in particular as associated with the mouth and anus, will sooner or later evoke resistance and repulsion in the growing child. This was organic repression, which was the individual recapitulation of mankind’s evolutionary step of taking an upright posture entailing a growing aversion to animalistic sensations, especially those of smell and taste, which were close to the earth and partly excremental (Freud, 1905, pp. 20-21, 34). Organic repression made clear that there is no pure natural sexuality: inhibition, frustration, shame, guilt, and inward conflict are inherent in human sexuality even before cultural requirements constrain it. The human psyche was burdened with a double task: mediating between

conflicting natural feelings and impulses as well as between inherent needs and the demands of social realities, which became increasingly exacting with the progress of civilization, as the increasing frequency of nervous and hysterical syndromes demonstrated. A stable and lasting basis for sexuality in harmony with cultural and moral requirements was a chimera (Freud, 1898; 1905, pp. 78–79; 1908, 1930).

Conclusion

All the same, sex psychology foreshadowed the contours of the sociopolitical regulation of sexuality, which emerged in the course of the 20th century in many parts of the Western world. It was based on an enlightened and liberal trust in rationality: Medicine, psychology, education, social hygiene, welfare interventions, and well-considered reform were the means to promote sexual health and normality. Boundaries were drawn between, on the one hand, acceptable sexual behavior of consenting adults in private or other constricted spaces, and, on the other hand, improper sex in the wider public sphere. The democratic norm of mutual consent and other relational values increasingly tabooed inequalities in sexual contact: between men and women, adults and minors, and generally with regard to persons in relations of dependence. The space for relational heterosexuality (within and outside marriage) and contraception was gradually extended, and this would pave the way for a growing acceptance of homosexuality and even same-sex marriage. In contrast, other perversions, such as fetishism, sadomasochism, voyeurism, exhibitionism, and in particular pedophilia, are still considered to be of a different, usually lower, if not objectionable and punishable kind. They are widely felt to be at odds with the prevailing norm of intimate, egalitarian, and consensual relational sexuality.

The shifting emphasis in sexology and social policies from the age-old reproductive imperative to healthy relational sexuality and from the biological push to the psychological pull model can be understood in the context of changing experiences of sexuality in modernizing society. Sexuality was increasingly detached from the constraints of the pre-modern social order that subordinated personal sentiment and attraction to collective values and interests: those of the family, close-knit communities, economic security, status and honor, fixed hierarchies, and gender roles. Any departure from the norm of reproductive sex within marriage was a threat to social stability and fundamental moral doctrines. When the necessity of such drastic restriction subsided, another perception of sexuality could gain ground, shifting to personal motivation, well-being, and relational needs. Whereas the push model of sexuality was intrinsically related to fears about its possible detrimental consequences, the pull model stressed rather the need to regulate and shape it in a constructive way for the benefit of the individual as well as society. In the modern experience, sexuality, as an aspect of human life in and for itself, shaped by the specific sensations and dynamics around the intricate interplay of body and mind, generated its own meanings. Modern sexuality, involving self-exploration, individual authenticity, and personal identity, as well as relational ideals of love and intimacy, developed into a separate, largely intrapsychic sphere—with a host of new troubles, uncertainties, and anxieties.

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Notes

1. On the history of sexology, see the following references: Lanteri-Laura (1979); Birken (1988); Hekma (1989); Sulloway (1992); Nye (1993); Bullough (1994); Porter and Teich (1994); Katz (1995); Rosario (1997); Bland and Doan (1998); Ferdinand, Pretzel, and Seeck (1998); Mort (2000); Davidson (2002); Eder (2002); Seeck (2003); Sengoopta (2006); Sigusch (2008); Chiang (2008, 2010); Beauthier, Piette, and Truffin (2010); Spector, Puff, and Herzog (2012); Tobin (2015); Leck (2016); Leng (2018); and Fuechtner, Haynes, and Jones (2018).
2. Foucault (1976) rightly pinpointed the role of these self-confessions in the modern “construction” of sexuality as the key to individual authenticity and identity. His assessment of the interaction between physicians and their clients in terms of constraining power and social control is, however, one-sided. The author would suggest that there was a dialectic between liberating and emancipatory efforts, on the one hand, and the search for new forms of social regulation and adaptation, on the other. See Oosterhuis (2000); cf. Müller (1991); Plummer (1995); Crozier (2000, 2008); Weber (2008).

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