

A Forgotten and Controversial Sexual Pioneer: Albert Moll (1862-1939)

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Introduction

Between the late nineteenth century and the Second World War, psychiatrists and neurologists carved out sexology as a new scientific and professional field. The unfolding of sexological knowledge and practices implied new, predominantly biological and psychological, but partly also sociocultural, understandings of sexuality, as well as reformist and emancipatory objectives. The names of pioneers such as Richard von Krafft-Ebing, Sigmund Freud, Henry Havelock Ellis, Magnus Hirschfeld, and Alfred Kinsey are well-known among historians of sexuality and scholars in gay and lesbian studies. However, some innovative thinkers about sexuality have largely been forgotten. The German neurologist Albert Moll (1862-1939) is certainly one of them, his work warranting more attention than it has received so far. His reflections on sexuality in the 1890s were more cautious and nuanced than those of other medical thinkers, including Hirschfeld and Freud. In his *Untersuchungen über die Libido sexualis* (1897-98), he elaborated the most comprehensive and sophisticated sexual theory before Freud wrote his *Drei Abhandlungen zur Sexualtheorie* (1905) and Havelock Ellis completed his *Studies in the Psychology of Sex* (seven volumes, 1897-1928). Moll was one of the first medical writers on sexuality who raised the new field of study above the level of descriptive and classifying natural history.

It is safe to argue that Moll, being one of the principal thinkers who articulated the modern concept and experience of sexuality, was ahead of his time. If in the early twentieth century he was one of the best-known experts in sexology in Central Europe, his fame began to wane as of the 1930s. His views on sexuality had partly regressed, and his reputation would be eclipsed not only by the widespread adoption of Freud's psychoanalytic theory, but also – in particular in the academic LGBT community – by Hirschfeld's lasting and recently reinvigorated fame as the leader of the first homosexual rights movement in the world and as epoch-making protagonist of sexual reform. Moll in fact ended up in bitter conflicts with both Freud and Hirschfeld.

Whereas Freud and Hirschfeld, as well as Krafft-Ebing, Havelock Ellis, and Kinsey, have been the subject of biographies, monographs, and numerous other publications, historical attention for Moll has been limited to some articles and a conference organized in 2009.² Because his life and works are full of

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² Herzer 1993; Sigusch 1995; Sigusch 2009; Sigusch 2012; Maehle & Sauerteig 2012; Sauerteig 2012; Conn 2012; Maehle 2012; Bryant 2012, Sommer 2012, Wolfram 2012, Oosterhuis 2012 and Maehle 2014. See also Goerke 1965, 236-263; Wawerzonnek 1984, 45-64; Sulloway 1992,

ambiguities, contradictions, and paradoxes, he was a fascinating and rather enigmatic figure who certainly deserves a biography. This paper provides an initial and concise exploration of his life and work. I will point out to what extent his thinking about sexuality broke new paths and why his achievements haven't been underrated if not ignored by historians and scholars in lesbian and gay studies.

Life history

Between 1879 and 1885 Albert Moll studied medicine at the universities of Breslau, Freiburg, Jena, and Berlin, where he passed the state exam and wrote his dissertation. Next, a two-year *grand tour* took him to Vienna, Budapest, London, Paris, and Nancy.³ The experiments performed by Jean-Martin Charcot in Paris and even more those by Ambroise-Auguste Liébeault and Hippolyte Bernheim in Nancy, which relied on hypnosis as diagnostic and therapeutic method, raised Moll's interest in psychology as a useful enrichment of German medicine. Moll belonged to a group of doctors and psychologists based in Central Europe – Joseph Breuer, Max Dessoir, August Forel, Freud, Krafft-Ebing, Albert von Schrenck-Notzing – who from the mid-1880s on began to apply hypnotism as well as other variations of 'psychotherapy' for the treatment of psychosomatic and nervous complaints, including addictions and sexual 'perversions.'⁴ In 1888, together with Dessoir among others, he founded the Berlin Society for Experimental Psychology (later Society for Psychology and Character studies), which he would also chair for over three decades, from 1903 until 1935.⁵

From around 1890, Moll ran a thriving private practice in Berlin for nervous and mental disorders. His handicapped eye-sight, caused by a severe cast in one eye, may have added to his hypnotic powers and his reputation as a 'psychotherapist.'⁶ Apart from hypnosis, which he eagerly demonstrated to medical colleagues, he used other psychological methods, such as 'association-therapy,' which pursued methodical suppression of 'wrong' ideas and feelings and stimulation of positive ones and the training of will-power.⁷ Moll was frequently consulted as counselor and mediator for marriage, family, and sexual problems, as well as in conflicts about irregular love affairs and adultery.⁸ In addition, he worked as a forensic expert, advising courts about the mental state and legal responsibility of defendants, in particular sexual offenders.⁹

Within little more than ten years Moll published pioneering and well-received books about hypnosis (1889), sexuality (1891 and 1897-98), and

299-305, 470-474 and Sigusch 2008, 197-233. Pranghofer (2012) has compiled Moll's bibliography. Apart from Moll's published books, articles, memoirs and letter to Krafft-Ebing, for this paper I rely on these articles and chapters. Translations of quotes from German into English are my own.

³ Moll 1936, 22-30.

⁴ Moll 1936, 30-34.

⁵ Moll 1936, 128-143.

⁶ Goerke 1965, 239.

⁷ Moll 1889; Moll 1900a; Moll 1911; Moll 1936, 30-43, 56-64, 154-165, 240-261; Maehle 2014.

⁸ Moll 1936, 35-36, 156-165, 240-261, 266-267.

⁹ Moll 1936, 166-179.

medical ethics (1902), which went through various editions and translations, establishing his eminence in these fields, not only in Germany but also internationally. In 1894 he set off for a study tour in the Middle East, while four years later he visited the United States and Mexico for several months.¹⁰ Being acquainted with renowned physicians such as Rudolf Virchow and Robert Koch, and, from 1907 onwards, being close to government and police officials as Privy Counsellor of Health,¹¹ Moll developed into an active member of the medical establishment in Berlin. As an elected member of the influential doctor's chamber and chairman of two committees which represented the interests of physicians vis-à-vis collective health insurance organizations (1909-1918), he was involved in professional politics.¹² During the First World War he advised the German army about sanitary issues, the population's nutrition, psychological warfare, the training of nurses for the Red Cross, and the organization of military hospitals on the Western front.¹³

Moll's public visibility also received a boost through his editorial activities for journals in the field of medical psychology and sexology; his role in controversial and widely publicized libel trials and disputes; his regular contributions to public debates in newspapers and Maximilian Harden's influential political weekly *Die Zukunft*; his public lectures; and his organization of an international conference on sexology in 1926. Moreover, he moved beyond the medical world into wider intellectual and aristocratic circles, counting the renowned philosopher Eduard von Hartmann, the psychologist and philosopher Dessoir, and the family of Helmuth von Moltke, commander-in-chief of the German army, among his friends and acquaintances.¹⁴

As the author of twenty-one monographs and an edited volume, at least twenty-five book chapters and 160 articles in journals and magazines, Moll was a prolific scholar. Many of his books went through various editions and were translated into other languages.¹⁵ These achievements qualified him for a professorship, but he would never hold any academic post.¹⁶ It is unlikely that his Jewish background stood in the way: by converting to Protestantism in 1895, he distanced himself, probably with an opportunistic eye on his career opportunities, from his Jewish background, which in his case did not imply religious concerns anyway. Being an agnostic intellectual, Moll was a fully integrated member of the German *Bildungsbürgertum*. He shared his (secularized) Jewish background with other German and Austrian pioneers of sexology, such as Hirschfeld, Freud, Alfred Eulenburg, and Max Marcuse. What may have worked against him was his reputation in the not fully respectable field of sexology and his persistent objective to integrate psychology into medicine. The main reason that an academic position never materialized in his case, however, was probably that time and again he antagonized authorities in the academic medical community.

¹⁰ Goerke 1965, 237; Moll 1914, 182.

¹¹ Goerke 1965, 238.

¹² Moll 1936, 179-190.

¹³ Moll 1936, 190-211.

¹⁴ Moll 1936, 67-69, 99-101.

¹⁵ Pranghofer 2012.

¹⁶ Moll 1936, 264-265.

Although he was part of the medical establishment, he rarely refrained from voicing his radical views and relentless criticism of his own profession.

From the late 1890s on Moll raised his voice against what he considered unethical medical research because the patients involved were not properly informed and asked for their consent. His book *Ärztliche Ethik: Die Pflichten des Arztes in allen Beziehungen seiner Thätigkeit* (1902), with 650 pages the most voluminous text on this subject at the time, was different from other works on 'medical ethics.'¹⁷ Physicians primarily considered ethical issues in relation to their common professional interests: collegiality and solidarity, codes of conduct, public reputation, and fair competition on the medical market. Moll expanded the relevance of medical ethics to include the patient/physician relationship. His shift towards patients' rights was triggered by his outrage about the way (mainly lower class) patients in university hospitals were subjected, in particular in the field of bacteriology and research into syphilis, to clinical trials and experimentation, without being informed and without their consent. These patients, Moll asserted, were degraded as guinea pigs.¹⁸ This was contrary to what he considered a central duty of the physician: to be committed to the individual patient's well-being and respect their self-determination. Moll introduced the term 'client' for patient and argued that the doctor-client relationship should be based on a (tacit) contract with rights and duties for both parties. For the client this implied self-determination and informed consent, as well as compliance with an agreed treatment and consideration of what the doctor thought to be in his or her best interest. The doctor, on his turn, should respect the client's wishes, moral convictions, and interests, and protect the confidentiality of their interaction, even if patients requested interventions that were illegal, such as abortion. Moll's views on medical ethics can be seen as an important step towards the modern principle of patient autonomy. It reflected the specific circumstances of his own private practice, in which he saw many well-to-do and self-paying private 'clients.' But he also defended the rights of lower-class patients, and he was a member of the League for the Protection of Motherhood, which addressed the needs of destitute pregnant women, unmarried mothers and their children. Against the backdrop of these issues, Moll stood up for admitting more women to the medical profession.¹⁹

Moll's controversial status within the scientific-medical community was heightened by his critical stand towards the dominant natural scientific approach in medicine and the swelling tide of eugenics and 'racial hygiene,' which in his view were based on wishful thinking rather than solid scientific underpinnings.²⁰ Knowledge about heredity and genetics, and the supposed danger of degeneration, Moll contended, was still shaky and contentious. Apart from inborn physical traits, it was difficult to decide whether other personal and behavioral characteristics were inherited or acquired. Neither was there any proof for the

¹⁷ On Moll's contribution to medical ethics, see Moll 1902d; Moll 1902e; Moll 1902g; Moll 1936, 261-272; Maehle 2012.

¹⁸ Moll 1899c.

¹⁹ Moll 1910b; Moll 1912b, 345; cf. Moll 1912e, 901-907.

²⁰ Moll 1912e, 907-919; Moll 1919; Moll 1925; Moll 1928b; Moll 1929; see also Bryant 2012.

central tenet of degeneration theory that tainted individuals inevitably passed their disorders on to their offspring, resulting in continuous deterioration in successive generations. The protagonists of eugenics overstressed the unavoidability of regression while they ignored the possibility of natural regeneration. Moll raised practical and ethical objections against eugenic interventions such as sterilization, vasectomy, castration, marriage guidance councils, institutionalization, and euthanasia. In the late 1920s he strongly objected to proposals for far-reaching coercive eugenic legislation in Germany. The only valid reason for sterilization or castration was a medical indication in individual cases on the basis of personal health-interests and informed consent. Any other social, economic, hygienic, or racial purpose promulgated by third parties or the state could, in his view, not be justified. Thus he also opposed castration of 'perverts' as punishment, cure, or prevention of recidivism or degenerative offspring.²¹ As an alternative for eugenics and racial hygiene, Moll advocated social and psycho-hygiene, educational programs in the field of child-raising, and the broadening of a solid middle class through the promotion of social mobility and amelioration.

What spoiled his relationship to hospital and university medicine in Berlin in particular was Moll's campaign against the so-called 'patient trade.' After he had annoyed psychiatrists in private mental institutions with accusations that they kept recovered patients hospitalized longer than necessary in order to make extra profits,²² he exposed the underhand payments by specialist consultants in Berlin hospitals and university clinics to middlemen who referred lucrative foreign private patients to these doctors. This involved him in a libel trial, in which he was heard as a witness and which entailed wide publicity for his allegations, which, in the view of the academic medical world, undermined the prestige of German universities.

Moll was anxious about his own professional reputation, but at the same time he was quarrelsome and pedantic, expressing himself in public with little regard for the possible harmful consequences for his position and career. Having an independent and skeptical scientific mind, he was very confident of himself. As a critic and debater, he was relentless and sharp, not mincing words and not shying away from ruthless ad hominem attacks on opponents, among them his former allies Hirschfeld and Albert von Schrenck-Notzing.²³ His outright character assassination of Schrenck-Notzing was part of his tireless and obsessive fight against the belief in Spiritism, occultism, telepathy, and animal magnetism. The lay healers involved, as well as medical colleagues such as Schrenck-Notzing, Moll suggested, were not only quacks and traitors of science but also psychologically deranged.²⁴ Although he himself was interested in these phenomena and, as a staunch defender of hypnosis, had complained about the resistance in the medical world against probing such new territories, he

²¹ Moll 1911, 12.

²² Moll 1894c and Moll 1895.

²³ Sulloway 1992, 471; Sigusch 2008, 219-220; Maehle & Sauerteig 2012, 129, 131-132; Sommer 2012, 271.

²⁴ Moll 1929c.

ceaselessly denounced widely publicized parapsychological and occult experiments and demonstrations as charlatanry, manipulation, and blatant fraud. Since his youth, Moll was fascinated by the art of conjuring and had mastered magic tricks himself, which he occasionally showed in libel trials in order to expose the chicaneries of spiritual intermediaries, clairvoyants, occultists, and parapsychologists.²⁵ Professional interests played a role in his campaign: posing as an uncompromising watchdog of science and striving for the recognition of hypnosis as a bona fide medical treatment, he stressed that its effects were not caused by paranormal influences but by suggestion, which could be explained in psychological terms.²⁶

Apparently Moll was not a kind and sociable character. His arrogance, bluntness, rancor, and confrontational behavior often alienated him from others.²⁷ Colleagues and health insurance officials branded his chairmanship of medical committees as tyrannical.²⁸ His close friend Max Dessoir noticed that the older Moll, suffering from chronic health problems and under the influence of his regular consumption of morphine, had become 'downright malicious': 'Dealing with him was difficult, for nothing in the world could make him behave like a gentleman. The lightest dissent made him erupt and talk over the opponent ruthlessly [...] he frightened and tantalized people whose sore points he knew.'²⁹

Not much is known about Moll's private life. His memoirs focus on his professional and public life and include only a few allusions to personal matters: looking back on a 'harmonic' existence which had been largely dedicated to work, he admitted that his emotional life had suffered from his intellectualism.³⁰ His earnings enabled him to afford a spacious apartment on the Kurfürstendamm, the main thoroughfare in the prosperous central part of West-Berlin, as well as a housekeeper and servant.³¹ He was a life-long bachelor and nothing is known about his sexual life. Also hidden in the dark remain the 'rumors about mysterious things going on in his apartment,' mentioned in a police-report about Moll. It was drafted in 1901 on the request of the Prussian Ministry of Religious, Educational, and Medical Affairs, after Moll had accused physicians of careless treatment of patients in medical experiments, suggesting that he had documented his allegations. The report indicates that Moll appeared to be a respectable physician, but also that some facts raised questions: that he had specialized in hypnotism; that he took exceptional and radical positions; that he had attacked asylum doctors; that he was an expert in sexual perversion; that detectives had been seen in his apartment; that prostitutes were among his patients; and that he was a member of the German Progressive Party.³²

²⁵ Moll 1936, 11-13, 90-128, 277-280; Goerke 1965, 240.

²⁶ Sommer 2012; Wolfram 2012; Maehle 2014.

²⁷ Goerke 1965, 236; see also Moll 1936, 182-183, 188-189.

²⁸ Moll 1936, 182-183.

²⁹ Dessoir 1947, 128-129. Already in the 1920s Moll struggled with a long drawn-out illness (Goerke 1965, 239; Moll 1936, 281).

³⁰ Moll 1936, 14, 281.

³¹ Moll 1936, 67, 212; 272-276; Goerke 1965, 239.

³² Maehle 2012, 229.

Apparently Moll's political orientation changed during his life. His initial progressive-liberal affiliations and his international orientation and criticism of 'scientific chauvinism'³³ shifted to more conservative and nationalist sympathies. At the end of the First World War, when he was bewildered by Germany's defeat, he became a member of a right-wing nationalist party and involved himself in the organization of a local militia fighting revolutionary Spartacists.³⁴ At the same time, however, he represented a revolutionary Workers and Soldiers Council in the sanitary department of the German Ministry of War.³⁵ During the revolutionary disturbances in late 1918 and early 1919, when chaos ruled in Berlin, he also protected the social-democratic and pacifist politician Hans Georg von Beerfelde, who played a leading role in the November Revolution (1918), against possible right-wing attacks on his life by hiding him in his apartment for some weeks.³⁶ Soon after the war Moll was in touch with French acquaintances, including a high-ranking French diplomat, who stressed the need for reconciliation, a viewpoint to which Moll subscribed but which, as he regretted, was undermined by the irresponsible and stubborn behavior of many Germans in the higher echelons of society.³⁷

In his memoirs, published in 1936, Moll stressed that he had always been a 'militarist' and admirer of the German army as well as a follower of the liberal-conservative party.³⁸ Several statements in his memoirs may be understood as efforts to keep in with the Nazis, but it is evident that he was a convinced nationalist – which may explain his naïveté about his fate as a Jew in the Third Reich.³⁹ After he had been honored by friends and colleagues with a celebration and a *liber amicorum* upon turning seventy,⁴⁰ the Nazi takeover presaged his oblivion and sad end. For the Nazis he was a Jew after all, despite his life-long loyalty and dedication to the German state. He experienced difficulties to have his memoirs published and two years later the Nazi authorities withdrew his medical license. Friends of Moll suggested that he should emigrate and offered him help, but he preferred to stay on in Berlin.⁴¹ At the end of his life he was lonely, impoverished, and in poor health. When Albert Moll died in 1939, on the very same day as his arch-enemy Freud and a few months after Havelock Ellis, he was already largely forgotten. Only part of his extensive library – works on hypnotism that in 1935 he sold to the Vanderbilt University Library in Nashville – was saved, but his unique historical collection of erotic pictures, curiosities, antiquities, and art objects would disappear during the war.⁴²

³³ Maehle 2014, 7.

³⁴ Moll 1936, 221-222.

³⁵ Moll 1936, 216-219.

³⁶ Moll 1936, 213-216; Moll 1927, 325.

³⁷ Moll 1936, 224-228.

³⁸ Moll 1936, 13, 218; Moll 1927, 325; Sigusch 2008, 199; Sigusch 2012, 198.

³⁹ Moll 1936, 65-66, 151, 153, 196, 206, 210-228, 231.

⁴⁰ Moll 1936, 131; Schulte 1932.

⁴¹ Goerke 1965, 241.

⁴² Goerke 1965, 241; Moll 1912 a, viii; see the illustrations in Moll 1912b, 380; 1912c, 466, 470, 477, 479, 483-485, 489, 491, 492, 497, 499, 500, 502, 504, 505, 509, 511, 513, 514, 517-556; 1912d, 573-581, 591-596; Pranghofer 2012, 296.

Moll and Krafft-Ebing

Moll's established his authority in sexology through three monographs and a textbook in particular. *Die Conträre Sexualempfindung* (1891) was one of the first medical books exclusively devoted to homosexuality.⁴³ His *Untersuchungen über die Libido sexualis* (1897-98), which built on his earlier book, provided an explanatory framework of sexuality in general.⁴⁴ In *Das Sexualleben des Kindes* (1908) he elaborated his remarkable views on childhood sexuality. Moll's substantial contribution to sexology was also evident from his editorship of the *Handbuch der Sexualwissenschaften* (1912), and his leading role in the International Society for Sexological Research (1913) and the international conference it organized in 1926.

In 1924 Moll published an updated edition of Richard von Krafft-Ebing's bestseller *Psychopathia sexualis*, adding many of his own case-studies and a review of the latest biological research on sexuality.⁴⁵ A common interest in hypnosis had triggered an exchange of letters and in 1886, when the first edition of *Psychopathia sexualis* was published, Moll visited Krafft-Ebing in Graz. Two more meetings in Vienna followed in 1894.⁴⁶ Moll's study about homosexuality carried a laudatory preface by Krafft-Ebing, at that time one of the most prominent psychiatrists in Central Europe and a leading expert in sexual pathology. As suggested by the casual tone of the letter of thanks which Moll, together with a copy of his book, sent to Krafft-Ebing in 1891, the two men were on familiar terms, also referring patients to each other and exchanging information about their professional interests and their case studies on a regular basis.⁴⁷

In Moll's view Krafft-Ebing was the founder of sexology, and Moll built on his work by adopting his classification of sexual deviance as it took shape in the twelve successive editions of *Psychopathia sexualis* (1886-1903) and two editions of *Neue Forschungen auf dem Gebiet der Psychopathia sexualis* (1890, 1891).⁴⁸ Although they also paid attention to voyeurism, exhibitionism, bestiality,

⁴³ Expanded editions appeared in 1893 and 1899. The last one, numbering more than 650 pages and 41 case-studies, was double the size of the first edition.

⁴⁴ The first edition was published in 1897 in two separate parts. It was suggested that these two parts made up the first volume, implying that a second volume would follow. In 1898 the two previously published parts appeared in one volume (the edition I refer to). The announced second volume never came off.

⁴⁵ Krafft-Ebing 1924, v; this was the 16th and 17th edition of Krafft-Ebing's magnum opus.

⁴⁶ Moll 1924, iii-iv; Moll 1936, 143-145.

⁴⁷ Letter of Albert Moll to Richard von Krafft-Ebing, 9 July 1891.

⁴⁸ With 55 references, Krafft-Ebing was the most frequently cited author in *Untersuchungen über die Libido sexualis* (Moll 1898, 864). The number of references to Krafft-Ebing in the third edition of *Die Conträre Sexualempfindung* even amounts to as many as 131 (Moll 1899, 630-631). See also Moll's obituaries after Krafft-Ebing's death: Moll 1903a and Moll 1903b. On Havelock Ellis's use of autobiographical accounts see Crozier 2000a. Contrary to Krafft-Ebing, both Moll and Havelock Ellis did not have access to patients in mental asylums, psychiatric clinics and sanatoriums. For their case studies they depended on private patients, correspondents and informants, and this may explain their critical stance toward explanations of perversion in terms of mental pathology and degeneration.

paedophilia, gerontophilia, nymphomania, necrophilia, urolagnia, coprolagnia, and several other sexual varieties, they distinguished four fundamental forms of perversion.⁴⁹ The first was contrary sexual feeling or inversion, including various physical and psychological fusions of masculinity and femininity that in the twentieth century would be differentiated into homosexuality, bisexuality, androgyny, transvestitism, and transsexuality. The second was fetishism, the erotic obsession with certain parts of the body or objects. The third and fourth were sadism and masochism. Both homosexuality and heterosexuality, terms introduced in 1869 by Karl Maria Kertbeny but not in current use in the late nineteenth century, were reintroduced by Krafft-Ebing as well as by Moll around 1890.⁵⁰ They labelled the individual attraction to both sexes – bisexuality in present-day parlance – as psychic hermaphroditism. Their nomenclature made inroads not only in sexology but also in everyday life.

Just like Krafft-Ebing's and also Havelock Ellis's works on sexuality, those of Moll were rife with case-histories, including (auto)biographical accounts, letters, and intimate confessions of patients and correspondents.⁵¹ The prominent role of their individual case-study model opened a space for 'perverts,' in particular homosexual men, to express feelings and experiences that so far had been largely silenced in public. Using the respectable forum of medical science, upper- and middle-class men contacted Krafft-Ebing and Moll of their own accord as private patients or informants, and they would analyse themselves, speak for themselves, and tell their personal life story. These articulate individuals hoped to find acceptance and support: they capitalized on the psychiatric framework in order to part with the charge of immorality and illegality and, by appealing to the naturalness and authenticity of their feelings, to explain and justify themselves. Most of them did not need or want any medical treatment, also because pouring out one's heart had a redeeming effect in its own right. The (auto)biographical case-histories presented in the work of Krafft-Ebing and Moll followed particular narrative patterns, reflecting as well as shaping individual experiences, while also underscoring that sexual desires and behavior had become a meaningful and sensitive dimension of one's most inner being and personality. In this way sexual identities crystallized on the basis of a script that circulated in sexology as well as in (bourgeois) society. The publication of sexual case-histories reflected and, simultaneously, advanced self-awareness and self-expression as well as the emergence of the appearance of new kinds of individuals and their grouping into rudimentary subcultural communities in cities, as exemplified in particular by homosexuals.⁵²

⁴⁹ See Krafft-Ebing 1891a and subsequent editions of *Psychopathia sexualis*; Moll 1891a, 55-155; Moll 1898, 311-693; cf. Havelock Ellis & Moll 1912.

⁵⁰ Krafft-Ebing 1888, 88; Krafft-Ebing 1889, 96 ff.; Moll 1891a, passim; see also Katz 1995, 21-32; Oosterhuis 2000, 50-51, 67, 71-72.

⁵¹ See Oosterhuis 2000, 129-208 about Krafft-Ebing's case-histories. For Moll's case-studies, see his *Untersuchungen über die Libido sexualis*, which contains 78 case-histories, as well the successive editions of his *Die Conträre Sexualempfindung* (1891a, 1893, 1899). The third edition of the last work included 42 case-histories. See also Moll 1921b, 45-63.

⁵² See also Müller 1991 and Weber 2008.

Like Krafft-Ebing, Moll often referred to the information of his 'clients' and informants as an empirical basis for his theoretical considerations, although he was somewhat more skeptical about the reliability of their stories. Autobiographical confessions, he cautioned, may well be distorted by wishful thinking, twisted memories (in particular with regard to childhood), unconscious repression of experiences, a sense of shame, or retrospective projection under the influence of the current preoccupation with sexuality or familiarity with the increasingly available medical or other literature about it.⁵³ Personal stories had to be verified on the basis of well-directed and detailed questioning, in particular regarding fantasies and dreams. All the same, Moll asked some of his homosexual clients to write down their life history and he underlined that it was important to inspire the confidence of those involved because their stories were crucial for understanding perversion.⁵⁴

If Krafft-Ebing's rather fragmented explanatory reflections were mainly comments on his case-histories and on current medical knowledge, several of his insights initiated a new way of thinking about sexuality. Moll elaborated this new perspective. The empirical cases he relied on in his works illustrated a more thorough and sophisticated theoretical outline, involving far from a closed system however. Grappling with established notions about sexuality and still echoing time-honoured stereotypes, Moll's thinking was far from static and coherent. In his main works about sexuality he appears as a cautious and open-minded thinker, who developed his ideas in piecemeal fashion and acknowledged that sexological knowledge was far from definite. Rather than being straightforward, his style of writing was searching and circumspect, going back and forth in his arguments while modifying them and not shunning doubt, ambivalence, contradictions, and possible counter-arguments. His investigations led him to conclusions that he may not have intended or foreseen – and from which he would recede later on in his career.

Although there is a questionable claim in his memoirs that he had always been unprejudiced,⁵⁵ it is true that in several ways his approach of sexuality, in the light of the prevailing standards of his time, was quite level-headed and pragmatic. He frequently denounced prudishness, moral crusades, secretiveness, and double standards, and pointed out that religious constraint and the Roman Catholic practice of confession could be detrimental.⁵⁶ People's sexual drive involved a strong natural force, which could simply not be denied and repressed, and with which everybody had to come to terms. For example, he questioned the dangers of masturbation⁵⁷ – as long as it was not excessive – and the abnormality of sexual feelings and behaviors of children. Instilling fear for the supposedly harmful consequences of masturbation was more damaging, in his view, than the practice itself.⁵⁸ He advocated co-education, a more casual

⁵³ Moll 1900a, 16-17; Moll 1908c, 4-5; Moll 1936, 145.

⁵⁴ Moll 1891a, 193-194; Moll 1898, 315.

⁵⁵ Moll 1936, 153.

⁵⁶ Moll 1900a, 21; Moll 1908c, 233, 235, 248, 251.

⁵⁷ Moll 1908c, 163-169, 174-175.

⁵⁸ Moll 1908c, 166-169, 259.

association of young men and women (which he had observed during his stay in the United States),⁵⁹ and truthful sexual education for children – one without secretiveness and ‘fairy-tales’ or without filling them with a loathing for ‘the natural pleasure’ provided by the sexual drive,⁶⁰ adding that nudity and erotic art should not be confused with pornography.⁶¹ Moral standards and feelings of shame were not absolute, but depended on diverse and changing cultural values.⁶² The double standard on adultery by men and by women, he argued, was hypocritical.⁶³ In this respect, he presented his readers with the (rhetorical) question of what was more morally reprehensible: sexual intercourse between unmarried lovers or between partners that had married, not out of love, but for social or financial reasons.⁶⁴ Current worries about the immorality of heterosexual and, even more so, homosexual prostitution ignored the basic economic fact that for lower-class women and young men it was simply a way to make a living. For Moll the problem of prostitution, apart from the economic aspect, was less a moral issue than a medical one: the spread of venereal diseases (in Moll’s view a much greater evil than a ‘perversion’ such as homosexuality) and, in the case of homosexual prostitution, blackmail.⁶⁵ Preaching continence was not the only way to prevent venereal diseases – condoms also provided protection – and medical treatment of such infections should be free of charge.⁶⁶ Doctors should also advise their patients about birth control and sterilization and apply abortion if such measures were required in the interest of their health.⁶⁷ Although he suggested that motherhood and domestic care were part of women’s natural destiny, at the same time he favored their access to higher education and professional careers.⁶⁸

Moll about Homosexuality

Moll’s approach of homosexuality in his *Die conträre Sexualempfindung* – his focus being on the male version⁶⁹ – was cautious and not without ambiguities, but he questioned and put into perspective several of the prevailing notions about it, in medicine as well as in society. Claiming that his study was rational and level-headed – compared to other medical works on sexual pathology it indeed was – Moll rejected a moralizing attitude, which in his view not only overlooked

⁵⁹ Moll 1908c, 242, 287; Moll 1914.

⁶⁰ Moll 1908c, 234, 227, 234, 260, 274, 279.

⁶¹ Moll 1908c, 234-235, 237-239; Moll 1912c, 560-562; Moll 1912e, 890-895.

⁶² Moll 1908c, 231-233; Moll 1912d, 589, 598, 601.

⁶³ Moll 1899, 584-594; Moll 1912b, 318-345.

⁶⁴ Moll 1900a, 20-21.

⁶⁵ Moll 1900a, 20-21; Moll 1912b, 346-410

⁶⁶ Moll 1912e, 895; Moll 1936, 234.

⁶⁷ Moll 1912b, 454-456.

⁶⁸ Moll, 1912b, 323-344; Moll 1914; Moll 1936, 265-266.

⁶⁹ Moll’s understanding of homosexuality among women was rather succinct. He assumed that it was as frequent as among men and in many ways similar, but, as he acknowledged, information about it was sparse. Lesbians were not as visible, vocal, and self-conscious as men; they were more often married, and because their sexual behavior was not punishable, lesbianism was not so much a social and political issue. Moreover, Moll added, masculine behavior of women was generally seen as less provoking than effeminate behavior among men (Moll 1891a, 246-266).

underlying realities, but also veiled hypocrisy and double standards.⁷⁰ Referring to Krafft-Ebing, whose preface stressed the need for a fair and humanitarian treatment of these ‘true step-children of nature,’ he stressed that it was the duty of scientific medicine to invalidate taboos and prejudices.⁷¹ In his letter to Krafft-Ebing, Moll mentioned the suffering of one of his patients, an ‘upper-crust young man,’ whose family had discovered the letters of his lover. Moll offered his support, but his efforts to enlighten the relatives came up against the ‘usual wall of narrow-mindedness.’⁷²

In his book Moll contradicted the widespread belief that a same-sex penchant was often acquired through behavioral influences, such as seduction and masturbation; if such factors played a role at all these should mostly not be viewed as causes, but as triggers revealing an underlying homosexual disposition. Although he referred to diffuse and passing homosexual behavior in sex-segregated settings and during childhood and adolescence, suggesting there was no strict boundary between the ‘normal’ and same-sex drive,⁷³ Moll’s central tenet was that in most cases homosexuality involved a deep-seated innate feeling that not only determined sexual desire but personality as well. It involved a substantial minority that had always existed in all social classes throughout the world. Referring to Krafft-Ebing’s differentiation of ‘perversity’ (the contingent immoral sexual conduct of essentially normal individuals) and ‘perversion’ (the inevitable, irresistible and permanent innate inclination), Moll argued that the last one was stronger than any will-power or moral consciousness.⁷⁴ Therefore inborn homosexuality should not be considered as immoral and illegal, but as pathological – a word he qualified and used carefully here.

The penalization of ‘unnatural vice’ in Article 175 of the German Criminal Code, Moll argued, was rooted in an outdated sense of justice and contradicted basic liberal-democratic principles.⁷⁵ Since the homosexual drive was largely irresistible, criminalization was ineffective as a deterrent, while at the same time it subjected homosexuals to potential blackmail and, if prosecuted, to social ostracism and serious reputational damage. The legal approach to sexual offenses was arbitrary and accidental: only particular sexual acts were punishable and only a tiny fraction of all perpetrators was brought to court. Article 175 also implied unequal treatment of men and women (same-sex behavior among women was not punishable) and of homo- and heterosexuals (the perversions and adultery of the last group were largely free from legal sanctions). A rational system of law should not be based on moral judgement or political objectives such as promoting procreation in order to strengthen the nation, but on the consideration whether sexual acts were dangerous to third parties or public decency. For Moll, in his role as a forensic expert, the compelling force of the homosexual drive was no reason to consider any homosexual act or offense as

⁷⁰ Moll 1899, 584-594.

⁷¹ Moll 1891a, v-vi.

⁷² Letter of Moll to Krafft-Ebing, 1891.

⁷³ Moll 1891a, 151-154, 169; cf. Moll 1898, 449-450, 460.

⁷⁴ Moll 1891a, 70-71, 245; cf. Moll 1898, 352, 815.

⁷⁵ Moll 1891a, 223-246; see also Moll 1898, 694-856.

completely irresponsible, but he deplored that the law left no room for a more differentiated (medical-psychiatric) assessment of various degrees of legal responsibility. Dangerous sexual offenders belonged in a closed asylum rather than a prison.⁷⁶ Homosexual acts between consenting individuals above the age of sixteen or eighteen that did not harm anyone, Moll concluded, should not be punishable.

Homosexuals, according to Moll, were 'unfortunate human beings' who deserved compassion and fair treatment. Obtaining true knowledge about them depended on winning their confidence and considering their life.⁷⁷ In several case-histories and fragments from correspondence, which were included in his study, homosexual men expressed themselves about their outlooks, feelings, and experiences, and several of them claimed to view Moll's book as supportive.⁷⁸ Although undesirable character traits such as mendacity, jealousy, backbiting, cowardice, and vanity occurred frequently among homosexuals, Moll asserted, many of them were also decent and responsible fellow-citizens and some of them were high-minded and could be relied on, even if they criticized medical thinking and society for stigmatizing them.⁷⁹ In the introduction to his book he praised one of his homosexual informers, named 'urning N.N.', for his 'extraordinary objectivity.'⁸⁰ N.N. was the pseudonym of the journalist and novelist Adolf Glaser (1829-1915), who in 1878 had been involved in a scandal after his arrest by the Berlin police for violating Article 175. Glaser not only provided Moll with information about his own sexual life and homosexuality in general, but probably he also introduced him to gay meeting places in Berlin.⁸¹

Another influence on Moll were the writings of the lawyer Karl Heinrich Ulrichs, who coined the term 'uranism' and asserted the rights of 'urnings' in the 1860s and 1870s, even though in Moll's eyes his political demands were too radical.⁸² Believing that homosexuals were overrepresented in the higher echelons of society, he was particularly interested in their prevalence in aristocratic circles, including the German imperial family.⁸³ In 1909 he published a book about 'famous homosexuals,' which foreshadowed works such as Albert L. Rowse's *Homosexuals in History* (1977).

Apart from existing medical studies and the information of clients in his private practice, *Die Conträre Sexualempfindung* was based on Moll's involvement in court cases, his association with lawyers and the police, and his firsthand familiarity with the homosexual subculture in Berlin. The Berlin chief of the local vice squad, Leopold von Meerscheidt-Hüllessem, who introduced a tacit tolerance for homosexual gatherings through police-surveillance, not only made it possible for him to consult police files of registered homosexuals and court-documents, but he also escorted Moll when he visited gay bars or cruising

⁷⁶ Moll 1898, 835.

⁷⁷ Moll 1891a, 233.

⁷⁸ See also Moll 1921b, 46-47; cf. Herzer 1993.

⁷⁹ Moll 1891a, 73.

⁸⁰ Moll 1891a, x.

⁸¹ Beachy 2012, 112.

⁸² Moll 1891a, 35.

⁸³ Letter of Moll to Krafft-Ebing, 1891.

venues and attended events such as fancy dress balls.⁸⁴ In the third edition of the book, for example, he reported that he, together with a police officer, had visited a 'private club' in order to observe an urning with a penchant for travesty.⁸⁵ In his letter to Krafft-Ebing, Moll referred to his recent visit of a 'homosexual ball' where he collected 'some material' for his studies. The tone of his writing suggests that in no way he disliked such pursuits, also mentioning that his informants from the world of prostitution enlightened him about the possibilities to satisfy perverse desires in this milieu, where fetishism, flagellation, and 'mixoscopie' (voyeurism) appeared to be pervasive.⁸⁶ In a similar way his curiosity was raised one day when a transvestite consulted him: 'Her appearance and gestures were fascinating,' he reported in his memoirs, and he immediately invited himself to pay her a visit at her home, where he found out that she lived with a 'gentleman' and that (s)he had furnished the house like a 'boudoir, in a more effeminate fashion than any high-society lady would have managed.'⁸⁷ Moll also showed his fascination for the peculiarities of homosexual life in a contribution to a journal for criminal-anthropology. In the article he speculated about the ways homosexuals recognized each other and secretly communicated through dress-codes (for example wearing a red or white carnation) and sounds (such as clacking with the tongue). However, based on the information he gathered among 'different individuals from native and foreign cities,' he assumed that in general the dating practices of hetero- and homosexuals were rather similar. Although he did not have evidence for a specific homosexual 'magnetic or magic eyesight' for like-minded, he called on the readers of the journal to provide him with more information about this unexplored territory.⁸⁸

Like other physicians, Moll made it clear that homosexuality should not be understood in moral and legal terms, but as a medical issue. At the same time, however, his evaluation of its purportedly pathological nature and the associated physical causes was much more circumspect than that of other medical authorities. The sexual drive, he explained, was not different from other physiological and psychological functions, which showed endless variations and gradations, often without clear boundaries between normal and abnormal.⁸⁹ Although it could not be denied that many homosexuals came from neuropathic families and suffered from hereditary taints and nervous troubles, he also found that many of his cases were without any trace of 'degeneration' or other pathological symptoms. Many of his clients showed robust health and experienced their sexual desire as natural.⁹⁰ If degeneration played a causal or

⁸⁴ Moll 1891a, ix-xi, 82-87.

⁸⁵ Moll 1899, 159.

⁸⁶ Letter of Moll to Krafft-Ebing, 9 July 1891. Such observational research soon found its pendant in an increasing number of reports by other medical professionals, journalists, and urban raconteurs about homosexual life in Berlin (see Beachy 2012, 112-113, 115-117). On the prevalence of perversion in the milieu of prostitution, see also Moll 1912b, 380-387.

⁸⁷ Moll 1936, 252.

⁸⁸ Moll 1902d, 157-158.

⁸⁹ Moll 1891a, 70-73, 105, 115-122, 150-156, 189-190; cf. Moll 1898, v, 555-556, 581, 593, 625, 689-690.

⁹⁰ Moll 1891a, 240.

predetermining role at all, this was no sufficient ground for considering homosexuality as full-blown psycho- or neuropathy. Using the qualification 'morbid-like,' Moll compared it to more elusive psychiatric diagnostic categories such as hysteria and monomania, and occasionally he also used the term 'variation' for inborn homosexuality.⁹¹ Mental and nervous distress among homosexuals, he added, could be caused by the social pressure they endured and the frustration of their irresistible sexual desires. Gratification through homosexual intercourse seemed to be wholesome – and, Moll suggested, preferable to solitary masturbation – rather than harmful to their health.⁹²

Tacitly Moll undermined the labeling of homosexuality as pathology even further by putting it on a par with heterosexuality. His frequent use of the term heterosexuality next to homosexuality, as well as his definition of the heterosexual drive as the mutual attraction of the male and the female apart from any 'natural' reproductive instinct, initiated a novel view of both sexual orientations. In contrast to Moll, many physicians, who adopted the same terminology, considered heterosexual attraction without a reproductive goal as a perversion.⁹³ Although he did not rule out that procreation was the underlying natural aim of sexuality, he shifted the focus to its subjective, experiential dimension. He made a crucial point by distinguishing between the sexual *drive*, of which people are subjectively aware, and the unconscious goal-oriented reproductive *instinct*.⁹⁴ This instinct was not relevant for an understanding of the sexual drive, which aimed for physical contact and coitus with a partner and involved attraction, object choice, attachment, and physical and mental satisfaction. For Moll this dimension of sexuality was the object of sexology.

Moll's analysis of the sexual drive questioned the assumption that it was inherently heterosexual and that heterosexuality was the standard of normality and health.⁹⁵ The close connection between the sexual drive and the love impulse towards a specific individual, which distinguished humans from lower animals, was as prevalent among homosexuals as among heterosexuals and, apart from the higher frequency of oral and anal sex among the first, the basic physiological processes leading to orgasm were the same.⁹⁶ In line with what some homosexuals in his case-histories made clear – that partnership was as important to them as sexual gratification – he 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.⁹⁷ Neither did homosexuals distinguish themselves from heterosexuals through a particular preference for youngsters; in both groups only a minority showed such desire and therefore there was no reason to equate homosexuality with 'pederasty' or pedophilia. The basic

⁹¹ Moll 1891a, 131, 189-190, 202-204; cf. Moll 1898, 543-546, 555-556, 626, 635, 644; Havelock Ellis & Moll 1912, 652.

⁹² Moll 1891a, 240; cf. Moll 1898, 626, 635, 644.

⁹³ For the historical development of the meaning of heterosexuality, see Katz 1995.

⁹⁴ Moll 1905a, 38.

⁹⁵ Moll 1891a, 189-190.

⁹⁶ Moll 1891a, 70, 105.

⁹⁷ Moll 1891a, 70-71, 90-92, 202-204, 233, 240.

similarities between the worlds of hetero- and homosexual prostitution also suggested, according to Moll, that both orientations were of the same kind.⁹⁸

In late-nineteenth-century biomedical thinking, sexual desire was generally conceived as a secondary characteristic of sex, explained in terms of the physical and mental attraction between contrasting male and female elements. Human evolution had supposedly advanced an increasing differentiation of males and females and their mutual attraction as the prevailing form of sexuality. In this view 'contrary sexual feeling,' including homosexuality, was intrinsically related to disturbances in the regular differentiation of the physical and mental characteristics of men and women. On the one hand Moll subscribed to this biogenetic explanation of homosexuality in terms of a more general gender inversion.⁹⁹ At the same time, however, he casted doubt on the correlation between same-sex desire and physical, mental, and behavioral features of the opposite sex, such as the penchant for travesty – an assumption widely shared among medical experts as well as homosexual rights activists such as Ulrichs and Hirschfeld, who subsumed a series of sexual intermediate forms under the gender category of a 'third sex.' Moll noticed that many homosexuals were entirely masculine in their appearance and behavior, whereas several effeminate men appeared to be heterosexual.¹⁰⁰ His frequent use of the term homosexuality instead of 'contrary sexual feeling' – regardless of his book's title – signaled a shift away from an explanation of heterosexual preference as a normal gender characteristic and of same-sex desire as irregular gender inversion to an understanding of sexual orientation in terms of object-choice only.¹⁰¹ Thus Moll questioned the current understanding of sexual desire in terms of the attraction between the contrasting poles of masculinity and femininity. This entailed a restriction as well as an extension of the homosexual category. First, it was distinguished much more clearly from androgyny, travesty, and transsexuality (which all had been subsumed under the label of contrary sexual feeling). Second, it enabled men who in homosexual interaction assumed a male gender role and did not associate themselves with a category based on gender-inversion, to identify themselves as homosexual.

Another, even more consequential finding of Moll was that (other) sexual perversions occurred in the same way and to the same degree among homo- and heterosexuals. Ten years before Krafft-Ebing would do likewise, Moll thus highlighted the dichotomy of heterosexuality and homosexuality as the fundamental sexual categorization, while perversions were to be considered as derived sub-variations.¹⁰² The gender of one's sexual partner – other (hetero), same (homo), or both (bi) – was to become the organizing framework of modern sexuality, and not so much the more specific preferences for other characteristics of sexual partners or for the nature and settings of sexual activities, such as a penchant for specific clothes, body parts, objects, acts, scripts, or situations. In

⁹⁸ Moll 1891a, 115-121.

⁹⁹ Moll 1891a, 150-156.

¹⁰⁰ Moll 1891a, 70-71; cf. Moll 1898, 347, 514-515.

¹⁰¹ See also Moll 1902a, 425.

¹⁰² Moll 1891a, 122-148; cf. Moll 1898, 319-320; Krafft-Ebing 1901.

fact such a fetishist perspective was conceptualized by late-nineteenth-century French experts, such as the psychologist Alfred Binet who coined the term fetishism as a perversion. Binet considered it as the ‘master perversion,’ including all the aberrations by which sexual desire had fixed itself on the ‘wrong’ (non-reproductive) goal: a particular item, body part, physical type, a person of the same sex, an improper age-category, a corpse or an animal.¹⁰³ Moll’s (and Krafft-Ebing’s) perspective, focusing on the hetero-homo dichotomy, gained the upper hand since it was better geared to the shift from the normative distinction between procreative and non-procreative acts toward the relational dimension of sexuality. Pushing the reproductive norm into the background, this new view of sexuality highlighted the satisfying release of physical excitement as well as psychic fulfilment in an affective bond. It implied (romantic) ideals of intimacy, equality, reciprocity, and psychic interaction, which were tailored to the new understanding of hetero- and homosexual desire (as put forward by Moll), but not to perversions such as fetishism, masochism, and sadism.

Moll’s recurrent comparison of hetero- and homosexuality also initiated a shift from a biological approach to a psychological one. Late-nineteenth-century psychiatrists generally explained sexual perversion on the basis of biogenetic thinking, neurology, and physiological research into embryological development. The causal factors of sexual aberrations tended to be located in the body and associated with heredity, in a phylogenetic sense as well as in an ontogenetic sense, and degeneration. It is true that Moll also discussed such explanations, but at the same time he doubted whether the sexual drive could be located in the brain, the nervous system, gonads, hormonal secretions, or any other organ or physiological process.¹⁰⁴ Krafft-Ebing had suggested the existence of a ‘psychosexual center’ in the brain, but according to Moll there was no indication that the sexual drive could be thus located. Perhaps several parts of the brain were involved, he suggested, but even such a finding would not imply that the main cause of homosexuality was physical.¹⁰⁵ Since there was no proof that the physiological functioning of homosexuals generally diverged from that of heterosexuals, the only and crucial difference was to be found in psychic processes, in emotional arousal, perception, feelings, imagination, memory, fantasy, and dreams. Subjective inner life and personal history, not the body or behavior as such, were the decisive criteria for the diagnosis of perversion (as well as of a ‘normal’ sexual orientation). Mental processes affected the sexual organs rather than the other way around.¹⁰⁶ Moll was one of the first to adopt a new style of reasoning, before Freud would do so, about perversions as functional disorders of a sexual drive that was situated in the personality instead of the body.¹⁰⁷ Therefore, sexuality as a field of research did not belong to

¹⁰³ Binet 1887; Binet 1888; cf. Hekma 1987, 69; Nye 1993.

¹⁰⁴ Moll 1891a, 181-184, 222; Moll 1898, 89-93, 327-328, 513-515, 620-624; see also Moll 1921b, 7-21.

¹⁰⁵ Moll 1891a, 184; cf. Moll 1898, 327-328; Moll 1905a.

¹⁰⁶ Moll 1891a, 181-184, 193, 222; Moll 1898, 2, 89-93, 328, 542, 592-593, 620-605, 692.

¹⁰⁷ See Davidson 2002; Sigusch 2005 and Van Haute & Westerink 2017.

biology and medicine only, but also to psychology, which so far, Moll regretted, had largely overlooked this crucial dimension of human existence.¹⁰⁸

Moll about the *Libido sexualis*

Moll's arguments in *Die conträre Sexualempfindung*, published, I repeat, in 1891 initiated a shift from the medical-psychiatric understanding of deviant sexuality as a derived, episodic, and more or less singular symptom of a more fundamental mental disorder towards a consideration of 'perversion' as an integral part of a more general, autonomous, and continuous sexual drive. Six years later he continued his line of reasoning with a wider exploration of sexuality in his *Untersuchungen über die Libido sexualis* (1897-98). Although he still surrounded sexual deviance with an aura of pathology, Moll suggested that normal and abnormal sexuality were interconnected and could only be understood in their reciprocal relation.

In the preface of his book, Moll asserted that the many misunderstandings of and disagreements about perversion among physicians were due to their leaving out normal sexuality in their considerations. Because modern physiology had revealed that all body organs as well as physical and mental functions were susceptible to endless variation, any differentiation of normal and abnormal should be put into perspective: instead of being absolute and qualitative, it was gradual and quantitative.¹⁰⁹ This consideration implied a recognition of the diversity and fragmentation of sexual desire: its large degree of randomness and unpredictability showed that sexuality was not determined by the reproductive instinct or any other inherent natural course.¹¹⁰ It was obvious that of all sexual behavior only a tiny fraction aimed for or resulted in procreation. It was also clear that normal heterosexual and perverted individuals did not differ in their autoerotic practices and their basic motivation for other sexual activities. If their urges had a built-in aim at all, it was physical as well as mental pleasure and satisfaction.¹¹¹ Moll's picture of sexual desire as a pleasure wish was akin to what Freud would refer to as 'lusting 'libido' and 'pleasure principle.'¹¹² The specificity of individual preferences was boundless, he noticed – a complete catalogue of all existing perverse impulses basically being unfeasible.¹¹³ Perverse impulses, which were variations in an endless series of transitional forms, came into being as 'modifications' of the normal sexual drive, which, in its turn, was composed of partial drives, possibly including perverse ones.¹¹⁴ The Freudian notion that the libido consisted of component drives and that normal heterosexuality was the result of a healthy conversion and synthesis of various impulses, whereas perversions arose from developmental disturbances, was foreshadowed in Moll's line of reasoning.

¹⁰⁸ Moll 1905a, 273.

¹⁰⁹ Moll 1898, v, see also 555-556, 581, 593, 689-690, 625.

¹¹⁰ Moll 1898, 581.

¹¹¹ Moll 1898, 8-10, 24-29, 65, 398, 406-407, 581, 620; cf. Moll 1905a.

¹¹² Freud 1905.

¹¹³ Moll 1898, 581; see also Moll 1891a, 148.

¹¹⁴ Moll 1898, 555-556, 581, 689, 690.

In other words, there was a shift away from a classification of perversions within clear boundaries to an understanding of 'normal' sexuality in the context of deviance. Not only did Moll's study of homosexuality fuel his thought about heterosexuality; also his consideration of fetishism, sadism, and masochism as variations on a graded scale of normality and abnormality explained aspects of normal sexuality. Fetishism, for example, was an intrinsic feature of it, because the specific individual preferences in sexual attraction and, connected to that, monogamous love were grounded in a distinct penchant for particular physical and mental characteristics of one's partner. The perversity of fetishism depended on the degree in which the sensual preference for a specific feature or object had dissociated itself from a loved person, and a particular feature or object by itself had become the exclusive focus of sexual gratification.¹¹⁵ Sadism and masochism appeared to be inherent in male and female sexuality in general, the former being of an active and aggressive nature and the latter of a passive and submissive one. Moll frequently referred to male sexuality in terms of domination and violence, and he stressed that many cultural norms and social arrangements restraining sexual lust provided women with vital protection – which is why 'free love' could only put them at risk.¹¹⁶ Such an argument was part of the current idea among sexologists that male and female sexuality were fundamentally incompatible and antagonistic, and that heterosexual intercourse tended towards an act of violence by men against women.¹¹⁷

The blurring of clear boundaries between the normal and the abnormal showed itself in particular in Moll's analysis of childhood sexuality, which in his view also clarified the nature of adult sexuality.¹¹⁸ Frequent sexual activities in childhood, he argued, were far from abnormal. Already in his *Die conträre Sexualempfindung* he questioned the widespread belief that various infantile sexual manifestations, including masturbation, homosexuality, and even fetishist, sadistic, or masochistic tendencies, were necessarily symptoms of perversion, caused by either degeneration or seduction.¹¹⁹ In his case-histories he found healthy and 'perverted' individuals to differ little in their reports of auto-erotic practices and other precocious sexual feelings and activities. The normalcy of children's sexual behavior, according to Moll, should be understood in the context of psychosexual development, in which the transition from an undifferentiated infantile stage to a differentiated adult stage during puberty and adolescence was crucial. This was an elaboration of the sexual stage theory conceived by his friend Max Dessoir: Moll extended Dessoir's undifferentiated phase during puberty backward into earlier childhood (around five years) as well as forward into adolescence, until the age of around twenty-three.¹²⁰ Eventually, the majority of adolescents would show a heterosexual desire, while only a minority of them would exhibit a homosexual or bisexual one. Apart from a basic congenital

¹¹⁵ Moll 1898, 320, 429, 497; cf. Moll 1891a, 125-131.

¹¹⁶ Moll 1912b.

¹¹⁷ See Ross Dickinson 2014, 258-261.

¹¹⁸ Moll 1908c, iii.

¹¹⁹ Moll 1891a, 154-177.

¹²⁰ Moll 1936, 145-146.

predisposition, the triggers of perversion, Moll argued, could be found in psychological and environmental factors that obstructed the regular transformation of perverse infantile inclinations into normal heterosexuality.¹²¹

A central element in Moll's *Untersuchungen über die Libido sexualis* was the differentiation of the sexual drive into a physical and a socio-psychological dimension on the basis of two fundamental partial drives: discharge (*Detumescenztrieb*) and attraction (*Contrectationstrieb*).¹²² The discharge drive operated on the individual level, manifesting itself in physical arousal and the functioning of the sex organs, centred on the sexual act as a means for the release of sensual energy and tension, and aimed at physical gratification. The conceptualization of the discharge drive was based on the understanding of the (male rather than the female) sexual drive as a powerful physiological force that builds up from inside the body until it is released in orgasm. This notion was rooted in three patterns of thinking that evolved during the nineteenth century: the Romantic idea that human beings were driven by innate forces that persistently pushed towards expression; the quantitative model of the closed energy system in physics, which was related to the technology of the steam-engine; and (liberal-capitalist) economic principles about investing and spending. As a pushing innate drive, sexuality was believed to function according to physical laws of energy flow in which orgasm and the 'spending' of semen meant a loss of energy in other areas of life and moderate expenditures were seen as most consonant with health and fertility.¹²³

The attraction drive involved the relational aspect of sexuality: the love impulse towards a real or imaginative partner and the interrelated acts such as courting, touching, caressing, fondling, kissing, caring, and other expressions of affection, all of which showed the close link and overlap between sexual and social feelings. Moll assumed that in human evolution the attraction drive had developed after the discharge drive. In individual development, however, either impulse could emerge first, and both would often manifest themselves independently well before puberty. In (normal) adult sexual life the two drives would generally exist side by side, but their separate operation was far from uncommon.

Moll's discussion of the attraction drive implied that mental factors played a decisive role in the development of human sexuality as a relational force. The Latin term *contrectare* was very appropriate, he noticed, because its original meaning did not only refer to touching, but also to mentally focusing on something.¹²⁴ Sexual functioning was more than just a spontaneous physiological process and it depended not only on the physical ability to have intercourse, which was not more than a necessary precondition. Mental stimuli, such as imagination and fantasies, were crucial, and the satisfaction of the sexual urge

¹²¹ Moll 1898, 54-5, 420-423, 306-307, 427-429, 449-450, 497, 505; cf. Moll 1908, 46-102.

¹²² Moll 1898, 10-25, 52-55; Moll 1905a, 274-276.

¹²³ Barker-Benfield 1973; Russelman 1983; Rabinbach 1990; Sarasin & Tanner 1998; Sarasin 2001.

¹²⁴ Moll 1905a, 275; Moll 1898, 29.

was not only made up of physical release but also of emotional fulfilment.¹²⁵ Perversions occurred when the attraction drive got fixed on the 'wrong object.'¹²⁶ For Moll, both the normal and the perverse drive was basically a psychological disposition that could not be reduced to physical causes. Fantasies and dreams were the most reliable indicators of particular sexual urges.

Overall, Moll conceptualized the sexual drive – the basic life force next to self-preservation, in his view – as a compulsive psychic disposition involving 'complex psycho-somatic processes' and irresistible mental associations that tended to overrule conscious and rational considerations.¹²⁷ In his analysis sexuality emerged as an intricate complex of physical functions, reflexes, bodily sensations, behaviours, experiences, feelings, thoughts, desires, fantasies, and dreams.¹²⁸ In the mind-body discussion Moll would embrace the notion of psychophysical parallelism: the view that mental phenomena depend on the body but cannot be causally reduced to physical processes.¹²⁹

Moll's explanation of the genesis of sexual perversion and regular heterosexuality was more nuanced and sophisticated than either the current biomedical explanations focusing on heredity and degeneration or newer clarifications in terms of psychological association, even if shades of both perspectives can be found in his analysis. Shunning mono-causality and reductionism, it vacillated between nature and nurture. It was difficult, according to Moll, to distinguish between what was inborn and what was acquired.¹³⁰ Already in his *Die conträre Sexualempfindung* he questioned the causal role of congenital degeneration as well as the newer idea that perversion was merely acquired by psychological association or the traumatic consequences of seduction.¹³¹ In *Untersuchungen über die Libido sexualis* Moll specified the interaction between biological, behavioral, socio-psychological, and cultural factors (social relations, custom, habit, education, and fashion). His style of reasoning was based on thinking in terms of preconditions, predisposing and accidental causal factors, necessary and sufficient causes, possibilities, potentials, and capacities. The inherited biological basis of sexuality was the necessary precondition, but it should not be understood as a predetermining cause. Moll admonished that the term inborn had two meanings, which ought not to be confused: a latent potential that still had to materialize and features that were present at birth.¹³² The sexual drive should not be considered as a given, but as the result of a potential 'reaction-capacity' or 'reaction-mode' that had to be incited by external stimuli and attachments to particular love objects. The normal reaction mode would tend towards the opposite sex, but if this inclination was malformed or fragile, a susceptibility to homosexuality was possible.

¹²⁵ Moll 1905a, 275-276, 302.

¹²⁶ Moll 1905a, 275.

¹²⁷ Moll 1898, 327, 2, 581, 592, 625, 692.

¹²⁸ Moll 1898, 620, 624.

¹²⁹ Moll 1898, 89-93, 1898, 593. In his memoirs Moll stressed that he had never been a materialist or monist (Moll 1936, 281).

¹³⁰ Moll 1898, 505; Moll 1902a, 426.

¹³¹ Moll 1891a, 156-177; cf. Moll 1898, 497-505.

¹³² Moll 1900a, 12-13; see also Moll 1921b, 6.

Environmental, behavioral, psychological, and cultural factors played a seminal role in the formation of the more specific, possibly perverse, contents of hetero- and homosexual desires.¹³³ Sensorial stimuli, association, and habit formation during childhood and puberty were crucial for the outcome of the interaction between nature and nurture.

Whereas established medical belief held that sexual behavior before puberty was pathological and degenerative, a clear symptom of inborn perversion, Moll explained that during childhood a range of sexual activities (masturbation, hetero- and homosexual acts) and impulses (sadistic, masochistic and fetishist ones) could be part of psychosexual development. Its outcome was not predetermined: infantile perversity was in itself not a forebode of perversion in adulthood, as Moll reassuringly exemplified with several autobiographical case-histories in his *Das Sexualleben des Kindes*, which showed 'normal' adults whose infantile impulses had been erratic. It was also possible, however, that environmental, psychic, and behavioral factors would hamper the common transformation of the inborn reaction capacity and the largely amorphous infantile impulses into 'normal' desire at the time of puberty and adolescence. These stages of life were the decisive phases in the genesis of a differentiated and continuous sex-drive, mostly heterosexual, but homosexual among a minority, and both of them possibly with specific perverse leanings.

For Moll it was evident that 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.¹³⁴ Moll's interest in and knowledge of historical and sociocultural aspects of sexuality are striking indeed. They covered more than one third of the contents of the textbook on sexuality he edited and for which he wrote three long chapters about sexuality in society, culture, and the arts.¹³⁵ His evaluation of the relation between nature and culture in the shaping of sexuality, which was highly ambivalent, foreshadowed that of Freud. On the one hand he suggested that natural evolution and cultural development had both favored heterosexual desire as the dominant mode of the sexual potential. But he failed to clarify convincingly how the heterosexual drive was rooted in nature. Since he explicitly separated it from the reproductive instinct, a teleological explanation in terms of procreation was ruled out.¹³⁶ His cultural explanation for the heterosexual norm held that the development of civilization and the interrelated increasingly self-controlled style of life entailed a domestication of sexual impulses and their ever closer association, in the attraction drive, with love, partnership, marriage, family, and even broader social relationships.¹³⁷

On the other hand, however, Moll came to a different assessment of the interference of civilization with the sexual drive, one that casted doubt on both the

¹³³ Moll 1898, 306-308, 427-429, 497.

¹³⁴ Moll 1898, 306, 308, 398-399, 406.

¹³⁵ Moll 1912b; Moll 1912c, Moll 1912d; see also Moll 1910a.

¹³⁶ Moll 1898, 8.

¹³⁷ Moll 1912b, 416-456; Moll 1912d, 572.

natural and the cultural self-evidence of relational heterosexuality.¹³⁸ The historical, social, and individual diversity of sexual expressions and the universal prevalence of perversions showed that culture (beliefs, customs, lifestyles, fashion, and refinement) inevitably modified and deformed the sexual drive. The artificiality of civilization had advanced not only the separation of sexual desire and procreation, but also the continuing refashioning, amplifying and heightening of sensual pleasure in multiple ways, including perverse ones.

*Whereas the sexual act of an animal virtually only serves reproduction, in human life this ultimate goal has more and more subsided. [...] thus man habitually performs the sexual act for pleasure, not for breeding – quite the reverse, he usually strives to prevent it. Thereby he seizes the most ingenious methods to heighten voluptuousness, which one rarely finds among animals, although they may occasionally act in a perverse way. All of this shows most clearly how far man has drifted away from nature.*¹³⁹

Moll's understanding of the cultural dimension of sexuality was further complicated by his evaluation of it as either beneficial or harmful for the individual and for society. In his discussion of the attraction drive, he highlighted the constructive role of sexuality in personal and social life. The fulfilment of sexual desire crucially contributed to psychic well-being, personal happiness, partnership, and social harmony. In subjective experience the sexual act was not only accompanied by sensual pleasure, but also by responses of a social and ethical nature.¹⁴⁰ For Moll, love, as a social bond, was inherently sexual and he tended to value the relational and affective aspects of sexuality as a wholesome purpose in its own right,¹⁴¹ although he added that amorousness was intrinsically transient and often caused personal distress. It is 'a common sense fact of life,' he wrote, 'that the love impulse brings more sorrow than pleasure.'¹⁴² Perhaps marriages of convenience, Moll noticed, would guarantee more stability and happiness after all.¹⁴³

Overall, Moll's consideration of these concerns is permeated with a pessimistic tenor, resembling Freud's later assessment of the irresolvable tension between the cultural order and the deep-seated and irresistible need for sexual gratification.¹⁴⁴ Anticipating the Freudian assumption that sexual restraint may turn into unhealthy repression, he suggested that unfulfilled desires may lead to nervous and mental complaints. Sexuality's explosive and barely controllable nature, on the other hand, persistently threatened the moral and social order. The constant danger that the discharge drive, including its frequently transgressive,

¹³⁸ Moll 1898, 306-308, 398-407, 420-429, 449-450, 497, 505, 581, 620. Cf. Moll 1891a, 148 and see also Moll 1912b; Moll 1912c; Moll 1912d.

¹³⁹ Moll 1898, 406-407.

¹⁴⁰ Moll 1908c, 189; Moll 1912a, v; Moll 1912d, 572.

¹⁴¹ Moll 1898, 8, 29, 52-55, 65-66, 398, 406-407, 581, 592, 620; cf. Moll 1891a, 3-4, 90-92, 240; Moll 1912b, 430.

¹⁴² Moll 1898, 587.

¹⁴³ Moll 1912b, 438-439.

¹⁴⁴ Moll 1905a, 303; Moll 1908c, 196-198; cf. Freud 1898; Freud 1908; Freud 1930.

bizarre, and sometimes destructive manifestations, blindly overruled the relational attraction drive required that sexuality had to be checked by social constraints and self-control. 'Free love' was not an option because it would entail a release of the (male) discharge instinct, which was inclined towards transgression. It would undermine the moral and rational fabric of social life and harm women in particular, because they would be the target of unbridled male lust.¹⁴⁵ Man, in other words, seemed to be caught in an unending struggle between unruly passions and the need to tame them.

Moll against Freud

Moll's path breaking acknowledgment and explanation of childhood sexuality brought him into conflict with Freud. Moll showed some appreciation for Freud's contribution to sexology and psychology, in particular by throwing light on the psychic and unconscious dimension of sexuality, although he stressed that Freud was in no way the discoverer of subconscious mental conditions and processes – a widespread fairy-tale that did not do justice to Eduard von Hartmann, Pierre Janet, Dessoir, and Moll himself.¹⁴⁶

Soon Moll passed biting criticism of Freud's theory and therapy. The way Freud and his followers symbolically interpreted the dreams of their patients and found the causes of neurotic disorders in infantile sexuality, Moll contended, was based on their own 'pansexual' projections and fantasies.¹⁴⁷ In 1909 Moll and Freud, who had met a few years earlier,¹⁴⁸ openly clashed about the nature and discovery of childhood sexuality, which both claimed to have first put on the agenda. Their confrontation was triggered by Moll's *Das Sexualleben des Kindes* (1908), in which he elaborated and systematized his earlier views about infantile sexuality and which was widely reviewed and praised as the first thorough scientific study on this subject. In the book Moll criticized Freud's very broad definition of infantile sexuality, including oral and anal-oriented tactile pleasures, for lack of precision and empirical proof. Moreover, Freud's one-sided interpretation of his case-histories seemed to be guided by his wish to confirm his theoretical assumptions.¹⁴⁹

When Moll visited him in 1909, Freud agitatedly reprimanded him for unjustly accusing him of forging patient records, an allegation which proved to Moll, as he later wrote in his memoirs, that Freud was quick to take offence and could not deal with any criticism.¹⁵⁰ The ill-fated meeting, in which Freud nearly threw Moll out the door, prompted Freud to portray him, in a letter to Carl Gustav Jung, as 'a brute' with 'the intellectual and moral constitution of a pettifogging lawyer,' who had 'polluted my room like the devil himself.' 'Now, of course,' Freud added, 'we have to expect the nastiest attacks from him.'¹⁵¹ Also, in a meeting of

¹⁴⁵ Moll 1914, 184-185; cf. Moll 1912b.

¹⁴⁶ Moll 1911, 8; Moll 1912e, 881-885; Moll 1936, 67-90.

¹⁴⁷ Moll 1908c, 13, 171-172; Moll 1912e, 885; Moll 1936, 53-54.

¹⁴⁸ Moll 1936, 55.

¹⁴⁹ Moll 1908c, 13, 82-84, 154, 172; see also Moll 1936, 71.

¹⁵⁰ Moll 1936, 54-55.

¹⁵¹ Sigusch 2012, 191; cf. Gay 1988, 195; Sulloway 1992, 470-472; Crozier 2000b, 454; Sauerteig 2012, 180.

the Viennese Psychoanalytic Society where Moll's book was discussed, Freud characterized him as a 'pedantic, malicious, narrow-minded character' who did 'not utter one clear opinion' and defiled his work as 'inadequate, inferior, and above all dishonest.'¹⁵²

Freud's suggestion of Moll's dishonesty was part of his objective to rebuff the credit certainly deserved by Moll for his contribution to a new view of infantile sexuality. He accused Moll of plagiarism and claimed priority for himself. This was all the more disturbing because Freud did not acknowledge his indebtedness to Moll, not only with regard to infantile sexuality but also with respect to the relation between heredity and acquired traits, the parallels between homosexuality and heterosexuality, and the inherent fragmentation of the sexual drive. Freud had obtained *Untersuchungen über die Libido Sexualis* shortly after its publication and his copy is heavily annotated.¹⁵³ Together with Krafft-Ebing and Havelock Ellis, Moll was clearly one of the authors on whom Freud was leaning when in late 1897 he abandoned his seduction theory – the assumption that abuse or seduction by adults was the main cause of sexual feelings or activities among children and of neurosis in adulthood – and began reconsidering his views on sexuality. Whereas before 1897 Freud had denied that children were inherently sexual beings, his new approach, which he elaborated in *Drei Abhandlungen zur Sexualtheorie* (1905), was in line with observations by Moll in his books on homosexuality (1891) and the *libido sexualis* (1897-98) – views that he sustained in *Das Sexualleben des Kindes* (1908). On the basis of his belief that sexual impulses were inherent in childhood and children were therefore not by definition innocent, Moll had always been skeptical about seduction as the predominant cause of infantile sexuality. Accusations of child abuse by adult men, he admonished, should be investigated with great caution, but in court cases they were sometimes too readily taken as facts, which, in his view, was 'one of the gravest scandals of our present penal system.'¹⁵⁴

A year after their hostile meeting Freud delivered another blow to Moll when in the second edition of his *Drei Abhandlungen zur Sexualtheorie* he included him among those sexologists who had not acknowledged that children were sexual beings, a distortion that other psychoanalysts seemed to accept uncritically and that probably contributed to the fact that Moll's pioneering views failed to have a long-term impact.¹⁵⁵ From the 1920s and 1930s on, psychoanalysts marginalized his contributions to sexology by spreading the self-fabricated myth that Freud was the sole 'discoverer' of infantile sexuality – a falsehood reproduced by many historians. For example, Peter Gay, in his much praised biography of Freud, not only ignores that Freud had been influenced by Moll's work, but he also incorrectly claims that Moll's book on infantile sexuality

¹⁵² Sigusch 2012, 191; Sulloway 1992, 471.

¹⁵³ Sulloway 1992, 254, 266, 301-302; Sigusch 2012, 190; Sauerteig 2012, 158, 167-168.

¹⁵⁴ Moll 1936, 175-178; Moll 1898, Moll 1908c, 207-209; Sulloway 1992, 315; Sauerteig 2012, 174-175. At the same time Moll also warned against the involvement of children in detailed interrogations during court-procedures, because they could do more harm to them than the very act of sexual abuse in itself (Moll 1908c, 210-211).

¹⁵⁵ Sauerteig 2012, 180; cf. Sulloway 1992, 470-474.

'ran counter to all that Freud had been saying on the subject for almost a decade.¹⁵⁶

His conflict with Freud motivated Moll to distinguish himself as a staunch critic of Freud and his followers. Time and again he associated psychoanalysis with dubious methods, feeble empirical underpinnings, biased interpretations of case histories, arbitrary definitions of sexuality, and run-away sexualized fantasies and projections. Psychoanalysis had provoked a sexualized preoccupation with the searching scrutiny of the inner life, which did more harm than good. 'This manner of incessantly searching for the sexual, not only in adults but also in children and thereby inciting even more sexual thoughts,' Moll commented, 'can only be regarded as dangerous for morality and health.'¹⁵⁷

In his memoirs Moll claimed that he saved many of his own patients from being 'sexually analyzed' in the Freudian mode and that psychoanalysis would become irrelevant soon.¹⁵⁸ There was no proof that psychoanalysts had cured patients; most of them rather experienced a worsening of their complaints while paying substantial fees to their analysts. He also mocked psychoanalysis by suggesting that the therapy was not much more than a series of tricks that could be learned quickly and without much effort. During the outbreak of the First World War, the German Colonial Office asked him to train a layman for immediate medical duty in a matter of days. Moll decided that the only expertise that could be taught in such a short timespan was psychoanalysis. Had not Freud himself claimed that a medical education was hardly a necessary qualification for being a good analyst? After finding out that the man had a lively imagination, Moll explained to him some major psychoanalytic terms such as 'conversion', 'repression', and the 'subconscious', and the sexual nature of dream symbols, which simply implied that all elongated objects referred to the penis and all openable objects to the vagina. Moll smirked that his instruction was successful: the man served his country loyally as a professional psychoanalyst.¹⁵⁹

Moll against Hirschfeld

Next to Freud, Hirschfeld served as a main target for Moll. Early in their career both were at the forefront of an enlightened and humanitarian approach of homosexuality. In fact Moll laid the conceptual foundation for sexual diversity and the equal value of homosexuality and heterosexuality. In his monograph about homosexuality he showed sympathy for clients who asked for compassion and acceptance. His view of homosexuality as 'morbid-like' and occasionally also as 'variation'¹⁶⁰ was not very different from Hirschfeld's comparison of this orientation with harmless malformations such as color-blindness or a harelip. Moll was among the first to sign Hirschfeld's Petition to the German Parliament (1897) advocating the abolition Article 175.¹⁶¹ With an article about the

¹⁵⁶ Gay 1988, 195; cf. Gilman 1994, 47.

¹⁵⁷ Moll 1911, 8, cf. Moll 1908, 210-211.

¹⁵⁸ Moll 1936, 54, 74.

¹⁵⁹ Moll 1936, 192-193.

¹⁶⁰ Havelock Ellis & Moll 1912, 652

¹⁶¹ Wolff 1986, 43.

psychotherapeutic treatment of homosexuality Moll contributed to the second volume of Hirschfeld's *Jahrbuch für sexuelle Zwischenstufen* and praised this annual as a significant contribution to sexology.¹⁶² The campaign of Hirschfeld's Scientific-Humanitarian Committee for legal reform, Moll wrote in *Die Zukunft*, was reasonable, dismissing the objection that it ushered radical and provocative homosexual agitation as unjustified. What was the alternative for homosexuals, he rhetorically asked: without protest they would never be able to improve their situation.¹⁶³

Moll's respect for Hirschfeld, however, did not last for long. Soon he would present him as a biased apologist for homosexuality and an irresponsible popularizer of sexological knowledge, who thereby endangered the scientific stature of the new field. What bothered Moll was that Hirschfeld's Committee, through its mass mailing of the petition for the repeal of Article 175 and its pamphlets and questionnaires, succeeded in reaching thousands of people and fueling the public debate about homosexuality. Posing as the champion of objective and pure science, Moll would repeatedly debase Hirschfeld's work and accuse him and his associates of misusing science for harmful agitation and misleading propaganda. At the same time his own view of homosexuality began to change. Whereas in his earlier work he underlined that a homosexual disposition was deep-rooted and more often than not unchangeable, he now increasingly stressed its acquired, pathological, and malleable nature, as well as the need for prevention and treatment.¹⁶⁴

In the 1890s Moll had been hesitant about possible cures for homosexuality.¹⁶⁵ Moral preaching, behavior modification, and somatic treatments – singling out castration and hormonal treatments – were of no avail anyway. 'One simply cannot fight feelings and drives with hydrochloric acid or with aloes,' he wrote, 'one can only modify feelings and drives through similar psychic processes.'¹⁶⁶ If therapy was feasible at all, psychological remedies such as hypnosis and suggestion, which affected inner life, feelings, and imagination, should be tried. That some homosexuals were able to have 'normal' intercourse by evoking heterosexual fantasies (if adverse to their urges) proved the crucial role of psychic processes.¹⁶⁷ However, he toned down any therapeutic optimism by adding that homosexual desires and feelings were deep-rooted and inevitable. Moreover, he had learned that most homosexuals did not want to be cured; only those who asked for it should be treated. It seems that Moll's psychological understanding of homosexuality was fueled not by a strong curative ambition, but by his intensive engagement with hypnosis around 1890.¹⁶⁸

Moll's article for Hirschfeld's annual, published in 1900, was the first indication that he was receding from his earlier reticence about the possible therapeutic treatment of homosexuality (and other perversions). Moll argued that

¹⁶² Moll 1900.

¹⁶³ Moll 1902a; cf. Moll 1907.

¹⁶⁴ Moll 1900a, 12, 14-15.

¹⁶⁵ Moll 1891a, 207-222; see also Krafft-Ebing, 'Vorwort', in Moll 1891a, vii.

¹⁶⁶ Moll 1891a, 222; see also Moll 1900a; Moll 1911; Moll 1921b, 7-21.

¹⁶⁷ Moll 1898, 542; Moll 1905a, 302.

¹⁶⁸ Moll 1911, 1.

the claim of some homosexuals and of activists contesting Article 175 that their supposedly inborn orientation was natural and unchangeable was untenable in the light of his experience as a therapist.¹⁶⁹ Whether homosexuality, which he now labeled not only as 'morbid-like', but also outright 'pathological',¹⁷⁰ was inborn or acquired – a problematical distinction anyhow, in particular with regard to the undifferentiated sexual phase during youth and adolescence – was not relevant for its curability.¹⁷¹ And apart from the pathological nature of homosexuality, there were other valid reasons for therapy: the feeling of being rejected by society, the fear of social ostracism, conflicts with relatives, or the desire for marriage, family-life, and children. On the basis of their contractual relation, therapists were obliged to meet such needs of 'clients' and gear treatment towards their individual condition, situation and wishes.¹⁷² If the perverse orientation in itself could not be remedied, there was still the possibility to treat related nervous and mental complaints or subdue the sexual drive's high intensity ('hyperesthesia') through the prescription of bromine, hydrotherapy, physical exercise, diversion, or sublimation.¹⁷³

Ten years later Moll admitted that hypnosis had not proved itself as a successful method for treating sexual perversions.¹⁷⁴ Association therapy in combination with the training of will-power seemed more promising, in particular with regard to perversions originating in a mental fusing of particular sensual stimuli and sexual excitement, and its fixation in specific fantasies or the imagination. The method centered on the systematic adjustment and conditioning of imaginative powers: supplanting undesirable associations by appropriate ones, activating them through environmental stimuli and 'normal' fantasies, and fixing them to latent 'normal' reaction capacities.¹⁷⁵ Regular socializing with members of the other sex, hetero-erotic incitements, for example by reading erotic novels and regular visits to the theater, cinema, and art museums, would help homosexual men and women to modify their sexual imagination and fantasy life or, as Moll phrased it, their 'mental masturbation'.¹⁷⁶ 'The somewhat loose depiction of a woman, the sensually arousing imagery of a boudoir or a harem, as these are not uncommon in erotic, but also in ordinary fiction, will often benefit such cases.'¹⁷⁷ Moll appeared to believe that homosexual leanings could be repressed by stimulating heterosexuality, but at the same time he acknowledged it to be essentially pointless to pursue heterosexual intercourse or marriage in order to change a homosexual orientation into a regular one.¹⁷⁸

All of this was not very convincing, to say the least, and Moll, who had distinguished himself earlier with scrupulous and sophisticated sexological

¹⁶⁹ Moll 1900a, 1-2, 29; Moll 1911, 24-25; Havelock Ellis & Moll 1912, 654-673; cf. Moll 1928a.

¹⁷⁰ Moll 1902a, 433.

¹⁷¹ Moll 1900a, 3-5.

¹⁷² Moll 1900a, 8, 18, 29.

¹⁷³ Moll 1900, 24-25; Moll 1911, 28.

¹⁷⁴ Moll 1911, 1-2.

¹⁷⁵ Moll 1911, 1-2, 12-16, 20-22, 26; Moll 1936, 57, 150.

¹⁷⁶ Moll 1900a, 19, 23; Moll 1911, 10-11, 16-19, 23, 26.

¹⁷⁷ Moll 1911, 18.

¹⁷⁸ Moll 1900a, 23, 27-28; Moll 1902g, 230-231; Moll 1911, 10-11.

investigations, must have been aware of this. Despite his claim that he had cured many of his clients of their homosexual leanings and that several of them had found happiness in marriage,¹⁷⁹ he argued that therapeutic results had to be put into perspective. Doctors should be realistic and could not always expect 'a perfect effect' or any cure at all.¹⁸⁰ In his memoirs he disclosed that his mode of association therapy found little resonance because it required strong and persistent will-power of clients and their readiness to be re-educated – which, apparently, was more rare than he hoped for.¹⁸¹ Moreover, as he noticed earlier, even if perversion was largely acquired through habit and psychosocial factors, this did not imply that altering it was always feasible. 'There are influences of life, which hardly can be affected later,' he admitted. This applied in particular to older clients who had passed the undifferentiated sexual stage and whose minds were not so pliable than those of younger ones.¹⁸²

Perhaps Moll's therapeutic discourse was part of his effort to guarantee a continuing flow of well-off clients into his private practice, but it also fitted in and underpinned his changing approach of homosexuality. In the 1890s, when he published his monographs about homosexuality and the *libido sexualis*, Moll's views seem to have been inspired predominantly by individual cases in his medical practice, the personal life-stories of his informants, and his direct experience with the gay subculture. This personalized approach was now superseded by a more distant and generalizing perspective on homosexuals as a group, including negative stereotyping. Stressing his reliance on having observed a large number of homosexuals and on the information of some 'objective' informers among them, he maintained that those who were effeminate in particular often exhibited 'the most despicable characteristics,' such as fickleness, petulance, coquetry, vanity, backbiting, sneakiness, insincerity, cowardice, and criminal leanings, and that there were many intriguers, liars, and cheats among them.¹⁸³ Moreover, many of them felt attracted to children and youngsters, and were likely to abuse them and lure them into homosexual vice and prostitution – assertions at odds with earlier claims by Moll.¹⁸⁴

Worrying about the vulnerability of children and adolescents, whose diffuse sexuality was supposedly still malleable until the age of around twenty-three, Moll increasingly pictured homosexuality as socially dangerous because it could be spread through seduction, corruption, contagion (in particular in sex-segregated settings), and, not in the least, suggestive agitation and propaganda.¹⁸⁵ The suggestion of Hirschfeld and his associates that homosexuality was an inborn and fixed condition, which was misleading according to Moll, not only discouraged many individuals from seeking treatment, but also triggered more and more youngsters to ponder about their possible

¹⁷⁹ Moll 1936, 58, 149-151; cf. Moll 1900a, 20; Moll 1921b, 45-63.

¹⁸⁰ Moll 1911, 29.

¹⁸¹ Moll 1936, 57-58; cf. Moll 1900, 19; Moll 1911, 24.

¹⁸² Moll 1911, 26, 21-22.

¹⁸³ Moll 1914, 176-177; Wolff 1986, 66, 85.

¹⁸⁴ Moll 1908c, 179; Moll 1936, 152; Moll 1921b, 23-26; cf. Moll 1891a, 115-121.

¹⁸⁵ Moll 1900a, 1-2, 29; Moll 1936, 145-146, 149, 152-153; Moll 1927, 323-324; Moll 1908c, 179-181, 241, 247, 275-276, 285; Weber 2008, 282-284; Whisnant 2016, 179-180.

homosexual leanings. Although they were not homosexual, a substantial number of them were lured into such a lifestyle.¹⁸⁶ In this light he criticized the large survey held by Hirschfeld's committee among students and young factory workers in 1903 and 1904 in order to establish the frequency of homosexuality among the general population.¹⁸⁷

Moll reproached Hirschfeld and his followers, as well as the homosexual activist Adolf Brand, for their imprudent eagerness to diagnose homosexuality in cases where it was dubious, such as in the sensational Harden-Moltke trial (1907-08). After the editor of *Die Zukunft*, Maximilian Harden had hinted that two of Kaiser Wilhelm's confidants, Count Kuno von Moltke and Prince Philipp zu Eulenburg, were homosexuals, Moltke, one of the highest ranking Prussian generals, charged Harden with slander. Both Hirschfeld and Moll were involved in the proceedings as expert witness. Basing himself on the testimony of Moltke's disaffected ex-wife, Hirschfeld declared that her former husband showed many mental features that were typical of homosexual men, such as sentimentality, artistic sense, an inclination to mysticism and 'all kinds of feminine affinities and passions.' On the basis of this analysis, the court decided that Moltke's homosexual leanings were proven and it discharged Harden.¹⁸⁸

Due to the intervention by Wilhelm II, the court's verdict was annihilated and a new trial followed. After Moltke's ex-wife was declared hysterical and her testimony to be invalid, and Moltke and Eulenburg had declared under oath that their close friendship was pure, Moll was called upon as a new expert-witness. In his report about Moltke, he discarded Hirschfeld's conclusions as a biased and arbitrary fabrication: 'One should not derive a person's homosexuality or even homosexual disposition from some artificially assembled fragments or particularly eye-catching psychic peculiarities.'¹⁸⁹ Hirschfeld had confused intimate and emotional friendship, indulging in poetry and music, and effeminate behavior among men, which were part of the mores in certain aristocratic circles, with homosexuality. 'Which right do we then have,' Moll continued, 'to draw conclusions about some sort of unconscious homosexuality rather than speak of friendship?'¹⁹⁰ Moreover, he added, Hirschfeld's way of acting as well as Brand's reckless strategy of revealing the assumed homosexuality of high-ranking authorities in order to expose hypocrisy and double standards – the so-called 'path over corpses' against which Moll had warned repeatedly – had been detrimental to the homosexual movement: public opinion had turned against it and now homosexuals suffered the consequences.¹⁹¹ After Moll cleared Moltke of being homosexual, Harden was sentenced for libel and Hirschfeld withdrew his earlier diagnosis, admitting that deep friendship did not necessarily indicate a

¹⁸⁶ Moll 1905b; Moll 1907.

¹⁸⁷ Moll 1905b; Moll 1921a, II, 772; Wolff 1986, 57-59.

¹⁸⁸ Domeier 2010, 167-170; see also Hull 1982 and Bruns 2011.

¹⁸⁹ Moll 1908a, 61; see also Moll 1910a, 2; Moll 1936, 149; see also Domeier 2010, 269.

¹⁹⁰ Moll 1908a, 62. In his book about 'famous homosexuals' Moll also stressed that sentimental friendships between men in eighteenth-century literary circles were not necessarily homosexual relations and that such intimate bonds should be understood in their particular historical and cultural context (Moll 1910a, 1-16).

¹⁹¹ Moll 1908a, 61; cf. Moll 1907 and Moll 1902a.

homosexual orientation. The press now vilified him and a backlash against the homosexual movement followed. He must have felt betrayed after receiving no support from other authorities in the field of sexology, such as Moll.¹⁹²

More in general Moll seemed to be increasingly worried about the 'sexualisation' of modern public life, which was bound to have particular repercussions for individual experience: a tendency to see diverse feelings and behaviors in a sexual light as well as an increasing anxiety about sexual orientation. In a medical journal he reported that an increasing number of men and women had consulted him because they suspected their partner to be homosexual, usually without any grounds.¹⁹³ Apparently sexuality had become the subject of endless self-examination and the pivot of emotional problems such as fears of being abnormal, conflicts between fantasies and the realities of everyday life, and anxieties about sexual performance and attractiveness. All of this, Moll believed, was to a large extent an effect of the increasing spread of sexual discourse and imagery in society through sensational media reporting about sexual scandals and spectacular court cases, modern literature, the arts, and movies, as well as scientific and popularized sexological publications.

*The penetration of all modern literature and art with sexualism, the many scientific works in this field, but especially the numerous erotic and sexual writings published under the guise of science, have not remained without effect. That is the reason why so many take every opportunity to nose around for the sexual and in particular for the perverse.*¹⁹⁴

Moll even went so far that he agreed with the claim of the renowned psychiatrist Emil Kraepelin that reading the 'wrong' literature could turn a person into a homosexual. Together with Kraepelin and the psychiatrist Siegfried Placzek, who shared Moll's grudge against Hirschfeld, Moll provided expert advice to the Berlin Censorship Chamber on the movie *Anders als die Andern*, which was produced in support of the fight against Article 175, and he judged it to be unsuitable for public showing because it might seduce young men, with their impressionable minds, into homosexuality.¹⁹⁵ Against the background of the Moltke-Eulenburg scandal, Moll reported the story of a father's embarrassment when asked by his little son what a 'pederast' was, a question the man deflected by saying it was just another word for pedagogue.¹⁹⁶ In his memoirs he recounted how his own work had become embroiled in sensational 'sexualism.' After the French translation of his monograph about homosexuality went through six editions within a few months, a French politician, in response to an advertisement for the book in an erotic magazine, had pressed charges against the publisher for distributing pornography. A public discussion between the politician and some

¹⁹² Wolff 1986, 72-73, 80; Bruns 2011, 134.

¹⁹³ Moll 1908a, 63.

¹⁹⁴ Moll 1908a, 63; Moll 1912e, 893-895.

¹⁹⁵ Moll 1936, 148; Moll 1926b, 66; Wolff 1986, 194; Steakley 1999, 192; Marhoefer 2015, 35, 44; Whisnant 2016, 179-180.

¹⁹⁶ Moll 1912e, 894.

medical authorities about the scientific stature of the work followed. All of this boosted the book's sales of course.¹⁹⁷

It appears that Moll recoiled from all the public attention and debate on sexuality, which had been fueled by the popularization of sexological knowledge – and of which he himself was one of the main pioneers. If such sexualization also affected individuals who lacked the self-control and self-responsibility to hold back their desires and impulses – in particular young and lower-class people – it had to be countered through preventive sexual hygiene and education as well as rising the legal age of consent from sixteen to eighteen.¹⁹⁸ Apparently his position on Article 175 did not change, but he now added a new argument: its repeal would take away the need for homosexual activism and propaganda, and thus diminish its public visibility.¹⁹⁹ All the same, a lobby group that in 1914 drafted a petition for an expansive interpretation and application of Article 175 (*Eros vor dem Reichsgericht*) did refer to Moll's works in order to bolster their claims.²⁰⁰ In his book about childhood sexuality he stressed the need for children's sexual instruction – the biological facts as well as the subjective experiential dimension – in order to make them resilient against dangers, but he rejected a moralistic and repressive approach, advocating a more realistic, cautious, and positive one in order to realize a wholesome integration of sexuality into their lives. Parent and educators had to deal with the fact that sexual impulses and enticements were inevitable in childhood.²⁰¹

The sharpening of his stance and tone towards homosexuals was boosted by Moll's continuing antagonism towards Hirschfeld and their competition for leadership in the field of sexology. He countered several of Hirschfeld's initiatives. When in 1913 Hirschfeld, together with Iwan Bloch and Albert Eulenburg, founded the Society of Physicians for Sexual Science and Eugenics, in the same year Moll responded – with the support of Max Marcuse, Albert Schrenck-Notzing, and others – by setting up the International Society for Sexual Research. Moll's plans for an international sexological conference in 1914, for which, on a visit to London, he invited Havelock Ellis, were aborted by the outbreak of the First World War.²⁰² After Hirschfeld had organized the first international conference on sexology in 1922 in Berlin, Moll revived his international organization and began to plan another one. In his eyes Hirschfeld's conference had been politically biased and unscientific, and therefore harmful for the reputation of sexology, which struggled for scientific respectability.²⁰³ In 1926 Moll enjoyed his finest hour as chairman of the International Conference on Sexological Research that took place in Berlin. The German state supported it to boost the country's scientific reputation and to end the boycott by foreign scientists. The opening session took place in the German Parliament and was attended by Germany's Chancellor and President, while the Minister for the

¹⁹⁷ Moll 1936, 155-156.

¹⁹⁸ Moll 1907; Moll 1908c, 286; Moll 1921b, 67-70; Moll 1927, 323-324.

¹⁹⁹ Havelock Ellis & Moll 1912, 656.

²⁰⁰ Conn 2012, 209.

²⁰¹ Moll 1908c, 223-294; see also Wawerzonnek 1984, 45-64.

²⁰² Moll 1936, 189, 228-229.

²⁰³ Moll 1927, 321-322.

Interior addressed the participants. The event was widely covered by the German press and Moll received praise for his initiative and expertise.²⁰⁴

Moll's main opponents, Freud and Hirschfeld, did not attend the conference. While Freud had declined the invitation and ordered a psychoanalytic boycott of the event, Hirschfeld had not been invited at all. Hirschfeld believed that Moll had passed him over because of his leftist (social-democratic) political orientation, implying that Moll was conservative and biased. Referring to his unbroken support for the repeal of Article 175 and women's rights, Moll denied this allegation and retorted with the suggestion that Hirschfeld, despite having gatecrashed into Moll's consulting room one day to beg for reconciliation, had tried to sabotage the conference by spreading the rumor that it was reactionary. He further justified passing over Hirschfeld by referring not only to his flawed thinking about homosexuality and lack of scientific objectivity but also to his 'problematic nature' on which Moll claimed to 'have a lot of material,' which he would not publish unless forced to do so.²⁰⁵ If he had allowed Hirschfeld to participate, Moll added, other prominent scientists would not have attended the conference. All of this was a severe blow to Hirschfeld's self-esteem and reputation.²⁰⁶

Eight years later, when Germany was under Nazi-rule and Hirschfeld, back in Europe after a world tour and afraid to return to his home-country, was trying to continue his activities in France, Moll completed his character-assassination of Hirschfeld. In 1934, in a letter he sent to the dean of the medical faculty in Paris of which a copy went to the German Ministry of Foreign Affairs, he again discredited Hirschfeld, not only by casting doubt on his expertise, but also by tacitly referring to his homosexuality. Moll alleged that Hirschfeld's assertion that a return to Germany would put him at risk because of his Jewish background and social-democratic affiliations was not the true motive for his exile; the underlying reason should be found in his 'misconduct in a totally different direction.'²⁰⁷ Two years later, in his memoirs, Moll noticed with contentment that the national-socialist government's thorough and final 'clean-up' had put an end to the erroneous homosexual schemes that had misled and put so many youths at risk.²⁰⁸

The last statement can be seen in the context of his effort to placate the new regime, which in fact posed a greater threat to him than to Hirschfeld. The reversal in Moll's judgment of homosexuality, which evolved as of the early 1900s, may have been advanced by his continued involvement as a forensic expert in lawsuits involving moral delinquents. Although he did not change his mind that Article 175 was untenable, he increasingly distanced himself from Hirschfeld, who generally tried to exonerate defendants from conviction by diagnosing an inevitable innate homosexuality. Moll emphasized that the role of the forensic expert was to provide objective information about the nature of a

²⁰⁴ Moll 1926; Moll 1936, 228-234; Conn 2012, 201-202, 214.

²⁰⁵ Moll 1927, 321-325.

²⁰⁶ Wolff 1986, 243.

²⁰⁷ Sigusch 2012, 200.

²⁰⁸ Moll 1936, 151

defendant's orientation and sexual misbehavior – in particular whether it was acquired ('pseudo-homosexuality') or inborn and corrigible or incorrigible – without considering the question of whether a moral offender should be discharged or convicted.²⁰⁹ Despite his call for scientific objectivity, Moll also argued that the forensic expert in his testimony should take into account that 'the healthy sentiment of the people,' which upheld 'the drive towards self-preservation of the human race,' would always put homosexuality below heterosexuality.²¹⁰ In this way, he underlined his disagreement with Hirschfeld, whose discourse as a forensic expert largely overlapped with his arguments for the repeal of Article 175. The famous Moltke trial was not the only case where they presented conflicting expert testimonies.²¹¹

Although Moll seemed to be out of tune with the prevailing moderate reformist sexual policies in the 1920s, his position was largely in line with the increasing monitoring role of the administration of justice as part of scientifically informed policies of social regulation and normalization, which characterized governance in the Weimar Republic. It was based on drawing clear boundaries between, on the one hand, tolerable sexual behavior of consenting adults in private or in limited subcultural spaces, and, on the other hand, improper sexual expressions in the wider public sphere, such as prostitution and sexual delinquency. Also, in order to counter the assumed danger of the seduction and moral corruption of youths, sex between adults and minors was increasingly subjected to sanctions. Granting sexual liberties to discreet and law-abiding citizens, including 'decent' homosexuals and lesbians, went together with the marginalization and intensified monitoring of particular groups, such as female and male prostitutes, promiscuous individuals, lower class venereal patients, extravagant transgenders and moral offenders. Branded as irresponsible, asocial, and mentally inferior, these groups were subjected to police surveillance as well as coercive medical and welfare interventions.²¹² Moll basically agreed with such policies: in his view the modern state should not play the role of a moralist – mature citizens could do without moral guidance – but rather guarantee and promote the health and normality of its citizens.²¹³

Conclusion

In his analysis of the sexual drive as a psychosomatic force that involved profound and complex emotions and anxieties, Moll was one of the first to articulate the modern concept and experience of sexuality. His perspective foreshadowed not only psychoanalytic theory but also Alfred's Kinsey's study of sexuality in terms of 'outlet' and 'factor' and a continuous hetero-homosexual scale. Moll's argument that the attraction drive was one of the two fundamental components of sexuality explicitly connected it to partnership and romantic love. This implied that the affective longing for physical and psychological union with a

²⁰⁹ Moll 1927, 324.

²¹⁰ Moll 1928a, 137, 143-144.

²¹¹ Conn 2012, 211-212.

²¹² Conn 2012; Marhoefer 2015.

²¹³ Moll 1912b, 364; Moll 1912e, 893.

partner was a purpose in its own right, rather than serving the goal of reproduction. In this way negative attitudes toward sexual pleasure could be replaced by a positive evaluation. Heterosexual desire, the sensual attraction between men and women free from any conscious link to reproduction, was an essential element of love and intimacy. In this way he anticipated the increasing sexualisation of marriage and love, which after the First World War was widely propagated in marriage manuals such as Marie Stopes' *Married Love* (1918) and *Enduring Passion* (1928) and Theodoor van de Velde's *Ideal Marriage* (1926). Moll's discussion of homosexuality in his 1891 book in fact implied that this model was also relevant for same-sex relationships.

Also, Moll's antireductionist explanatory framework – sexual drives conceptualized in terms of reaction capacities that are triggered by psychological and sociocultural factors – anticipated recent attempts to reconcile essentialist and constructivist positions. For example Paula Rust's notion of the 'sexual landscape' acknowledges the role of biology as necessary potential, while also including social and cultural factors along the lines of social constructionism and scripting theory. The basic idea is that sexual desire is neither made-up and accidental nor natural and inevitable. It does not just spontaneously happen upon people; there has to be an external stimulus, a touch, an impression, an image, a thought, a fantasy – a plethora of triggers from the cultural world. In this antireductionist perspective sexual orientation is neither inborn and definite nor completely determined by the sociocultural environment or conscious will. The metaphor of the sexual landscape suggests an interplay of biological and psychological factors (the body and the way it is experienced; feelings and attractions) with social and cultural influences (interactions with other individuals and their societal and political contexts; current discourses and cultural meanings).²¹⁴ In a similar way Moll's explanatory framework pointed out the indeterminate and versatile nature of sexuality, which is shaped in various ways according to the social and cultural scripts that circulate in society.

Why has Moll's achievement been largely underrated if not ignored by later sexologists as well as historians and scholars in gay and lesbian studies? There may be several reasons for the virtual neglect of his legacy. For one thing, Moll was an *Einzelgänger* and a difficult man, who antagonized many colleagues in the medical and sexological world. Contrary to Freud and Hirschfeld he did not establish a (psychotherapeutic and sexological) school or activist movement. Nor did he ever hold a teaching position at a university, and he therefore lacked the opportunity to have students and followers who might take up his ideas and spread them. Moreover, Moll's nuanced and cautious arguments entail that his work is not very accessible: his writing style is not always straightforward, but often indecisive, contradictory, or lacking in clarity.

In contrast to the work of Krafft-Ebing, whose *Psychopathia sexualis* numbered at least 35 English and American editions between 1892 and 1999, that of Moll has drawn little attention in the English-speaking world, despite the publication of English translations of *Das Sexualleben des Kindes* in 1912, 1923 and 1929, of *Die conträre Sexualempfindung* in 1931, and of *Untersuchungen*

²¹⁴ Gordon & Silva 2015.

über die Libido Sexualis in 1933. Moll's work was overshadowed by Freud's psychoanalytic theory, and, later, by the work of Alfred Kinsey. Most English speaking historians of sexuality appear not to be aware of the relevance of Moll's work. Jonathan Katz, for example, only mentions Moll once in passing – 'Dr. Albert Moll, another influential early sexologist' – in his book about the origin and changing meaning of heterosexuality, although Moll played a crucial part in this process.²¹⁵ Scholars have often portrayed his role in sexology in a simplistic, one-sided and judgmental (if not politically correct) way. His regressive views of homosexuality, his supposed conservatism, or even reactionary and social-Darwinist attitudes, and his antagonism towards putative enlightened and progressive figures as Freud and Hirschfeld have been highlighted, whereas his sophisticated and innovative thinking about sexuality faded into the background.²¹⁶ More in general, under the influence of the dominant Foucaultian paradigm, historians and gay and lesbian scholars have often read medical, psychiatric, and psychological works about sexuality in a rather one-dimensional manner: their interpretations tend to center on the disciplining and controlling effects of the power-knowledge nexus. In this way the versatility of medical and psychological discourses and the interrelated practices and interventions, their inherent diversities, contradictions and ambiguities, have often gone unnoticed. The postmodern and queer practice of 'deconstructive' readings in order to unearth the multiple, instable and self-contradictory meanings of texts, has been applied to literary works rather than medical ones.

Perhaps the main reason for Moll's marginal presence in historiography is that he does not fit in a 'usable' history. The tendency to embrace a particular version of the past in order to fulfil present-day needs often implies that some historical narratives are prioritized over others and that some parts of the past are discredited or discarded. In the wake of the Sexual Revolution and the emergence of the modern gay movement in the 1960s and 1970s, Hirschfeld's sexual theory and activism were rediscovered as the historical predecessor of homosexual emancipation. In Germany the memory of Hirschfeld has been kept alive since the early 1980s, when a Magnus Hirschfeld Society for the study of the history of sexology was founded.²¹⁷ The heroic stature of Hirschfeld was boosted by the German government, when in 2011 it endowed a national Magnus Hirschfeld Foundation in order to memorialize this prominent Jewish and homosexual target of the Nazi's as well as thousands of other homosexual victims of the Third Reich. Also, a street was named for Hirschfeld and a monument erected on the site of his Institute for Sexual Science in the 1920s. More in general, the capital of Berlin has been successfully marketed as a tolerant and attractive city for gays and many progressive German citizens have

²¹⁵ Katz 1995, 22-23.

²¹⁶ See for example Wolff 1986, 59, 66, 80–81, 131–132, 194, 206–207, 243–249; Gilman 1994, 47; Hill 1994, 291; Fenemore 2009, 766-767; Domeier 2010, 200; Ross Dickinson 2014, 250; Marhoefer 2015, 96, 128; Whisnant 2016, 179-180. For exceptions, see Wawerzonnek 1984, 45-64; Herzer 1993; Sulloway 1992, 299-305, 309-315, 470-474; Crozier 2000b; Sigusch 2008, Sigusch 2009; Hekma 1985, 359-360 and Hekma 1987, 199-200, even though Hekma's characterization of Moll as a social Darwinist is way off.

²¹⁷ See <http://www.Magnus-Hirschfeld.de>.

included homosexual rights as an important part of their national history. Germany was the home of the world's first gay rights movement and the Weimar Republic is often remembered as a period of sexual liberation. All of this has been framed into a usable past as part of a new German national identity that offsets the atrocities of National Socialism.²¹⁸

However, the way in which Hirschfeld's sexological and emancipatory mission has been made to fit such a history is not without problems. Moll's slandering of Hirschfeld perhaps revealed his worst side, but this does not take away that Moll's sexual theory – apart from many of his more negative moral and political evaluations – in several ways was more original, nuanced, and far-sighted than Hirschfeld's approach, and that his criticism was relevant. Moll fundamentally questioned Hirschfeld's notion of a clear-cut and fixed homosexual identity,²¹⁹ his explanation of same-sex attraction in terms of gender inversion, and his emancipatory strategy that was based on biological reductionism and determinism. Hirschfeld's fight for acceptance of homosexuality and against legal discrimination was intrinsically linked to his biogenetic explanation in terms of a deep-seated innate disposition, implying that those concerned generally bore no responsibility for their condition and sexual behavior. Moll, on the other hand, pointed out that whatever its causes might be – either inborn or acquired or a combination – these were not relevant for the legal and political assessment of homosexuality and individual responsibility.²²⁰ He was also more realistic than Hirschfeld in his assessment of the negative social attitudes towards homosexuality. The widespread and deeply rooted rejection of it would not change, he argued, when Article 175 would be abolished or when people would be informed about its natural causes.²²¹

Hirschfeld's biological model was also entangled with eugenic assumptions and he applauded drastic experiments such as Eugen Steinach's transplantation of 'heterosexual' testicles in homosexual men in order to change their sexual preference, because the underlying endocrine research appeared to underpin his biological theory.²²² Earlier on Hirschfeld had suggested that homosexuals should not propagate because of the considerable risk that their offspring would suffer from degenerative disorders. Arguing that the natural purpose of homosexuality was in fact the prevention of degeneration, Hirschfeld was willing to link the decriminalization of homosexual intercourse with a legal ban for homosexuals to have children. Moll remained skeptical about such arguments and all biological explanations of homosexuality, including Steinach's endocrine theory which was widely viewed as groundbreaking.²²³ A selective and presentist view of history may be unavoidable and useful for shaping public (including gay and lesbian) memory, but historical scholarship should distance itself from it and also point out the more multifaceted, confusing

²¹⁸ See Marhoefer 2015, 214-217.

²¹⁹ Moll 1910a, 2-3; Moll 1921b, 44-45.

²²⁰ Moll 1902a.

²²¹ Moll 1907; Moll 1928a, 137, 143-144.

²²² Moll 1936, 146-148; Wolff 1986, 128-129, 140, 165-166, 173, 179-181, 202, 219, 401, 405; Bryant 2012, 251.

²²³ Moll 1900a, 9-11; Moll 1919; Moll 1921b, 7-21.

and possibly unpleasant realities of the past. The late-nineteenth- and early-twentieth-century history of sexology, sexual reform, and homosexual activism, which was multi-layered and conflict-ridden, does not mirror current liberal or other progressive and politically correct notions of sexual emancipation. The life and works of Albert Moll may offer an interesting case for uncovering some of the paradoxes, pitfalls, and dilemmas in the development of the modern science and politics of sexuality.

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