

KRAFFT-EBING'S STEPCHILDREN OF NATURE: HOMOSEXUALITY AND PSYCHIATRY AT THE END OF THE NINETEENTH CENTURY

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In the last decades, several historians, following in the wake of Michel Foucault's *History of Sexuality* (1976), have highlighted the medicalization of homosexuality as a decisive turn in its history. Same-sex behavior was made into a mental pathology of a specific minority, a view which has dominated the approach of medicine and mental health care until the 1970s. Using the work of the nineteenth-century psychiatrist Richard von Krafft-Ebing on sexual pathology, I will discuss the relation between homosexuality and mental health/illness from a historical perspective. My paper is largely based on my book that will be published by The University of Chicago Press under the title *Stepchildren of Nature: Krafft-Ebing, Psychiatry, and the Making of Sexual Identity*. It focuses especially on Krafft-Ebing's patients, informants, and correspondents, and their interactions with psychiatry. I have analyzed 440 published and unpublished cases from Krafft-Ebing's work: regular case histories written down by Krafft-Ebing and his assistants as well as the letters and autobiographies they sent to the psychiatrist. My thesis is that although Krafft-Ebing, as the author of the famous *Psychopathia sexualis*, was one of the main proponents of the medicalization of deviant sexualities, his work shows that new ways of understanding sexual deviance emerged not only from medical theories explaining it in terms of pathology. Instead, I argue, new concepts of homosexuality and other 'perversions' appeared in interactions and negotiations between psychiatry and those who were concerned as patients or as informants and correspondents of Krafft-Ebing. Class, and also gender, are of particular importance to understanding the active role many of them played in the making of modern sexual identity, which from the beginning was realized in a field of tension between mental health and illness.

Let me start my contribution to this session on homosexuality and mental health with some quotes.

The first is a fragment from a psychiatric case history describing a homosexual patient.

It was at our first meeting that the patient could be induced to discuss the secret of his sexual life. The patient is neither unhappy about the inversion of his sexual feeling, nor capable of recognizing it as unhealthy. He is even less capable of doing so, since he feels morally dignified, happy, and relieved because of the contacts with men. How could it be unhealthy, that which makes a man happy and inspires in him beautiful and lofty things! His only misfortune is that social barriers and penal codes stand in the way of "naturally" expressing his urge. This is a great hardship.

The second is a fragment from a letter of a homosexual man writing to a psychiatrist.

According to my firm belief, the greater number of cases, by far, of mental disturbance or unhealthy disposition observed in homosexuals are not to be attributed to the sexual anomaly. Instead, they are caused by the existing false notions about homosexuality, the current laws which are connected to these, and the dominant public opinion on this matter. Whoever has any idea of the mental and moral suffering, the anxieties and worries that the homosexual must endure; the constant hypocrisy and secrecy he must practice in order to conceal his inner drives; the endless difficulties which he meets in satisfying his natural desire - can only be surprised that more insanity and nervous disturbance do not occur among homosexuals. The greater part of these unhealthy conditions would not develop if the homosexual, like the heterosexual could find a simple and easy way in which to satisfy his sexual desire; if he were not forever tormented by these fears!

The third quotation also comes from a letter of a homosexual to his psychiatrist.

Neither can I acknowledge, even though I am a homosexual, that my nature is an "unhealthy" one, otherwise you would have to classify other categories of men who are usually considered normal as unhealthy as well. ... I lack the desire for the female sex, as other people display a marked aversion to other things; since most men don't lack this desire and since those who also lack it, don't say so, we are labelled as "sick" for we appear to be the unnoticed minority... We are considered sick for another reason, which, unfortunately, is a completely valid one, namely, that we have really become sick. But people have confused cause and effect. ... We certainly become sick, just as animals are stricken by rabies if they are prevented from engaging in the sexual act appropriate to their nature.

The fourth, again, I found in the correspondence of a homosexual writing to a psychiatrist.

... what keeps a scholar invested with the highest authority in his field from presenting the case to the public in a proper way ... and instruct them: that nature has planted the love for one's own sex in many of our fellow-beings ... ; that a natural drive is not a

vice and crime; ... that society, under the spell of a delusion, is committing a grievous sin by daily sacrificing thousands of fellow-men. The doctor should devote himself to this task. To cure the perverted instinct is to little avail, even if he succeeds in a few cases; for the born homosexuals all remedies are at least precarious anyway ...
However, if the physician would be concerned to free the world of its misguided view, thus he would bring about a mass cure of the ignorant as well as of their victims, which would provide him with the gratitude of thousands of sufferers.

Now, for us, enlightened as we are, as I presume, the contents of these statements are not very remarkable in themselves. You will, I hope, agree that as far as there is psychological suffering among homosexual men and women in connection with their sexual preference, this is not so much caused by their disposition as such, but rather by the social prejudice and suppression with which they have to contend. Almost thirty years ago homosexuality has been removed from the Diagnostic and Statistical Manual of Psychiatric Disorders and since then we have witnessed among psychiatrists and psychologists a shift in their attention away from viewing homosexuality as a pathological condition in itself toward a concern with the psychological and social restraints it involves. However, what *is* striking about the statements I just presented to you is that they have been written more than a hundred years ago, in the 1880s and 1890s, which is precisely the period in which physicians began to conceptualize homosexuality as a mental illness. In the last decades several historians, following in the wake of Michel Foucault, have highlighted this medicalization of homosexuality as a decisive turn in its history: same-sex behavior was made into a mental pathology of a specific minority, a view which has dominated the approach of medicine and mental health care until the 1970s.

The statements I quoted are all from patients and correspondents of the German-Austrian psychiatrist Richard von Krafft-Ebing, who lived from 1840 until 1902, and whose name is well-known as the author of *Psychopathia sexualis*. [Dia] I will use his work on sexual pathology now to reflect on the relation between homosexuality and mental health from a historical perspective. My talk is largely based on my book [sheet] which will be published next Fall by The University of Chicago Press under the title *Stepchildren of Nature: Krafft-Ebing, Psychiatry, and the Making of Sexual Identity* and which focuses especially on his patients, informants, and correspondents, and their interactions with psychiatry. I have analyzed 440 published and unpublished cases from Krafft-Ebing's work: regular case histories written down by Krafft-Ebing and his assistants as well as the letters and autobiographies they sent to the psychiatrist. My thesis, in a nutshell, is that although Krafft-Ebing was one of the main proponents of the medicalization of deviant sexualities, his work shows that new ways of understanding homosexuality emerged not only from medical theories explaining it in terms of pathology. Instead, I argue, new concepts of homosexuality appeared in interactions or negotiations between psychiatry and those who were concerned as patients or as informants and correspondents of Krafft-Ebing. Class, and also gender, are of particular importance to understanding the active role homosexuals played in the formation of modern sexual identity, which from the beginning was realized a field of tension between mental health and illness. (To a large

extent the same can be said of other sexual deviants like fetishists and masochists, as I show in my book, but I will now focus on homosexuality.)

As will be well-known, Krafft-Ebing played a key role in the medical conceptualization of what was labelled as perversion. *Psychopathia sexualis* made him one of the founding fathers of medical sexology. The first edition of this bestseller appeared in 1886, followed soon by several new and elaborated editions and translations in several languages. By naming and classifying virtually all non-procreative sexuality, he was one of the first to synthesize psychiatric knowledge of sexual aberration. Among the many perversions he discussed, homosexuality was the most prominent. Krafft-Ebing's interest in homosexuality, that was punishable in Germany and Austria, was closely linked to forensic psychiatry in which he was a leading expert. He argued that in many cases sexual deviance should no longer be regarded as simply sin and crime, but as symptoms of mental disorder. Since mental illness often diminished responsibility, he pointed out, most sex offenders should not be punished, but treated as patients. Although it was debated whether perversion was inborn or acquired, psychiatrists like Krafft-Ebing shifted the focus from immoral acts, a temporary deviation of the norm, to a pathological condition. Influenced by the natural-scientific approach in German psychiatry as well as by French degeneration theory, he explained homosexuality and other perversions as inborn instincts, as deviations of normal biological evolution.

So far Krafft-Ebing's views appears to be typical of what Foucault has designated as the medical construction of homosexuality. Under the influence of Foucault's *History of Sexuality*, it has become a truism among historians that physicians, by describing and categorizing nonprocreative sexualities, were very influential in effecting a fundamental transformation of the social and psychological reality of sexual deviance from a form of immoral behaviour to a pathological way of being. By stigmatizing deviance as illness, thus the argument runs, physicians were not only constructing a new concept of sexuality as the secret of the self, but also controlling the pleasures of the body. Following Foucault, several scholars have associated the emergence of a science of sexuality with a deplorable medical colonization, replacing religious and judicial authority with scientific control. I'm the last to reject Foucault's account totally, but my basic assumption is this picture is rather one-sided. Under the influence of Foucault's view, too readily the conclusion has been drawn that new sexual categories and identities were merely medical constructions and that the individuals concerned were trapped in a medical discourse. The individuals labelled as perverts, have mainly been presented as passive victims, having no other choice than to conform to medical stereotypes. However, medical theories were read and used in various ways by those concerned. To find out how psychiatry and individual experiences interacted, it is necessary to take their intentions and purposes seriously on their own terms. From this perspective Krafft-Ebing's case histories, which have been rather neglected by historians, are crucial.

There is a specific development to be discerned in the way Krafft-Ebing gathered the cases on which he based his work. His initial theory was premised on a rather small number of cases derived from criminal proceedings. As his work progressed, more and more cases were of patients hospitalized in one of the asylums or university clinics which

he supervised. In the early 1880s he made clear that in the interest of science he needed more and a greater variety of cases and in his publications he invited homosexuals to contact him. Soon individuals were presented who had contacted Krafft-Ebing of their own accord as private patients, or who corresponded with him because they had recognized themselves in published case histories. Several of them sent in their autobiography in order to have it also published. Whereas most cases in his early work on the whole were rather short and factual, the later ones were more extensive and focused on subjective experience [dia's]. What I would like to emphasize here is that the subjects of Krafft-Ebing's cases were drawn from different social groups: sexual offenders and psychiatric patients who were hospitalized were in general from the lower classes whereas the letters and autobiographies he received were of members of the upper and middle classes. Hospitalized patients and suspected moral offenders had no other choice than to conform to standard medical procedures, and have their stories recorded by the psychiatrist. Many of his aristocratic and bourgeois patients, however, were given ample opportunity to speak for themselves without being censored in any way.

Especially homosexual men seized this opportunity. In contrast to men, who were underrepresented in the casuistry, women, however, hardly spoke for themselves. Apart from Krafft-Ebing's somewhat paternalistic attitudes towards women, the main reason for this can be found outside psychiatry: around 1900 a lesbian subculture and a distinct sense of lesbian identity was still hardly developed in Central-European societies, whereas for men there was an urban subculture which offered several possibilities for meeting like-minded men and for sexual pursuits. So these articulate private patients and correspondents were male and of the middle and upper classes; they were economically independent, educated, cosmopolitan, often living in cities and outside of the traditional family. Whereas Krafft-Ebing probably had expected them to be pathological 'degenerates', they indicated plausibly that they enjoyed perfect health and that they were physically indistinguishable from their fellow-men. Several men made clear that they did not consider themselves as sinners or patients and stressed that they experienced their leanings as 'natural' and inevitable. Their letters not only demonstrated a considerable degree of subjective suffering, they also were full of literary references, philosophical and medical speculations and, most important, detailed self-analysis. They were eager to tell the truth about themselves but at the same time many of them criticized current social norms as well as medical science.

Especially by publishing letters, autobiographies and quoting statements of patients, Krafft-Ebing focused on the subjective experience of these 'step-children of nature', as he began to call them. By enabling voices to be heard that were usually silenced, Krafft-Ebing made a powerful statement for those concerned and his work gained popularity, especially among homosexuals. Many of them had read his work and they made references to its salutary and liberating effects; several made clear that it had saved them from despair. These cases also show that many confessions of homosexuals were not enforced in any way and that viewpoints were expressed that did not automatically follow medical theories. Those who recognized themselves in the case histories were left enough room to describe and explain their sexual feelings and experiences in their own way. Even if their viewpoints challenged psychiatric doctrine or social conventions, they were

not censored. In fact, their stories also influenced Krafft-Ebing's thinking. For example, he began to emphasize that the task of science was to differentiate perversion from immorality in order to save these stepchildren of nature from social ostracism, and again and again he favoured the abolition of the laws against homosexual behavior. At the end of his career he supported the homosexual rights movement which was founded by Hirschfeld and he concluded that homosexuality was not incompatible with mental health: it should not be viewed as an illness in itself, but as a condition that had to be accepted as a more or less deplorable, but natural fate. Focussing on the psychological dimension of sexual relationships, he also compared homosexual with heterosexual love, attributing them equal value. With this view he was far ahead of many twentieth-century experts in the field of mental health care.

How was it possible that homosexuals recognized themselves in a psychiatric work that pathologized them; that psychiatric case histories were for them a source of positive identification? The first point I want to raise concerns the character of medical interference with sexuality that many historians have wrongly connected to a biological determinism. Like other psychiatrists Krafft-Ebing was indeed strongly influenced by the natural-scientific turn in mental medicine and also by the fashionable theory of degeneration, but on the whole his approach cannot be characterized as biological. There is a striking inconsistency between on the one hand his general theory, situating the sexual drive in the nervous system and the brain, and on the other his clinical analysis of cases. In clinical practice not so much bodily characteristics were relevant for his diagnosis of perversion, but personal history and individual character, emotional life, dreams and fantasies. Krafft-Ebing focused not so much on the specific somatic characteristics of disease entities as on very detailed histories of individuals; for the greater part he had to judge from what perverts were telling him and that is why (auto)biographical accounts were so important in his work. Although in his theory the underlying causes of perversion remained heredity and degeneration, his case histories displayed an individualizing and psychological approach. In this way his work shadowed forth that of Freud and marked a central moment in the constitution of the modern concept of sexuality linked to personal identity.

Secondly, to account for the popularity of Krafft-Ebing's work among homosexuals, a close reading makes clear that it cannot be regarded only as a medical and moral disqualification of sexual aberration. Krafft-Ebing's views were far from static and there were many ambiguities in his work. Although *Psychopathia sexualis* has often been regarded as a defense against the supposed corruption of morals in fin-de-siècle society, and he may have intended it as such, at the same time it made sexual variance imaginable. In Krafft-Ebing's work there is a clear tendency to undercut distinctions between the normal and the abnormal.¹ Perversions were not only disease categories but

¹ Whereas the differentiation of healthy and pathological sexuality - reproduction being the touchstone - was the basic assumption in his taxonomy, at the same time in his discussion of the main perversions, the barriers between the normal and abnormal were subverted. He explained, for example, that sadism and masochism were inherent in normal male and female sexuality, the first being of an aggressive and the second of a submissive nature. Also fetishism, as defined by Krafft-Ebing, was part and parcel of normal sexuality, because the individual character of sexual

also important concepts for a broader psychological understanding of sexuality in general. More generally, Krafft-Ebing not only criticized the treatment of sexual abnormality as sin and crime, he also made clear that the nature of sexuality was significant for the whole existence of the individual and society. He pointed to the danger of the sexual instinct threatening civilization, but at the same time he also drew attention to its constructive role in culture and society. For him, love as a social bond was inherently sexual. Since the longing for physical and psychological union with a partner was valued as a purpose in itself, the exclusive reproductive norm became problematical.

Thus, Krafft-Ebing's work fluctuated between the stigmatization of perversions as mental diseases and the recognition of the individual's particular and unique desires. It was open to divergent meanings. Evidently contemporary readers *have* read it in various ways. *Psychopathia sexualis* was a bestseller and it owed its success not only to its scientific merits. Krafft-Ebing alternated medical expositions with examples from history and literature, and fragments of semi-pornographic and journalistic writings. Although the book was intended for physicians and lawyers, it was read by many laymen who were interested in the candid case histories that contained extensive descriptions of sexual experiences and fantasies, and of erotic temptations and amusements in big cities. Many subjects of case histories made perfectly clear that for several perversions catalogued by Krafft-Ebing they knew just where to go and several delighted in telling about their sexual pursuits. They viewed his work as an endorsement of sexual variance. For several of them it clearly was the impetus to self-awareness and self-expression: it offered a space in which sexual desire in the form of autobiographical narrative could be articulated. The whole process of writing their life history, giving coherence to their torn self, might result in a, so to speak, 'catharsis' of comprehension. Also, by offering a script for sexual identity, many case histories served as a go-between, linking individual introspection and social identification. Krafft-Ebing's work did not only serve as a guide for professionals, but also as a mouth piece and forum for homosexuals who began to speak for themselves and who were looking for models to identify with. In a way the psychiatrist and many of his middle and upper class patients and correspondents interacted on a basis of equality and they cooperated: those who wanted to make their voice heard in public depended on a sympathetic physician because medical science was the only respectable forum available, and on his turn Krafft-Ebing relied on confessions to validate empirically his clinical psychiatry. They shared a common cultural background and many individuals approached him as an ally to find understanding and support. For many of his clients he must have embodied an ideal of science as a means for improving their lot.

So sexual categories and identities were not only scientific inventions and imposed from above by the power of organised medical opinion. They came about in a process of social interaction between upper and middle class-men who contemplated on themselves, and

attraction, and connected to that, monogamous love, were grounded in a distinct preference for particular physical and mental characteristics of one's partner. And the extensive discussion of contrary sexual feeling highlighted the chance character of sex differentiation in general and signaled that exclusive masculinity and femininity might be mere abstractions from a physiological as well as from a psychological perspective.

psychiatrists who delineated sexual perversion as a medical field in to expand their field. Homosexuals were securing public space and recognition in a process of wider cultural change. As I explained, in Krafft-Ebing's work sexuality appeared not just as a biological instinct, but it played a core part in the narrative of self and it was linked to individual identity. His case histories reflected a growing preoccupation not only with sexuality, but also with the the authentic self in bourgeois society. Many of his patients and correspondents had developed fully a sense of themselves as objects of introspection. Sexual identities as expressed in Krafft-Ebing's work, presumed reflexive awareness, an ability to tell a specific story about one's life, to articulate and reshape the experiences of the past to serve the needs of present consciousness. The emergence of psychiatric theories on sexuality offered the possibility to express a deep-felt need for self-comprehension and self-justification in public. For self-conscious homosexuals this was far more important than the label of pathology that many of them more or less ignored or used for their own purposes. The medical model was employed by many of his private patients and correspondents to mitigate feelings of guilt and to maintain some sense of integrity and self-confidence. Medicine could be used to give homosexuality the stamp of naturalness and inevitability and to part with the charge of immorality and illegality. Several homosexuals went to the psychiatrist, not so much seeking a cure, but to develop a dialogue about their nature and social situation.

For homosexual identity as a distinctive psychological reality to appear, a cultural model, a script, was necessary. In this respect psychiatry played a crucial role because at the end of the nineteenth century it began to offer a new framework for self-definition, authenticity, and for self-justification. For the subjects of many of Krafft-Ebing's case histories, psychiatry was indeed a very appealing frame for understanding themselves. On the one hand it provoked a detailed examination of one's life course and the inner life, on the other the respectable characteristics of science - truth, objectivity, precision - could be invoked to articulate their concerns. These educated men believed very strongly that the insights of psychiatry might explain what made them different, without necessarily subjecting themselves to the label of mental pathology or medical treatment. Of course, such self-contemplation was more often than not a cause for anxiety and uneasiness. Yet, as many of Krafft-Ebing's case histories illustrate, it also created the possibility for self-acceptance and self-expression, for the consolidation of an insecure identity and, in the longer run, even for homosexual emancipation. In this way the psychiatric discourse on homosexuality was highly ambiguous from its birth.