

RICHARD VON KRAFFT-EBING'S STEP-CHILDREN OF NATURE PSYCHIATRY AND THE MAKING OF HOMOSEXUAL IDENTITY

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Obgleich ich befürchten muss, möglicherweise durch mein Schreiben Ew. Hochwohlgeboren lästig zu fallen - sprechen Sie ja im Vorwort zu Ihrer 'Psychopathia sexualis' von 'Zahllosen Zuschriften solcher Stiefkinder der Natur' - unternehme ich es dennoch mich vertrauensvoll an Sie zu wenden in der Hoffnung des Laien vielleicht einiges dem Gelehrten berichten zu können, was nicht ganz ohne Interesse [ist]: auch das Unscheinbarste kann am rechten Ort Bedeutung gewinnen und dem Auge des Forschers von Wert sein. (Letter Freiherr von R. to Richard von Krafft-Ebing, July 1900. Nachlass Krafft-Ebing)

In 1900 a young Latvian nobleman, Von R., addressed himself in this manner to the renowned German-Austrian psychiatrist Richard von Krafft-Ebing (1840-1902), author of Psychopathia sexualis and one of the founders of scientific sexual pathology. For the most part, Von R.'s letter is an elaborate introspection of his problematic sexuality. When he was ten years old, Von R. ascertained retrospectively, his "contrary sexual feeling" and "masochistic" impulses had already revealed themselves in his fantasies, reading-habits and games. The lust he experienced as a boy, when he made a ceremony out of decapitating flowers, was a clear symptom of his deep-seated proclivities. His urge to be humiliated by his male subordinates especially caused inward conflict. Torn between his irresistible sexual desire and his class prejudice, Von R. was weighed down by shame and guilt. He meticulously explored and evaluated every circumstance that might shed light on his anomaly: his particular way of acting and feeling, his childhood and puberty, his upbringing in an exclusive female environment, the fantasies and the moral conflicts that accompanied his self-abuse, his failure to copulate with a prostitute, his character and intellectual faculties, his state of health (he detected a slight "nervousness" in his behavior), and his family-background, especially possible hereditary taints.

The way Von R. framed his autobiographical account is noteworthy. As if to underline its structure and to add an objective comment to his very personal confession, he took notes in the margins of the pages. The composition of his life-story and his marginal notes are reminiscent of many hand-written case histories I found in Krafft-Ebing's estate.² After his assistants had written down the patient's biography, symptoms and anamnesis, Krafft-Ebing added the diagnosis and other remarks in the margins. Thus the individual case was likened to others, classified and fitted into his taxonomy. One of the leading clinically-oriented psychiatrists of his time, he had a

reputation for his extensive case histories. In his psychiatric textbook Lehrbuch der Psychiatrie auf klinischer Grundlage (1879-80), that was widely used by medical students, he laid down a standard for the taking of psychiatric case histories and listed the materials of what was characterized as the individual case approach. Next to the patient's name, age, occupation, dates of admission and consultation, there should be information about his or her ancestry, family medical and mental health history, childhood and puberty history, onset and development of mental disorders, and subjective condition: moods, imaginative powers, dreams, fantasies, perceptivity, intellectual capacities, decisiveness and moral awareness.

In Krafft-Ebing's model of disease, a multitude of necessary and sufficient causes could be responsible for mental disorders. Besides internal predisposing causes, such as heredity, setting the stage for a disease, other behavioral and environmental factors (education, bad habits, social conditions, climate, particular life-phases) were of consequence because they might trigger mental illness. Although he was influenced by the natural-scientific approach in psychiatry that sought to classify mental diseases on the basis of anatomical pathology, he focused not so much on the specific characteristics of a particular illness as on very detailed histories of individuals. In his view, the very essence of psychiatric knowledge consisted in understanding the individual in all his aspects. Much of Krafft-Ebing's work was descriptive and consisted primarily of case histories and sometimes autobiographies written by his patients.

The contents and the form of Von R.'s own writing mirror the psychiatric model of the individual case description. Krafft-Ebing's Psychopathia sexualis, which contained many case reports and autobiographies, must have inspired him to write his own case history and to diagnose himself. Using the language of psychiatry, his autobiography reflects medical explanations of sexuality. Offering his life story as grist for the interpretative mill, Von R. seems to have placed his fate into the hands of the psychiatrist and his confession appears to be typical of what Michel Foucault has designated as the medical construction of sexuality. (Foucault 1976) Foucault argues that the modern idea of sexuality was historically constituted by medical science which delimited deviance. Before medical theories emerged that lumped together behavior, physical characteristics and the emotional make-up of individuals, there was no entity which could be delineated as sexuality. By differentiating between the normal and the abnormal and by stigmatizing sexual variance as sickly deviation, thus the argument runs, physicians, as exponents of an anonymous "biopower," were controlling free and easy pleasures of the body.

Although Foucault himself stressed that sexuality was shaped rather than repressed by the scientific will to know, several historians have associated the emergence of a science of sexuality with a deplorable medical colonization, replacing religious and judicial authority with a new form of moral tyranny. Therefore, Krafft-Ebing's work has been damned as "an unmitigated disaster" and he has been blamed for "the confusion which continues to surround the subject of sexual

variation today." (Brecher 1969, 56) For the prophet of anti-psychiatry, Thomas Szasz, it is clear that "Krafft-Ebing was not interested in liberating men and women from the shackles of sexual prejudice or the constraints of anti-sexual legislation. On the contrary, he was interested in supplanting the waning power of the church with the waxing power of medicine." Adding that "Psychopathia sexualis is full of falsehoods pretensively presented as if they were the fruits of hard-won scientific discoveries," (Szasz 1980, 19-20) Szasz's opinion is typical of the way historians have viewed Krafft-Ebing's work from a presentist perspective.

Contemporaries like Von R., however, experienced it in a different way. Reading Psychopathia sexualis had made him aware of the fact that

ich nicht das Einzige 'Stiefkind der Natur' [bin]. Ich hätte es früher nie geglaubt, dass mein Stolz sich jemals zu diesen Confessionen entschliessen werde, erst Ihr Werk hat mir die Augen geöffnet, die Welt und mich nicht mehr im grauen Lichte der Verachtung erscheinen lassen und, beruhigend und rehabilitierend, mir Vertrauen eingeflösst.

For Von R., Krafft-Ebing's work was an eye-opener. Von R. was not the only one who made references to the salutary effects of Psychopathia sexualis. "Ein schwer Leidender wendet sich an die gutige and grosse Hilfe Ihren Wissenschaft", another man wrote. "Es wird mir unendlich schwer mich zu offenbaren, und ich kann es auch nur Ihnen gegenüber, Ihnen allein auf der ganzen Welt, denn ich weiss aus Ihren Werke 'Psychopathia sexualis', dass ich nicht ganz Fremdes sagen werde." (Letter of G.P. to Krafft-Ebing, March 10, 1899. Nachlass Krafft-Ebing) Homosexuals who addressed themselves to Krafft-Ebing and sent him their autobiographies, especially expressed themselves in similar ways. "Ich las in der Zeitschrift für Psychiatrie Ihre Arbeit" a man reported to Krafft-Ebing in 1882, adding:

Ich bin durch dieselbe und gewiss Tausende mit mir rehabilitiert in den Augen jedes denkenden und halbwegs ehrlichen Menschen und sage Ihnen dafür meinen wärmsten Dank. Sie wissen wohl selbst, wie sehr unsere Sache verpönt, verachtet und verfolgt wird. (Krafft-Ebing 1884, 2)

Also typical was a man who made clear that he had recognized himself in Psychopathia sexualis and that it had brought him great relief.

Ihr Werk 'Psychopathia sexualis' hat mir viel Trost gebracht, es enthält Abschnitte, die ich mit hätte copiren können, so sehr sind sie unbewusst aus meinem eigenen Leben entnommen. - Seit ich Ihr wohlwollendes Interesse für unsere verrufene Classe daraus ersehen habe, ist es mir viel leichter ums Herz geworden, dies war das erstemal, dass ich Jemanden traf, der mir zeigte, dass wir nicht ganz so schlecht sind, als man uns macht Jedenfalls fühle ich eine grosse Last von mir genommen. (Krafft-Ebing 1890a, 55)

How should such expressions be qualified? Are these individuals, as the Foucaultian interpretation would have it, trapped in a medical discourse through which not only power

relations and social control of deviant sexualities, but also sexual subjects themselves are constituted? The radical implication of Foucault's reasoning is that before 1870 there did not exist "perverts" like homosexuals, fetishists and masochists, nor their counterparts, "normal" heterosexuals. This contention might be defended, but the problem is that too readily the conclusion has been drawn that new sexual categories and identities were merely medical constructions. As far as the individuals are concerned who are labelled as "perverts," they have mainly been presented as passive victims of a medical Juggernaut, having no other choice than to conform to medical stereotypes.

The emphasis on medical labelling in the creation of "deviants," such as homosexuals, presents a social-deterministic model in which individuals appear as pawns of social forces with no will of their own. To explain how sexual "perversion" in general and homosexuality in particular was constructed³, it is necessary to enter the subjective world of individuals who read Krafft-Ebing's work and responded to it, as well as to take their intentions, purposes and meanings seriously on their own terms. What were the effects of his work? How was it read and used by contemporaries? Who were the patients and informants of Krafft-Ebing? What were their social and cultural backgrounds? How did they interpret medical theories and how did they come into contact with the psychiatrist? In what way did medical theories and individual experiences interact, and how did these interferences between scientific and autobiographical meaning-constructions develop?

Moral offenders and degenerates

Although Richard Freiherr von Krafft-Ebing, as one of the most prominent psychiatrists of his time in Central Europe, was working in many fields of psychiatry, he is remembered today as the author of Psychopathia sexualis and one of the founding fathers of scientific sexology. The first edition of his much quoted book appeared in 1886, followed soon by several new and expanded editions⁴ - seventeen in German between 1886 and 1924 - and translations in several languages. Krafft-Ebing revised it several times, especially by adding new categories and case histories. By naming and classifying virtually all non-procreative sexuality, he was one of the first to synthesize medical knowledge of what then was labelled as sexual perversion. Although in retrospect Psychopathia sexualis can be considered as an important milestone in the development of what later became sexology, probably he did not intend to establish a new medical discipline. His interest in the broader aspects of sexual deviance emerged from asylum psychiatry viewing disorders such as masturbation as symptoms of already established mental diseases, and even more from the preoccupation of forensic medicine with criminal acts such as sodomy. Before the 1890s, his interest in sexual pathology was intrinsically linked to forensic psychiatry in which he

was a pioneer and leading expert. (See Krafft-Ebing 1879)

Psychopathia sexualis was written for lawyers and doctors discussing sexual crimes in court. Krafft-Ebing's main thrust was that in many cases perversion was not a sin or a crime, but a disease. This attitude was typical of liberal medical conceptions of sexuality, emerging between 1870 and 1900. Psychiatrists got involved with deviant sexual behaviors that were considered immoral and were often punishable. Sexual acts that were not aimed at procreation, were no longer regarded as simply sin and crime, but as symptoms of an illness, caused by natural laws. Since mental disease often diminished responsibility, Krafft-Ebing pointed out, most sex offenders should not be punished, but treated as patients. As mental diseases, sexual disorders were related to defective moral functioning. Although perversion left reason intact, as a form of "moral insanity" it selectively damaged the moral faculties. At the same time "perverts" showed a heightened intensity of sexual instincts together with an inability to control the drives. Echoing the typical nineteenth-century model of the closed energy system, the sexual drive was conceptualized as energy accumulated and generated through internal physical processes and released in sexual arousal and discharge. According to Krafft-Ebing "perverts" often suffered from particularly strong, irresistible sexual drives and obsessions. As moral offenders they could not be held personally responsible for their inclinations, because their free will was impaired. Only those who possessed insight into their actions were responsible in a legal sense. Krafft-Ebing distinguished between immoral "perversity," on the one hand, and sickly "perversion" on the other, and he stressed that neither lawyers nor common sense, but only professional psychiatrists were qualified to diagnose mental illness in court. Judgment had to be geared toward a medical diagnosis. Although it was debated whether perversion was inborn or acquired, psychiatrists like Krafft-Ebing shifted the focus from immoral and criminal acts, a temporary deviation of the norm, to a pathological condition.

In the second half of the nineteenth century, the pathology of nervous tissue and theories of degeneration played an important part in psychiatric explanations of mental illness in general and sexual disorders in particular. Krafft-Ebing was influenced by Charles Darwin (1809-1882) and especially by the French psychiatrist Benedict Auguste Morel (1809-1873). Morel focused on heredity as the underlying cause of mental diseases and claimed that these got progressively worse over generations. Following in the wake of Morel, Krafft-Ebing believed that the extraordinary demands of modern civilization on the nervous system were responsible for a rise of mental disturbances and that acquired disorders could be inherited from "tainted" relatives. Although he believed that perversion might be acquired through bad environmental agents, seduction, and corrupt habit formation such as masturbation, he increasingly stressed that many sexual disorders were inborn.

Krafft-Ebing's first systematic work on sexual pathology was published in 1877 in a leading

German psychiatric journal. (Krafft-Ebing 1877) Following the dominant clinical-anatomical approach in psychiatry that situated mental disorders in the nervous system and particularly the brain, and adopting Morel's preoccupation with the "pathological family," he supposed that degeneration was the underlying cause of inborn perversion. His initial classification distinguished between classes of sexual abnormalities that were of a quantitative and qualitative nature. The first group comprised absence and pathological increase of the sexual drive, and abnormal period of sexual activity, i.e. childhood or old age; the second covered the perversions proper. As far as the last category was concerned, he discussed three subgroups: lust murders, necrophilia and contrary sexual feeling. Same-sex attraction, that was associated with an inverted gender-identity, figured prominently in the last group, but it also included various biological and psychological fusions of manliness and femininity that in the twentieth-century would gradually be reclassified as radically separate phenomena, such as hermaphroditism, androgyny, transvestitism and transsexuality.

Krafft-Ebing's interest in same-sex love was stimulated by the German lawyer Carl Heinrich Ulrichs (1825-1895) who introduced the concept of "uranism" in 1864, five years before the German-Hungarian writer Karoly Maria Kertbeny (a pseudonym for Karl Maria Benkert, 1824-1882) coined the term homosexuality. The labels "uranism" and "homosexuality" were of a non-medical, proto-emancipatory origin: Ulrichs and Benkert defended same-sex love and advocated the abolition of the penalization of so-called "vice against nature." Between 1864 and 1879 Ulrichs published a dozen brochures in which he argued that uranism was a natural phenomenon and explained it as a "Seelenwanderung": a woman's soul in a man's body and the other way around. Ulrichs's writings were a source of inspiration not only for Krafft-Ebing⁵, but also for the German psychiatrist Carl von Westphal (1833-1890) who published the first psychiatric study of contrary sexual feeling in 1869. Ulrichs' and psychiatrists' explanations of same-sex behavior problematized the traditional dualism natural-unnatural. On the one hand, the love of urnings was like the love between a man and a woman, because in both cases, a male and female element attracted each other. Krafft-Ebing's explanation of homosexuality as a form of inversion demonstrates how, in the nineteenth-century, sexual attraction was not conceivable without a physical or psychological polarization and matching of male and female elements. On the other hand, uranism was pathological because it manifested an abnormal, inverted physiology or psychology. Krafft-Ebing tended to identify inversion with degeneration because degeneration was associated with an "inverse tendency" toward dedifferentiation.

Krafft-Ebing premised his initial theory of sexual pathology on a comparatively small number of generally severe cases, such as lust murders and necrophilia, often derived from criminal proceedings. New categories of perversion were created and underpinned more or less by systematically collecting and publishing new case histories. In the 1880s, Krafft-Ebing published several articles on contrary sexual feeling, containing extensive case studies and autobiographies.

Relabelling already collected cases and assembling new ones, he expanded his taxonomy and new perversions entered Psychopathia sexualis around 1890. Next to "contrary sexual feeling," he introduced "fetishism," the erotic obsession with certain parts of the body, hair, shoes, nightcaps, handkerchiefs, gloves, ladies' underwear, fur and silk, and he coined "sadism" and "masochism" as the most fundamental forms of psychosexual perversion. In the last decades of the nineteenth century, especially in France and Germany, several prominent psychiatrists were classifying and explaining the wide range of deviant sexual behaviors they discovered.⁶ Several taxonomies were developed, but the one that took shape in Psychopathia sexualis around 1890 eventually set the tone. Although he also paid attention to voyeurism, exhibitionism, pedophilia, gerontophilia, bestiality, necrophilia, urolagnia, coprolagnia, and other sexual behaviors, Krafft-Ebing distinguished four main perversions: sadism, masochism, fetishism and contrary sexual feeling (or inversion).

The psychology of sexual desire

Psychopathia sexualis has been characterized as the climax of the medicalization of sexuality and a typical expression of Victorian hypocrisy. True, there are elements that would substantiate such a judgment, but a close reading of this work 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 coherent and in several ways his scientific approach of sexuality was ambivalent. Whereas the differentiation of pathological and healthy 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. Sadism, masochism and fetishism were not only disease categories, but also terms which described extremes on a graded scale of health and illness, and explained aspects of "normal" sexuality. He construed sadism as a pathological extension of the normal sexual psychology of males, and masochism as an exaggeration of the female sexual nature. Sadism and masochism were inherent in normal male and female sexuality, the first being of an aggressive and the second of a submissive nature. (However, most of Krafft-Ebing's cases were of male masochists and therefore he assumed that masochism in males was related to inversion.) In his view, the distinction between sadomasochism and "normal" heterosexuality was quantitative rather than qualitative. Also fetishism, as defined by Krafft-Ebing, was part and parcel of normal sexuality, because the individual character of sexual attraction and monogamous love were grounded in a distinct preference for particular physical and mental characteristics of one's partner. "Normal" sexuality appeared to have features of perverted desire. In addition, the barriers between masculinity and femininity diffused.

Inversion, spanning the gulf between the masculine and the feminine, occupied a major place in Krafft-Ebing's sexual pathology. The extensive discussion of several forms of physical and mental inversion highlighted the idiosyncratic and chance character of sex differentiation and signaled that exclusive masculinity and femininity might be mere abstractions. Despite the effort to distinguish perversion from normalcy, there was a clear tendency in Psychopathia sexualis to undercut distinctions between divergent desires and to make various forms of normal and abnormal sexuality equivalent and exchangeable, thus abolishing a clear boundary between health and perversion.

Krafft-Ebing's psychiatric theorization of sexuality opened up a new continent of knowledge, not only because it treated sexual abnormality as disease instead of sin, crime or decadence, but even more because it was made clear that the nature of sexuality was significant for the whole existence of the individual and society and deserved serious study. 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, in religion, social ethics and esthetics. For him love, as a social bond, was inherently sexual. "Bei aller Ethik, deren die Liebe bedarf, um sich zu ihren wahren und reiner Gestalt zu erheben, bleibt ihre stärkste Wurzel gleichwohl die Sinnlichkeit. Platonische Liebe ist ein Unding, eine Selbsttäuschung, eine falsche Bezeichnung für verwandte Gefühle." (Krafft-Ebing 1912, 11) The longing for physical and psychological union with a partner was valued as a purpose in itself. His discussion of same-sex love indicates that procreation was not any more considered to be an unshakable norm - notably, Krafft-Ebing did not mention contraception in his discussion of abnormalcy. The exclusive naturalness of the reproductive instinct in and of itself became problematical. In fact, he assigned primacy to the satisfaction of desire. With sexual pathology a new domain appeared, one inhabited by desiring individuals. When idiosyncratic desire became dissociated from reproduction and widely divergent fancies became sexualized, a new way of distinguishing the normal from the abnormal was required. As far as the relational aspect of sexuality was concerned, Krafft-Ebing, at the end of his life, inclined to the opinion that homosexuality was the moral equivalent of heterosexuality and therefore not an illness. This implicit shift from reproduction to affection as the main moral purpose of sexuality, might be an explanation for the fact that in the twentieth century the hetero-homosexual dichotomy has become the dominant categorisation of sexual orientation, although Krafft-Ebing's taxonomy and other late nineteenth-century classifications in themselves did not anticipate this. (Cf. Hekma 1989)

Krafft-Ebing's biological approach to sexuality has often been contrasted with Freud's psychological one. (See e.g. Gay 1988, 120) Influenced by degenerationist thinking, Krafft-Ebing indeed presented himself as a "materialist" psychiatrist. However, on the whole his approach to sexuality cannot be characterized as biological. In Psychopathia sexualis there is a striking

inconsistency between organic explanations and clinical descriptions. Although in his case histories he often mentioned physical examinations of his patient's sexual organs and sometimes even anatomies of the brain if they died while still under medical supervision, these were not very relevant for his classification and definition of perversion. The introduction of fetishism, sadism and masochism was not only an important broadening of terminology, but also a significant step from a predominantly forensic focus and a physiological explanation to the considerable broader goal of addressing general psychological issues of human sexuality. Not so much bodily characteristics nor actual behavior were decisive in the diagnosis of perversion, but functional disorders, individual character, personal history and emotional life, dreams and fantasies. Although the underlying causes of perversion remained degeneration and heredity, Krafft-Ebing shifted the medical discussion away from explaining sexuality as a series of interrelated physiological events to a more psychological understanding. In the development of his sexual pathology, a psychological viewpoint emancipated itself, to some degree, from the dominant somatic approach in psychiatry. In this way, his approach to sexuality foreshadowed that of Freud: like Freud, Krafft-Ebing viewed human sexuality as distinct from animal instincts. He primarily had to analyse from what perverts were telling him and that is why (auto)biographical accounts were so important in his work. Especially because his case histories displayed an individualisation and psychologisation of sexuality, his approach marks a central moment in the constitution of the modern concept of sexuality in general and of homosexuality in particular.

"Plato was not a swine"

As indicated before, Psychopathia sexualis was illustrated with hundreds of case histories and autobiographical accounts. The last edition that was edited by Krafft-Ebing himself, contained almost 250. (Krafft-Ebing 1903) In his earlier work many of them were borrowed from colleagues or they were of moral offenders, with whom he came into contact as an expert witness. As his work progressed, more and more cases were of patients hospitalized in one of the asylums or university clinics where he was a medical superintendant. Also represented are individuals 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. Some of them sent in their autobiography to have it published in a new edition of Psychopathia sexualis. Whereas most cases in his early work on the whole were rather short and factual, later editions contained more extensive ones. In publishing autobiographies and quoting his patients, many case studies especially focused on the patient's subjective experience.

The subjects of Krafft-Ebing's case histories were drawn from different social groups. This was

closely connected to his endeavour to shape his psychiatry and to enlarge its boundaries by changing the institutional settings in which he worked and by actively selecting his patients. (Hauser 1992, 85-132) After his medical studies, he had received training in psychiatry in a mental asylum. However, asylums provided few posts and offered hardly any prospects for a scientific career. After the first university chairs of psychiatry had been created in the 1860s, the main institutional locus of medical psychiatry in Germany and Austria shifted from the asylum to the university. As a professor of psychiatry at the Universities of Graz (1872-1889) and Vienna (1889-1902), Krafft-Ebing became actively engaged in the struggle with medical faculties and university administrations over the recognition of psychiatry as a medical specialty, fully integrated into the curriculum. (Exhibiten-Protokoll 1872/3-1888/9 Medizinische Fakultät, Universitäts Archiv Graz; Personalakt Krafft-Ebing, Universitäts Archiv Wien; Personalakt Krafft-Ebing, Verwaltungsarchiv Österreichisches Staatsarchiv)

When Krafft-Ebing started his career as an extraordinary professor of psychiatry in Graz, his professional élan must have been severely challenged. In the overcrowded asylum "Feldhof" of which he was a medical superintendent, he was faced with generally poor, uneducated, chronic, and sometimes violent inmates, who were barely treatable and with whom it was difficult to sympathize. In such an institution, psychiatry became more akin to the routine of custodial care than to a gratifying professional and scientific calling. For teaching and publishing purposes and for successful treatments, he needed a wider variation and a higher turn-over of more acute patients. His successful struggle for a clinical ward in the university hospital was not only a strategic move to strengthen his position in academia, but also important for the shaping of psychiatry as a promising medical specialty. The founding of a private sanatorium for an exclusive, wealthy clientèle suffering from relatively mild disorders like "nervousness" and "neurasthenia," may have been inspired by similar considerations. Whereas in asylums and clinical wards, Krafft-Ebing mainly treated lower class patients, the commodious sanatorium and his private practice catered to men and women from the higher ranks of society for whom hospitalization was not desirable. Among them were several members of the German, Austrian and Hungarian aristocracy, and well-to-do patients from all over Europe. Whereas hospitalized patients and suspected moral offenders had no other choice than to conform to standard medical procedures and have their stories recorded, many of his aristocratic and bourgeois patients, who generally had contacted him of their own accord, were given ample opportunity to speak for themselves. Especially homosexual men seized this opportunity.

The autobiographies Krafft-Ebing received from "urnings" were members of the upper and educated classes, who often were familiar with his work on sexual pathology and who usually were eager to reveal their lives to him. In his early publications in this field he had made clear that he needed more cases to substantiate empirically his taxonomy. For example, in the early 1880s,

he repeatedly suggested that the German and Austrian laws penalizing homosexual acts prevented those concerned from speaking out about their condition to doctors. "Leider ist die medicinische Casuistik dieser Fälle noch recht gering um über diese abnorme Naturerscheinung endgiltig urtheilen zu können, und wäre es an den Beteiligten, aus ihrer Reserve hervorzutreten, um der Wissenschaft ein sicheres Urtheil zu ermöglichen." (Krafft-Ebing 1885, 36) In his articles on contrary sexual feeling he encouraged them to contact him and they responded with letters and autobiographies. "Sie wünschen die Biographie von verschiedenen Urningen", thus a university graduate introduced himself to Krafft-Ebing in 1885. "Im Interesse der Wissenschaft nehme ich keinen Anstand, Ihnen im Folgenden eine möglichst genaue Selbstbiographie zu geben, in welcher ich mich bestreben werde, alle hier in Betracht kommenden Daten mit möglichster Objectivität zu geben." (Krafft-Ebing 1885, 42-3) The almost exclusively male cases⁷ he collected in the 1880s, either by direct contact or through letters, were of merchants, civil servants, wealthy aristocrats, scholars, writers, artists, and, remarkably, of medical students and physicians. Generally, they were economically independent and, for a large part, living outside of the traditional family. Whereas Krafft-Ebing probably had expected them to be nervous and effeminate "degenerates," they indicated plausibly that they enjoyed perfect health and that they were physically indistinguishable from their fellow men. The case of Dr. phil. G., published in 1882, is typical of this group. This man, who had been arrested in Graz on immorality charges while travelling from Italy to Vienna, and who ended up in Krafft-Ebing's clinic, made clear that he did not consider himself a sinner or a patient. On the contrary, he was perfectly happy, especially because he often stayed in Italy where homosexuality was not punishable. "Er berichtet," Krafft-Ebing wrote in G.'s case history, "mit grossen Behagen und bemerkenswerthem Cynismus, er besitze eine angeborene conträre Sexualempfindung. G. weist mit grossem Selbstgefühl auf seine dichterischen Werke hin und macht geltend, dass Leute seines Schlages durchweg poetisch begabte Naturen seien." Referring to famous predecessors, like Plato, who, according to G., "doch gewiss kein Schweinhund war," he even stated that same-sex love was elevating. (Krafft-Ebing 1882, 215-6) Similar statements were made by others: "Auch unsere Liebe treibt die schönsten edelsten Blüten, entfaltet alle edleren Triebe, spornt den Geist an, so gut wie beim Jüngling, der sein Mädchen liebt." (Krafft-Ebing 1884, 5) Count Z., whose case history also appeared in 1882, and who was characterized by Krafft-Ebing as "intellectuell gut begabt, ein offener, nobler Charakter," was, as Krafft-Ebing reported,

weder unglücklich über die Verkehrung seiner Geschlechtsempfindung, noch vermag er sie als eine krankhafte zu erkennen. Er könne dies um so weniger, als er sich vom Umgang mit Männern sittlich gehoben, glücklich und erleichtert fühle. Wie könne das krankhaft sein, was einen Menschen glücklich mache und zu Schönem und Edlem begeistere! Sein einziges Unglück sei, dass gesellschaftliche Schranken und strafgesetzliche

Bestimmungen der 'naturgemässen' Entäusserung seines Triebs im Wege stehen. Das sei eine grosse Härte. (Krafft-Ebing 1882, 213-4)

Written by educated and often cosmopolitan men, some of the autobiographies were full of learned and literary references, philosophical and medical speculations, and detailed self-analysis. Also the letters vividly demonstrated a considerable degree of subjective suffering, not so much because of their sexual orientation as such, but because of the social condemnation, the legal situation, the need to disguise their real nature, the fear of blackmail and of losing their social status. Several men stressed that their sexual behavior could not be immoral or pathological, because they experienced their sexual desire as "natural." "Seit ich meiner urningischen Natur mehr freien Lauf lasse, bin ich glücklicher, gesunder und leistungsfähiger!" a 48-year old academic wrote to Krafft-Ebing. (Krafft-Ebing 1885, 46) Another man, who had been convicted for "unnatural vice," was of the opinion that in a moral sense he was not guilty at all: "aber ich habe nicht gefehlt gegen die Natur, tausendmal nein und damit fällt selbst ein Theil der anderen Schuld von mir und auf ein veraltetes Gesetz zurück." (Krafft-Ebing 1884, 4) Count Y., who consulted Krafft-Ebing in 1882, felt the same way. Krafft-Ebing reported that the patient "sich nicht unglücklich [fühlt] in seiner perversen Geschlechtsempfindung, aber dass ihm dieser höchste sexuelle Genuss aus gesellschaftlichen Gründen versagt ist, macht ihn oft ganz traurig, unglücklich, verbittert und steigert seine neurasthenischen Beschwerden." (Krafft-Ebing 1884, 7)

These stories must have touched Krafft-Ebing. In 1884 he introduced an article containing six case histories on contrary sexual feeling, with the statement that the task of science was to differentiate disease from immorality. "Damit würde die naturwissenschaftliche Forschung eine Ehrenrettung und Bessergestaltung des socialen Looses so vieler Unglücklicher herstellen." (Krafft-Ebing 1884, 1-2) In the introduction to the second edition of *Psychopathia sexualis* (1887), that was subtitled Mit besonderer Berücksichtigung der konträren Sexualempfindung, he stated that some lawsuits, in which the accused had been treated unjustly, had given him occasion to draw special attention to these unhappy "step-children of nature." (Krafft-Ebing 1887, vi, 139) In the chapter on the legal aspects of same-sex behavior he included a long letter of a highly placed man from London, who criticized Krafft-Ebing for sticking to the opinion that it was an illness.

Ihre Anschauung, dass die in Rede stehende Erscheinung, als letzte Ursache in den meisten Fällen, einer angeborenen 'krankhaften' Disposition zuzuschreiben ist, wird es vielleicht am ehesten möglich machen, die bestehenden Vorurtheile zu überwinden und, statt Abscheu und Verachtung, Mitleid für uns arme 'kranke' Menschen zu erwecken.

So sehr ich also glaube, dass die von Ihnen vertretene Ansicht eine für uns möglichst vortheilhafte ist, so vermag ich doch im Interesse der Wissenschaft das Wort 'krankhaft' nicht so ohne Weiteres zu acceptieren und möchte mir gestatten, Ihnen noch einige darauf bezügliche Auseinandersetzungen zu geben.

Psychological suffering was indeed widespread among urnings, the man continued, but experience had taught him that the cause was not so much their inborn disposition as the legal and social obstacles with which they contended.

Eine solche gewaltsame Unterdrückung eines uns so tief eingepflanzten Triebes entwickelt meiner unmassgeblichen Ansicht nach, erst die krankhaften Erscheinungen, die wir bei vielen Urningen beobachten können, sie hängt aber nicht nothwendig mit den betreffenden urningschen Dispositionen selbst zusammen. (Krafft-Ebing 1887, 139-40)

Similar statements could be found in other case histories and autobiographies. For example, a 50-year old Belgian urning wrote to Krafft-Ebing:

Auch ich kann nicht zugeben, trotzdem ich Urning bin, dass meine Natur eine 'krankhafte' ist, oder Sie müssen auch andere ganze Kategorien von Menschen, die gewöhnlich für normal gelten, als krankhaft bezeichnen. aus einem leider völlig stichhaltigen Grunde werden wir für krank gehalten, aus dem nämlich, dass wir wirklich krank geworden sind, und dass man dann die Ursache und Wirkung verwechselt. Dann freilich werden wir krank, wie Thiere von Tollwuth befallen werden, wenn man sie an der Ausübung des ihrer Natur adäquaten geschlechtlichen Akts hindert. (Krafft-Ebing 1890b, 129-30)

By publishing such arguments without any additional medical comment, but instead remarking that they strikingly typified the feelings and suffering of urnings, Krafft-Ebing must have made a powerful statement for those concerned. In new editions of Psychopathia sexualis he included more and more extensive autobiographies in which urnings made clear that they did not seek a cure since it was not their disposition that made them unhappy, but the social condemnation. "Er möchte nicht ein Anderer werden, die süßen Erinnerungen einbüßen," reported Krafft-Ebing on the outlook of the 42-year old C.v.Z. "Würde man ihm den Mann absuggerieren, so wäre er unglücklich. Er könne und wolle nicht 'umsatteln,' denn seine ganze Ethik u.s.w. habe sich aus dieser eigenartigen Sexualität heraus gebildet." (Krafft-Ebing 1890a, 58) In his elaborate autobiography, a 36-year old cosmopolitan man insisted:

Ich kann nicht im Gerinsten finden, dass mir mein Zustand als ein unnatürlicher vorkomme, denn so weit ich zurückdenken kann, habe ich immer auf die gleiche Weise gefühlt. Ich habe moralisch viel, sehr viel ausgestanden, aber nicht, weil ich meinen Trieb als krankhaft erkannt [habe], sondern durch die allgemeine Verachtung, die uns von allen Seiten trifft. (Krafft-Ebing 1890a, 55)

Another man, who had found many sexual partners while travelling all over Europe, indicated that the positive points of his experiences - "den geheimnisvollen, zauberhaften Reiz, die die Sache bietet" - amply outweighed the prohibitions. (Krafft-Ebing 1890a, 60-1) Emphasizing that he had found many of his sexual partners in perfect health and with nerves of steel, he hoped that his confession would give others courage. Some correspondents criticized Krafft-Ebing in no

uncertain way for surrounding uranism with the stigma of pathology. The letter of a 33-year old man, who had contacted Krafft-Ebing in 1889, was very clear in this regard.

Ihre Schrift 'Die conträre Sexualempfindung vor dem Forum,' welche ich soeben aus der Hand lege, hat mein Interesse in hohem Grade erweckt. Sie ist ein allerdings nur schwacher Versuch, die abnorme Erscheinung - welche häufiger vorkommt als Sie ahnen - weiteren Kreisen begreiflich zu machen und zu beweisen, dass die Bethätigung des Naturtriebes, wenn auch in anderer als in der herkömmlichen Form, unmöglich strafbar sein kann.

Man betrachte den Urning nicht als ein tieferstehendes Wesen, das wäre irrig. Er ist unter Umständen die vollendete Schöpfung der Natur. Ich kenne welche, deren Gemüthsanlage so edel ist, wie ich es bei Normalmenschen noch nie beobachtet habe. (Krafft-Ebing 1890b, 113-4)

Between 1882 and 1900 Krafft-Ebing published a series of articles on the legal aspects of homosexuality. (Krafft-Ebing 1882, 1884, 1885, 1892a, 1892b, 1894, 1900) At first he did not attack the German and Austrian laws (Paragraph 175 and 129) criminalizing "unnatural vice," but only stressed the need to distinguish crime from disease. Whereas in 1882 he still concluded that one of his patients, Dr. phil. G., who criticized German and Austrian legislation, showed "incredible cynicism" and was mentally deranged, (Krafft-Ebing 1882, 216) a few years later, after having published several autobiographies which showed the harmful effects of penalization, he himself began to favor judicial reform. In the early 1890s Krafft-Ebing put his name to pleas for the abolition of Paragraph 175 and he added to Psychopathia sexualis that the book should contribute towards changing the law, thus making an end of the errors and hardships of many centuries. When, at the end of the nineteenth century, homosexuals began to organize protest movements, they referred to Krafft-Ebing as a scientific authority who was on their side⁸; and he indeed supported the homosexual rights movement which was founded in Berlin by Magnus Hirschfeld (1868-1935) in 1897. After he had signed Hirschfeld's petition advocating the abolition of Paragraph 175, he admitted in his last article on homosexuality, published in Hirschfeld's Jahrbuch für sexuelle Zwischenstufen, that the scientific conception of uranism had been one-sided and that there was truth in the point of view of many of the homosexual correspondents. (Krafft-Ebing 1901) Having referred earlier to the decline of Greece and Rome as warning examples from the past, he now was of the opinion that uranism was not incompatible with mental health or even with intellectual superiority. It was not a pathological phenomena, but a biological and psychological condition that had to be accepted as a more or less deplorable, but natural fate. Focusing less on the sexual acts and more on abstract and psychological matters, he also attributed an equal ethical value to same-sex and heterosexual loves.

Science and humanity

The case histories and autobiographies of urnings make clear that so-called "perverts" did not play by definition a passive role vis-à-vis the psychiatrist. On the contrary, there is no doubt that Krafft-Ebing's views were influenced by his patients and informants. Not only did Krafft-Ebing delight in scrupulous analysis and in the invention of new categories and subcategories, but also some of his patients were eager to confess the truth about their inner self and they displayed great diagnostic and classificatory zeal. "Ich sage hier Alles, weil ich nur wahr und ganz wahr schreiben will," one of the autobiographers assured Krafft-Ebing. "Ich übergebe Ihnen diese Zeilen im Interesse künftiger Leidensgefährten. Veröffentlichen Sie davon im Interesse der Wissenschaft, Wahrheit und Gerechtigkeit, was Ihnen immer davon geeignet erscheint." (Krafft-Ebing 1890b 162-4) A 34-year old merchant also made clear that in his autobiography he strove for absolute truth.

Von der Ueberzeugung durchdrungen, dass das Räthsel unseres Daseins nur durch vorurtheilslos denkende Männer der Wissenschat gelöst oder mindestens beleuchtet werden kann, schildere ich meinen Lebenslauf einzig und allein in der Absicht, hierdurch vielleicht etwas zur Erhellung dieses grausamen Irrthums der Natur beizutragen und so möglicher Weise meinen Schicksalsgenossen späterer Generation von Nutzen sein zu können Ich werde mich in meinen Mittheilungen der strengsten Objectivität befleissigen und bemerke bezüglich meines drastischen, oft sogar cynischen Styls, dass ich vor allem wahr sein will, daher starken Ausdrücken nicht aus dem Wege gehe, weil diese den von mir erörterten Gegenstand am treffendsten charakterisiren. (Krafft-Ebing 1890b, 189)

A man, who sent in an elaborate life history, and who, with the help of Psychopathia sexualis, had come to the painful conclusion that his anomaly was "ein durch Homosexualität kompliziertes Gemisch von Sadismus und Masochismus unter fetischistischen Begleiterscheinungen," underlined that his confession originated from scrupulous and objective self-observation. "Ich vermag mich stets sowohl vollständig in die Lage und Gefühle eines andern hineinzudenken, als auch mich selbst vom Standpunkt eines Unparteiischen genau und schonungslos zu beurteilen." (Krafft-Ebing 1912, 165-6)

The active role of several subjects of Krafft-Ebing's case studies in the genesis of his theories suggest that psychiatry created the possibility for the individuals concerned to speak out and to be recognized. Psychopathia sexualis, although intended for physicians and lawyers, was read by many laymen who were interested in the case histories and other candid details. Although Krafft-Ebing's work has been regarded as a cultural defense against the corruption of morals and "decadence" in fin-de-siècle society, and he may have intended it as such, at the same time it failed to conceal its own tendency to make sexual variance imaginable and to enlarge the sphere allotted to idiosyncratic desires. Psychopathia sexualis was a bestseller and it probably owed its succes not

only to its scientific merits, but also to its pornographic qualities. Several sections had to be translated into Latin, because these were considered offensive. In addition to scientific expositions, there were extensive descriptions of sexual experiences and fantasies, of erotic temptations and amusements in big cities, examples from history and literature, fragments of semi-pornographic writings, candid advertisements, and journalistic descriptions of events such as "the Woman-haters" ball for urnings in Berlin. Some subjects of case histories made perfectly clear that they knew just where to go to satisfy the perverse desires catalogued by Krafft-Ebing. Specialized forms of prostitution and meeting-places had developed in response to new desires. Subcultural pursuits entailed certain roles and a sense of community, "der Trost der Zusammengehörigkeit und des Nichtmehralleinstehens", as one of Krafft-Ebing's correspondents wrote. (Krafft-Ebing 1884, 4) A 31-year old homosexual man, who made clear to Krafft-Ebing that he did not want a cure for his leanings, because they had given him so many, "unvergesslich süsse Stunden", claimed: "Ich könnte Bände schreiben über meine Bekanntschaften, die über 500 betragen." (Krafft-Ebing 1912, 279-80) A German physician, who had written a novel about the life of urnings, was, like others, familiar with the homosexual underground in several cities. "Ich bin, seit ich mir meines abnormen Triebes bewusst bin, mit weit über tausend Gleichgearteten in Berührung getreten. Fast jede grössere Stadt besitzt irgend einen Versammlungsort, sowie einen sogenannten Strich." (Krafft-Ebing 1912, 288)

By publishing letters and autobiographies and by quoting statements of his patients ad verbatim, Krafft-Ebing enabled voices to be heard that were usually silenced. Therefore, medical discourse as represented by his work was characterized by multivocality. Consequently, one could find different, even contradictory sets of values in the book and it was open to dialogue and divergent meanings. Evidently, contemporary readers have interpreted the book in various ways and, to a large extent, "perverts" gave their own meaning to their sexual feelings and experiences. For several of them the book clearly was the impetus to self-awareness and self-expression. Some of the autobiographers took the opportunity to give expression to their criticism of current social norms and even those of the medical profession. For example, a highly placed German civil servant who only sent in an autobiography, but also a carefully detailed criticism of Paragraph 175, concluded that this law was based on prejudice and ignorance. Same-sex love was no sin or crime but part of nature, and medical scientists had the duty to enlighten the general public. (Krafft-Ebing 1892b) Even more self-assured and militant was a 22-year old medical student whose autobiography appeared in 1890.

Ich verdamme mit Absicht und Bewusstsein die heutige Moral, die geschlechtlich Abnormale zu Vergehen gegen willkürliche Gesetze zwingt und halte geschlechtlichen Umgang zweier Personen desselben Geschlechts für in das Belieben des Einzelnen gestellt, ohne dass Gesetzgeber ein Recht auf Einspruch hätten. Ich habe nur Sehnsucht nach einer Zeit,

wo ich bequemer und mit weniger Entdeckungsgefahr denselben nachgehen kann, um mir eine Freude zu bereiten, die Niemand schadet. (Krafft-Ebing 1890a, 63, 66)

The autobiography of a 48-year old doctor, which covered thirteen pages in small print and was published again and again in several editions of Psychopathia sexualis, was also outstanding because of its criticism of the medical profession. Through his life story, in novelistic style, this man explained that he had always felt like a woman. In a letter accompanying his autobiography, he advocated that women should be allowed to study medicine, because they showed more intuition than men.

Endlich wollte ich E.W. das Resultat meiner Erinnerung und meines Nachdenkens vorlegen, um zu beweisen, dass man auch mit weiblichem Fühlen und Denken Arzt sein kann; ich halte es für ein grosses Unrecht, dem Weibe die Medizin zu verschliessen; ein Weib kommt manchen Uebel durch das Gefühl auf die Spur, wo der Mann trotz der Diagnostik im Finstern tappt, jedenfalls bei Frauen- und Kinderkrankheiten. Wenn ich es machen könnte, so müsste jeder Arzt ein Vierteljahr lang die Weiblichkeit durchmachen, er hätte dann mehr Verständnis und mehr Achtung für die Seite der Menschheit, von welcher er abstammt, und wüsste dann die Seelengrösse der Frauen zu schätzen, andererseits auch die Härte ihres Schicksals. (Krafft-Ebing 1890a, 79)

The impact of Krafft-Ebing's medical work was multifaceted: it did not only serve as a guide for professionals, but also as a mouth piece and panel for the individuals concerned. To a certain extent, they used psychiatry for their own purposes; for example, the psychiatric concept of hereditary causes was used by homosexual men to underline that their leanings were part of nature, and therefore unchangeable. The medical drive model suggested that (male) sexuality was a forceful instinct, that had to be released in some way; therefore, many of them argued that their sexual behavior was inevitable and had to be condoned. "Perverts" began to speak for themselves and they were looking for models with which to identify. Despite the medical bias, many case histories in Psychopathia sexualis served as go-betweens, linking painful individual introspection, the self-conscious recognition that one is a deviant kind of person, and social identification, the comforting sense of belonging to a community of like-minded. (Cf. Hansen 1992, 109) Because Krafft-Ebing distinguished himself as an expert who had made a stand against traditional moral-religious and legal denunciations of sexual deviance, individuals approached him to find understanding, acceptance and support, as a fragment from a letter of a Belgian urning to Krafft-Ebing clearly illustrates.

Sie werden mit empfinden können, was es heisst, das was mich im Leben weitaus am tiefsten berührt, mein Leben lang in mich verschliessen zu müssen und mich Niemanden anvertrauen zu können Sie sind der Erste, dem ich mich eröffne, machen Sie von diesem Briefe jeden beliebigen Gebrauch, vielleicht trägt er einst mit dazu bei, das

Schicksal Spätergeborener, denen die Natur gleiche Empfindungen wie mir gegeben hat, leichter zu machen. (Krafft-Ebing 1890b, 135)

Another urning, who regretted that he had not read Psychopathia sexualis earlier in his life, because this would have prevented a lot of misery, confided to Krafft-Ebing:

Niemand ahnt mein eigentliches Wesen, - nur Sie, ein Fremder, Sie kennen mich jetzt allein, und zwar der Hauptsache nach so genau, wie nicht Vater und Mutter, nicht Freund, nicht Frau, nicht Geliebter. Es ist mir eine Wohlthat gewesen, jenes drückende Geheimnis der eigenen Natur einmal preisgeben zu dürfen. (Krafft-Ebing 1890a, 152)

Krafft-Ebing's humanitarian rhetoric did not ring hollow and had some real effect. Letters indicate that he had a good relationship with many of his higher class patients. In a way they cooperated: "perverts" who wanted to make their voice heard in public depended on sympathetic physicians like Krafft-Ebing, because medical science was the only respectable forum available, and on his turn Krafft-Ebing had to rely on the confessions of the individuals concerned to validate empirically his sexual pathology. Within the moral climate of his time, Krafft-Ebing showed some open-mindedness and pragmatism. It is true that he experimented with hypnosis to cure perversion, but in general he seems to have applied this remedy only when patients asked for it. Moreover, the endeavor to find a cure for perversions was still of marginal importance in psychiatry at that time and Krafft-Ebing made clear that in the case of inborn perversions, a cure was not likely. (Krafft-Ebing 1891, 1899) In fact, many patients did not need medical treatment, because pouring out one's heart was something of a cure in itself. The writing of their life history, giving coherence and intelligibility to their torn self, might result in a "catharsis" of comprehension. Obviously many homosexuals viewed Krafft-Ebing not simply as a doctor treating diseases, for many of his clients he must have been an ally, embodying an ideal of science as a means for improving their lot. "Vor Kurzem kam mir Ihr Werk 'Psychopathia sexualis' zu Gesicht," one of them informed Krafft-Ebing.

Ich sah daraus, dass Sie vorurtheilslos, im Interesse der Wissenschaft und Menschlichkeit, erwägen und forschen. Wenn ich Ihnen nun auch nicht viel des Neuen mittheilen kann, so will ich doch über Einiges sprechen, das Sie gütigst hinnehmen wollen als einen weiteren Baustein zu Ihrem Werk, und das ich vertrauensvoll in Ihre Hände lege, mit zu unserer gesellschaftlichen Rettung. (Krafft-Ebing 1890b, 161)

Sexuality and the narrative of self

Medical theories, such as Krafft-Ebing's, have played an important role in the making of sexual categories and identities. However, his sexual pathology was not shaped systematically by the

logic of medical science and neither was it simply a means of stigmatizing and controlling deviants. Medicalization has to be viewed as a process in which new meanings were attached to existing behaviors and feelings. These new meanings were developed with the collaboration of some of the people concerned as they furnished psychiatrists with the life stories and sexual experiences on which medical interpretations were grounded. Many of the case reports and autobiographies of homosexual men suggest that new ways of understanding sexuality emerged from a confrontation of medical thinking and individual self-definition. By facilitating a greater ability to be recognized and discussed, psychiatric accounts of homosexuality not only encouraged medical treatment and other forms of restraint and repression, but they also offered a space in which sexual desire in the form of autobiographical narrative could be articulated. A self-conscious homosexual identity and a sense of community clearly evolved among well-educated, urban and often cosmopolitan bourgeois and aristocratic circles. Medical knowledge of sexuality could only be successful because it was embedded in society: psychiatrists like Krafft-Ebing and his patients shared the same cultural background and the same bourgeois values.

Both Krafft-Ebing's psychiatric explanations and the (auto)biographical case reports he used as empirical material, reflected as well as shaped sexual experiences. In his work, sexuality was not just a biological instinct unmediated by experience. On the contrary, because sexuality played a core part in the narrative of self and because perverse desire was linked to individual identity, it was burdened with significance. The experience of the self, as narrated by patients and informants in the form of life histories, was crucial in the development of Krafft-Ebing's sexual pathology. The scientific "will to know" moved forward at the same pace as concern for the authentic and voluble self in late nineteenth-century bourgeois society, especially in Austria. (See Perrot 1990, 453-667; Le Rider 1993; Schorske 1981; Worbs 1983) With the differentiation of the public and the domestic, a sphere of intimacy and privacy had emerged: individual authenticity became a pre-eminent value and a framework for introspection, self-contemplation and self-expression. The rise of sexual pathology in psychiatry only magnified the effects of this need for self-comprehension. Krafft-Ebing's Psychopathia sexualis indicated rather than provoked a growing preoccupation not only with sexuality, but also with the vulnerable self.

It is difficult to ascertain whether the autobiographical accounts of Krafft-Ebing's patients and correspondents are "true" pictures of their lives in the sense that their stories correspond to the actual events in their lives. Rather than viewing autobiographies as representations of lives as they have been lived, these life stories should be seen as a particular way people gave meaning to their condition and (re)constructed their selves. They appealed to ideals of authenticity and sincerity to bestow moral value on their sexual identity. However, what was presented as an intricate process of self-discovery was in fact a process of self-creation. Neither scientific nor individual meanings of the sexual self should be considered as reflections of an internal, psychological reality. The way

people experienced sexuality and gave meaning to it, was determined not so much by given natural or psychological facts, but by cultural codes and symbols, as they functioned in social life. Above all, homosexual identity as expressed in Krafft-Ebing's work presumed reflexive awareness, an ability to interrogate the past from the perspective of the present, and to tell a coherent story about one's life history in the light of what might be anticipated for the future. The order autobiographers gave to the facts of their lives, is not inherent in them but necessarily of their own devising in order to serve certain needs of the present. Many of Krafft-Ebing's patients had fully developed a sense of themselves as objects of introspection, the more so because they were obliged to keep up appearances in a society in which they felt not well-suited, and because they suffered from their inability to communicate with others about their inner nature, their real self. Since the need for an explicit, coherent story about the self is generally strongest in situations of crisis, when "authentic" feelings are in conflict with requirements of the social environment, when feelings and experiences are forbidden or not understandable, when the sense of continuity is lost and when something has to be explained, these people must have felt a strong urge to ponder the nature of their inner selves.

Homosexual identity crystallized in patterned narratives, and as such its content and form were of a social rather than of a psychological origin. It did not appear as a distinctive personal trait or essence, but as a script, on which individuals modelled their life-history. The psychiatric case history pre-eminently offered a fitting model for selfunderstanding. In case reports and autobiographies published by Krafft-Ebing, again and again the same elements appear of what was to become a kind of standardized "coming out" narrative: ancestry, family background, the retrospective discovery of a peculiar way of feeling and acting during childhood and puberty, the conviction that one has always felt the same, the first sexual experiences, the struggle with masturbation which often raised more anxieties than sexual contacts with other individuals, details about sexual fantasies, dreams and behavior, the exploration of one's health condition and gender-identity in past and present, the sense of being overwhelmed by irresistible and "natural" drives for which one is not responsible, the (mostly failed) attempts to have "normal" sexual intercourse (usually with a prostitute) in order to "test" the constitutional character of one's sexual preference, the painful knowledge of being different and in conflict with society, the comforting discovery of not being alone, and the endeavor for moral self-justification. (Cf. Müller 1991, 208-30)

The linking of sexuality with privacy and intimacy and the constitution of desire as the clue to the inner self, was not so much a concealment from public view as a reconstitution of the function of sexuality. Anthony Giddens and Niklas Luhmann have explained this change in the experience of sexuality as a consequence of modernity, which Luhmann associates with "functional differentiation" and Giddens, among other characteristics, with increasing "institutional reflexivity," "the regularised use of knowledge about circumstances of social life as a constitutive

element in its organisation and transformation." (Giddens 1991, 20; cf. Giddens 1992; Luhmann 1982) Whereas before the nineteenth century, sexuality, as a function of social behavior, hardly had a distinct existence, the "sequestration of experience" in modern society entailed that sexuality was more and more dissociated from its embeddedness in fixed, putatively "natural" patterns of behavior. In consequence of the rise of the ideal of romantic love, sexuality was gradually differentiated from a transcendental moral order and from its traditional instrumental integration with reproduction, kinship, and social and economic necessities. In the context of romantic love and privacy, sexuality became a separate sphere in human life. To explain changes in (homo)sexual practices and experiences, not only developments in medical science, but this wider social context has to be taken into account. Homosexuality as an individual property is only conceivable in a society in which same-sex bonding and more or less casual sensuality between men or between women as short-term diversions from family roles were not taken for granted any more; with the upgrading of romantic love as the foundation of marriage, physical as well as emotional intimacy were exclusively associated with heterosexual bonds. However, the emergence of "perversions" reveal that, in modern experience, human purposes of sexuality began to spread across alternative meanings. The emergence of a separate sexual domain in society, in turn, created the possibility for medical science to define it as a distinct impulse - the sixth, genital sense, as Krafft-Ebing named this instinct - and to discover its internal physical and psychological laws.

Medical explanations of sexuality took shape at the same time as the experience of sexuality in society was transformed and it became a subject for introspection and obsessive self-scrutiny in bourgeois milieu. "Der dumpfe Trieb wurde zur bewussten Perversität," Krafft-Ebing cited one of his female patients (Krafft-Ebing 1912, 314); such self-consciousness, shared by many individuals who read his work, was not only facilitated by his psychiatry, but even more presumed a "modern" reflexive awareness among individuals in society. Since the modern reflexive project of the self had to be undertaken in the absence of traditional social routines or moral certainties, self-contemplation was a cause for anxiety and uneasiness; yet, as many of Krafft-Ebing's case histories illustrate, it also created some space for individuality and self-expression. Krafft-Ebing's sexual pathology reflected the anxieties and the inconsistencies around sexuality in fin-de-siècle culture, especially the bourgeois preoccupation with its dangers and pleasures. (Cf. Birken 1988; Showlater 1991; Eder 1990) His approach fluctuated between the stigmatization of sexual variations as mental illness and the recognition of the individual's particular and unique desires. The way several of his patients and informants read his work, illustrates that the sexual domain became a contested field and that it was but one step from the admission of the individual's right to sexual fulfilment. Krafft-Ebing's model of sexuality tended to center on desire instead of reproduction, and many subjects of his case histories appeared as sexual consumers: they were more or less able

to pursue their sexual desires as part of a life-style. Marking a transition in the urban bourgeois milieu from a Christian and productivist ethos, that dictated self-discipline and control of the passions, to a consumerist culture of abundance, that valued the satisfaction of individual desire, Psychopathia sexualis was caught in its own contradictory structure. Modern sexuality was suspended between the absolutism of the dichotomy of the normal and the abnormal on the one hand and the increasing relativization of variance on the other.

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NOTES

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2. Krafft-Ebing's estate is part of the private archive of the Krafft-Ebing family in Graz (Austria).
3. For the so-called essentialist-constructionist controversy see Stein 1990; cf. Weeks 1985 and Greenberg 1988.
4. In this article I refer to the second (Krafft-Ebing 1887), fifth (Krafft-Ebing 1890b) and fourteenth (Krafft-Ebing 1912) editions. The last one has been reprinted in 1984 by Matthes & Seitz in Munich.
5. Ulrichs ([1879] 1898, 108) cited from a letter Krafft-Ebing had sent him in 1879. "Von dem Tage an, wo Sie mir - ich glaube, es war 1866 - Ihre Schriften zusandten, habe ich meine volle Aufmerksamkeit der Erscheinung zugewendet, welche mir damals ebenso rätselhaft war als interessant: und die Kenntnis Ihrer Schriften allein war es, was mich veranlasste zum Studium in diesen hochwichtigen Gebiet und zu Niederlegung meiner Erfahrungen in den Ihnen bekannten Aufsatz im (Berliner) 'Archiv für Psychiatrie'."
6. On the development of medical sexology see: Wettley and Leibbrand 1959; Foucault 1976; Lanteri-Laura 1979; Sulloway 1979, 277-319; Weeks 1981 and 1985; Davidson 1987 and 1990; Greenberg 1988, 397-433; Hekma 1987 and 1989; Bullough 1994.
7. The relative invisibility of women's voices might be explained by the fact that in Germany and Austria a self-defined lesbian identity and subculture did not emerge until the 1920s. See Hacker and Lang 1986, 13-17.
8. See Aufruf an alle gebildeten und edelgesinnten Menschen!, published in 1899 by the Berlin based "Comité für Befreiung der Homosexuellen vom Strafgesetz." Nachlass Krafft-Ebing.