

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

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Although revisionist historians of psychiatry have pictured nineteenth-century psychiatrists as powerful agents of social control, in fact their position within medicine, as well as in society at large, was precarious. During the first half of the nineteenth century doctors had won dominion over the most serious and dangerous forms of mental dysfunction, but their authority was basically confined to the walls of the lunatic asylum, which housed especially the chronically insane of the pauper classes. Moreover, even in the second half of the century, alienists, as they were often called at that time, had difficulties in convincing other scholars and the public that as physicians, they had an exclusive and scientific insight in the nature of insanity. For psychiatry to be accepted as a distinct branch of modern medical science, it was necessary to prove that mental disorders were organic diseases of the brain and the nervous system and that they could be cured. There was, however, hardly any anatomical or physiological evidence of the somatic basis of mental illness and as a therapeutic institution the asylum did not come up to expectations. Throughout the nineteenth century, psychiatry's scientific program remained inadequate and its intellectual and professional weaknesses made it vulnerable. Psychiatrists operated in the margins of medicine as well as of society.

Here I will deal with the career of the German-Austrian psychiatrist Richard von Krafft-Ebing (1840-1902) as an example to show in which ways late nineteenth-century psychiatrists tried to solve these professional difficulties and to promote the scientific as well as the social status of their specialty. To clarify Krafft-Ebing's professional strategies, I will focus on the close connections between the divergent cognitive contents of his work, the changing institutional setting of his psychiatric practice, and the shift in the social background of his patients.¹

Krafft-Ebing was one of the most prominent psychiatrists in Central and Eastern Europe before Emil Kraepelin on the one hand and Sigmund Freud on the other set the tone. He started his career working in asylums but the desire to escape the constraints and frustrations of institutional psychiatry drove him to broaden and diversify his professional territory. As a professor of psychiatry at the Universities of Strassburg (1871-1872), Graz (1872-1889) and Vienna (1889-1902), he became actively engaged in the process in which the main institutional locus of this medical specialty shifted from the asylum to the university, and psychiatry was more or less recognized as an academic discipline in medical faculties. Also, he transcended the institutional confines of psychiatry by developing a private practice, founding a private sanatorium, and advancing its moral role in society.

At the start of his career in the early 1870s Krafft-Ebing's professional élan was severely challenged. As the medical supervisor of *Feldhof*, the newly established mental asylum of the Austrian province of Styria, and professor in psychiatry at the University of

¹ For the purpose of this article I have kept the number of footnotes to a minimum. For more references see the relevant chapters of my book *Stepchildren of Nature: Krafft-Ebing, Psychiatry, and the Making of Sexual Identity* (Chicago and London 2000), Part II and III.

Graz, he faced several difficulties. The asylum was overcrowded with generally poor, and sometimes violent inmates, who were difficult to treat. Krafft-Ebing insisted that the management of mental institutions should be in medical hands, but as a medical director he continued to be dependent on government officials, who often applied non-medical criteria for the admittance of patients. Therapeutic facilities were lacking and the staff was forced to resort to, in Krafft-Ebing's view, out-dated methods like restraint and isolation. In such an institution, psychiatry had become more akin to routine custodial care than to a gratifying professional and scientific calling. Moreover, teaching psychiatry to medical students was difficult in the asylum, not only because of the location outside the town far away from the medical faculty and because there were only chronic patients whom could hardly be cured, but even more because Krafft-Ebing faced opposition to demonstrating patients. Introducing strangers into the asylum and making patients the object of an examination in public was considered too risky because it could upset them and aggravate their illness. For teaching and publishing purposes and for successful treatments, Krafft-Ebing needed a wider variety and a higher turnover of more acute patients than the asylum could provide for.

Confronted with authorities and lay administrators who were reluctant to accept medical expertise as the key for the organization of a mental asylum, Krafft-Ebing's efforts to reform *Feldhof* failed. Disillusioned with the prospects of a large public asylum, he withdrew from its management and shifted his efforts to the university: he began lobbying for a psychiatric clinic in the university-hospital of Graz. Whereas admission to an asylum was subject to legal regulations and usually involved time-consuming bureaucratic procedures, in such a clinic only medical criteria would be applied and patients would be admitted on a voluntary basis. Since in the medical faculty Krafft-Ebing's position was weak because he was only an extraordinary professor, at first he was granted only a small observation ward in an old mental asylum of Graz. What he wanted was a larger psychiatric and nervous clinic within the general hospital of the university close to the other medical departments and dedicated exclusively to the medical treatment of acute and potentially curable patients. Such a clinic would admit patients whom he could demonstrate in lectures for medical students.

To enhance his position in the university Krafft-Ebing began to produce a large number of publications on various subjects; especially his textbooks, the first on forensic psychiatry and the second on clinical psychiatry, established his reputation in the academic world.² In 1882 his rather powerless position of an *Extraordinarius* was uplifted to a full professorship and five years later neurology was added to his chair. At the same time the small psychiatric observation clinic was extended with a ward for nervous disorders. His struggle for clinical wards in the general hospital of the university - in which he only succeeded in 1886 after having threatened to leave Graz for a professorship in Freiburg - was not only a strategic move to strengthen his position in academia, but also of importance for the shaping of psychiatry as a promising medical specialty. Three years later, in 1889, Krafft-Ebing moved to the more prestigious University of Vienna. He first succeeded Max Leidesdorf (1818-1889) on the so-called first chair of psychiatry and in 1892 he obtained one of the most prestigious positions in

² Krafft-Ebing, Richard: *Lehrbuch der gerichtlichen Psychopathologie mit Berücksichtigung der Gesetzgebung von Österreich, Deutschland und Frankreich*. Stuttgart 1875; *Lehrbuch der Psychiatrie auf klinischer Grundlage für practische Ärzte und Studierende*. 3 Bde., 1879-1880.

psychiatry in central Europe when he was elected to the second chair after the death of Theodor Meynert (1833-1892).

Although Krafft-Ebing had established himself firmly at the university, in Vienna, like before in Graz, he was engaged in a continuous struggle with the medical faculty and university administrators over lack of resources, poor facilities, and the establishment of psychiatry as a medical specialty, fully integrated into the curriculum. He complained that psychiatry merely was an optional specialization and not an obligatory subject in the curriculum of the medical faculty. In his view it was a scandal that the majority of general practitioners, who in Austria were authorized to commit individuals to a mental asylum, had not received any training in the diagnosis of mental illness. The lack of psychiatric knowledge among physicians in general was all the more deplorable, Krafft-Ebing asserted, because many admissions into mental asylums could be prevented if general practitioners were able to diagnose the first symptoms of arising insanity; in an early stage many mental illnesses were still curable. Moreover, a course in psychiatry would make doctors more attentive to the many people in modern society who had lost their mental balance and who were in imminent danger of becoming mentally ill.

Krafft-Ebing tried to extend the field of psychiatry in several ways. As a pioneer and leading expert in the field of forensic psychiatry he argued that the current legal stipulations for distinguishing responsible and irresponsible offenders were far too formal and narrow. Usually judges only accepted the diagnosis of lasting intellectual impairment as a valid symptom of insanity. According to Krafft-Ebing this juridical conception of mental illness, and therefore also that of legal irresponsibility, was outdated: modern psychiatry showed that mental illness could be of a transitory nature and that it also included disordered emotions and deficient moral consciousness, which, apparently, left reason intact. Essentially, he tried to make clear that there were many mental conditions which suspended the powers of the free will but which were very difficult to identify as pathological by laymen. These arguments served one clear message: since deranged emotions and impulses could drive man to commit criminal acts and there was good reason to speak of diminished criminal responsibility in such cases, the psychiatrist should have more say in jurisdiction vis-à-vis lawyers.

At the University of Vienna Krafft-Ebing tried to push the boundaries of psychiatry further into the direction of neurology, partly because the anatomy and the physiology of the nervous system were promising fields and these were part of established medical science. Whereas some neurologists tried to establish their professional identity by separating themselves from psychiatrists, he asserted that psychiatry was a branch of neurology, and psychiatric clinics should be connected to neurological clinics rather than to asylums. This clearly served the purpose of distancing himself from the mental asylum and strengthening his ties with mainstream medicine. The alliance with neurology was a means to uplift not only the scientific, but also the social prestige of psychiatry by attracting more patients from the middle and upper classes who feared being associated with the insane. By advertising psychiatric care under the loose label "nerves" and posing as a "nerve doctor", Krafft-Ebing met the needs of this lucrative clientele that wished to avoid at all costs confinement in an insane asylum often housing the incurably and chronically insane of the pauper classes.

Social prejudices concerning asylum psychiatry entailed that psychiatrists in private practices and "nervous" clinics often used face-saving organic diagnoses to avoid

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

Krafft-Ebing ventured beyond the asylum and the clinic to seek new patients as well as to enlarge the audience for psychiatry, not only among medical students and physicians but also among the lay public. In various ways, in lectures and demonstrations as well as writings, he tried to popularize psychiatry, and as the author of the bestseller *Psychopathia sexualis* (1886) on a wide range of sexual perversions, his name became widely known outside the medical world.³ He also sought to advance the moral authority of psychiatry in the wider community. He believed that as a psychiatrist he had a moral task to fulfill in society. Especially in the field of forensic psychiatry and sexual pathology he posed as a moral entrepreneur: ignorance and prejudice should make way for an enlightened, scientific and humanitarian approach. Several times Krafft-Ebing's more or less public activities, such as lectures, spectacular demonstrations of hypnosis and his treatment of high-placed patients, were covered by the press. Moritz Benedikt (1835-1920), professor of electrotherapy in Vienna - who disqualified his scientific stature -, noted slightly that Krafft-Ebing, dealing with "fashionable" topics like neurasthenia, sexual perversions and hypnosis, had a fine nose for "worldly success" and was endowed with "journalistic talent".⁴

³ Krafft-Ebing, Richard: *Psychopathia sexualis: Eine klinisch-forensische Studie*. Stuttgart 1886. Between 1886 and 1903 Krafft-Ebing published twelve editions of *Psychopathia sexualis*.

⁴ Benedikt, Moritz: *Hypnotismus und Suggestion: Eine klinisch-psychologische Studie*. Leipzig 1894, 75-76.

Krafft-Ebing's general theories of psychopathology were rather incoherent: his work embraced both biological models of mental illness, the pathological-anatomical approach and degeneration-theory, as well as an attempt to escape the limitations of the dominant somatic etiological notion of late-nineteenth century psychiatry by elaborating a psychological understanding of mental disorders. These vastly divergent, at times even contradictory, tendencies in his work can be explained by looking at his professional ambitions and strategies. For psychiatry to be a distinct branch of modern medical science, it was necessary to emphasize the somatic mechanisms underlying mental disorders. However, when the belief in the somatic basis of insanity was hardly confirmed by contemporary anatomical and physiological evidence, Krafft-Ebing more and more stressed the importance of degeneration as an explanation - not so much because heredity offered a more precise understanding or better treatment of mental disease, but because it was an alternative means to gain scientific legitimacy. Based on a theory of biological evolution, it appeared to substantiate the somatic model of mental illness necessary for the legitimation of psychiatrist's claims to scientific expertise. Degeneration theory was also attractive because it provided a unitary, supposedly natural scientific concept that encompassed several aspects - constitution, pathological behavior, mental symptoms, moral influences and social conditions - under one rubric. In Krafft-Ebing's model of disease, a multitude of divergent causes could be responsible for mental disorders. The model was based on the assumption that there were causal relations between physical processes, mental traits and environmental factors, but there was no definite answer to the question what was cause and effect. Distinctions among biological, psychological, social and moral pathologies were unclear. It was virtually impossible to disentangle the complex interaction of body, mind and environment in hereditary degeneracy theory. Not only were bodily as well as mental characteristics said to be hereditary, the theory also authorized a vague form of psychosomatic interaction: bodily operations affected mental states and vice versa. Besides, environmental influences and bad habits were believed to affect mental structure. Thus, Krafft-Ebing was still able to give "moral" events, such as loss or grief, social excitement, and sexual debauchery and other excesses, clear prominence in his etiology without necessarily contradicting a somatic view of insanity. His naturalist explanations did not rule out individual life-style as leading to mental disorder, despite the argument that neither sin nor personal moral failure caused mental disease. Especially in his works on neurasthenia and neuro-syphilis, Krafft-Ebing stressed the pathogenic impact of modern society. Modern man's peace of mind was severely disturbed by rapid economic and social change, individualism, raising ambitions and ruthless competition, the mechanization and high pace of labor, the increasing intellectual demands of office-work, the way children were overburdened by the curriculum in schools, the continuing political conflicts in parliamentary democracies, social agitation and political turmoil, class antagonism, and woman's emancipation. Also the overconsumption of meat, coffee, tea, alcohol, and tobacco weakened the nervous system, thus he believed.

It is difficult to escape the impression that Krafft-Ebing, like other psychiatrists, consciously or unconsciously capitalized on the imprecision of degeneration theory in order to divert attention away from the lack of empirical evidence of the somatic basis of mental illness and his ignorance of which lesion or physiological process caused insanity.

On the one hand, the explanation of mental disorder in terms of heredity tied them securely to the biomedical anchor that underlay their special medical competence to treat the insane, while on the other, it allowed enormous scope for the consideration of moral, social, and psychological phenomena. Moreover, from the perspective of degeneration, insanity was not any more considered to be a more or less temporary affliction of consciousness and rational thought, but a constitutional deviation of the instincts. Emotional derangements, altered mood states, and even patterns of behavioral deviance were widely advanced as legitimate diseases in themselves. The theory of hereditary degeneracy, that postulated a continuum of various mild and serious disorders, enabled psychiatrists to extend the boundaries of mental pathology by including under their patients a substantial number of people who behaved and thought erratically yet were rarely believed to be completely mad. Among the victims of degeneration were persons who had unimpaired intellectual capacities but who showed a disturbance of their feelings and impulses, and consequently perversity in morals. Those who suffered from "moral insanity" and so-called psychopaths, upsetting the order of society with their eccentricities, alcoholism, kleptomania, sexual perversions, suicidal tendencies, crime, and violence were considered to be the prime example of degeneration. Exemplifying both moral and physical degeneration, such individuals were mentally ill as well as antisocial. Degeneration theory strengthened the association between mental disorders and social evils.

Krafft-Ebing has often been viewed as a typical representative of the natural scientific Viennese school of medicine, emphasizing a somatic approach to mental illness. Influenced by the theory of degeneration and biological approaches that attempted to provide a cerebral-spinal topography of mental pathology, Krafft-Ebing indeed presented himself as a "materialist" psychiatrist, despite the fact that he frequently highlighted cultural and social factors in his explanations of mental disorders. However, in practice both the natural scientific approach and the concept of hereditary degeneracy seem to have had less relevance for his treatment of patients than the materialist theoretical frame in his work suggests. Krafft-Ebing realized that biological psychiatry fell short of its high expectations. On the whole his approach to mental illness cannot be characterized as materialist in a reductionist sense. Whereas his predecessor as professor of psychiatry in Vienna, the famous brain anatomist Theodor Meynert, studied mental illness in the laboratory with the microscope and defined psychological functions in terms of neurological mechanisms, Krafft-Ebing, in his clinical practice, focused on behavioral and psychological symptoms of psychiatric patients. Although far from denying the importance of anatomy and physiology for psychiatry since without a firm basis in these laboratory sciences psychiatry would become alienated from medicine, he opposed reductionism; in his view brain anatomy and neurophysiology were not more than auxiliary sciences. He emphasized repeatedly that psychiatry, for the time being, could claim to be no more than a descriptive science and that a lot of empirical material had to be assembled before it could be raised to the level of an explanatory science.

Much of Krafft-Ebing's work, consisting for a large part of case histories of patients, is indeed descriptive, and of an unsophisticated, pragmatic nature. Although he endorsed the natural-scientific approach in medicine, in fact he proceeded to develop a psychiatry that was not so much based on brain anatomy and neurophysiology as on extensive clinical observations. Collecting a large number of individual cases and

labeling and classifying them in a systematic way, formed the basis of Krafft-Ebing's statistical model of disease explanation. In this approach there was no contradiction between a somatic model of mental disturbances in theory and a practical willingness to consider their psychological and subjective aspects. He focused on clinical observation and description, and might refer to degeneration theory, without answering fundamental questions like the ultimate cause of insanity and the nature of the body-mind relationship. In daily practice, clinical psychiatry was multifaceted and sometimes even inconsistent. Psychiatrist's insights were based on a combination of clinical experience, introspection, empathy and commonsense psychology. This clinical method focused not so much on the specific characteristics of a particular illness as on very detailed histories of individuals. Emphasizing the importance of minute observation and the inductive method, Krafft-Ebing laid down a standard for the taking of psychiatric case histories. No piece of information about the patient was, in his view, irrelevant. The case-history analysis sought to present a coherent and interlinked picture that ran from physical appearance, cerebral defects, and presence or absence of a hereditary predisposition, to the history of childhood illnesses and traumatic episodes, intellectual capacities and defects, and the affective and moral make-up. For Krafft-Ebing the very essence of psychiatric knowledge consisted in understanding the individual in all his aspects. In his case histories and also in the autobiographies written by his patients, which he included in his work, attention focused especially on the subjective condition: inner life, memories, dreams, fantasies, and imagination.

Krafft-Ebing's psychiatry did not exclude psychology; for him psychological and neuropathological research complemented each other. Ironically, more than anything else it was the expansion of the psychiatric field in the direction of apparently organic nervous diseases - a logical consequence of his orientation towards neurology - that resulted in his recognition of the autonomy of psychological symptoms. His growing interest in a number of nervous illnesses, some of them with a long history such as hysteria, others newly discovered such as neurosis, neurasthenia, and forms of sexual perversion (viewed as "psychoneurosis" by Krafft-Ebing), made him stress the importance of psychological symptoms and remedies in clinical practice. From 1886 Krafft-Ebing and his assistants began to use hypnosis and the so-called "psychical therapy", not only in the treatment of neurotic or neurasthenic and hysteric patients in his sanatorium, but also of "perverts" who consulted him in his private practice. In Central Europe he was one of the pioneers using hypnosis in psychiatry. Successful treatments, Krafft-Ebing emphasized, depended on the personality of the patients. A certain level of self-reflection and self-control was desirable; superficial and impulsive characters were unfit for hypnotic treatment. Alongside hypnosis Krafft-Ebing, in his private practice as well as in his sanatorium *Mariagrün*, advocated free and easy talking as a therapeutic device. In general, for him hypnosis as well as "psychical therapy" or "psychotherapy" was a means to influence and strengthen the will of patients, especially to break with bad habits and obsessive behaviors by superimposing the moral authority of the psychiatrist. The effectiveness of these psychological therapies was attributed for a large part to the patient's sense of responsibility and willpower.

Although Krafft-Ebing's rather authoritarian and moralistic psychological therapies - he compared them to confession - was different from modern psychotherapy that is aimed at self-knowledge, this talking-cure, as well as hypnosis, was developed in a

relatively new psychiatric setting. Apart from private practices, the first forms of psychotherapy were generally developed in a neurological rather than a psychiatric setting, in private nerve clinics for middle and upper class neurotics - which, ironically, advertised physical therapies to avoid the stigma of mental illness. The patients Krafft-Ebing treated with psychological therapies were not representative of the population in asylums and psychiatric wards of hospitals. It was especially in his private practice and his sanatorium catering to upper echelons of society, that he stressed the usefulness of hypnosis, suggestion and talking. Only those patients were considered to have the necessary qualities for successful therapies. The employment of these psychological therapies can be seen, again, as part of Krafft-Ebing's effort to broaden and diversify his professional territory outside of mental asylums and psychiatric clinics and also to enhance the social prestige of psychiatry. The therapeutic domain of psychiatry extended beyond the walls of the asylum and the clinic. The psychological approach enabled them to make psychiatry more attractive for individuals who showed relatively mild neurotic and mental disturbances and who often needed not to be hospitalized. Just as the monomania, moral insanity, and psychopathy diagnoses had formed the core of an expansion of the psychiatric field in the middle of the nineteenth century, so various forms of nervousness, especially neurasthenia, hysteria, and sexual perversion, played an analogous role for the psychiatric profession in the 1880s and 1890s.

In the last decades of the nineteenth century, psychiatry began to appropriate clients who were more affluent and socially respectable than the inmates of public asylums. These clients were individuals who could pass for an ordinary citizen, who in general did not disturb the public peace, and who could live at home while making periodic visits to the psychiatric doctor. A new demand developed for psychological services among the bourgeoisie, perhaps because physicians schooled in the "objective" natural sciences and influenced by new bacteriological theories about contagious diseases, were no longer as willing as in the past to listen patiently to endless accounts of their patients' troubles. For clinical psychiatrists like Krafft-Ebing however, subjective experiences, as reported by patients, were important in the diagnosis of mental complaints. By meeting the needs of a well-to-do, middle and upper class clientele, he created the possibility to build up a private office practice. Not only the psychiatrist's interest in psychological symptoms, but also the fact that their patients were of the same class and sometimes intellectual background, brought them closer together psychologically. Apparently Krafft-Ebing applied hypnosis and began to develop the psychical therapy, also because several of these patients more or less expressly asked to be treated in this way. The proto-psychotherapeutical approach rationalized close, concerned contact between doctor and patient. It was especially in the field of sexual perversions that he appeared as the emotional confidant of many of his patients.

The way Krafft-Ebing's work in the field of sexual deviance developed, illustrates perfectly how his psychiatry was influenced by the shifting institutional contexts in which he practiced and the varied social backgrounds of his patients. *Psychopathia sexualis* made Krafft-Ebing one of the founding fathers of scientific sexology. The first edition of this much quoted book appeared in 1886, followed soon by several new and elaborated editions 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 labeled as perversion. Krafft-Ebing's interest in sexual deviance, that was often punishable, especially homosexuality, was linked to forensic psychiatry in which he was a leading expert. Thus *Psychopathia sexualis* was written for lawyers and doctors discussing sexual crimes in court. His main thrust was that in many cases sexual deviance should no longer be regarded as simply sin and crime, but as symptoms of mental pathology. Since mental disease 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 degeneration theory, he explained perversions as inborn instincts, as deviations of normal biological evolution.

There is a specific development to be discerned in the way Krafft-Ebing gathered the hundreds of cases which he published, not only in *Psychopathia sexualis* but also in numerous articles. His initial theory of sexual pathology was premised on a rather small number of severe cases, such as murders for lust and necrophilia, and these were often derived from (French) medical literature and criminal proceedings. Between the 1870s and 1900 new categories of perversion, such as homosexuality, fetishism, sadism and masochism, were created and underpinned by systematically collecting more case histories. In his early 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 which he supervised. In the early 1880s he made clear that in the interest of science he needed more cases and 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.

The subjects of Krafft-Ebing's cases were drawn from different social groups: sexual offenders and psychiatric patients who figured in the first ones, were in general from the lower classes; the letters and autobiographies he received were of members of the upper and educated classes. Whereas 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 middle and upper class homosexual, fetishistic and masochistic patients were given ample opportunity to speak for themselves. Most of these private patients were male, economically independent, educated, cosmopolitan, living in cities and outside of the traditional family. Their letters not only vividly 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 and, just like Krafft-Ebing delighted in scrupulous analysis and classification, they displayed great diagnostic and classificatory zeal. At the same time they often criticized current social norms and medical science. Whereas Krafft-Ebing at first probably had expected them to be "degenerates", they indicated plausibly that they enjoyed perfect health and that they

were physically indistinguishable from their fellowmen. 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. 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. Their stories also influenced his thinking. Not only did his psychological explanation of perversion depend on the ideas of some of his informants, he also emphasized that the task of science was to differentiate perversion from immorality, and he began to favor judicial reform. By enabling voices to be heard that were usually silenced, Krafft-Ebing made a powerful statement for those concerned. Many of them had read his work and they made references to its salutary and liberating effects; some even stated that it had saved them from despair. These cases make clear that not all confessions of "perverts" were more or less enforced and that they did not play by definition a passive role vis-à-vis the psychiatrist.

Why was Krafft-Ebing's work on sexual pathology so popular among those concerned in the middle and upper classes? 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 it 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 and it enlarged the sphere allotted to desire. Krafft-Ebing's psychiatric discourse on sexual deviance 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. Some subjects of case histories made perfectly clear that for several perversions catalogued by Krafft-Ebing they knew just where to go. The book did not only gratify one's curiosity about sexuality, but individuals concerned viewed it also as an endorsement of sexual variance. For several of them it clearly was the impetus to self-awareness and self-expression; the whole process of writing their life history, giving coherence to their torn self, might result in a "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 mouthpiece and panel for "perverts" who began to speak for themselves and who were looking for models to identify with. His psychiatry offered a space in which sexual desire in the form of autobiographical narrative could be articulated. In a way the psychiatrist and many of his upper class patients 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 of respectable patients to validate empirically his clinical psychiatry. Because he distinguished himself as an expert who had made a stand against traditional moral and legal denunciations of sexual deviance, individuals approached him as an ally to find understanding and support. Obviously, he was not seen simply as a doctor treating

diseases; for many of his clients he must have embodied an ideal of science as a means for improving their lot. Above all it was the shared access to scientific knowledge, art and literature, or, in short, *Bildung*, the broad neo-humanistic and cultural education that defined the habitus of the upper echelons of the central European bourgeoisie, and that provided the intellectual basis for Krafft-Ebing, his private patients, and his correspondents to communicate with one another on an equal basis.

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