

Sexual Modernity in the Works of Richard von Krafft-Ebing and Albert Moll

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Abstract: The modern notion of sexuality took shape at the end of the nineteenth century, especially in the works of Richard von Krafft-Ebing and Albert Moll. This modernisation of sexuality was closely linked to the recognition of sexual diversity, as it was articulated in the medical–psychiatric understanding of what, at that time, was labelled as perversion. From around 1870, psychiatrists shifted the focus from immoral acts, a temporary deviation of the norm, to an innate morbid condition. In the late nineteenth century, several psychiatrists, collecting and publishing more and more case histories, classified and explained the wide range of deviant sexual behaviours they traced. The emergence of medical sexology meant that perversions could be diagnosed and discussed. Against this background both Krafft-Ebing and Moll articulated a new perspective, not only on perversion, but also on sexuality in general. Krafft-Ebing initiated and Moll elaborated a shift from a psychiatric perspective in which deviant sexuality was explained as a derived, episodic and more or less singular symptom of a more fundamental mental disorder, to a consideration of perversion as an integral part of a more general, autonomous and continuous sexual instinct. Before Sigmund Freud and others had expressed similar views, it was primarily through the writings of Krafft-Ebing and Moll that a new understanding of human sexuality emerged.

Keywords: Sexology, Psychiatry, Psychology, Homosexuality, Heterosexuality, Sexual Perversion

The central argument of this article is that the modern notion of sexuality, as we experience and understand it today, took shape in the last two decades of the nineteenth century, especially in the works of the psychiatrist Richard von Krafft-Ebing (1840–1902) and the neurologist Albert Moll (1862–1939). This modernisation of sexuality was closely linked to the recognition of sexual diversity, as it was articulated in the medical–psychiatric understanding of what, at that time, was labelled as sexual perversion.¹

Apart from masturbation, prostitution and venereal diseases, medical interest in sexuality in the nineteenth century was intrinsically linked to forensic medicine which

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¹ My use of the terms ‘perversion’ and ‘pervert’ is merely denotative and does not imply any value judgement.

focused on criminal acts such as rape, sodomy and public indecency. Psychiatric consideration of disorderly sexual conduct emerged from the forensic preoccupation with the personal characteristics of moral offenders.² Whereas physicians had first believed that mental and nervous disorders were the *result* of ‘unnatural’ behaviours, psychiatrists now took a different view, suggesting that such disturbances were actually the *cause* of sexual deviance. Their main thrust was that in many cases, irregular sexual behaviour should not be regarded as sin and crime but as symptoms of pathology. Since mental and nervous disorders often diminished responsibility, most sex offenders should not be punished but treated as patients. From around 1870, prominent German and French psychiatrists, such as Wilhelm Griesinger, Carl von Westphal, Krafft-Ebing, Paul Moreau de Tours, Jean-Martin Charcot and Valentin Magnan shifted the focus from immoral acts, a temporary deviation of the norm, to an innate morbid condition. Influenced by the scientific approach in medicine and basing their arguments on evolutionary thinking as well as deterministic theories of hereditary degeneration and neurophysiological automatism, psychiatrists explained perversions as inborn deviance.³ In the last decades of the nineteenth century, several psychiatrists were classifying and explaining the wide range of deviant sexual behaviours they traced. Collecting and publishing more and more case histories they introduced new labels and categories of perversion. After the terms ‘uranism’, ‘contrary sexual feeling’ (‘inversion’) and ‘homosexual’ (and ‘heterosexual’) had been coined in the 1860s, in the next three decades more neologisms appeared, such as exhibitionism, voyeurism, fetishism, paedophilia, bestiality, sadism and masochism. Psychiatrists made a substantial contribution to the emergence of medical sexology so that perversions could be diagnosed, categorised and discussed.⁴

² Jeffrey Weeks, *Coming Out: Homosexual Politics in Britain, from the Nineteenth Century to the Present* (London: Quartet Books, 1977), 1–22; Hermann Sievert, *Das Anomale Bestrafen: Homosexualität, Strafrecht und Schwulenbewegung im Kaisereich und in der Weimarer Republik* (Hamburg: Ergebnisse, 1984), 14–6; Kent Gerard and Gert Hekma (eds), *The Pursuit of Sodomy: Male Homosexuality in Renaissance and Enlightenment Europe* (New York: Harrington Park Press, 1989); Jörg Hutter, *Die gesellschaftliche Kontrolle des homosexuellen Begehrens: Medizinische Definitionen und juristische Sanktionen im 19. Jahrhundert* (Frankfurt am Main: Campus, 1992); Gert Hekma, *Homoseksualiteit, een medische reputatie: De uitdoktering van de homoseksuele in negentiende-eeuws Nederland* (Amsterdam: SUA, 1987), 50–7; Klaus Müller, *Aber in meinem Herzen sprach eine Stimme so laut: Homosexuelle Autobiographien und medizinische Pathographien im neunzehnten Jahrhundert* (Berlin: Rosa Winkel, 1991), 91–110; David F. Greenberg, *The Construction of Homosexuality* (Chicago: University of Chicago Press, 1988), 401–7; Harry Oosterhuis, *Stepchildren of Nature: Krafft-Ebing, Psychiatry, and the Making of Sexual Identity* (Chicago: University of Chicago Press, 2000), 37–42; Philippe Weber, *Der Trieb zum Erzählen: Sexualpathologie und Homosexualität, 1852–1914* (Bielefeld: Transcript, 2008), 44–57.

³ Hekma, *Homoseksualiteit*, *op. cit.* (note 2), 49–76; Greenberg, *op. cit.* (note 2), 404–18; Jeffrey Weeks, *Sexuality and its Discontents: Meanings, Myths & Modern Sexualities* (London: Routledge & Kegan Paul, 1985), 61–95; Oosterhuis, *op. cit.* (note 2), 43–72.

⁴ Gert Hekma, ‘Geschiedenis der seksuologie, sociologie van seksualiteit’, *Sociologische Gids*, 5/6 (1985), 352–70; Oosterhuis, *op. cit.* (note 2), 43–51; on the development of medical sexology see also: Georges Lanteri-Laura, *Lectures des perversions: Histoire de leur appropriation médicale* (Paris: Masson, 1979); Lawrence Birken, *Consuming Desire: Sexual Science and the Emergence of a Culture of Abundance, 1871–1914* (Ithaca, NY: Cornell University Press, 1988); Vern L. Bullough, *Science in the Bedroom: A History of Sex Research* (New York: Basic Books, 1994); Jonathan N. Katz, *The Invention of Heterosexuality* (New York: Penguin, 1995); Vernon A. Rosario (ed.), *Science and Homosexualities* (New York: Routledge, 1997); Lucy Bland and Laura Doan (eds), *Sexology in Culture: Labelling Bodies and Desires* (Cambridge: Polity Press, 1998); Harry Oosterhuis, ‘Medical science and the modernisation of sexuality’, in Franz X. Eder, Lesley A. Hall and Gert Hekma (eds), *Sexual Cultures in Europe: National Histories* (Manchester: Manchester University Press, 1999), 221–41; Volkmar Sigusch, *Geschichte der Sexualwissenschaft* (Frankfurt: Campus, 2008); Weber, *op. cit.* (note 2); Philipp Sarasin, ‘Die Erfindung der “Sexualität”: Zum Verständnis von Geschlechtlichkeit von der Aufklärung bis Freud’, *Sozial-wissenschaftliche Informationen*, 31 (2000), 34–44.

Against this background both Krafft-Ebing and Moll articulated a new perspective, not only on perversion, but also on sexuality in general. In the mid-1880s, Krafft-Ebing initiated and, in the 1890s, Moll elaborated a shift from a psychiatric perspective in which deviant sexuality was explained as a derived, episodic and more or less singular symptom of a more fundamental mental disorder, to a consideration of perversion as an integral part of a more general, autonomous and continuous sexual instinct. Before Henry Havelock Ellis and Sigmund Freud had expressed similar views, it was primarily through the writings of Krafft-Ebing and Moll that a new understanding of human sexuality emerged.

Krafft-Ebing and Moll: Similarities and Contrasts

As a professor at the universities of Graz (1872–89) and Vienna (1889–1902) and working in many fields of psychiatry, Krafft-Ebing was one of the most prominent psychiatrists in Central Europe and a leading forensic expert.⁵ He was also one of the founding fathers of medical sexology and he is remembered nowadays chiefly as the author of *Psychopathia sexualis* and several other works on sexual pathology.⁶ The first edition of the bestselling *Psychopathia sexualis*, which Krafft-Ebing wrote, in the first instance, for lawyers and doctors considering sexual crimes in court, appeared in 1886. It was soon followed by several new and more elaborated editions and by translations in several other languages. Krafft-Ebing revised his book several times, especially by adding further case histories and introducing new sexual categories. By naming and classifying virtually all non-procreative sexuality, he synthesised the new psychiatric knowledge about perversion.⁷

Krafft-Ebing can be seen as the founder of the modern concept of sexuality, while Moll followed in his wake by elaborating it. From around 1890, Moll ran a private practice in Berlin as a neurologist and psychotherapist; he also worked as a forensic expert.⁸ As *Geheimer Sanitätsrath* he was part of the medical elite and he established himself as a pioneering expert on therapeutic hypnosis and suggestion, treating, among other

⁵ On Krafft-Ebing's life and career see Renate I. Hauser, 'Sexuality, Neurasthenia and the Law: Richard von Krafft-Ebing (1840–1902)' (unpublished PhD thesis: University College London); Oosterhuis, *op. cit.* (note 2), 75–125; Volkmar Sigusch, 'Richard von Krafft-Ebing zwischen Kaan und Freud: Bemerkungen zur 100. Wiederkehr seines Todestag', *Zeitschrift für Sexualforschung*, 15 (2002), 211–47; Volkmar Sigusch, 'Richard von Krafft-Ebing: Bericht über den Nachlass und Genogramm', *Zeitschrift für Sexualforschung*, 15 (2002), 341–54.

⁶ See, for example, Richard von Krafft-Ebing, 'Ueber gewisse Anomalien des Geschlechtstriebis und die klinisch-forensische Verwerthung derselben als eines wahrscheinlich functionellen Degenerationszeichens des centralen Nervensystems', *Archiv für Psychiatrie und Nervenkrankheiten*, 7 (1877), 291–312; Richard von Krafft-Ebing, *Neue Forschungen auf dem Gebiet der Psychopathia sexualis: Eine medicinisch-psychologische Studie*, 1st edn (Stuttgart: Enke, 1890), 2nd edn (1891); Richard von Krafft-Ebing, 'Ueber sexuelle Perversionen', in E. von Leyden and F. Klemperer (eds), *Die deutsche Klinik am Eingang des 20. Jahrhunderts in akademischen Vorlesungen*, Vol. 6 (Berlin: Urban and Schwarzenberg, 1901), 113–54. The number of Krafft-Ebing's publications on sexuality amount to eighty; for a full bibliography see Oosterhuis, *op. cit.* (note 2), 287–95.

⁷ Richard von Krafft-Ebing, *Psychopathia sexualis: Eine klinisch-forensische Studie*, 1st edn (Stuttgart: Enke, 1886); Richard von Krafft-Ebing, *Psychopathia sexualis: Mit besonderer Berücksichtigung der conträren Sexualempfindung: Eine klinisch-forensische Studie*, 2nd edn (Stuttgart: Enke, 1887), 3rd edn (1888), 4th edn (1889), 5th edn (1890), 6th edn (1891), 7th edn (1892), 8th edn (1893), 9th edn (1894), 10th edn (1898), 11th edn (1901); Richard von Krafft-Ebing, *Psychopathia sexualis: Mit besonderer Berücksichtigung der konträren Sexualempfindung: Eine medicinisch-gerichtliche Studie für Ärzte und Juristen*, H. Gugl and A. Stichel (eds), 12th edn (Stuttgart: Enke, 1903). See also Oosterhuis, *op. cit.* (note 2), 137–8, 152–3, 275–8.

⁸ On Moll see his autobiography *Ein Leben als Arzt der Seele: Erinnerungen* (Dresden: Reissner, 1936); Heinz Goerke (ed.), *Berliner Ärzte Selbstzeugnisse* (Berlin: Berlin Verlag, 1965), 236–63; Frank J. Sulloway, *Freud, Biologist of the Mind: Beyond the Psychoanalytic Legend* (New York: Basic Books, 1983), 299–324, 470–74; Manfred Herzer, 'Albert Moll', in Rüdiger Lautmann (ed.), *Homosexualität: Handbuch der Theorie- und Forschungsgeschichte* (Frankfurt am Main: Campus, 1993), 60–5; Sigusch, *op. cit.* (note 4), 197–233.

conditions, sexual perversions.⁹ In 1891, he published one of the first medical textbooks exclusively devoted to homosexuality, *Die Conträre Sexualempfindung* [*The Contrary Sexual Feeling*], which carried a laudatory preface by Krafft-Ebing.¹⁰ Moll, who regarded Krafft-Ebing as the founder of the science of sexology, corresponded with him and passed several case histories on to him. In 1924 he published the sixteenth and seventeenth editions of Krafft-Ebing's *Psychopathia sexualis*.¹¹

With his *Untersuchungen über die Libido sexualis* [*Research into the Libido Sexualis*] which appeared in two parts in 1897 and 1898 and in many respects followed Krafft-Ebing's reasoning directly, Moll succeeded Krafft-Ebing as one of the leading medical authorities in sexology.¹² Krafft-Ebing's work was, to a large part, an empirical collection of clinical observations and case studies, and in his discussion of these he referred extensively to other, predominantly medical, but also philosophical and literary writings. His theoretical considerations were not very systematic, but many of his insights initiated a new way of thinking about sexuality, which Moll, in his turn, articulated in a more methodical form. Whereas Krafft-Ebing's explanatory reflections were mainly comments on his case histories, in Moll's works the case histories rather illustrated his theoretical outline. In his book on the *libido sexualis* (*Untersuchungen über die Libido sexualis*), Moll elaborated the most comprehensive and sophisticated general theory on sexuality before Freud wrote his *Drei Abhandlungen zur Sexualtheorie* (1905) [*Three Treatises on Sexual Theory*] and Havelock Ellis completed his monumental *Studies in the Psychology of Sex* (1897–1910). Whereas systematic classification of deviant sexualities formed the leading principle of the composition of Krafft-Ebing's *Psychopathia sexualis*, Moll's book on *libido sexualis* was organised on the basis of an explanatory framework of sexuality in general, whereby his discussion of perversion served as supportive elucidation. His sexual theory was completed with the publication of *Das Sexuelleben des Kindes* in 1908 [*The Sexual Life of the Child*].¹³ His central role in the development of sexology was also evident from his editorship of the *Handbuch der Sexualwissenschaften* [*Handbook of Sexology*] published in 1912, and his leading role in the *Internationale Gesellschaft für Sexualforschung* [International Society for Sexual Research] founded in 1913.¹⁴ Contrary to the sexological work of Krafft-Ebing, whose *Psychopathia sexualis* numbered at least thirty-five British and American editions between 1892 and 1899, that of Moll, despite the publication of English translations of *Das Sexuelleben des Kindes* in 1912

⁹ Albert Moll, *Der Hypnotismus* (Berlin: Fischer's Medicinische Buchhandlung, H. Kornfeld, 1889).

¹⁰ Albert Moll, *Die Conträre Sexualempfindung: Mit Benutzung amtlichen Materials* (Berlin: Fischer's Medicinische Buchhandlung, H. Kornfeld, 1891). For Krafft-Ebing's introduction see iii–viii. Expanded editions appeared in 1893 and 1899 with the spelling of the title slightly varying from the original edition. See also Albert Moll, 'Probleme in der Homosexualität', *Zeitschrift für Criminal-Anthropologie, Gefängnis-Wissenschaft und Prostitution*, 1 (1897), 157–89.

¹¹ Bullough, *op. cit.* (note 4), 75; Richard von Krafft-Ebing, *Psychopathia sexualis: Mit besonderer Berücksichtigung der konträren Sexualempfindung: Eine medicinisch-gerichtliche Studie für Ärzte un Juristen*, Albert Moll (ed.), 16th and 17th edn (Stuttgart: Enke, 1924).

¹² I refer to the 1898 edition including the two parts in one volume: Albert Moll, *Untersuchungen über die Libido sexualis* (Berlin: Fischer's Medicinische Buchhandlung, H. Kornfeld, 1898). With fifty-five references, Krafft-Ebing was the most frequently cited author in Moll's *opus magnum*; see 864. The number of references to Krafft-Ebing in the third edition of Moll's *Die konträre Sexualempfindung* even amounts to as many as 131; see 630–1.

¹³ Albert Moll, *Das Sexuelleben des Kindes* (Leipzig: Vogel, 1908).

¹⁴ Albert Moll (ed.), *Handbuch der Sexualwissenschaften: Mit besonderer Berücksichtigung der Kulturgeschichtlichen Beziehungen* (Leipzig: Vogel, 1912); Bullough, *op. cit.* (note 4), 74; Herzer, *op. cit.* (note 8).

and of *Untersuchungen über die Libido sexualis* in 1933, was largely forgotten in the English-speaking world, probably because it was overshadowed by Freud's psychoanalytic theory.¹⁵

Krafft-Ebing's and Moll's conceptualisations of sexuality were in line in many ways. They also both criticised the criminalisation of sexual deviance and they advocated the prevention of sexual debauchery by introducing sexual education and moral hygiene. They showed appreciation for Freud's contribution to sexology, and Krafft-Ebing actively supported Freud's application for a professorship at the University of Vienna, but they also passed fierce and identical criticism of psychoanalysis. Krafft-Ebing dismissed Freud's seduction theory at a meeting of the *Verein für Psychiatrie und Neurologie* [Society for Psychiatry and Neurology] in 1896 as a 'scientific fairy tale', whereas Moll characterised the way Freud and his followers interpreted dreams as projections and fantasies.¹⁶ However, apart from the basic similarities, the development of Krafft-Ebing's and Moll's moral judgement of perversion in general, and homosexuality in particular, moved in somewhat opposite directions. Krafft-Ebing's overall attitude became more and more lenient and humanitarian: from the early 1890s he opposed the penalisation of homosexual acts and he was among the first to sign Hirschfeld's petition advocating the abolition of Section 175 of the German legal code, which made so-called 'unnatural vice' punishable.¹⁷ In his last article on homosexuality, published in Hirschfeld's *Jahrbuch für sexuelle Zwischenstufen* [Yearbook for Intermediate Sexual Types], Krafft-Ebing admitted that his earlier views on the immoral and pathological nature of homosexuality had been one-sided and that there was truth in the point of view of many of his homosexual correspondents who asked for sympathy and compassion.¹⁸ Moll, whose thinking on sexual matters, in the context of his times, was at first, before the First World War, generally open-minded and pragmatic, afterwards became more conservative and nationalistic, especially when he turned against Hirschfeld and his *Wissenschaftlich-humanitäres Komitee* [Scientific Humanitarian Committee], which he had earlier supported by signing Hirschfeld's petition. In Moll's view, Hirschfeld and his adherents, by promoting homosexual emancipation and the popularisation of sexological knowledge, mixed up scientific sexology and a leftist political agenda.¹⁹ This

¹⁵ Oosterhuis, *op. cit.* (note 2), 275–8; Bullough, *op. cit.* (note 4), 47, 308–9.

¹⁶ Hauser, *op. cit.* (note 5), 147–61; P.J. Swales, *Freud, Krafft-Ebing, and the Witches: The Role of Krafft-Ebing in Freud's Flight into Fantasy* (Privately published by the author, 1983); Albert Moll, 'Sexuelle Hygiene', in *idem, op. cit.* (note 14), 879–919: 885. This and all subsequent translations, unless otherwise stated, are the author's own.

¹⁷ See Krafft-Ebing's introduction to the first edition of Moll's *Die Conträre Sexualempfindung*, *op. cit.* (note 10), iii–viii; Richard von Krafft-Ebing, 'Zur conträren Sexualempfindung: Autobiographie und strafrechtliche Betrachtungen über den Paragraphen 175 des deutschen Strafgesetzbuchs von einem 'Conträr-Sexualen', *Friedreichs Blätter für gerichtliche Medicin*, 42 (1891), 385–400; Richard von Krafft-Ebing, 'Nachwort zu: Paragraph 175 des deutschen Strafgesetzbuches und die Urningsliebe. Von Dr. iur ***', *Zeitschrift für die gesammte Strafrechtswissenschaft*, 12 (1892), 34–54; Richard von Krafft-Ebing, 'Zur conträren Sexualempfindung: Autobiographie und strafrechtliche Betrachtungen von einem conträr Sexualen', *Wiener medizinische Blätter*, 15 (1892), 7–9, 42–4; Richard von Krafft-Ebing, *Der Conträresexuale vor dem Strafrichter: De sodomia ratione sexus punienda: De lege lata et de lege ferenda: Eine Denkschrift* (Leipzig: Deuticke, 1894).

¹⁸ Richard von Krafft-Ebing, 'Neue Studien auf dem Gebiete der Homosexualität', *Jahrbuch für sexuelle Zwischenstufen*, 3 (1901), 1–36; cf. Oosterhuis, *op. cit.* (note 2), 170–3.

¹⁹ Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) 223–46, (1899 edn) 584–94; Moll, *Untersuchungen*, *op. cit.* (note 12), 694–856; Moll, *op. cit.* (note 13), 223–94; Moll, *op. cit.* (note 16); Charlotte Wolff, *Magnus Hirschfeld: A Portrait of a Pioneer in Sexology* (London: Quartet Books), 59, 66, 80–1, 131–2, 194, 206–7, 243–9; Bullough, *op. cit.* (note 4), 74–5; Sigusch, *op. cit.* (note 4), 197–233; Volkmar Sigusch, 'Albert Moll und Magnus Hirschfeld: Über ein problematisches Verhältnis vor dem Hintergrund

might explain why Moll, who in the 1890s, in the three editions of his *Die Conträre Sexualempfindung*, had distinguished himself with a detached and well-balanced approach to homosexuality, turned more regressive in his attitude to homosexuals.

The Voices of Perverts

Following Michel Foucault's influential *Histoire de la sexualité: La volonté de savoir* (1976) [*History of Sexuality: The Will to Knowledge*], several scholars have associated the emergence of psychiatric knowledge on sexuality with medical colonisation, replacing religious and judicial direction with scientific authority and restraint.²⁰ By differentiating between the normal and the abnormal, and by stigmatising deviance as illness, thus the argument runs, the medical profession, as the exponent of 'biopower', was not only constructing modern sexual categories and identities, but also controlling the pleasures of the body. Some historical studies, however, suggest that the disciplining effects of medical interference with sexuality may have been overemphasised.²¹ Like other doctors, Krafft-Ebing and Moll indeed surrounded sexual deviance with an aura of pathology, and they echoed nineteenth-century stereotypical thinking on gender and sexuality in general. However, psychiatric theories, not least those of Krafft-Ebing and Moll, were far from static and coherent: their work embodied several ambiguities and contradictions. It cannot be regarded only as a disqualification of sexual aberration. Their publications were open to divergent meanings, and contemporaries – among them many of their patients, correspondents and informants – have indeed read them in different ways. Since Krafft-Ebing and Moll presented themselves as impartial, as well as humanitarian experts, and argued against traditional moral-religious and legal denunciations of sexual deviance as sin and crime, individuals approached them to find understanding, acceptance and support. Several of their patients and correspondents suggested that their works, which were illustrated with numerous case histories, were an eye-opener and had brought them relief. These publications not only satisfied curiosity about sexuality and made sexual variance imaginable, but might also be viewed as an endorsement of non-conformist desires and behaviours. The case histories, which included many (auto-)biographical accounts, letters and intimate confessions of perverts, revealed to readers that such sexual experiences were not unique.²²

Individuals labelled as perverts were not just passive victims of medical power, having no other choice than to conform to stereotypes. Rather, their life stories played an

unveröffentlicher Briefe Molls aus dem Jahr 1934', *Zeitschrift für Sexualforschung*, 8 (1995), 122–59; Herzer, *op. cit.* (note 8).

²⁰ Michel Foucault, *Histoire de la sexualité. I, La volonté de savoir* (Paris: Gallimard, 1976); cf. Hekma, *Homoseksualiteit*, *op. cit.* (note 2); Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England Since 1830* (London: Routledge, Kegan Paul, 1987); Jeffrey Weeks, *Sex, Politics and Society: The Regulation of Sexuality since 1800* (London: Longman, 1981); Thomas S. Szasz, *Sex by Prescription* (Garden City, New York: Anchor Press & Doubleday, 1980); Kenneth Plummer (ed.), *The Making of the Modern Homosexual* (London: Hutchinson, 1981).

²¹ Müller, *op. cit.* (note 2); Bert Hansen, 'American physician's "discovery" of homosexuals, 1880–1900: A new diagnosis in a changing society', in Charles E. Rosenberg and Janet Golden (eds), *Framing Disease: Studies in Cultural History* (New Brunswick, NJ: Rutgers University Press, 1992), 104–33; Geertje Mak, *Mannelijke vrouwen: Over grenzen van sekse in de negentiende eeuw* (Amsterdam: Boom, 1997); Oosterhuis, *op. cit.* (note 2); Weber, *op. cit.* (note 2).

²² For a detailed discussion of Krafft-Ebing's (auto)biographical case histories and the different ways his work was read see Oosterhuis, *op. cit.* (note 2), 129–208; For patients' voices in Moll's work, see, in particular, Moll, *Konträre Sexualempfindung*, *op. cit.* (note 10), (1899 edn) 14–16, 163–9, 205–6, 233–8, 271–6, 281–3, 294–305, 315–16, 331–2, 334–7, 337–49, 549–50.

important role in the production of knowledge on sexuality. Both Krafft-Ebing and Moll, the first even more than the last, relied on information from their patients and correspondents as an empirical basis for their theoretical considerations. What is striking in their work is that not all of the cases were forced into the straitjacket of psychiatric theory. By publishing letters and autobiographical accounts that were submitted more or less voluntarily, and by quoting statements of perverses *ad verbatim*, Krafft-Ebing and Moll enabled voices to be heard that were usually silenced. The psychiatric understanding of perversions moved between scientific labelling and control on the one hand, and the realisation of self-awareness and self-expression on the other. Whether the scale tipped to one side or the other depended to a large extent on the social position and gender of their clients. The subjects of Krafft-Ebing's case studies were drawn from different social groups.²³ Lower class men, prosecuted sexual offenders, the hospitalised and most female patients were generally not in a position to escape the coercion which undeniably was part of psychiatric practice. However, many aristocratic and bourgeois men, who had contacted Krafft-Ebing of their own accord as private patients or corresponded with him because they had recognised themselves in published case histories, were given ample opportunity to speak for themselves. The same is true of Moll's case studies, the subjects of which were for the most part private patients, correspondents, informants and individuals who knocked on his door for support. Moreover, Moll was working as a forensic expert, he was in close touch with the chief of the Berlin vice squad and he seems to have been quite familiar with the homosexual subculture in Berlin.²⁴ In the third edition of his *Die konträre Sexualempfindung*, for example, he reported that he, together with a police officer, had visited a 'private club' in order to observe an 'urning' (homosexual) with a penchant for travesty.²⁵ In a letter to Krafft-Ebing, which he probably wrote in 1891 and in which he discussed rumours about homosexual members of the German aristocracy and imperial family, Moll referred to his recent visit to a 'homosexual ball', where he had collected 'some material' for his studies. The casual tone of the letter suggests that Moll and Krafft-Ebing corresponded and exchanged information about their case studies on a regular basis.²⁶

Whereas most cases in Krafft-Ebing's early work on the whole were rather short and factual, his later publications, like those of Moll, contained more extensive cases, including autobiographies and letters, which especially focused on subjective experiences and detailed self-analysis.²⁷ Most of the patients and correspondents in these cases were economically independent, educated and, for the most part, lived in cities and outside of the traditional family. They capitalised on the psychiatric model in order to explain and to justify themselves. Many of them, homosexuals in particular, referred to the psychiatric model for their own purposes to mitigate feelings of guilt, to part with the charge of immorality and illegality, to give perversion the stamp of naturalness,

²³ Oosterhuis, *op. cit.* (note 2), 150–1, 203–4.

²⁴ Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) ix–xi, 82–7; see also case histories in the 1899 edn, *passim*; Herzer, *op. cit.* (note 8); Müller, *op. cit.* (note 2), 317.

²⁵ Moll, *ibid.*, (1899 edn) 159.

²⁶ Nachlass Richard von Krafft-Ebing, Wellcome Library Archives, Letter of Albert Moll to Richard von Krafft-Ebing, 9 July 1891.

²⁷ See Oosterhuis, *op. cit.* (note 2), 129–208, where 440 of Krafft-Ebing's published and unpublished case histories are discussed in detail. For Moll's case studies, see his *Untersuchungen über die Libido sexualis*, which contains seventy-eight case histories, as well as the successive editions of his *Die Conträre Sexualempfindung* (1891, 1893, 1899). The third edition of the last work included forty-one case histories, in many of which the voices of homosexuals could be heard.

and to develop a dialogue about their nature and social situation. In fact, Krafft-Ebing, even more than Moll, responded to these ‘stepchildren of nature’, as he characterised them. Moll was somewhat more sceptical and suggested that Krafft-Ebing’s concern for his patients often went beyond mere professional commitment.²⁸ He questioned the reliability of autobiographical confessions because these might be distorted by a sense of shame, unconscious repression of experiences, false memories, the impact of having read sexological literature, or the desire to rationalise or gloss over deviance. Moll warned, therefore, that the physician had to be careful in using them – for example, by verifying the information on the basis of well-directed and detailed questioning. At the same time, however, he underlined that it was important to inspire the confidence of perverts and that their stories were crucial for understanding perversion.²⁹ Thus, in the introduction to his *Die Conträre Sexualempfindung*, Moll referred to the ‘urning N.N.’, whose information about his ‘*Vita sexualis*’ as well as about the lives of other homosexuals, was characterised by ‘extraordinary objectivity’.³⁰ Even if patients criticised medical thinking and the social and legal suppression of their sexual desires, Krafft-Ebing and Moll still published their statements more or less uncensored and remarked that these strikingly illustrated their feelings and suffering.³¹ Both also took seriously the writings of the lawyer Karl Heinrich Ulrichs, who coined the term ‘uranism’ and asserted the rights of homosexuals in the 1860s and 1870s.³²

As more and more private patients and correspondents came up with life histories that did not smoothly fit the established perception of psychiatry and contemporary bourgeois morality, the approach of Krafft-Ebing and Moll became increasingly enmeshed in contradictory views and interests. It fluctuated between the explanation of perversions as illness, and the recognition of a variety of sexual desires. The case histories and their social and cultural settings make clear that medical knowledge of sexuality could only have an impact because it was embedded in society. It was constituted in a process of social interaction between physicians, who professionally shaped perversion as a psychiatric field, and perverts, who contemplated on and expressed themselves. It was against this background that Krafft-Ebing’s and Moll’s work, in several ways, can be viewed as a central moment in the constitution of the modern sexual experience and that it anticipated twentieth-century attitudes toward sexuality, which are not without ambiguities. The term ‘medicalisation’, with its connotation of control, discipline and constraint, fails to grasp the full historical significance of Krafft-Ebing’s and Moll’s approach. On the other hand, sexual modernity was more than a reaction against traditional and, especially, Victorian prohibitions and, as such, an ideology of sexual liberation.³³ It was a much more fundamental transformation of the definition and explanation of sexuality and of its meaning in human life. There are five outstanding features of sexual modernity that can be found in Krafft-Ebing’s and Moll’s work which will be discussed below. The first concerns the conceptualisation of sexuality as an inevitable and powerful natural force in

²⁸ Moll, *op. cit.* (note 8), 145.

²⁹ Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) 194; Moll, *Untersuchungen*, *op. cit.* (note 12), 315.

³⁰ Moll, *Conträre Sexualempfindung*, *ibid.*, x.

³¹ For Krafft-Ebing see Oosterhuis, *op. cit.* (note 2), 195–6; Moll, *ibid.*, 80–1, 90–2.

³² Moll, *ibid.*, 35; Oosterhuis, *ibid.*, 139, 144, 148, 172, 252.

³³ For such a view see, for example, Jos van Ussel, *Geschiedenis van het seksuele probleem* (Meppel: Boom, 1968); Paul Robinson, *The Modernization of Sex: Havelock Ellis, Alfred Kinsey, William Masters and Virginia Johnson* (New York: Harper & Row, 1976).

human life. The second is about the way sexual desires are differentiated and classified. The third refers to the shift from the procreative norm to the pleasure, as well as the relational dimension, of sexuality. The fourth relates to the psychological understanding and experience of sexual behaviour. The fifth centres on the close connection between sexuality and personal identity.

Sexuality as an Inevitable, Natural Force

Krafft-Ebing and Moll heralded a new approach to sexuality, not only because they transferred it from the realm of sin and crime to the domain of health and illness, but even more because they made clear that sexual passion was an essential part of human nature. The first characteristic of sexual modernity is the notion that sexuality is a powerful, continuous, compulsive and irresistible force in human life, which is dangerous as well as wholesome, and with which everybody has to come to terms. Following the biological argument of Charles Darwin, Krafft-Ebing believed that self-preservation and sexual gratification were fundamental human instincts.³⁴ Moll also stressed that the sexual instinct was a basic, irrational, complicated and very powerful drive that was difficult to suppress.³⁵

On the one hand, they propagated the current idea that the sexual urge, as Moll emphasised, often functioned unconsciously and posed a persistent threat to the moral and social order because of its explosive and barely controllable nature, especially its likely violent and destructive manifestations. Especially worrisome, for instance, was Krafft-Ebing's claim that sadomasochism formed the foundation of the sexual relationship of man and woman because it readily invited associations with overpowering, rape, murder for lust and even cannibalism.³⁶ Man seemed to be caught in an unending struggle between unruly passions and the need to tame them. This was in line with current biomedical thinking on sexuality. Giving oneself up to uncontrolled impulses was considered dangerous for the health of the individual as well as that of society. Sexuality, therefore, had to be repressed by social constraints and self-control. Echoing the typical nineteenth-century model of the closed energy system, the (male) sexual drive was conceptualised as a powerful physiological force that builds up from inside the body until it is released in orgasm. The human sexual economy was believed to function according to a quantitative model of energy flow in which orgasm and the 'spending' of semen meant a loss of energy in other areas of life, and moderate expenditures were seen as most consonant with health and fertility.³⁷

³⁴ Richard von Krafft-Ebing, *Lehrbuch der Psychiatrie auf klinischer Grundlage für practische Ärzte und Studierende* (Stuttgart: Enke, 1897), 75; Krafft-Ebing, *Psychopathia sexualis*, *op. cit.* (note 7), 1st edn (1886), iii; 12th edn (1903), 1–2.

³⁵ Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) 1–4, 70–9; Moll, *Untersuchungen*, *op. cit.* (note 12), 2, 238–9, 327, 352, 581, 587, 592.

³⁶ Krafft-Ebing, 'Ueber gewisse Anomalien', *op. cit.* (note 6), 301; Krafft-Ebing, *Psychopathia sexualis*, *op. cit.* (note 7), 12th edn (1903), 1–2, 69–70, 161–2; Richard von Krafft-Ebing, *Über 'Gesittung': Volkstümliche Vorträge 14* (Vienna: Volksbildungsverein Wien und Umgebung, 1892), 6.

³⁷ G.J. Barker-Benfield, 'The spermatic economy: A nineteenth-century view of sexuality', in Michael Gordon (ed.), *The American Family in Social-Historical Perspective* (New York: St Martin's Press, 1973), 374–402; Gerald Hendrik Ernst Russelman, *Van James Watt tot Sigmund Freud: De opkomst van het stuwmodel van de zelfexpressie* (Deventer: Van Loghum Slaterus, 1983); Anson Rabinbach, *The Human Motor: Energy, Fatigue, and the Origins of Modernity* (New York: Basic Books, 1990); Philipp Sarasin and Jakob Tanner (eds), *Physiologie und industrielle Gesellschaft: Studien zur Verwissenschaftlichung des Körpers im 19. und*

On the other hand, Krafft-Ebing and Moll stressed – which was new – that sexuality also played a constructive role in personal and social life. In the introduction to *Psychopathia sexualis*, Krafft-Ebing wrote that the nature of sexuality was significant for the whole existence of the individual, the family and social and cultural life, and therefore deserved serious study. Moll echoed this claim.³⁸ Both suggested that the fulfilment of sexual desire crucially contributed to psychic well-being, personal happiness, partnership and social harmony. In subjective experience, the sexual act was not only accompanied by sensual pleasure, but also by responses of a social and ethical nature. For Krafft-Ebing and Moll, love, as a social bond, was inherently sexual, and they tended to value the longing for physical and psychological union with a partner as a purpose in itself.³⁹ In this way their work facilitated, to a certain extent, a favourable view of sexuality. In the descriptions of sexual activities, as they appeared in their case studies, the still-prevailing reproductive norm was pushed into the background. Pleasure, physical as well as mental satisfaction, was invoked as the ‘aim’ of sexual behaviour.⁴⁰

In this connection it is striking that one of the abnormalities Krafft-Ebing discussed was sexual anaesthesia, the absence of sexual feeling, which was the opposite of satyriasis and nymphomania, the super-abundance of sexual urges. Among the symptoms of sexual anaesthesia was not only a lack of sexual desire, but even more a lack of altruistic feelings. In Krafft-Ebing’s perspective there was a strong link between sexuality and sociability.⁴¹ Moll, too, believed that it was difficult to draw the line between sexual and social feelings. He broke new ground by dividing what he called the *libido sexualis* into two major components and more or less independent instincts: the individualistic and predominantly physical ‘detumescence-impulse’ (*Detumescenztrieb*), and the psychological and social ‘contractation-impulse’ (*Contractationstrieb*). The first referred to the sexual act and was aimed at discharge and mere physical satisfaction; the second to attraction to another individual: the impulse to think about a real or imagined partner, as well as to touch, feel, fondle or kiss him or her. Moll assumed that both sexual instincts had originated in evolution and that *Contractation*, the love impulse and preference for a specific partner, had developed after *Detumescenz*. In individual development, however, either impulse could emerge first, and both often manifested themselves well before puberty.⁴²

Both Krafft-Ebing and Moll also acknowledged that sexual abstinence and dissatisfaction indeed could be detrimental to one’s health, thus anticipating the Freudian assumption that sexual restraint may be an unhealthy repression and that unfulfilled

20. *Jahrhundert* (Frankfurt/Main: Suhrkamp, 1998); Philipp Sarasin, *Reizbare Maschinen: Eine Geschichte des Körpers 1765–1914* (Frankfurt am Main: Suhrkamp, 2001).

³⁸ Krafft-Ebing, *Psychopathia sexualis*, *op. cit.* (note 7), 1st edn (1886) iii–v; see also Richard von Krafft-Ebing, ‘Über Anaesthesia sexualis congenita’, in Richard von Krafft-Ebing, *Arbeiten aus dem Gesamtgebiet der Psychiatrie und Neuropathologie*, Vol. IV (Leipzig: Barth, 1899), 175–80: 175; Krafft-Ebing, *Psychopathia sexualis*, *op. cit.* (note 7), 12th edn (1903), 19; Albert Moll, ‘Vorrede’, in *idem*, *op. cit.* (note 14), iii–x: v; *idem*, ‘Weitere Beziehungen des Sexuellen zur Kultur’, in *idem*, *op. cit.* (note 14), 571–602: 572.

³⁹ Krafft-Ebing, *Psychopathia sexualis*, *ibid.*, 12th edn (1903), 1–2; 12; Richard von Krafft-Ebing, ‘Über das Zustandekommen der Wollustempfindung und deren Mangel (Anaphrodisie) beim sexuellen Akt’, *Internationales Centralblatt für die Physiologie und Pathologie der Harn- und Sexualorgane*, 2 (1891), 94–106; Oosterhuis, *op. cit.* (note 2), 68–70, 249–51; Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) 3–4, 90–2, 240; Moll, *Untersuchungen*, *op. cit.* (note 12), 29, 52–5, 65–6, 592; Moll, ‘Weitere Beziehungen’, *op. cit.* (note 38), 572.

⁴⁰ Krafft-Ebing, *Psychopathia sexualis* (all editions), *op. cit.* (note 7), *passim*; Moll, *Untersuchungen*, *op. cit.* (note 12), 8–10, 24–9, 65, 398, 406–7, 581.

⁴¹ Krafft-Ebing, ‘Über Anaesthesia’, *op. cit.* (note 38); *idem*, ‘Über das Zustandekommen’, *op. cit.* (note 39).

⁴² Moll, *Untersuchungen*, *op. cit.* (note 12), 10–25, 52–5. See also Lutz Sauerteig’s paper in this issue.

desires may lead to mental distress.⁴³ Thus Moll acknowledged that sexual intercourse by homosexuals was not harmful but rather salutary for their health.⁴⁴ Such a viewpoint foreshadowed modern sexual enthusiasm, the idea that every individual has a right, and perhaps even an obligation, to sexual fulfilment. In our culture, sexual satisfaction, together with the ideals of partnership, is indeed closely related to how we define personal well-being and happiness. Yet Krafft-Ebing's and Moll's writings also demonstrate pessimism regarding the irresolvable contradiction between the rational, moral cultural order and the frequently bizarre and sometimes violent sexual urges. As is true of the work of Freud, that of Krafft-Ebing and Moll is permeated with a huge dilemma. On the one hand, the human is inevitably driven by sexual urges and their suppression may cause nervous and mental complaints. On the other hand, it is impossible to freely give way to lust because, as an irrational and transgressing force it is simultaneously a great threat to social life and may also cause personal distress. '[I]t is a common sense fact of life', Moll ascertained, 'that the love impulse brings more sorrow than pleasure'.⁴⁵ Today this dilemma still pervades the understanding of sexuality. During the sexual revolution of the 1960s and 1970s, sexuality was generally considered as innocent, pleasurable and wholesome. The backlash that followed in the last three decades or so meant that public attention was focused on sexual violence and the abuse of women and children, and since the 1980s, with the AIDS epidemic, also on disease and death, which might be the consequence of 'unsafe' sexual activities. Recent public debates about the presumed 'sexualisation' and 'pornographisation' of society do not so much focus on the pleasure dimension of sexuality as on its dangers, in particular for the young.⁴⁶

Classifying and Subverting the Normal and Abnormal

The second feature of sexual modernism concerns the way sexual desires are defined and classified, and how the differentiation between the normal and the abnormal is discussed as a problem. Several taxonomies of sexual deviance were developed by psychiatrists in the late nineteenth century, but the one that took shape in Krafft-Ebing's work and which was adopted by Moll eventually set the tone, not only in medical circles, but also in common-sense thinking. Although Krafft-Ebing and Moll also paid attention to voyeurism, exhibitionism, bestiality, paedophilia, gerontophilia, nymphomania, necrophilia, urolagnia, coprolagnia and several other sexual varieties, they

⁴³ Richard von Krafft-Ebing, 'Über Neurosen und Psychosen durch sexuelle Abstinenz', *Jahrbücher für Psychiatrie und forensische Psychologie*, 8 (1888), 1–6; Krafft-Ebing, 'Über Anaesthesia', *op. cit.* (note 38), 175; Krafft-Ebing, 'Über das Zustandekommen', *op. cit.* (note 39), 95; Moll, 'Sexuelle Hygiene', in *idem, op. cit.* (note 14), 888–9; Sigmund Freud, 'Die Sexualität in der Ätiologie der Neurosen' (1898), in *idem, Gesammelte Werke: Chronologisch Geordnet*, 18 vols, Vol. I (London: Imago, 1940–1968), 489–516; *idem*, 'Die "Kulturelle" Sexualmoral und die moderne Nervosität' (1908), in *ibid.*, Vol. VII, 143–70; *idem*, 'Das Unbehagen in der Kultur' (1930), in *ibid.*, Vol. XIV, 419–506.

⁴⁴ Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), 240.

⁴⁵ 'Übrigens ist die Thatsache, dass die Liebe viel mehr Kummer als Genuss bringt, von den meisten Seiten zugegeben.' Moll, *Untersuchungen*, *op. cit.* (note 12), 587.

⁴⁶ On the ambivalence of modern and post-modern sexual attitudes see Weeks, *op. cit.* (note 3), 15–57; 185–245; Steven Seidman, *Embattled Eros: Sexual Politics and Ethics in Contemporary America* (New York: Routledge, 1992); Jeffrey Weeks, *Invented Moralities: Sexual Values in an Age of Uncertainty* (Cambridge: Polity Press, 1995); Gunter Schmidt, *Sexuelle Verhältnisse: Über das Verschwinden der Sexualmoral* (Reinbek: Rowohlt, 1998); Zygmunt Bauman, 'On postmodern uses of sex', in Mike Featherstone (ed.), *Love and Eroticism* (London: Sage, 1999), 19–33; Harry Oosterhuis, 'The Netherlands: neither prudish nor hedonistic', in Eder, Hall and Hekma (eds), *op. cit.* (note 4), 71–90.

distinguished four fundamental forms of perversion.⁴⁷ The first was contrary sexual feeling or (gender) inversion, including various physical and psychological fusions of masculinity and femininity that in the twentieth century would gradually be differentiated into homosexuality, bisexuality, androgyny, transvestitism and transsexuality.⁴⁸ The second was fetishism, the erotic obsession with certain parts of the body or objects.⁴⁹ The third and fourth were sadism and masochism, terms actually coined by Krafft-Ebing, the first inspired by the Marquis de Sade, and the second by the Austrian writer Leopold von Sacher-Masoch.⁵⁰ Some of Krafft-Ebing's neologisms, such as sadism, masochism, and paedophilia, are still used today. Both of the terms homosexuality and heterosexuality, which had been introduced in 1869 by Karl Maria Kertbeny but were not in current use during the late nineteenth century, were reintroduced by Krafft-Ebing as well as by Moll around 1890.⁵¹

A striking feature of Krafft-Ebing's and Moll's treatment of sexuality was that they vacillated between the normal and the abnormal, thereby blurring this dichotomy. Their approach fluctuated between the labelling of sexual variations as pathology and the recognition of the individual's particular and unique desires. At first, reproduction was Krafft-Ebing's touchstone for the boundary between normal sexuality and pathological perversion.⁵² However, as his work progressed and expanded, this basic assumption lost its weight. In his ongoing discussion of the main perversions, and also in Moll's explanatory framework, the differentiation between the normal and abnormal appeared to be not so much qualitative and absolute but rather quantitative and gradual. Sadism, masochism, inversion and fetishism were not only categories of perversion but also concepts that described extremes on a graded scale of normality and abnormality, and which explained aspects of normal sexuality. Krafft-Ebing explained, for example, that sadism and masochism were inherent in normal male and female sexuality, the former being of an active and aggressive and the latter of a passive and submissive nature.⁵³ (Of course this reflects stereotypical thinking on masculinity and femininity, but that does not alter the fact that he, to a certain extent, started to 'normalise' sadomasochism.) Fetishism was also 'part and parcel' of normal sexuality, Krafft-Ebing and Moll argued, because the individual character of sexual attraction and, connected to that, monogamous love, was grounded in a distinct preference for particular physical and mental characteristics of

⁴⁷ See Krafft-Ebing, *Psychopathia sexualis*, *op. cit.* (note 7), 6th edn (1891), and subsequent editions; Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), 55–155; Moll, *Untersuchungen*, *op. cit.* (note 12), 311–693.

⁴⁸ Krafft-Ebing, 'Ueber gewisse Anomalien', *op. cit.* (note 6); Krafft-Ebing, *Psychopathia sexualis*, *op. cit.* (note 7), 4th edn (1889); Oosterhuis, *op. cit.* (note 2), 48–9, 66–7; John Marshall, 'Pansies, perverts and macho men: Changing conceptions of male homosexuality', in Plummer, *op. cit.* (note 20), 133–54; Dave King, 'Gender confusions: psychological and psychiatric conceptions of transvestism and transsexualism', in Plummer, *ibid.*, 155–83; Mak, *op. cit.* (note 21); Steven Angelides, *A History of Bisexuality* (Chicago: The University of Chicago Press).

⁴⁹ Krafft-Ebing, *Psychopathia sexualis*, *op. cit.* (note 7), 4th edn (1889).

⁵⁰ Krafft-Ebing, *Neue Forschungen*, *op. cit.* (note 6).

⁵¹ Krafft-Ebing, *Psychopathia sexualis*, *op. cit.* (note 7), 3rd edn (1888), 88; 4th edn (1889), 96ff; Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) *passim*; Manfred Herzer, 'Kertbenys Leben und Sexualitätsstudien' in *idem* (ed.), *Schriften zur Homosexualitätsforschung* (Berlin: Rosa Winkel, 2000), 7–61; Katz, *op. cit.* (note 4), 21–32; Oosterhuis, *op. cit.* (note 2), 50–1, 67, 71–2.

⁵² Krafft-Ebing, 'Ueber gewisse Anomalien', *op. cit.* (note 6); Krafft-Ebing, *Psychopathia sexualis*, *op. cit.* (note 7), 1st edn (1886).

⁵³ Oosterhuis, *op. cit.* (note 2), 64.

one's partner.⁵⁴ This was in line with the assertion of the French psychiatrist, Alfred Binet, who had coined the term 'fetishism' as a perversion and believed it to be at the heart of sexual attraction.⁵⁵

In addition, in Krafft-Ebing's and Moll's consideration of contrary sexual feeling, the barriers between masculinity and femininity diffused. The extensive discussion of several forms of physical and mental inversion – often connected to homosexuality and what they called psychosexual hermaphroditism (and what we now consider as bisexuality) – highlighted the gradual and chance character of sex differentiation and signalled that exclusive masculinity and femininity might be mere abstractions. Whereas earlier Krafft-Ebing had tended to identify inversion with degeneration, in the mid-1890s, the concept of sexual intermediacy was grounded in contemporary embryological research and in evolutionary thinking, which suggested that the early state of the human embryo, as well as primitive forms of life, were characterised by sexual indifference. Man appeared to be of a bisexual origin from a phylo- as well as an ontogenetic perspective.⁵⁶ By conceiving sexual desire as a secondary characteristic of sex that is evolutionarily determined, Moll subscribed to this biogenetic explanation of contrary sexual feelings in general and of homosexuality as well as psychosexual hermaphroditism in particular. Furthermore, he attributed various forms of inversion to a disturbance in normal monosexual development.⁵⁷

In Krafft-Ebing's work there was a gradual shift away from a classification of perversions within clear boundaries to a tentative understanding of 'normal' sexuality in the context of deviance. He ceased to make hard distinctions between normal and abnormal mental states as well as sexualities, holding that – in the fashion of experimental physiology – only quantitative differences along a scale of infinite variations could be made. In his *Lehrbuch der Psychiatrie auf klinischer Grundlage* [*Textbook of Clinical Psychiatry*] he wrote that the elements which constituted psychopathology were basically the same as those of healthy life and that only the conditions under which they developed differed.⁵⁸ In his turn, in his *Die Conträre Sexualempfindung* and *Untersuchungen über die Libido sexualis*, Moll argued that the sexual instinct was not different from other biological and psychological functions that regularly showed variations and anomalies, and that it could only be explained by comparing normal and abnormal forms side by side.⁵⁹ The Freudian notion that the libido consisted of 'component drives' and that normal heterosexuality was the result of a healthy conversion of various impulses, whereas perversions arose from developmental disturbances, was here foreshadowed in Moll's thinking. Although perversions were frequently accompanied by hereditary taints and nervous or hysterical disturbances – which, as he admitted, could also be a consequence of the psychosocial situation of perverts – Moll did not qualify them as mental disorders. Rather, perversions should be viewed as morbid-like (*krankhafte*) modifications of the

⁵⁴ Oosterhuis, *ibid.*, 64–5; Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) 125–31; Moll, *Untersuchungen*, *op. cit.* (note 12), 320, 429, 497.

⁵⁵ Alfred Binet, 'Du fétichisme dans l'amour', *Revue philosophique*, 12 (1887), 143–67, 252–74; Alfred Binet, *Le fétichisme dans l'amour* (Paris: Octave Doin, 1888).

⁵⁶ Oosterhuis, *op. cit.* (note 2), 65–7.

⁵⁷ Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) 150–6; Moll, *Untersuchungen*, *op. cit.* (note 12), 513–5.

⁵⁸ Krafft-Ebing, *Lehrbuch*, *op. cit.* (note 34), 25.

⁵⁹ Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) 70–3, 105, 115–22, 150–6, 189–90; Moll, *Untersuchungen*, *op. cit.* (note 12), v, 555–6, 581, 593, 689–90, 625.

normal sexual drive.⁶⁰ Even more than Krafft-Ebing, Moll modified the differentiation of the normal and the abnormal and stressed the omnipresence of numerous gradations between them. Drafting a complete catalogue of all existing human sexual perversions was a difficult task, according to Moll, because the specificity of individual preferences was boundless.⁶¹

Krafft-Ebing's basic classification saw another remarkable change in the mid-1890s, as he shifted attention away from the traditional distinction between procreative and non-procreative acts to the relational, affective dimension of sexuality. This shift meant that he focused increasingly on the dichotomy of heterosexuality and homosexuality as the basic sexual categories. His use of the term heterosexual, meaning sexual attraction between a male and a female free from a reproductive goal – and as such initially considered as a perversion – marked a shift away from the procreative norm. In one of his last publications on sexual perversion he identified other perversions as derived sub-variations of the more fundamental hetero–homosexual division.⁶² Such a view can be found right from the beginning in Moll's *Die Conträre Sexualempfindung*, in which he argued that perversions occurred equally among hetero- and homosexuals.⁶³

In this way, Krafft-Ebing and Moll prefigured that the gender of one's sexual partner – the other (hetero), the same (homo) or both (bi) – would become the dominant feature of the modern sexual order, and not so much the more specific preferences for other characteristics of one's sexual partner, for the nature or for the context of sexual activities; for example, a preference for certain clothes, body parts, specific objects or for specific acts, scripts or situations. In theory, such a fetishist framework for classifying sexualities would also have been possible. In fact, late nineteenth-century French psychiatrists tended to consider fetishism as the 'master perversion' that included all the aberrations by which sexual desire had fixed itself on the 'wrong' (non-reproductive) goal. This could have been an object, a specific body part, a certain act or physical type, a person of the same sex, an unusual age category, or an animal.⁶⁴ By contrast, Krafft-Ebing and Moll highlighted the dichotomy of heterosexuality and homosexuality, which are still our basic sexual categories.

Among the innovations that Moll introduced was the acknowledgement of frequent sexual activities in childhood and the argument for their normalcy.⁶⁵ In his *Die Conträre Sexualempfindung* he had already questioned the widespread belief that various infantile sexual manifestations, including masturbation, homosexuality and even fetishist, sadistic or masochistic tendencies, were necessarily symptoms of perversion, caused by either degeneration or seduction.⁶⁶ In his case histories, he found healthy and perceived perverted individuals to differ little in their reports of auto-erotic practices and other precocious sexual feelings and activities. The normalcy of infantile sexual behaviour, according to

⁶⁰ Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), 131, 202–4; Moll, *Untersuchungen*, *op. cit.* (note 12), 543–6, 555, 626, 635, 644.

⁶¹ Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) 148; Moll, *Untersuchungen*, *op. cit.* (note 12), 581.

⁶² Krafft-Ebing, 'Ueber sexuelle Perversionen', *op. cit.* (note 6); cf. Katz, *op. cit.* (note 4), 21–32.

⁶³ Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) 122–48; cf. Moll, *Untersuchungen*, *op. cit.* (note 12), 319–20.

⁶⁴ Hekma, *Homoseksualiteit*, *op. cit.* (note 2), 69; Robert A. Nye, 'The medical origins of sexual fetishism', in Emily Apter and William Pietz (eds), *Fetishism as Cultural Discourse* (Ithaca: Cornell University Press, 1993), 13–30.

⁶⁵ See Sauerteig's paper in this issue.

⁶⁶ Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) 154–77.

Moll, should be understood in the context of psychosexual development, in which the transition in puberty from an undifferentiated to a differentiated stage was crucial. The majority of young people would eventually manifest a heterosexual, and only a minority of them a homosexual or bisexual desire. Apart from a basic congenital predisposition, the triggers of perversion, Moll argued, could be found in factors that obstructed the transformation of perverse infantile inclinations into normal heterosexuality at the time of puberty.⁶⁷

Moll's view of the relationship between what in the twentieth century was designated as 'nature' and 'nurture' showed more nuance and less pretence than the work of any other sexologist around 1900, including Magnus Hirschfeld, Albert von Schrenck-Notzing, August Forel and Havelock Ellis. He questioned the causal role of congenital degeneration as well as the idea that perversion was merely acquired by psychological association or seduction.⁶⁸ Although he believed that the underlying precondition was biological, in particular a congenital weakness in the complex of elements that constituted the normal heterosexual 'reaction capacity',⁶⁹ he acknowledged that psychological and cultural factors, such as sensorial stimuli, habits and fashion, might also play a role, especially as far as the specific contents of perverse sexual desires, such as fetishism, were concerned. In this way, Moll stressed that human sexuality was fundamentally different from and much more complicated than that of animals: the development of culture had interfered with and inhibited the natural instincts of man.⁷⁰

From the Procreative Norm to the Pleasure and Relational Dimension of Sexuality

The significant step in psychiatry, from a predominantly forensic focus and a physiological explanation, to the considerable broader goal of addressing general psychological issues of human sexuality, entailed that it was more and more disconnected from reproduction and that the satisfaction of desire came to the fore. From this it was only a small step to Freud's lusting 'libido' and 'pleasure principle', according to which the sexual desire's only built-in aim is its own satisfaction.⁷¹ In Krafft-Ebing's work, in his autobiographical case histories in particular, the perverse sexual impulse appeared as a pleasure wish that yearned innately neither for generation nor for intercourse *per se* but only for fulfilment.⁷² Moll even more explicitly detached the human sexual impulse from reproduction which, in his view, was not more than an unintended consequence of the 'detumescence-impulse', the primeval instinct to discharge aiming at mere satisfaction. Voluptuousness was the primal goal of human sexuality, Moll claimed, and this, together with the love

⁶⁷ Moll, *Untersuchungen, op. cit.* (note 12), 54–5, 420–3, 306–7, 427–9, 449–50, 497, 505; Moll, *op. cit.* (note 13), 46–102.

⁶⁸ Moll, *Conträre Sexualempfindung, op. cit.* (note 10), (1891 edn) 156–77; Moll, *Untersuchungen, op. cit.* (note 12), 497–505.

⁶⁹ Moll, *Untersuchungen, op. cit.* (note 12), 306, 308.

⁷⁰ Moll, *Conträre Sexualempfindung, op. cit.* (note 10), (1891 edn) 148; Moll, *Untersuchungen, op. cit.* (note 12), 306–8, 398–407, 420–9, 449–50, 497, 505, 581, 620. See also *idem*, 'Die sozialen Formen der sexuellen Beziehungen', in *idem, op. cit.* (note 14), 313–457; *idem*, 'Die Erotik in der Literatur und Kunst', in *idem, op. cit.* (note 14), 463–566; *idem*, 'Weitere Beziehungen des Sexuellen zur Kultur', in *idem, op. cit.* (note 14), 571–602.

⁷¹ Sigmund Freud, 'Drei Abhandlungen zur Sexualtheorie' (1905), in *idem, Gesammelte Werke, Vol. V, op. cit.* (note 43), 27–132; Sulloway, *op. cit.* (note 8), 299–324; Oosterhuis, *op. cit.* (note 2), 67–72.

⁷² Oosterhuis, *ibid.*, 139–94.

impulse, distinguished man from animals.⁷³ This was another way in which Krafft-Ebing and Moll incorporated perversion into the normal as a form of sexual variation. The acknowledgement of idiosyncratic desire, irrespective of its 'natural' goal, is central to the modern sexual ethos.⁷⁴

The sexual instinct was not only important for reproduction, Krafft-Ebing acknowledged, but also, in form of a specific desire, for the full psychological development of the individual and for engaging in a love bond, thereby forming the glue of a marriage. Since he tended to value the affective longing for physical and psychological union with a partner as a purpose in itself, the exclusive reproductive norm became problematic. Stressing that both love without sexuality and sexual pleasure without love were incomplete, Krafft-Ebing – arguing within the context of the ideal of romantic love – began to replace negative attitudes towards sexuality by a positive evaluation.⁷⁵ Moll was to follow Krafft-Ebing here as well: his argument that the *Contraction* drive was one of the two fundamental components of the sexual instinct explicitly connected sexuality to partnership and love.⁷⁶ Referring to the bipolar sexual attraction between males and females, Krafft-Ebing and Moll both suggested that heterosexual desire, the sensual attraction between men and women free from any conscious link to reproduction, was an essential element of love and intimacy. Hence, in a way, they anticipated the increasing sexualisation of marriage and love, which after the First World War was widely propagated in marriage manuals, such as Marie Stopes' *Married Love* (1918) and *Enduring Passion* (1928), and Theodoor van de Velde's *Ideal Marriage* (1926).

It was exactly Krafft-Ebing's appreciation of the relational and affective dimension of (hetero-)sexuality that contributed to his changing view on homosexuality, which Moll then largely adopted. By the end of his life Krafft-Ebing was inclined to think that homosexuality was the equivalent of heterosexuality and therefore not a psychoneuropathic degenerative illness. Many homosexuals who had expressed themselves in his case histories had made clear that partnership was as important to them as sexual gratification.⁷⁷ Moll, who had already in 1891 acknowledged that degenerative taints and other pathological symptoms could not be diagnosed in every case of homosexuality, stressed that the manner in which homosexuals experienced sexual passions as well as love was in no way different from the feelings of heterosexuals.⁷⁸

The changing meaning of hetero- and homosexuality, as well as the importance this dichotomy played in the works of Krafft-Ebing and Moll, underlined the shift from a conception of the sexual impulse as a reproductive instinct towards a view of sexuality that emphasised erotic desire and pleasure in the context of affection and personal fulfilment, irrespective of the reproductive potential. Other perversions, such as fetishism, masochism and sadism, however, could in themselves hardly be geared towards romantic love as this ideal was based on intimacy, equality, reciprocity and psychic communication. In the context of romantic love, sexuality went hand-in-hand with privacy, as opposed to sex in public, and also with a psychological understanding of the self.

⁷³ Moll, *Untersuchungen*, *op. cit.* (note 12), 8, 398, 406–7, 581, 620.

⁷⁴ Bauman, *op. cit.* (note 46); Weeks *op. cit.* (note 46); Schmidt, *op. cit.* (note 46).

⁷⁵ Oosterhuis, *op. cit.* (note 2), 68–70, 249–51.

⁷⁶ Moll, *Untersuchungen*, *op. cit.* (note 12), 29, 54–5, 65–6; Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) 3–4, 90–2, 240.

⁷⁷ Krafft-Ebing, *op. cit.* (note 18); Oosterhuis, *op. cit.* (note 2), 249–50.

⁷⁸ Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) 70–1, 90–2, 202–4, 233, 240.

The Psychological Understanding of Sexuality

The modern meaning of sexuality came to the fore when the dominant physiological approach was superseded by a more psychological one. Before the nineteenth century the term 'sexual' had been predominantly used in botany. As far as the term was applied to human life, it was viewed in relation to the fact that an individual belonged to the male or female sex. Sex difference was explained in relation to the body: the decisive benchmarks for the evaluation of sex and gender were the genitals, secondary sexual characteristics, and functional potency with a normally constituted member of the opposite sex. The main criterion was the distinction between male and female anatomy, while the congruence between a man's or a woman's body and their sexual behaviour was seldom questioned. Only in the second half of the nineteenth century were the terms 'sexual' and 'sexuality' used to indicate a more intricate complex of physical functions, behaviours, desires and passions. Physicians generally tried to integrate their explanations of sexual perversion in current biomedical thinking and many of them, following Darwinism and research into embryological development, emphasised heredity, in a phylogenetic as well as in an ontogenetic sense, and degeneration as key causal factors.⁷⁹

However, psychiatric interference with sexuality should not be equated with biological determinism. Late nineteenth-century psychiatric explanations of perversion began to shift from a biomedical perspective stressing physical features, to one that placed more weight on the psychological aspects of the sexual instinct. Increasingly the term 'sexuality' was used to indicate sexual *desire*, understood as an attraction that was based, not only on a physical, but also on a psychological opposition of male and female elements, which were considered as complementary to one another. Before Freud, psychiatrists had already begun to turn the discussion away from explaining sexuality as a series of interrelated physiological events to a more psychological understanding. In their view, perversion was not so much rooted in physical, as in so-called functional disorders. In this new psychiatric style of reasoning, perversions were disorders of an instinct that could not be precisely located in the body.⁸⁰

Krafft-Ebing was strongly influenced by the biomedical approach in German psychiatry as well as by the current theory of degeneration, and he, as well as Moll, adhered to biogenetic and evolutionary explanations of sexuality. However, their perspective on the whole cannot be characterised as biological. On the one hand, in their general explanation, they both located the sexual drive in the nervous system and the brain and understood the underlying causes of perversion as heredity. But on the other hand, in daily clinical practice, these causes were not very relevant for their approach to perversion.⁸¹ Largely as an effect of their (auto-)biographical case descriptions, the degeneration theory receded into the background. Their case studies centred not so much on bodily characteristics as on personal history, subjective experience, and inner feelings: perception, emotional life, dreams, imagination and fantasies. For the greater part they had to judge from what perverts were telling them. This was the reason why (auto-)biographical accounts gained such an importance in their work. Around 1890, when Krafft-Ebing introduced

⁷⁹ Oosterhuis, *op. cit.* (note 2), 51–5.

⁸⁰ See Van Ussel, *op. cit.* (note 33), 37–8; Arnold I. Davidson, 'Sex and the Emergence of Sexuality', *Critical Inquiry*, 14 (1987), 16–48; *idem*, 'Closing up the corpses: diseases of sexuality and the emergence of the psychiatric style of reasoning' in G. Bools (ed.), *Meaning and Method: Essays in Honor of Hilary Putnam* (Cambridge: Cambridge University Press, 1990), 295–325; Sulloway, *op. cit.* (note 8), 299–324; Mak, *op. cit.* (note 21), 244; Oosterhuis, *op. cit.* (note 2), 56–72.

⁸¹ Oosterhuis, *ibid.*, 59–64, 67–72, 100–25.

fetishism, sadism and masochism in his *Psychopathia sexualis* and his *Neue Forschungen auf dem Gebiet der Psychopathia sexualis* [*New Research into Psychopathia Sexualis*], his explanatory focus clearly shifted from a physiological to a more psychological understanding – not so much were bodily characteristics or actual behaviour decisive in the diagnosis of perversion, but inner feelings and personal history. Consequently, he located the seat of sexual desire in the personality. It was the psychological attitude behind outward appearance and behaviour that counted as the defining criterion of contrary sexual feeling, sadism, masochism and fetishism.⁸² The association of the abnormal act with its ‘psychological motive’, and the ‘abnormalities of thought and feeling’ were crucial, Krafft-Ebing wrote, even if people were not aware of them; discussing sexual desire he – as well as some of his clients – frequently used the psychological terms ‘unconscious’ and ‘latent’.⁸³

The psychological dimension of sexuality first appeared as a typical constituent not of ‘normal’ heterosexuality but of perversion and masturbation. As Krafft-Ebing explained, certain mental stimuli, such as fantasies, prevented the spontaneous physiological process that supposedly characterised normal sexuality from taking its course. Later, however, he also drew attention to the decisive role of the mind in the development of sexuality in general. He considered normal sexual functioning as more than just the physical ability to have intercourse. Likewise, the satisfaction of the sexual urge was not only made up of physical release but also of emotional fulfilment. Moll’s discussion of the *Contractation* drive implied a similar view. Both he and Krafft-Ebing postulated a complicated interaction between body and mind, including, as Krafft-Ebing phrased it, the ‘unconscious life of the soul’.⁸⁴

Whereas Krafft-Ebing speculated on the existence of a ‘psychosexual’ centre in the brain, Moll doubted whether the sexual instinct could be located in a particular part of it.⁸⁵ For Moll, the normal, as well as the perverted, sexual drive was basically a psychological disposition that could not be reduced to physical causes. Thus, he argued, it was a mistake to look for the causes of homosexuality in the nervous system or the functioning of the sexual organs. More important was the effect of the mind, including imagination, fantasy and dreams, on the sexual organs.⁸⁶ Moll claimed that dreams were one of the most reliable indicators of particular sexual inclinations. As far as perversions such as homosexuality were treatable at all – both he and Krafft-Ebing were rather sceptical about this – they considered somatic therapies to be useless and advocated psychological methods, such as suggestion and hypnosis, which were directed at the imaginative faculty of patients.⁸⁷

In Krafft-Ebing’s and Moll’s publications, sexuality emerged as a complex of reflexes, bodily sensations, behaviours, experiences, feelings, thoughts, desires, fantasies and dreams. It pointed to both internal and external phenomena. The physical dimension of

⁸² *Ibid.*, 152–208; 215–30.

⁸³ Krafft-Ebing, *Psychopathia sexualis*, *op. cit.* (note 7), 12th edn (1903), 355.

⁸⁴ Richard von Krafft-Ebing, ‘Bemerkungen zur hypnotischen Heilmethode’, *Wiener medizinische Presse*, 30 (1889), 1185–7; 1186; see also *idem*, ‘Über Irresein durch Onanie bei Männern’, *Allgemeine Zeitschrift für Psychiatrie*, 31 (1875), 425–40: 427; *idem*, ‘Über das Zustandekommen’, *op. cit.* (note 39), 95; Moll, *Untersuchungen*, *op. cit.* (note 12), 89–93, 327, 624, 692.

⁸⁵ Oosterhuis, *op. cit.* (note 2), 59; Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) 181–4, 222; Moll, *Untersuchungen*, *op. cit.* (note 12), 89–93, 327–8, 620–4.

⁸⁶ Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) 181–4, 193, 222; Moll, *Untersuchungen*, *op. cit.* (note 12), 2, 89–93, 328, 542, 592–3, 620–5, 692.

⁸⁷ Oosterhuis, *op. cit.* (note 2), 155–8; Krafft-Ebing, ‘Vorwort’, in Moll, *Conträre Sexualempfindung*, *op. cit.* (note 10), (1891 edn) iii–viii: vii, and 207–22.

sexuality affected the mind, and its psychological dimension affected the body. This very interaction, the interplay between the body and the inner self, might explain why sexuality has become such a meaningful and sensitive experience in modern Western culture, giving cause to an array of emotional problems such as endless self-scrutiny, fears of being abnormal, anxieties about erotic attractiveness and sexual achievement, conflicts between private desires and social roles, and between sexual fantasies and the realities of everyday life. The autobiographical case histories published by Krafft-Ebing and Moll had already demonstrated that sexuality had become the subject of endless self-reflection which, on the one hand, had a redeeming effect but, on the other, reinforced inner conflicts. As many of these case studies illustrated, self-contemplation was more often than not a cause for anxiety, uneasiness and frustration, but at the same time, it also created the possibility for self-awareness and self-expression, and later, for sexual emancipation.

Sexual Identity

Closely related to the psychological experience of sexuality is its strong link to personal identity, the fifth distinctive characteristic of sexual modernity. Shifting the focus from a temporary deviation from the norm to a more or less permanent state of being – be it pathological or not – late nineteenth-century psychiatry advanced a paradigm change in the understanding of sexual deviance. It was no longer perceived as a more or less temporal, fleeting digression but as a continuous and essential feature of one's inner being or personality. In this respect, Krafft-Ebing's differentiation of perversity and perversion was crucial. Whereas the first was considered as contingent immoral conduct of essentially normal individuals, the latter referred to inevitable and permanent innate characteristics.⁸⁸

Psychiatric interference with sexuality was largely based on the individualistic case study model, which was not just a means of categorising and pathologising deviance, but also offered a space in which insecure individuals could articulate their predicament in the form of a personal narrative. The psychiatric discourse on sexuality reflected as well as shaped such individual experiences. Furthermore, it indicated and provoked a growing preoccupation, not only with sexuality as such, but also with the searching scrutiny of the inner life. Many of Krafft-Ebing's and Moll's more articulate patients and correspondents appealed to ideals of authenticity and sincerity to bestow moral value on their sexual desires and behaviour. In nineteenth-century bourgeois society, individual authenticity had become a pre-eminent value and a framework for introspection, self-contemplation and self-expression. Sexuality was privileged as the quintessence of privacy and the individual self. The rise of sexual pathology in psychiatry magnified the effects of this need for self-comprehension.⁸⁹

This does not necessarily mean that the way individuals understood their sexual self should be considered as a reflection of an internal, psychological essence. Neither psychiatric case histories nor autobiographies are unmediated sources for the voices of the sexual self. Sexual identities crystallised as patterned narratives. As such, their content and form were of a social rather than of a psychological origin. For the materialisation of sexual identity, a cultural model, a script, was necessary.⁹⁰ In this respect, the psychiatric case history method and, connected to it, the effects of self-confession and, in Philippe

⁸⁸ Oosterhuis, *ibid.*, 47, 95.

⁸⁹ *Ibid.*, 215–30.

⁹⁰ See William Simon and John H. Gagnon, 'Sexual Scripts: Permanence and Change', *Archives of Sexual Behavior*, 15/2 (1986), 97–120; William Simon, *Postmodern Sexualities* (London: Routledge, 1999), 40–58.

Weber's words, 'the drive to narrate', played a crucial role.⁹¹ Hence, the case histories offered a fitting framework to look at and understand one's self by making sexual desires and experiences an integral part of one's life history. Sexual identity presumed a reflexive awareness, an ability to interrogate the past from the perspective of the present, and to tell a coherent story about one's life in the light of what might be anticipated for the future. Above all, the story of one's life was told as a continuous process with an inner logic leading up to the present situation.⁹²

Krafft-Ebing's and Moll's publications offered a public forum in which sexual desire, in the form of autobiographical narrative, could be articulated, understood and justified. The genres of the psychiatric case history, in which a diagnosis was made by reconstructing the past life of the patient from the perspective of the present, and of the autobiography, merged seamlessly. For many of Krafft-Ebing's and Moll's patients and correspondents, the whole process of telling or writing their life history, giving coherence and intelligibility to their torn self, might result in a 'catharsis' of comprehension. In fact, most of them did not need or want medical treatment because pouring out one's heart was something of a cure in itself. Their detailed self-examinations and the belief that their sexual desire and behaviour expressed something deep and fixed from within the inner self were crucial in the development of sexual identity.

By offering scripts on which individuals could model their life history, Krafft-Ebing's and Moll's case histories also linked individual introspection and social identification. Using the respectable forum of medical science, pervers began to voice experiences and desires which, until then, had been unknown or denied existence in public discourses. The sexological writings of Krafft-Ebing and Moll reflected and, simultaneously, also promoted the emergence of a new experience of sexuality that was intrinsically bound up with the appearance of new kinds of individuals and their grouping into rudimentary sub-cultural communities, of which several of their clients, especially homosexuals, testified.⁹³ They not only voiced a comfort of togetherness, but some of them also expressed a critical awareness of the social suppression of deviant sexualities, and thus the seeds of sexual emancipation were sown. Although they were still few in number, they prominently figured among Krafft-Ebing's clients and correspondents.⁹⁴

More recently, post-modern cultural and, especially, so-called 'queer' theories have undermined the idea that sexual identities are fixed in nature or the psyche.⁹⁵ However, in the popular, common-sense understanding of sexuality, essentialism is still paramount. Sexual identities may be debunked or 'deconstructed' at a theoretical level. Nevertheless,

⁹¹ Weber, *op. cit.* (note 2); Foucault, *op. cit.* (note 20).

⁹² On the meaning of autobiographical reflection for daily life see David Carr, 'Narrative and the real world: an argument for continuity', in Lewis P. Hinchman and Sandra K. Hinchman (eds), *Memory, Identity, Community: The Idea of Narrative in the Human Sciences* (Albany: State University of New York Press, 1997), 7–25; and on its moral dimension see Alasdair MacIntyre, 'The virtues, the unity of a human life, and the concept of a tradition', in *ibid.*, 241–63.

⁹³ Oosterhuis, *op. cit.* (note 2), 190–4, 248–9, 252–8.

⁹⁴ *Ibid.*, 185–208.

⁹⁵ See, for example, Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990); *idem*, *Excitable Speech: A Politics of the Performative* (New York: Routledge, 1997); *idem*, *Bodies that Matter: On the Discursive Limits of Sex* (New York: Routledge, 1993). On the essentialist–constructionist controversy, see Edward Stein (ed.), *Forms of Desire: Sexual Orientation and the Social Constructionist Controversy* (New York: Garland, 1990); Franz X. Eder, 'Die Historisierung des sexuellen Subjekts: Sexualitätsgeschichte zwischen Essentialismus und sozialem Konstruktivismus', in *idem*, *Kultur der Begierde: Eine Geschichte der Sexualität* (Munich: Beck, 2002), 227–43.

they are not only a product of psychiatric thinking or the science of sexology, but real in an historical sense. A critical attitude towards the concept of sexuality as a stable, 'natural' psychobiological unity should not lead to losing sight of sexual identities as a part of the self-experiences of the modern man and woman. The argument that they are culturally shaped, rather than rooted in a biological or psychological essence, does not mean that they are not more or less stable *social* and *historical* realities. Continuity over time, as well as differentiation, something to set oneself off from others, is a basic function of identity formation. It casts individuals into their own structure of values and priorities, which enables them to make choices in a steady and purposeful fashion. Identity gives the individual self-esteem and a sense of potentiality, and nowadays, it is also the prerequisite for sexual emancipation and citizenship.⁹⁶

Although many varying patterns of sexual behaviour may have been chosen under the influence of social and cultural circumstances and in specific situations, these preferences are still very much regarded as expressing something deep and fixed from within the inner self. In the West, sexual identity is still experienced as an essence that is already there, waiting to be discovered, explored, understood and expressed. Sexologists, psychotherapists, self-help groups and manuals, the mass media, and emancipation movements have only intensified the preoccupation with the true self. Scanning their own past life for clues to their sexual being, people still tell each other 'sexual stories' to foster a sense of identity, even more perhaps since the 1960s, when sexuality became a focal point of personal awareness, individual growth, self-actualisation and emancipation.⁹⁷ The idea that it is wholesome to transform one's (sexual or other) pleasure or suffering into a personal story is widely shared in modern Western culture. What Krafft-Ebing's and Moll's patients and correspondents did in the privacy of the psychiatric consulting room or in their letters has largely become public property; nowadays such candid stories are told in popular magazines or on television and the internet all the time.

Conclusion

The modern sexual order, which I have outlined in the five features discussed above, replaced some basic traditional patterns of sexuality. In traditional, that is collectively and hierarchically structured society, sexuality was largely embedded in a fixed natural and moral order. As a function of social and moral behaviour, sexuality had no distinct existence but was instrumentally integrated in marriage, reproduction, kinship, fixed gender roles, social status and economic concerns. Sexual morality was dominated by a reproductive imperative; the crucial differentiation was between legitimate reproductive sex within marriage and immoral acts that interfered with it, such as adultery, sodomy, bestiality or masturbation. In a society in which most people were not individuals in the modern sense, personal sentiment and attraction were of minor importance to the calculus of economic security, sociopolitical interests and familial advantage in choosing a partner.⁹⁸

⁹⁶ Oosterhuis, *op. cit.* (note 2), 220–30; Jeffrey Weeks, 'The sexual citizen', in Mike Featherstone (ed.), *op. cit.* (note 46), 35–52; Simon, *op. cit.* (note 90), 1–58.

⁹⁷ See Kenneth Plummer, *Telling Sexual Stories: Power, Change and Social Worlds* (London: Routledge, 1995). For the continued effect of the search for the authentic sexual self, see Sabine Maasen, *Genealogie der Unmoral: Zur Therapeutisierung sexueller Selbste* (Frankfurt am Main: Suhrkamp, 1998); Peter-Paul Bänzinger et al. (eds), *Fragen Sie Dr Sex! – Ratgeberkommunikation und die mediale Konstruktion des Sexuellen* (Frankfurt am Main: Suhrkamp, 2010).

⁹⁸ Oosterhuis, *op. cit.* (note 2), 231–40.

The psychiatric understanding of perversion signalled that in the modern experience, sexuality, as a distinct impulse with its particular internal physical and psychological mechanisms, dissociated itself from other social domains and began to generate its own meanings. As such, sexuality became associated with profound and complex human emotions and anxieties. Foucault rightly understood the continuity of nineteenth-century psychiatric interference with sexuality and the present-day craving for self-expression. Both are based on the confessional model that proclaims sexuality to be the key to individual authenticity and identity. However, I would argue that Foucault's assessment of this model of sexuality as limiting possibilities is one-sided. It is more than an instrument of professional power and social control. The formation and articulation of sexual identities only became possible in a self-conscious, reflexive bourgeois society in which there was a dialectic between humanitarian reform and emancipation on the one hand, and efforts to enforce social adaptation and integration on the other. The elaboration of psychological explanations of various sexual tastes at the end of the nineteenth century was advanced by professional psychiatry, as well as by the historical development of individualisation and social democratisation.

The modern understanding and experience of sexuality emerged not just from medical thinking in itself. To believe that a transformation of such magnitude was caused merely by psychiatrists would be overrating their power. They did not so much construct as articulate the modern experience of sexuality. Whereas psychiatry provided a new conceptual framework and new role models, longer-term social and cultural developments had substantially transformed the experience of sexuality in society. As I have indicated, several of Krafft-Ebing's and Moll's patients, correspondents and informants did not just play a passive role. To a large extent, the psychological interpretation of sexuality by psychiatrists (and for that matter also by psychoanalysts) relied on the self-observations of their articulate clients who were willing and even happy to share their sexual life-stories with them. Both patients and doctors were agents of culture at large which, in the context of Krafft-Ebing and Moll, was dominated by bourgeois values. Modern sexuality was, and probably still is, very much a middle-class phenomenon. Apart from the institutional developments in psychiatry, changes in the self-understanding of individuals who became its object have to be taken into account, and these can only be explained in the wider sociocultural context. The modernisation of sexuality involved transformations in the field of individualism, self-reflection and personal identity, as well as changes in the social function of sexuality. Psychiatric 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 the bourgeois milieu.⁹⁹

Crucial was the spread of the ideal of romantic love and of autobiographical self-analysis among the bourgeoisie. In the context of romantic love that presumed privacy, intimacy and psychic communication, personal emotion and desire gained primacy.¹⁰⁰ As the clue to the inner self, sexuality became associated with a variety of emotions and anxieties, and as such it achieved importance in self-reflection and individual authenticity. In the wake of romantic love and autobiographical self-analysis, sexuality grew into a

⁹⁹ Peter Gay, *Education of the Senses: The Bourgeois Experience: Victoria to Freud I* (Oxford: Oxford University Press, 1984); *idem*, *The Tender Passion: The Bourgeois Experience: Victoria to Freud II* (Oxford: Oxford University Press, 1986).

¹⁰⁰ Niklas Luhmann, *Liebe als Passion. Zur Codierung von Intimität* (Frankfurt am Main: Suhrkamp, 1982); Anthony Giddens, *The Transformation of Intimacy: Sexuality, Love and Eroticism in Modern Times* (Cambridge: Polity Press, 1992).

separate, largely internalised, sphere in human life. Only at that point was it possible for medical and psychological science to define it as a distinct impulse or instinct and to delve into its operation; and only at that point did it become possible to liberate and emancipate sexuality from what people increasingly began to experience as its social suppression.

Furthermore, economic independence, social and geographical mobility and urbanisation were important social conditions for the emergence of sexual identities. These could only come into being when an increasing number of individuals pursued their particular desires as part of their lifestyle, however, not as short-term, random diversions from fixed social roles and family responsibilities, but more on a regular basis. The pursuit of sexuality outside the constraints of the family indeed became possible, especially in cities that were big and anonymous enough to shelter and support a 'sexual market' as well as subcultures. Previously isolated individuals who might have felt their desires to be odd and unique found others with similar preferences within the urban environment. For the members of the upper and middle classes, capitalism entailed not only increasing opportunities to enter into free economic relations with other individuals but also, as living standards rose from the end of the nineteenth century, to place more stress on individual choice, taste and pleasure. It was in this context of an emerging capitalist consumer culture and a democratising civil society that sexual desire became significant in a new way.¹⁰¹ Just like social democratisation, the shift in capitalism from production to consumption entailed a rejection of collective constraints and a disembedding from traditional social contexts. Together with the spread of contraception, high nutrition and health, it was the coming of affluence and consumer capitalism's promotion of pleasure and leisure that, in the twentieth century, pushed sex to the forefront of our society.

¹⁰¹ Birken, *op. cit.* (note 4); Oosterhuis, *op. cit.* (note 2), 252–8; Thomas Laqueur, 'Sexual desire and the market economy during the industrial revolution', in Domna C. Stanton (ed.), *Discourses of Sexuality: From Aristotle to AIDS* (Ann Arbor, MI: University of Michigan Press, 1992), 185–215; Henning Bech, 'Citysex: Representing lust in public', in Featherstone, *op. cit.* (note 46), 215–41.