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# 'Psychopathia Sexualis'

By JOHN JOHNSON*

'To be ignorant of what happened before you were born is to be for ever a child.' CICERO.

*Psychopathia Sexualis* is the title of Richard von Krafft-Ebing's text-book of sexual psychopathology, first published in German in 1886. Although there had been many books on erotology since the time of Ovid, *Psychopathia Sexualis* was the first orthodox medical text-book on psychosexual disorders in man. The nature of the subject matter made the book an immediate popular success, and it subsequently ran into twelve editions. This success prejudiced the scientific recognition of the book by the medical profession, although no more praiseworthy motive could exist for publication of the book than that cited by Krafft-Ebing in his introduction to the first edition:

'The object of this treatise is to record the various psychopathological manifestations of sexual life in man and to trace how they are conditioned by regular laws.'

Krafft-Ebing was born in 1840 in Mannheim into a legal family. This in itself was a major factor in influencing him to write *Psychopathia Sexualis* in an attempt to combat the ignorance and prejudice about sexual crime which he came to know daily in judicial pronouncements by members of his family. By his early thirties, Krafft-Ebing had the reputation of being one of the best neuropsychiatrists in central Europe. His careful clinical observations were recorded in his *Lehrbuch der Psychiatrie*, whilst his status as a psychiatrist and neurologist was to be finally recognized by his promotion from the Chair of Neurology and Psychiatry at Strasbourg to succeed Professor Meinert in Vienna. This post he was to hold from 1889 until his death in 1902 at the age of 62.

In general psychiatry, Krafft-Ebing is best known for his research in establishing the connection between general paralysis of the insane and syphilis. Although the original statistical association had been made by Esmark and Jensen in 1854, it had not gained wide recognition. Krafft-Ebing was, however, so convinced of this link that to prove it he inoculated nine paretics with syphilitic scrapings. None developed primary or secondary syphilis, and from this he felt justified in concluding that the paretic must have already been rendered immune by a previous syphilitic infection. Hare (1959) says: 'This doubtful experiment caught hold of popular fancy and eventually convinced many of the patiently accumulated statistics.' As a footnote to his work in this field, it is worth noting that his successor in Vienna was to be Wagner-Jauregg who for his discovery of the malarial treatment of general paralysis of the insane received the one and only Nobel Prize that psychiatry has ever claimed.

*Psychopathia Sexualis* was intended as a text-book for the doctor and the jurist. Nevertheless, the fact that it ran into ten editions in almost as many years suggests that it must have been read by many others. The point was not lost on reviewers in this country. The review of the 5th German edition, by Dr. Henry Rayner, published in the *Journal of Mental Science* for January 1891, is on the whole sensible and well-balanced; however, the reviewer feels that much of the sordid detail in the numerous case-histories could have been omitted, and that the medical profession 'is in danger of pandering to morbid tastes' and of 'increasing the coil it is intended to loosen'.

The same criticisms seems to have led to a suggestion (reported by Benedikt in his autobiography, 1906) that Krafft-Ebing's Honorary Membership of our Medico-Psychological Association should be withdrawn. This cannot have been more than a suggestion, as there is no record of it in the Council minutes of the time.

In subsequent years, the descriptive and nosological approach of Krafft-Ebing to sexual

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psychopathology was overtaken by the dynamic psychology of Freud, and it is not surprising to read American opinions of the book, such as that of Daniel Blain (1965):

'The conclusions and opinions given in this 19th century text-book have little scientific value today, though some broad generalities may still hold true.'

I would suggest that *Psychopathia Sexualis* has been a much maligned and neglected medical text-book, largely through the notoriety its publication attracted. Written with a truly scientific purpose, based upon restrained interpretation, this work still has important contributions to make, particularly in influencing the direction of clinical research in the field of sexual psychopathology. Historians, I am sure, will acclaim Krafft-Ebing as the founder of modern sexual psychopathology who set the scene for Freud and Havelock Ellis.

In a characteristic Teutonic manner, Krafft-Ebing first devoted himself to the classification of sexual disorders. He made distinction between *perversion*—a disease, or 'paraesthesia' and acts resulting from vice or depravity, which he called 'perversity'. He emphasized that differentiation must depend on investigation of the whole personality of the individual. Perversion corresponded with the definition quoted by Scott (1964), that it is 'any deviation from normal heterosexual coitus which is fixed and exclusive'. Freud (1905) in the first of his *Three Essays*, similarly stated that 'if a perversion has the characteristics of exclusiveness and fixation, then we shall be justified in regarding it as a pathological symptom'. Much anomalous sexual behaviour that presents clinically is neither fixed nor exclusive and is only incidental to normal sexual activity. Kinsey's sociological studies of sexual behaviour emphasize this and support the view that deviant sexual behaviour and perversion are part of the same continuum (Kinsey *et al.*, 1948). There is, however, I believe, a distinction here worth maintaining between abnormal sexual behaviour which is fixed, self-fulfilling and totally exclusive of normal sexual activity (sexual perversion) and sexual deviant behaviour, which is much more common, often facultative and neither fixed nor exclusive of normal sexual coitus.

Krafft-Ebing, like so many psychiatrists of his period, was trained in both neurology and psychiatry. This is soon evident in the book, not only because of his recognition that sexual perversions were frequently associated with brain damage (Kolarsky *et al.*, 1967) but also for his penetrating guesses about the neural localization of sexual function. Up to this time it had been located by the phrenologists in the cerebellum. Krafft-Ebing recognized how frequently sexual excitement was initiated by olfactory stimuli, and stated precisely that he thought the sexual centres (if such existed) must lie in close proximity to those for smell. Nearly 50 years passed before Kluver and Bucy confirmed Krafft-Ebing's shrewd guesses and demonstrated through their ablative experiments on the temporal lobes of monkeys their classical syndrome of excessive orality, psychic agnosia and hypersexuality (Pilleri, 1966). Refinements of these experiments demonstrated that a lesion in the ventromedial nucleus of the hypothalamus could inhibit the perverse sexual behaviour of adult monkeys after amygdaloidectomy, and it is now becoming generally accepted that the limbic system is closely related to sexual responsiveness in man, and that destructive lesions in this system can lead to anomalous sexual behaviour (Kolarsky *et al.*, 1967).

Although the effects of castration upon sex organs and sexual behaviour have been known since Biblical times, it was the experiments of the German physiologist Berthold in 1849 on the implantation of testes into capons that opened the modern era of sexual endocrinology. Krafft-Ebing thought that man had a bisexual constitution at birth, and that in normal individuals there was congruity between psychic and physical development. He went on to say, however, that 'the sex-determining momentum is not known, but certainly the sex gland is not the primary agent'. He then returned to his most important basic tenet that there is some innate disposition in the central nervous system which is responsible for the dimorphic patterns of sexual behaviour. Arguments about what has now come to be called gender role have recently come into prominence, particularly with research into transsexualism. Two opposing views about the determinants of gender role have

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been advanced. The first, asserts that there is psychosexual neutrality at birth and that gender role is learnt through the experiences of rearing based upon the sex of assignment at birth: this is strongly supported by the findings of Money *et al.* (1955) on gender role determinants in cases of 'intersex'. They held that gender role was fixed through infantile experiences by the age of five years and that reassignment of sex after this age would be psychologically hazardous. This view has been seriously challenged by the many cases of successful sex reassignment in male pseudohermaphrodites in adolescence. The second theory, that psychosexual bias exists at birth, is primarily supported by the evidence that anatomical, physiological and even behavioural dimorphic sexual patterns are present in new born children (Diamond, 1965). In addition, animal experimentation suggests that it is the morphological and behavioural patterns of the female which form the *anlage*, and it is the presence or absence of foetal testosterone, itself determined by the presence or absence of the Y chromosome, that determines which sexual dimorphic pattern will differentiate during gestation. Sex hormones thus assume a new importance: while they activate sexual behaviour at adolescence, it seems that an equally important function may be their sensitizing effects upon the foetal nervous system in utero.

This has relevance to the perversion of transsexualism, a condition which Krafft-Ebing quite wrongly considered to be a form of homosexuality. It was Havelock Ellis who recognized the autosexual nature of this condition (Eonism), in which an otherwise normal male or female holds the conviction that he or she is a member of the opposite sex. Male transsexuals are said to be six times as common as females, and present to the practitioner with a demand for a sex conversion operation (Green, 1970). Benjamin (1966) asserts that there is an abnormal sexual constitution underlying this aberration and that it is not simply a disorder due to learning experiences. It must be admitted, however, that as yet no consistent morphological abnormality has been defined (Hoenig and Torr, 1964). The conviction with which cross-gender identification is held has an almost delusional quality, and is totally resistant to any known form of treatment. Since the first cases of cosmetic surgical conversion were reported in 1953 there has been an increasing demand by transsexualists for sex conversion through hormonal or surgical methods, and acceptance is being sought for these procedures on the basis of rather superficial follow-up studies. Psychoanalysis and learning theory cannot explain transsexualism on the basis of learning experience alone, and have to fall back on the supposition of some abnormal psychosexual constitution at birth, probably due to abnormal hormonal or chemical effects upon the brain of the foetus, predisposing it to organize contrary sexual experiences during development (Diamond, 1965).

Krafft-Ebing credited Binet (1887) with the first clinical descriptions of erotic fetishism. Binet saw the cause of this deviation in associationism, and he says 'in the life of every fetishist there may be assumed to have been some event which determined the association of lustful feelings with the single impression'. He anticipated psychoanalytic theory by recognizing that these events may in the adult have been forgotten. Freud made a most significant contribution to the understanding of this strange disorder by demonstrating that the fetish frequently has a sexual symbolic relationship to the genitalia. In his *Three Essays on Sexuality*, published two years after Krafft-Ebing's death, he emphasized how common fetishistic objects, such as hair, gloves, shoes, mackintoshes, cigarettes etc., were objects on to which erotic feelings had been displaced: they were phallic equivalents, reassuring the fetishist against castration anxiety. Both Binet and Krafft-Ebing recognized 'physiological fetishism', in which sensuous stimulation is provided by common articles of dress and toilet in normal sexual arousal; whilst Stekel described the not unusual pathological state of 'sexual piquantism' where the male is able to take part in normal coitus and avoid impotence as long as his partner participates in some fetishistic practice (Johnson, 1967). Although psychoanalysis has provided deep insights into the symbolic associations of many forms of fetishism, psychoanalytic treatment of fetishism has been an abysmal failure. Raymond (1956), however, can be credited with

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making the first break in the stranglehold which psychoanalysis had held for 40 years in this field. He published the case of a 32-year-old married man who had appeared in court charged with abnormal behaviour derived from perambulator and handbag fetishism. Raymond assumed that the condition was due to an individual idiosyncrasy as a result of conditioned abnormal sexual responses, and using nausea induced by apomorphine as an aversion stimulus was able successfully to decondition the patient to this behaviour. Although aversion techniques now find wide application in the treatment of all forms of sexual perversion, it is with fetishism, where stimulus and response are most intimately related, that aversion techniques have their maximum success (Marks, Gelder, and Bancroft, 1970).

Transvestism is a special form of fetishism in which articles of clothing, commonly underclothing of the opposite sex, become the prerequisite for sexual arousal when worn by the patient. The condition is a common latent cause of male impotence, and like many forms of fetishism is associated with high incidence of temporal lobe dysrhythmias in the EEG. Although transvestism is more commonly indulged in as a form of vicarious, incidental sexual excitement by otherwise normal males, i.e. as a sexual deviation, it may in some cases become completely exclusive and attain the severity of a perversion. It is in these cases that treatment by chemical or electrical aversion therapy has such a hopeful place in treatment (Barker, 1965).

Krafft-Ebing gave the first clinical description of sadism and masochism, terms which he derived from the writings of de Sade and Sacher-Masoch (Deleuze, 1971). His own case histories demonstrating these disorders vary from the simple biting behaviour of sexual foreplay to the sadistic lust murders of Jack the Ripper and the masochistic perversions of Rousseau and Baudelaire. He was one of the first physicians to describe the autosexual perversion of corset fetishism and what he called 'fettering' where the individual becomes sexually aroused when bound in tight clothing with straps or ropes. Although cases of exclusive sado-masochism are rare and are largely seen by forensic psychiatrists, gratification of masochistic phantasies is frequently met in the anamnesis of rape in female hysterical patients, whilst the phantasies of many impotent males and of pornographic literature often have a strong sadistic content.

Krafft-Ebing conceptualized sado-masochism as a pathological intensification of the normal emotional concomitants of the sexual act, due to a psychopathic constitution. Freud, in his essay 'A child is being beaten' in 1919, put a more dynamic interpretation of sado-masochism; he explained the content of these perversions as substitutive gratification for wishing to be beaten oneself in order to atone for erotic desires for incestuous relationships with the mother. This was the basis of his famous aphorism 'perversions are the negative of neuroses', for in this particular perversion he saw pure Oedipal conflict emerging with a minimum of displacement and disguise. Witnessing coitus between parents was thought to sexually stimulate the child with sadistic phantasies through identification with the father imagined as engaging in sadistic assault upon the mother.

Whilst these psychoanalytic speculations contribute to understanding the content of abnormal sexual behaviour they do not help in explaining their form. Sadism in the female, as Krafft-Ebing rightly said, is contrary to the female constitution, and the rare cases he recorded, such as vampireism, were psychotic. Although the Freudians added much to understanding the content of sado-masochistic behaviour, they could offer little to explain its form or why it developed to a pathological intensity in certain individuals. Nor can it be said that there has been any real progress in this subject since Krafft-Ebing's original writings, and our ignorance of the interplay between pain and sexuality remains a reproach to forensic psychiatry.

Exhibitionism was in Krafft-Ebing's time, and still is, the commonest sexual offence that comes before the courts. It has a close parallel with sado-masochism in that sexual excitement is obtained in the setting of the heightened emotional state of fear and apprehension—the fear of being caught exposing to or looking at young, attractive females. Exhibitionists and voyeurs (peepers) commence their practices in early adolescence; contrary to popular belief they are

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sensitive, often shy and physically poorly developed men (Mohr *et al.*, 1964), and rarely a physical threat to their female quarry. The condition is virtually never exclusive and fixed, and the behaviour is episodically indulged in as a form of vicarious excitement. Voyeurs or 'peepers', on the other hand, are rarely caught, and thus information on their behaviour is scanty. Counselling psychotherapy between husband and wife, together with environmental manipulation, are the first lines of treatment in these disorders, but 'sexual sedatives' are necessary for the recidivistic exhibitionist. Oestrogens, particularly stilboestrol, have a depressing effect on libido in some adult males (Adamson, 1959), whilst there is some convincing evidence from Denmark that voluntary castration is effective in the long term community management of the more severe sexual offender (Scott, 1964). However, of more interest is the new non-feminizing anti-androgen, cyproterone, which early trials suggest is extremely useful in the controlling of hypersexual deviants (Petri, 1969). Krafft-Ebing, like most of his contemporaries, thought that the sexual perversions, neurasthenia and psychosis were all the result of degenerative changes in the brain secondary to sexual excesses, particularly masturbation, whilst other forms of neurosis were sometimes attributed to sexual abstinence. This theory of pathogenesis was at that time as ubiquitous in its application as the castration complex was to become in psychoanalysis. The role of masturbation in the causation of sexual perversions is once again, however, coming under scrutiny. Masturbatory phantasies in early childhood are likely to be repeated and the associated phantasy firmly imprinted. If, in addition, the individual's abnormal personality traits restrict his social contacts, then these early and often abnormal sexual stimuli will persist and through reinforcement will prevent the development of more mature patterns of sexual behaviour. An immature pattern of sexual gratification will thus persist, as Freud suggested, and will become fixed and exclude normal sexual activity. This has become the central theme of the theory of sexual deviation advanced by McGuire *et al.* (1965). This emphasizes that repetitive masturbatory deviant phantasy is the main mechanism whereby abnormal conditioned sexual responses are made. To support their theory they point out that masturbation in the immature as well as the mature female is much less common than in the male (factually confirmed by Kinsey) and from this they argue that therein lies one explanation of why sexual perversion and deviation are less common in the female than in the male.

It is thus interesting to see how modern learning theory places great emphasis upon the aetiological role of masturbation in sexual perversion, as did Krafft-Ebing. Like him, the learning theorists advise their patients not only to abstain from their deviant practices but deliberately to avoid masturbation and thus provide an opportunity for extinction of the abnormally conditioned sexual response through hypnosis or by applying aversive stimuli.

The largest section of *Psychopathia Sexualis* is devoted to those whom Krafft-Ebing chose to call 'Nature's stepchildren', afflicted with the inverted sexual drive, or sexual inverts. Although he credits Caspers with the first complete clinical descriptions of homosexuality, many references to it had previously been made in medical literature. Morison (1843) referred to homosexuality as a 'monomania with unnatural propensity', and went on to say 'it is a consolation to know that it is sometimes the consequence of insanity . . . I have met with ten cases at least in which it was the effect of cerebral disease'. This was to contrast with the religious doctrine that homosexuality was always a vice and was acquired. Havelock Ellis (1900), in his extensive review of sexual inversion, gives historical biographies of such famous homosexuals as Francis Bacon, Oscar Wilde, Walt Whitman, Marlowe, Michelangelo and Leonardo. Griesinger (quoted by Krafft-Ebing, 1893) was, however, the first to emphasize that heredity played the major part in the causation of homosexuality, and it was not always a vice. This was supported by the repeated findings that in whatever population the incidence of complete homosexuality was studied, the figure of 4 per cent recurred. Little more was contributed of significance until Kallmann (1952), in a study parallel to that in schizophrenia,

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reported that there was an 100 per cent concordance for homosexuality in monozygotic twins and only 12 per cent for dizygotic twins. These figures have since been doubted, and to some extent retracted even by Kallmann. Heston and Shields (1968) gave a comprehensive review of this whole problem and themselves reported a unique family of 14 siblings containing three pairs of monozygotic twins. In two pairs both twins were homosexuals, whilst in the third pair both twins were heterosexual. Homosexuality is no more common in monozygotic twins than in dizygotic twins, and the authors deduce from this family support for the view that 'genetic factors play a major determining role in homosexuality'. Studies of Lesbianism are on the other hand very uncommon, probably due to the fact that most societies tolerate female homosexuality to a much greater degree; but it is interesting to note in Kenyon's study of the Minorities Group that 28 per cent had a history of a close relative who was homosexual, compared with 2 per cent of a control group (Kenyon, 1968). Chromosome and anthropometric studies have failed to reveal any significant changes. Oestrogen and testosterone levels in male and female homosexuals (Loraine *et al.*, 1970) have been reported as abnormal.

Slater (1962), however, demonstrated the tendency of homosexuals to be born late in sibships and to older mothers than comparable groups of heterosexuals. He drew a parallel with mongolism, and inferred a possibly similar genetic mechanism. Alternatively, a genetically susceptible child born to elderly parents may be more vulnerable to the intense emotional relationships with the parent of the opposite sex. Psychoanalysis shifted the aetiological emphasis away from heredity towards viewing homosexuality as a sequela of 'castration anxiety', determined by the effect of experience upon a basic sexuality which was to choose in which direction it moved. Whilst male homosexuals selected from clinic and forensic sources do exhibit a high frequency of intense emotional relationships with their mothers, when this observation is extended to adjusted homosexuals at large this feature subsides (Schofield, 1965). Clearly one has to invoke a constitutional factor in addition to the experiential one emphasized by the dynamic psychologists.

Krafft-Ebing considered what today we should call homosexuality as one step along the continuum to a psychophysical constitution identical with the opposite sex. He recognized congenital and acquired forms and for each four different varieties. He went on to make many enlightened suggestions regarding alterations in the law, which would reduce the incidence of social and neurotic reactions in the homosexual. In this country these views have been met only in recent years through legislative changes (Sexual Offences Act, 1967). Claims to be able to convert homosexual to heterosexual behaviour have always been made enthusiastically by psychoanalysts (Rosen, 1968). The *sine qua non* of treatment of homosexuals, however, is the desire to change. Krafft-Ebing's treatment of 'congenital inversion' was simple and carefully thought out. He insisted that the individual should avoid homosexual phantasies, particularly in masturbation, and forbade any homosexual activity, while he used hypnosis to provoke heterosexual phantasy. This approach approximates to the treatment principles used in behaviour therapy. The enthusiastic claims of Marks *et al.* (1970) for electrical aversion, and from Feldman *et al.* (1969) for avoidance deconditioning far exceed the improvement rates obtained by psychoanalysis (Rosen, 1968). No clinician can afford to ignore the impressive claims made by behaviour therapy in treating the homosexual motivated for change, and it would seem obligatory upon any psychiatric clinic to be able to offer this form of treatment.

Krafft-Ebing confined his treatment of paedophilia to the section of the book devoted to forensic topics. In his view, paedophilic acts were committed either by young men who lack courage or have no faith in their virility or by roué's who have to some extent lost their power, or by persons suffering from gross brain disease; but there were also individuals with a morbid psycho-sexual perversion in that direction. It was the psychoanalysts who realized the widespread nature of this disorder in its milder forms and viewed it as a phobia of pubic hair—the latter arousing castration

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anxiety in the subject. In their factual study of paedophilia, Mohr and Turner (1964) emphasized that in heterosexual paedophilia the young victim is seldom a complete stranger to the offender, and in many circumstances, such as incest, is often the active seducer. The act itself is invariably one of immature gratification, whilst physical assault or an attempt at intercourse is rare. Homicidal paedophilia is uncommon, according to these authors, and when a murder does result it is not the direct sexual aim of the offender but usually happens as a panic measure to prevent discovery. Homosexual paedophilia is a different clinical problem. Apart from its involving pubertal children, the rate of recidivism is high, approaching that of the exhibitionist, and requires stringent methods of management.

## Conclusions

Three main factors emerge from *Psychopathia Sexualis* as important in the causation of sexual pathology in man. The abnormal sexual *anlage*, so much favoured by Krafft-Ebing as underlying sexual perversion, has been revealed over the past 90 years since *Psychopathia Sexualis* was written as a complex neuro-endocrine diathesis. This predisposes the individual to organize sexual experiences which would normally be extinguished and replaced by more mature and adaptive forms of sexual behaviour. In some cases this abnormal *anlage* is predominantly genetic in origin, whilst in others the nervous system is sensitized *in utero* or through brain damage to organize abnormal sexual stimuli. The content of the perversion is determined by the quality of the sexual experiences to which the individual has been exposed during development. Krafft-Ebing expressed this second factor in terms of 'associationism'. The analytical emphasis on the pertinacity and singular importance of infantile sexual experience is no longer tenable as a single major theory of aetiology. Learning theory, which has opened up such a new dimension in the treatment of perversion, has emphasized how abnormal sexual experiences have to be continually reinforced throughout development if they are permanently to influence adult sexual behaviour. The abnormal personality of so many perverts and deviants is the third important factor. This, although predominantly constitutional in origin, complements the experiential factor. It renders the individual dependent upon solitary sexual practices and phantasies, which are constantly reinforced by solitary masturbation—a factor so much emphasized by Krafft-Ebing and now revived by learning theorists.

There are many who will decry my attempts to resurrect Krafft-Ebing to what I believe is his rightful place as the founder of modern sexual psychopathology and who will consider his emphasis upon constitutional factors as stultifying and sterile. I hope, however, I have demonstrated that many of the advances in the field reviewed in this lecture are based upon his approach and justify the inclusion of *Psychopathia Sexualis* as one of the major contributions to the study of abnormal sexual behaviour in man.

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