

## Notes on the sexological writings of Richard von Krafft-Ebing, Magnus Hirschfeld and Havelock Ellis

For many centuries in Western society, sexual knowledge was based on religious rather than medical or psychological theories. Clerics of various Christian denominations held the power to validate or doom an individual or a behavior, depending on Biblical interpretations. Reproductive science had scarcely advanced since antiquity, and the concept of sexual enjoyment as a right was completely unknown. Beginning in the late 19<sup>th</sup> century, however, a new breed of professionals slowly took charge. These forward-thinking physicians embarked upon a revolutionary new way of investigating and formalizing sexual activity as a field of inquiry that demanded great powers of observation, scientific rigor and the ability to communicate findings with great objectivity. One such pioneering researcher was H. Havelock Ellis (1859-1939), a British gynecologist whose opinions on such diverse topics as compulsory sex education of both genders, trial marriage and a repeal of the ban on contraception for women of his era was revolutionary – not to mention his openly arguing for abolishing the punishment of homosexual acts between consenting adults, which eventually was adopted into British law with several European nations to follow. In his didactic volume *Psychology of Sex* (1933), he stated that masturbation was “the natural passage” by which youthful sexuality would turn into “the calm and positive matrimonial love of maturity.” He reported on many masturbation practices observed worldwide, and stated that none were particularly unusual or dangerous. In this regard, Ellis took a markedly different tone from contemporaries such as Richard von Krafft-Ebing (1840-1902) who regarded masturbation as a distinct source of psychopathology (1886). It is also in the extensive discussion of atypical sexuality that has Ellis speculating along theoretical

lines which appear congruent with modern sex research. In contrast to the German physician and sexologist Magnus Hirschfeld (1868-1935) and von Krafft-Ebing’s insistence on a terminology of “perversion,” Ellis preferred the word “deviation.” However, he was in agreement with the dominant theory which maintained that sexual deviations had become symbols of “normal love” in the replacement of coitus. Like von Krafft-Ebing and Hirschfeld, he maintained that “extreme forms of erotic symbolism” were found chiefly in men, except for *kleptolagnia*, or erotic kleptomania, which was evidenced mostly in women. In more than a nod to interactionism, Ellis acknowledged that his current civilization had an unbalanced response to sexuality, which in turn engendered either hypo- or hypersexual conditions rooted in “the early sex life.” With regard to the origins of homosexuality, Ellis made a distinction between congenital “inversion” and acquired homosexual behavior. Sharply contrasting with von Krafft-Ebing’s theories of pathology, Ellis’ treatment of “inverts” appears to have been very sympathetic and tolerant, even to the point of displaying some reverence for their “artistic temperament and sensitivity.” In this view, he is closer to Hirschfeld’s congenital theories of homosexuality (1914), and he proposed that “modern opinion” had moved in the direction of tolerance with inversion being “a minor neurotic condition.” Congenital inversion was, according to Ellis, simply akin to “a biological variation.” Central to his argument for treatment was mostly to do nothing, although he did dissuade inverts from marrying the opposite sex. Finally, he employed von Krafft-Ebing’s and also Hirschfeld’s classification of “the intersexual condition,” with *psychosexual hermaphroditism* as an alternate name for male bisexuality.

The German physician and sexologist Magnus Hirschfeld (1868-1935) had a great influence on Ellis, particularly in the

acceptance of congenital “inversion” as a normal biological variation. Hirschfeld was deeply wedded to concepts of behavioral genetics, reproductive endocrinology and brain chemistry, which made his theories less influenced by interactionism than those espoused by Ellis. He was an essentialist who relied on the limited arsenal of biochemical and neurochemical knowledge available to sex researchers in the early 20<sup>th</sup> century. Many of Hirschfeld’s theories revolve around the “enzymes” *gynase* and *andrase*, i.e. “essence of femininity and masculinity and their inner secretions;” most likely, contemporary endocrinology would identify these substances as estrogen and testosterone. He compared the activity of the individual’s endogenous gynase and andrase to an opiate, which, in accordance with its adequate or inadequate dissolution had either a quieting effect or provoked discomfort within the organism. Thus, he was the only one of his colleagues who believed that individuals were born with fixed quantities of these substances which were seen as highly influential in behavioral patterns. For those suffering from “sexual excess,” he conceptualized of the hypererotic expression as having something in common with “other extravagances than sexual ones, such as gambling and all sorts of drinking.” Men and women were equally influenced by their enzymes; he contradicted Ellis’ concept of the female being a sexually passive participant in coitus, and instead stated that there was “an analogous condition of aroused sexual excitability.” His equal treatment of the sexes may have been influenced by his own sexual orientation, which was directed toward men. The contribution that most likely had laid the foundation for Ellis’ liberal view of homosexuality may have been Hirschfeld’s two-part volume *The Homosexuality of Men and Women* (1914). In this combination of clinical case histories and sexological theories, he elaborated not only on the concept of Uranians – an intermediate, third sex, usually with female

souls trapped in men’s bodies – but also on the category of “sexual intergrades,” under which were grouped male and female homosexuals, transvestites and psychosexual hermaphrodites, the last of which Ellis employed in his typological descriptions of congenital inversion versus acquired homosexuality. As stated in all of Hirschfeld’s theories on etiology, sexual orientation was inborn and not subject to modification. Meanwhile, Hirschfeld himself declared his inspiration from von Krafft-Ebing, particularly in the area of sexual symbolism, fetishes and psychosexual syndromes (1926). He elaborated on the clinical concept of not only fetishism but anti-fetishism, which meant the abhorrence of something specific that caused complete sexual aversion to the sexual partner’s characteristic or presentation. According to Hirschfeld, even such aversions were ultimately based on “a reaction limited by the endocrines,” since “in love there is no accident, everything is according to law.” He stated that “what we consider attractive depends on particular features of our internal make-up, not upon the attraction as such.” Here, Hirschfeld was in direct contrast with Ellis, who believed that maturation and attraction were influenced by individual and cultural relativism. Hirschfeld also amplified von Krafft-Ebing’s theory that some “perversions” were congenital. He proposed that fetishism stands for “a concentrated symbol” based on the particularity of the psychosexual nature. He believed that fetishism was “connected to the inner secretions,” and he implicated both gynase and andrase in its phenotypic expression. He was in agreement with both Ellis and von Krafft-Ebing when he defined the pathological element in fetishism as an exclusive concentration on one part of the target individual, and that the sexual relief is usually not sought or found through coitus with the possessor of the eroticized attribute. Excitation and release was accomplished through manipulation of the fetish itself, usually without mutual contact

of the copulatory organs. In the case of a hair fetishist, Hirschfeld concluded that “the patient is a hereditarily burdened degenerate whose aberration manifests itself as a paraphysiological fetishism of an advanced type.” This vernacular and line of thinking is more akin to von Krafft-Ebing’s concept of the fetishist as a constitutionally impaired individual rather than what can be found in any other writings of the major sexologists. Despite this judgment, however, Hirschfeld stated that “sexual anomalies have nothing at all to do with psychosis in the correct sense of the word; they almost never lead to insanity; it is even found in intellectually gifted persons, in spite of which anomalies such as the fetishism in question form a morbid phenomenon” (1926, p. 117).

In marked contrast to Hirschfeld’s and Ellis’ description of homosexuality and fetishistic behaviors as largely benign and free from pathology, German neurologist and psychiatrist Richard von Krafft-Ebing (1840-1902) postulated that fetishisms defined perversions and that homosexuality, transvestism and transsexuality were all stages of one disorder, namely “antipathic” sexual instinct. His compendium of sexual variance *Psychopathia Sexualis* (1886) spans four main categories: fetishism, homosexuality, sadism and masochism. The bulk of this volume consists of case histories, which von Krafft-Ebing used to bolster his taxonomies of mental and sexual disorders. He originated the term of *psychosexual hermaphroditism*, which was promoted by Ellis and Hirschfeld, as well as the suggestion for its abatement – hypnosis and avoidance of masturbation, an activity which was considered at the root of most “perverse sexual acts.” Much distanced from Ellis and his developmental theories of self-pleasuring, von Krafft-Ebing believed that most contaminating aberrations in behavior could be traced to “the practice of masturbation in early years. It despoils the unfolding bud of perfume and beauty, and leaves behind only the coarse, animal desire

for sexual satisfaction” (1886, p. 286). In contrast to Ellis’ view of the engagement in bestiality as a combination of low intellect and opportunity, von Krafft-Ebing hypothesized that if the fearful, hypochondriacal or “neurasthenic” male was kept from masturbating, at times “bestiality is resorted to.” In females – according to Ellis, the more passive sex, and according to Hirschfeld, a being with sexual appetites equal to, and sometimes even surpassing the male libido – fear of pregnancy or simply abhorrence of men, for reasons of physical or moral defects, could direct an instinct into “perverse channels that can be felt with abnormal intensity.” Both Ellis and Hirschfeld, however, appear to have been influenced by von Krafft-Ebing’s theories of the male congenital “invert,” some of whom have been described as so effeminate that they display distinctly female morphology, e.g. rounded hips. Ellis did not report on this particular phenomenon, although he provided his own diagnostic category for this condition, namely that male inverts were sometimes unable to whistle, and that there was a love of the color green, a hue “chiefly preferred by children.” Lastly, it should be noted that the concept of masturbatory degeneration as a cause of homosexuality was rejected by Ellis in *Sexual Inversion* (Symonds & Ellis, 1897) and retracted by its originator von Krafft-Ebing in 1901, the year before his death (Rosario, 2002).

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