

Introduction to the 13th Edition of  
Krafft-Ebing's  
PSYCHOPATHIA SEXUALIS

by **Terence Sellers**

*[Editor's Note: An abridged version of the following essay was published in 1997 by Creation Books, UK. The essay in its entirety is here restored.]*

When a Science is still new, and thus powerfully drawing upon the new Scientist's creativity, certain errors in logic may arise. But these inconsistencies, born of an imagination still ranging the plain of the new Knowledge, are inevitable when the subject is Humankind.

The early psychologists, yet unfettered by a hardened methodology, were in possession of a descriptive language nearly vanished in our modern discipline. Evocative, inaccurate, poetical, pretentious, compassionate and invasive - these early works resound with a humane timbre dryly absent from the mundane and 'correct' definitions of madness in 1996 — as exemplified in "The Diagnostic and Statistical Manual of Mental Disorders," which in my opinion has not progressed mightily in a comprehension of the sexual paraphilias.

The great Doctor Krafft-Ebing opens himself to our scorn with his at times antique moral stances. Yet I hope to elicit from the reader an appreciation of such passionate revulsions. Consider how they reflect a still-valid set of human feelings, and act, even in their ancientness, as a necessary adjustment upon human consciousness.

Though there are now in this year of 1996 great advancements in toleration of abnormality within the psychological sciences, we still ought not

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to delude ourselves in imagining that humanity at large is now, a hundred years after

Krafft-Ebing, terrifically more evolved in stomaching sexual crime, sexual perversity - or even sex. There is still not more than the barest sufferance by 'the norm' of those who are possessed of a sexual paraphilia (even when innocent of any taint of homicide!); and we who now might, in modern American society, freely seek out and attain to full knowledge of our favorite aberrations are, if the truth must be known, not that much happier nor self-accepting for all our greater evolutions in consciousness, and for all that perhaps specious 'freedom' in the expression of said aberrations.

And why should this be? It is not only because society at large still cannot tolerate us. I think it is something deeper — an innate reality — a self-displeasure and loneliness that cannot be gratified — even by the proper orgasm. Could it be because such as we are, perverse and highly idiosyncratic, still find it nearly impossible to mate?

The great work of *Psychopathia Sexualis*, resounding though it is with the Doctor's 'disgusting', 'appalling', and 'loathesome' - still possesses a moral rigour that cannot - ever - be completely outdated. Such opinions have much force and import - not however because I concur. How can we imagine that total acceptance of aberration is the key to happiness? And neither can I believe that a Doctor does his sufferer all the good service he might do, in modernly withholding his private moral point of view — one which may include feelings of uneasiness, aversion or even disgust.

Carl Jung has said that no beneficial abreaction can be effected in psychotherapy without a therapist's counter-transference - that is, a patient's relief cannot be had without the therapist's real emotional response. "The psychotherapist should clearly understand that psychic infections, however superfluous they seem to him, are in fact the *predes-tined concomittants of his work, and thus fully in accord with the*

*instinctive disposition of his own life.* This realization gives him *the right attitude* to his patient. The patient then means something to him *personally* and this provides the most favorable basis for treatment.”  
[Italics my own.]

Our trial, as therapists, and our own worst torment, is to somehow maintain our involvement with the patient, and remain compassionate, without becoming subject to the sufferer’s needs. We are not, as therapists, required to hold the patient’s hand, or even to much like them. But a force of kindness, coupled with the will to the sufferer’s eventual psychic prosperance are the metaphysical tools we wield. And it seems to me that this faculty to heal is borne upon the moral opinions of the therapist.

‘Moral opinion’ is a redundancy; opinion itself being the form of truth admixed, or ‘degraded’ if you will, by the private sense of right and wrong. Opinion illustrates a particular quality of mind. Certain sensibilities cannot as adeptly penetrate those unlike it, as it can those very like.

I who have been witness, as part of my work as a professional Dominatrix (that is, in DSM terms, as a provider of the paraphiliac experience), to hundreds of manifestations of sexual behaviour, have learned how paradoxically valuable and dangerous the clearly stated OPINION - which is very often a REVULSION - can be. One may state aloud that a behaviour is nauseating, without having to demonstrate that nausea. But brute honesty is not the point, and is neither ‘therapeutic’. But to pretend that one is objectively ‘above’ any feeling of said nausea is to rob the client of *the moral context* within which all human acts are situated.

The client has sought out a doctor, therapist or dominatrix because they are suffering. And very often they suffer not exactly from the particularly strange nature of their desire — but because they hate desire itself, would like to kill it, and would perhaps prefer to feel nothing at all. This

is the true “perverse” context wherein the “pervert” exists.

Krafft Ebing’s diagnoses and propositions for cure - even the use of the term ‘cure’ - we admit are seriously outdated. He firmly believed that simple abstinence would eventually result in the death of the unpleasant desire. But the death of desire is not its cure. And even in modern psychoanalysis, this ‘ideal’ of non-action, of the necessity of not “acting out” is sometimes proffered as the best palliative. This absurdity was, and is, at the root of continuous suffering, not to mention financial exploitation.

For example, Krafft-Ebing’s favorite cure for homosexuality was heterosexual marriage. His diagnosis from Case 134: “To strengthen the inclination for the opposite sex, which was defective, but not absolutely wanting... This could be done by opposing and avoiding all homosexual feelings and impulses, possibly with the help of artificial inhibitory influences of hypnotic suggestion [removal of homosexual desires by suggestion]... by the excitation and exercise of normal sexual desires and impulses; by complete abstinence from masturbation; and by the eradication of the remnants of the neurasthenic condition of the nervous system, by means of hydrotherapy [spa-bathing? or the infamous bondage in a bathtub?] and possibly general faradization.” [This last was the earliest form of electro-shock.. and how we shudder at that use of ‘general’!]

Let us stop for a moment to define that antique term, which holds such resonance: “neurasthenia”, for the Doctor does use it continually. The reader should know what he is referring to — for in his mind, it was a precise terminology. The dictionary states it is now ‘obsolete’, and denoted a generalized nervous debility; an atonic, or non-vital condition of the nerves. We might infer that such a state as Krafft-Ebing as well describes would today be diagnosed as chronic depression — with its attendant apathy, its dissociative sensations in the body (one even may feel oneself to be so numb, or detached from the physical, as to be two persons); beset with a sense of futility, of worthlessness, and the real ‘necessity’ of suicide; often coupled with sporadic obsession, or paranoiac symptoms.

All such symptoms betoken the blockage of the libidinous stream, and a diversion of the stream of natural, vital energy into sterile dead-ends.

(Such a death-of-affect may naturally be the product of that abstinence from, eradication of, or attempt to quell desire — which the Doctor has designated as the ‘cure’ for his weird patient. Thus cure equals *no feelings* - an idea we are familiar with in the modern Prozac’d patient.)

Our ‘implosion’ therapy - acting out a fantasy in a controlled environment, for the sake of the experimental results, was unknown - except in certain specialized brothels of the era. (Such a principle of over-satiation would have been unthinkable to the Doctor!) Neither knew Krafft-Ebing anything of ‘aversion therapy’, whereby one is made to indulge so mightily, that boredom with the highly-regarded act results, where once over-excitation ruled. (The problem with the last is it may take many years for boredom to ensue! So the means to maintain the ‘indulgence’ may be necessary — and in a context usually not famous for its stability or integrity.)

The principle of sexual fantasy being an ever-fluent, always-changing faculty was alien to the Doctor - because he lived in a culture where a “No” was the only possible moral answer to sexual paraphilia. But this is not to say that our very modern “Yes” is any better an answer.

For we must here state that *a solution — a cure — a return to normality* can be very harmful, and even deadly to the psyche of the paraphiliac. For it is sadistically irresponsible for any doctor to proffer a cure to the incurable. For how might we be returned to where we never were, and never meant to go?

‘Cure’ might act as the horrible lie that keeps the sufferer subject to his Doctor.

The patient may be victimized by this fantasy, and definitely is worked over financially. The fantasy of 'cure' takes from him or her the sense that he might be something - a rarity, a type, a person - to be valued in and of itself. Control is always necessary, of course - but self-control is the ideal. But this should never mean suppression.

The difficult dichotomy of the need to express - without the context in which to express - is the soul of the problem. No resolution is possible however, without a creative action on the part of the sufferer. For while the paraphilia cannot be eradicated, it can be transmogrified.

Krafft-Ebing himself demonstrates, almost despite himself, the near-impossibility of change. How many of his 238 cases altered themselves permanently, became truly normal under his treatments? Though we dislike him for it, the Doctor believed that the paraphilias were expressive of *a moral condition* — and that of *a low, base nature*. Even the Doctor must have realized that a moral condition is only 'correctable' through a moral bouleversement... that is, through something of the nature of a religious experience.

Yet what the 'modern' finds objectionable in Krafft-Ebing is precisely what I find fascinating. For I consider this question of a *moral fibre* still unresolved, highly flammable, and in our bland era, extremely to the point.

In my early years, fraught with a desperate desire *to not be a sado-masochist*, my therapist with whom I stayed three years made a statement to me that gave me such hope and pleasure, and a seeming enlightenment. What he said to me was: "You can learn to become the person for whom such behaviour would be impossible." Why did I spend thousands of dollars — compromise the exercise of my profession — deny myself physical pleasure — for the sake of this fantastic notion?

Because I believed in a sexual evil. The fantasy of its cure was a religious faith, linking me to God and all that was good.

How could I have hated my sadomasochistic desires so intensely? And how can it be, after all that therapy, and after the fifteen years of experience, and of surpassing boredom that has passed — that I am as I ever was, still hating that desire — yet still requiring to express it? Because I am evil?

“I want to be good! I want to be good!” cried little Alex, the sociopath in Anthony Burgess’ *A Clockwork Orange*. And so is demonstrated in that film an even worse downfall than that being a sociopath: that desire of his, to be “good.”

We are not blackboards that can be erased. Our actions do mark us, and for life. There is reflected in psychiatry a kind of stupid optimism about the ability of people to change - especially in its applications to the criminal justice system. Stupid, if it is true, that the behaviour slated to be changed is of *an innate character*; which I like to characterize as *a self-pleasing stylistic aberration of thought*.

Is it possible to ever alter such deep needs?

We observe this most glaringly in the multitude of cases detailing aspects of homosexual behaviour. These might be profitably read by even modern proponents of a stringent ‘political correctness’. Anyone who has studied moral revolutions knows that what is proper today might not be so considered a mere decade later - for right, or wrong) To read in *Psychopathia Sexualis* such a concerted mass of poor opinions, expressions of self-hatred, cruel acts by the family, punishment by civil authorities, distress of wives and children, et cetera is to see the terrible contemporaneity in it all, still.

A moral lesson is contained in these details of insane and inane persecution and destroyed lives. That lesson is: we cannot ask the world to hold our hand - *or even to like us*. Any medicine required by one suffering must be generated - homeopathically, as it were, that is out of itself - for within ourselves for the health of ourselves.

We should not forget the good Doctor Krafft-Ebing himself calls for a decriminalization of consensual homosexual behaviour - an opinion that helped blacken his already bad reputation, and discredited him in serious medical circles for the remainder of his career. But - look - homosexuality has disappeared from the DSM III as a 'Sexual Disorder!'

Inadvertently, from our distance, many of the 'cases' are hilarious. Take Case #146, a Doctor X.Y. who, after a long career of successfully secret homosexual indulgence, was discovered by a night-watchman one midnight grovelling in an open field, engaging in mutual fellation with a hobo! What joy the Doctor must have been feeling! To grab that instant of recognition from one of the lowliest beings in society; to thrill each other in the darkness. I like to visualize the crazy horror of the night-watchman, who fell over the ecstatic bodies on the country path. It was he who recognized the Doctor and reported him to the local Magistrate. But "the state prosecutor's office decided not to institute proceedings, since there had been no public scandal, and insertion of the penis into the anus had not taken place."

The Doctor X.Y.'s case is a real pleasure to read after the many other unhappy stories of homosexual life. He insisted on writing out his sexual biography for Krafft-Ebing. His level of self-acceptance in an unbelievably repressive society is heartening. Courage, strength of mind, and to refusal to be, or feel persecuted are some of his qualities not shared by the other paraphiliacs. He was a resolved and loving man, who, when denounced, wisely fled the country until the brouhaha blew over... "I felt obliged to leave Germany... and seek myself a new home, where neither law nor public opinion would be opposed, to what, like all abnormal

urges probably, could not be suppressed by mere strength of will. Since I did not doubt for one moment that my tendencies were contrary to current social concepts, I repeatedly tried to master my desire. *But the only result was to intensify them.*”

And what was Doctor K.-E. to do with Case # 138 - whose affliction was that type of ‘dystonic’ homosexuality - that is, a homosexuality from which #138 could receive no pleasure? We observe how the Doctor would first observe if his patient suffered from neurasthenia, i.e. some form of depression. # 138 did not. Yet after a course of ‘water-cures,’ Krafft-Ebing’s favored ‘treatment’ for homosexuality, it is noted the cure has “superinduced neurasthenia!” That is to say the stress of the cure has made the man sicker than when he began.

Trying to become normal, or trying to submit to being made normal, has depressed #138. But of course. As well, the way his Case is written, it appears as if the prescribed heterosexual intercourse itself made him more ill. He only appeared to improve after the birth of his first child. Yes, the pressure was off - he had done his procreative duty - he might now righteously refrain forever from intercourse with his wife.

Sad to consider his subsequent fearful celibate existence - “chiefly because he was haunted by the thought of procreating an offspring afflicted with his own anomaly.” Cruelly Krafft-Ebing does not disabuse him of this fantasy - that homosexuality is hereditary - probably because he shared the fantasy. (All the more hypocritical thus, for the Doctor to encourage the homosexual to marry in order to be cured! Hoping for a plethora of future patients, perhaps?

Consider too the anguish foisted upon a generation of women by these ‘cures’ - upon women who had no experience or understanding of sex, much less what a paraphiliac might be - who were forced by society to remain married to odd, cold and perverse husbands - the nature of which perversity one may assume they never were apprised of!

If of the same social class as the sufferer, an unsuspecting woman might thus be doomed to 'cure' the homosexual, the sadist, the fetishist - magically, as it were, simply through being a societal force towards normality.

If the woman was of a class beneath that the Doctor or sufferer, invariably described as "low in character", "bad," "of morally degraded nature," she was yet given the task of normalization. Again and again are the male sufferers described as "going to a brothel to be cured."

The restraints, rules, financial commitments and social expectations all attendant upon the privilege of having sex with a "good woman" - a wife - creates in some men so much mental stress, that they often prefer to consort with the "bad woman" who paradoxically "cures" them of their socially unacceptable sexual drive.

So success with a prostitute in a brothel was for these men the standard for a normal sex life? Thus proving "normal" intercourse was possible for them? The women they succeeded with, despised and reviled (then and now), were anyhow employed by both the Doctor and his patients as a sexual testing ground.

As there were apparently no so-called decent women of their own class who were sexually active, no-one with whom they might engage in experimental sex, so were prostitutes high and low assigned the task of 'creating' sexual normality by means of their open vaginas. For this salutary function they were of course given due credit and high honors in society.

This aspect of Krafft-Ebing's work is fascinating - to understand that certain specific streams of information about aberrant behaviour would not have been unearthed from the darkness, had not a prostitute spoken up and revealed it; or had a male patient not 'acted out' with a woman-for-hire, and confessed his antics to the Doctor, certain revelatory behaviours would never have been offered up as fodder for his busy analysis.

Certain types of activity - flagellation, or vile degradations - were never manifest except with a "low woman." This we understand (though K.-E. did not?) was not because she was an evil inciter in herself - but because a prostitute, in order to succeed, must be eminently agreeable - tolerant, of course, often compassionate, and with an interest in her clients' relief, whatever that might entail.

As well, being degraded in society, she had no expectations and could make no demands. Thereby anything was permitted with her. She served as a specialized drain for the excess of male sexuality of a certain class. Without such drains, distressing, even disgusting back-ups will occur. The women expel the 'evil' from the men, so they might be 'good' again. The evil, in passing through the drain, does taint it. Thus she is and will forever be 'dirty', though in reality she is only a functionary. But no-one loves a sewer-pipe; we only need them.

But these "women of low character" provided both the sufferer and his physician with Knowledge in the form of discoveries. Did the Doctor have another empiric quite so fruitful and juicy? Self-understanding on the part of the patient was certainly garnered; even if were only a revulsion, knowledge was his. The permission granted by the prostitutes were a means to *that complete physical knowledge* which is more than just an eye could witness, or a Doctor's ear hear of - a prostitute was not just a mirror, but a whole person against which to react, and with whom to enact a driving, desperate need. Often this act was one of love as well.

We must note that the attempts to be cured - to become normal heterosexuals - usually met with failure. Even Krafft-Ebing admits this. The 'normal' experience only confirmed the homosexual, the fetishist, the pederast that their true satisfaction lay in their paraphilia. They wanted that sharper, more dangerous orgasm! The hygienic, feeble spasm permitted through the 'normal' bored and irritated them.

Very often the mere sight of a naked female form (a rarity in those days of little pornography) would set them to flight. Or caused utter impotence. Though in some cases, through repeated tries, some made the discovery that a combination of normal intercourse, overlaid with mental images, say of a favorite boot, could bring them to a better satisfaction.

Misery here foisted upon the wife of Case #137. This unsuspecting proper lady's bedroom has its walls decorated with tall, shiny men's boots. What explanation he gave her for this we are not favoured to be amused by... neither was it probable that she knew her boot-loving husband's fondest desire was to slaver over the booted dirty heel of the coachman, to grovel before a lackey's shining riding boots, and to exchange his status as a bourgeoisie for that of the lowliest worker - as long as he sported BOOTS.

Forced by his appalled family to stop such activities at once and marry, his many attempts at "cure" are pathetic, desperate. At last he hits upon the expedient of suspending the beloved boots all about the bed during the marital intercourse. And how was this discovered? How else? In the laboratory-bedchamber of a prostitute. Perhaps the skilled lady suggested it herself.

Another example, Case # \_\_\_\_ : Only "through the intercession of a prostitute" was a "poor cheesemonger," who had been ordered to leave the city for his constant "unfaithfulness" spared by the civil authorities. She went before the magistrate and begged him to show mercy on a man who was "impotent unless severely beaten." We must admire the judge who retracted the order of exile. What a low character that Lady possessed.

"A woman of bad character told a friend, who told a physician, who told Krafft-Ebing..." Again and again are the Cases so prefaced, as we see how the Doctor gives 100% credence to the hearsay of one of these women! He then had in his possession another fascinating case, from

which he derived his eternal reputation. Strange science indeed! Can we today imagine such an interesting research given such credence?

Would modern, liberated “working women” allow their names, and pedigrees to be used in the interest of a case history? In spades - except, indeed, they are writing their own memoirs galore, concerning the activities of perverts. Many style themselves “educators” and give proper do’s and don’ts on perverse behaviour. Such a take on sexuality would have made Krafft-Ebing turn blue. Generally our blase culture merely accepts these writings as a source of entertainment! Gone are the days when a book on explicit sexual instruction had printed on its fly-leaf, “For Doctors and Professionals Only.”

Case #151 - An official of middle age, happy in family, married to a virtuous woman. “Through the indiscretion of a prostitute” was discovered to enjoy being dolled up as a woman. “He then desired her male servant, attached to her brothel, to manustuprate him.”

Fathers of families dressed as slutty old whores, no wonder Western civilisation has come to an end. Not to mention whores who can’t keep their mouths shut.

Krafft-Ebing does occasionally remark that he considers his research flawed, as there is a dearth of case studies on the female paraphiliac. This does not malign his work unduly, only places it in a historical reality. *For there were just some questions you didn’t ask a lady.*

Yet from the DSM III, we quote, “Women are rarely diagnosed with the paraphilias.” Are there still such societal restraints, or are women simply *happy* to be pervy? The kind of freedom a woman of today enjoys, in contrast to a mere century ago - the freedom to dress in a comfortable, and perhaps revealing manner, to walk wherever and whenever she likes unaccompanied, to engage in almost any profession - would Krafft-Ebing, transported into the present day, have deplored this behaviour as a degra-

dation of womanly virtue? Would he have considered such freedom a type of masochistic pathology, in that we are, with these freedoms, also more open to crime and attacks?

He often states his approval of the advancing status of women, who might no longer be mere chattel. Yet he still does not see his lack of appreciation for his colleagues - whom he sometimes mentions as "colleagues from around the world" - the women of low character, whose specialties include ironically "Around The World." (To the uninitiated, that means "everything goes" in bed.)

Since his prostitute informants do not appear as case studies - since apparently the women who engaged constantly with the paraphiliacs were not a bit off themselves - they must stand as *colleagues*. He continually describes their roles as sexual functionaries, their accounts are never derided - and the reason for this? Perhaps he actually respected them. We must derive this, for of course he could never have stated that openly.

What if Krafft-Ebing had decided upon the most interesting "cure" of all - one that might have solved multiple social problems in one blow? Imagine that he might have arranged for his perverts not to marry the good women of perfect social standing - but to "raise up" and legitimize the unfortunate, compassionate prostitute, who knew exactly how to abide his paraphilia.

She would no doubt have been a grateful wife, even if in exchange for the assumed unpleasantness of having an abnormal husband. But then again, the men of that time would never have been able to countenance their loss of status by such a marriage. Of course my logical solution - an act of mercy for both sufferer and working-woman - is unthinkable, insane. Marry a "bad woman" - one of knowledge and understanding? What a downfall for the bourgeoisie.

But in the end, what behaviour works most agreeably towards maintaining that ineluctable ideal - the well-oiled social order? The man left to quietly don his beloved lackey's boots - or this same worshipper shoe-horned into an ill-fitting marriage? Out of which he might burst, stinkingly, at any moment? Of course from our enlightened point of view we know the answer to this question. Or rather we think we do.

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The writing style of Krafft-Ebing is what most engages the literary person today. Lively, florid, poetical, at times inspired, it reveals, despite its moral slant, a deep and involved interest in his clients' every facet of life. He never seems to assume that certain facts are unimportant. His *per-sona medici* drops continually, under the spell of the very telling detail.

One is never bored by a facile, 'correct' presentation, devised by a saint-like automaton of impossible 'objectivity'. One has to suspect some obfuscation - some elisions - *some loss of refinement* - in our modern non-judgementality.

I wish here to compare the style of Krafft-Ebing against a modern definition of exhibitionism, and through this demonstrate how the Doctor's subjectivity, emotionality, and certain coarse vigor of language does transmits boundlessly more towards comprehending the paraphiliac condition of exhibitionism.

The current text I have used for this comparison is ***Abnormal Psychology: The Problem of Maladaptive Behaviour, 4th Edition***, by Irwin G. and Barbara R. Sarason, Prentice-Hall Publishing, 1972. This book was still in use in college psych courses in the 1990s. Here is what the moderns have to say about that particular interest:

“Exhibitionists, who are always male, repeatedly expose their genitals to unsuspecting strangers... in public places, as a way of experiencing sexual arousal. The exhibitionist does not want to harm anyone; his act of exposure is done for his own sexual gratification. His arousal is apparently heightened by seeing people react in amazement or shock when he unexpectedly shows his penis.

“An exhibitionist has an irresistible, compulsive need to expose his genitals, and he does so *despite the anxiety, depression, and shame he feels as a result*. [Editor’s emphasis] Acts of genital exposure seem to be triggered by excitement, restlessness, and sexual arousal.”

“Age groups can be varied, but peak age period is during the twenties.”

Here we have not a word about etiology, no examples of actual human beings, no descriptions of family context, and certainly no breaking down of the paraphiliac into sub-categories, as we shall see Krafft-Ebing does.

From this barren sketch, are we to infer that the problematic of why a man exhibits himself has only to stem from sexual arousal, restless, and a vague “excitement?” Or rather - that it really doesn’t much bear looking into? That the behaviour can even be viewed in a somewhat non-committal fashion? K-E.’s sub-groups may strike some doctors as worthless nit-picking. But how are we to just dismiss his far-ranging inspections as valueless to the future? Why was so much of it deleted from a modern text-book?

It may be because the exhibitionist is amongst the paraphiliac “incurables”. He (or she) only rates a mention in the DSM III because it is a behaviour that does obtrude upon public consciousness, bringing the actor into the purview of the police. As well, it is definitely a form of child

molestation - not as a prequel to any act, but an act in itself which gratifies the manifestor, and tries the observer.

Now let us read over and compare Krafft-Ebing's description of the same perpetrator. All italics are this Editor's, to emphasize the stylistic aberrations so beloved by the author:

“The cases thus far recorded are exclusively those of men, who *ostentatiously* expose their genitals to women, whom in some cases *they even pursue*, without, however, becoming aggressive.” [This point in the behaviour, that of pursuit, is important. I can personally vouch for such pursuit, having experienced one such incidence as a girl. It is nowhere mentioned in the modern text.]

“The *silly* manner of this sexual demonstration points to *intellectual or moral weakness*, or to a temporary inhibition of the intellectual or moral function,” [such reflections are poignant, if scientifically unprovable] “with excitation of libido dependent upon a decided disturbance of consciousness (abnormal unconsciousness, mental confusion) and at the same time calls the virility of these individuals into question. Thus there are various categories of exhibitionists.”

He then details these sub-groups, beginning first with those deriving from acquired states of mental weakness, “in which there can be no resistance... to a sexual desire that has either always been intense, or has been intensified by the disease-process. At the same time impotence exists, and no longer permits expression of the sexual instinct... but in acts that are *silly*.”

Krafft-Ebing outlines thereupon *seven* cases of exhibitionistic men over the age of sixty. He seems to consider exhibitionism in general a disease of the *older* gentleman - against the modern assumption of its manifesting more often in youth:

“Such cases recall the *lasciviousness* of youthful, sexually excited persons that are still more or less boyish; but also that of many mature cynics *of low morality*.

“Another category is made up of epileptics... at the time of the act there is always a state of *imperfect consciousness*, and thus is explained the fact that *the unfortunate individual, without cynicism*, does it in obedience to a blind impulse.

“The prime motive in this state of imperfect consciousness, as with other impulsive acts, is a feeling of *apprehensive oppression*.”

How much more revealing and intense is this description of the lowering mental state of the sufferer’s inner life... of a complete reality within the consciousness... how much more comprehension we have, by just this last phrase, *apprehensive oppression* - compared to the idiotic ‘description’: “acts of genital exposure seem to be triggered by... sexual arousal.” No kidding.

“The feeling of anxiety, with the state of imperfect consciousness, causes the associated sexual impulse *to appear as a command* - an inner force, which is acted upon in a purely impulsive manner and *in a state of absolute irresponsibility*.”

Try to imagine a modern textbook making such a hard and true statement about a form of antisocial sexual behaviour! They would be raved out of existence by the blandifiers. No-one dares admit that there could be a state of “absolute irresponsibility,” in our age of legalistic highjinks. The world as we know it would simply come to an end... Yet such a state *does* exist, on the subjective level, and obtrudes itself into the commonplace world in a variety of forms: sexual, literary, and emotional.

Krafft-Ebing then follows up his seven old fellows with ten more cases of exhibitionism. We are impressed by the many subjective descriptions

of the inner states of the sufferers - especially the peculiar preliminary dream-states into which they fall - sometimes just prior to their acts, other times during the act itself. He recognizes this euphoric mental state as the real pleasure of the exhibitionist.

“It was as if he were waking from a dream.”

“... felt excited and restless some hours before his criminal acts, and experienced a feeling of fear, with oppression, and congestion in the head.”

It is with some amusement we note these exhibitions often occur in or before churches; that one such man was also given to stealing cigars. Another innocently insisted he never meant to offend women; in the same mode, another would announce as he brandished his weapon, “I have a beautiful penis - come to me and stroke it!”

“As precursors to such attacks, he often had, a short time before, flames before the eyes and vertigo.”

“He would grow hot, terribly frightened, his head would burn, and he would seem to be in a fog. At the same time he would have violent, darting pains in the testicles and spermatic cords.” This sounds suspiciously like the symptoms of - sexual frustration.

Krafft-Ebing’s descriptions retain an illustrative power, drawing for us vivid images of the aberrant sexual behaviour of an entire culture. Those of us engaged in investigating sexuality, we modern scientists of sex, are sometimes bored, one might even say *satiated* by the fervent predictability of let-it-all-hang-out paraphiliacs. We are further stultified by the bland correctness of the 20th-century psychiatrist. The physical descriptions Krafft-Ebing inserts would never be found today in a proper psychology text. Yet do they not add appreciably to our comprehension of both patient and doctor? The older material is broader, even

fresher; points to a certain devolution in language, and possibly consciousness, within psychoanalytic history.

Case # 192: “His conduct was open; his mien gay; eye red and bright; head hot. His glance uncertain, with an unmistakable expression of lasciviousness.”

Case# 210: “B., age 34, made a peculiar impression owing to his dandified dress and affected manner. [Such habiliments were for Nordau a sign of the morally insane.] His eyes had a neuropathic, languishing expression; around his mouth played a smile of self-satisfaction.”

Case #190: [Concerning a nymphomaniac] “These unfortunate women disseminate the spirit of lewdness, and demoralize their surroundings.”

And was it just the translator’s private joke - or does Krafft-Ebing himself make the ‘Freudian’ pun in Case #197, where cunnilingus is described as “a horrible act” - and the sufferer who held such a desire, seduced to it by a lowly creature, “who *with cunning looks* invited him to *the delectable feast.*”

Try again to imagine such a conflict seriously written up by today’s insipid cliti - ahem, clinician. Mechanistic descriptions that set one to snoozing over the pages... unlike the beloved Doctor, whom one feels is somehow very attached to his madmen and women:

Case #160: “Nymphomania - she had regular orgies of the finger and tongue, sometimes for hours, until she collapsed in a state of exhaustion.”

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I am certain it is disturbing to some that an infamous *pervert* such as myself should have been asked to reflect upon so great a work as the *Psychopathia Sexualis*, and to critique so distinguished a scientist as Krafft-Ebing. Former editions of the work were prefaced by medical men of stern mien. That a type of *articulate maniac*, afflicted with *grapho - mania*, [as per Nordau in his work, *Degeneration*, 1895] a chronically-inclined *sadomasochist* and leather *fetishist* should somehow be considered worthy, in 1996, of pronouncing upon the value of so serious a work!

Though my case profile would assuredly have once relegated me to a prison for the criminally insane, today I scribble away in graphophilic joy, rampant and free from the confines of a Krafft-Ebing-like diagnosis. We know I am not unqualified - as both a forensic psychologist and professional dominatrix - to apprentice myself to the task of introducing the work of *a colleague*. And I do share his intent: to catalogue and thus 'control' the plethora of aberrations still rampaging through society, perhaps more virulently than ever before. Thus, in passionate response to the good Doctor's shuddering and flipping (in honor of the aberrant) *sideways* in his coffin, I hereby analyze *myself* as his Last Case, in his (near) inimitable style:

Case #239 - Miss T.S., age 44, sadomasochist and bisexual. Family alcoholic, mother neuropathically tainted. Father incarcerated as embezzler, 'professional' gambler, when she was four years of age. Nervous from this time of perceived 'abandonment,' insomnia, given to nocturnal frights, hallucinations.

Parents given to violent arguments, mother's infidelities an issue discussed freely before the child. No early masturbation, spasms of sexual frigidity in early teens and twenties coupled with indifferent style of promiscuity.

Religious preoccupations, belief in her innate evil; discovery of works of

the Marquis de Sade at age seventeen confirmed her in her proclivity and its 'legitimacy.' Periods of celibacy, alternating with overindulgence with inappropriate sexual partners. Religious guilt, desire for suicide; given to self-punishments through drinking and drug-taking, as per the era of the 1960s.

At age eighteen while in college she fell in love with a young man who was or was perceived by her as her social 'superior.' Dominated sexually; first experiences at the hands of this sadist, scenes of 'rape' and humiliation.

Parents incapable through mismanagement and drink of keeping her in university; incomplete education leading to further loss of self-esteem. Parents divorced in typical combative manner. She refused to return home, gravitated to New York City to fulfill perceived 'artistic' ambitions. Age nineteen, attempting to earn her own way. Vacillated still between becoming an actress or a writer.

Experiments in lesbian sexuality; increasing disgust for the male; fascination with lesbian subculture in the sex-business circa 1970s, and the possibilities of cynical profit to be made from the sexual exploitation of herself.

Depression, suicidal tendencies, insomnia, attempts at psychoanalysis. Semi-rape experienced at hands of degenerate Doctor, confirming her in the idea "no one can help me but myself." Refusal to take psychoactive drugs prescribed (Valium, sleeping aids), self-medicating through alcohol. Daily drunkenness; experimental sex compounded by frigidity; chronic depression and accompanying dissociative effects. Her writings of this time reflect a nihilistic and panic-stricken world-view.

Involved in 'exotic dancing', world of burlesque. Ironically the physical exercise increased her self-esteem over time and served to help her stop drinking. Incapable of actual prostitution due to innate aversion to the



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male body.

Began the practice of sadomasochistic prostitution by age twenty-four. Took only the dominant role in these activities. Derived intense pleasure of the psychic kind in this practice, strictly refraining from any actual sex with her masochistic partners.

Wrote her memoirs and completed a text called *The Correct Sadist*. Considered in the ever-growing modern “sadomasochist underground” to be a classic in that pornographic genre.

Though in psychoanalysis off and on from the ages of 15 through 36, at 44 she remains an unregenerate professional proselytizer for sadomasochistic practices. Degenerated into a ‘madam,’ a pimp for masochistic men. Lesbianism deeply entrenched to the extent of male transvestitism, ‘court- ing’ female prospects to train as sadistic prostitutes for her profitable ‘sex- business.’

Unrepentantly perverted in her tastes, delusions of grandeur, being ‘above the law,’ fantasy that her favored form of sexuality may one day become socially acceptable.

Delusions of literary grandeur. Acceptance by a publishing house of a new work on sadomasochism, *Dungeon Evidence* detailing her own “case stud- ies” of masochistic behaviour, further confirming her in the fantasy of social sanction.

Aspect of her sociopathic/antisocial personality: completion of university studies, B.A. in Forensic Psychology, graduating Summa Cum Laude (3rd in class). This accomplishment, while confirming a kind of superior intel- ligence, still did not motivate her to forgo her profession as Dominatrix.

Instead, she appears to have cynically subsumed her scientific knowledge into further ‘investigations,’ perfecting the ‘arts’ of her beloved field of study: sadomasochism.

Misanthropic, pessimist, deepening into nihilism; strains of apathy. Deterministic world-view, “people can’t change.” Notably this is a point of view shared by many in the fields of medicine and law. Some schizoid

traits, multiple names and compartmentalization of personality functions. Danger of her posing as a Doctor and authority, as she is able to speak in eloquent fashion on her subject.

Recommendation: incarceration, possibly drug-treatment for behavioural modification. Her articulate proselytizing renders her a danger to others.

**[Edited by the Author, July 2002]**

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