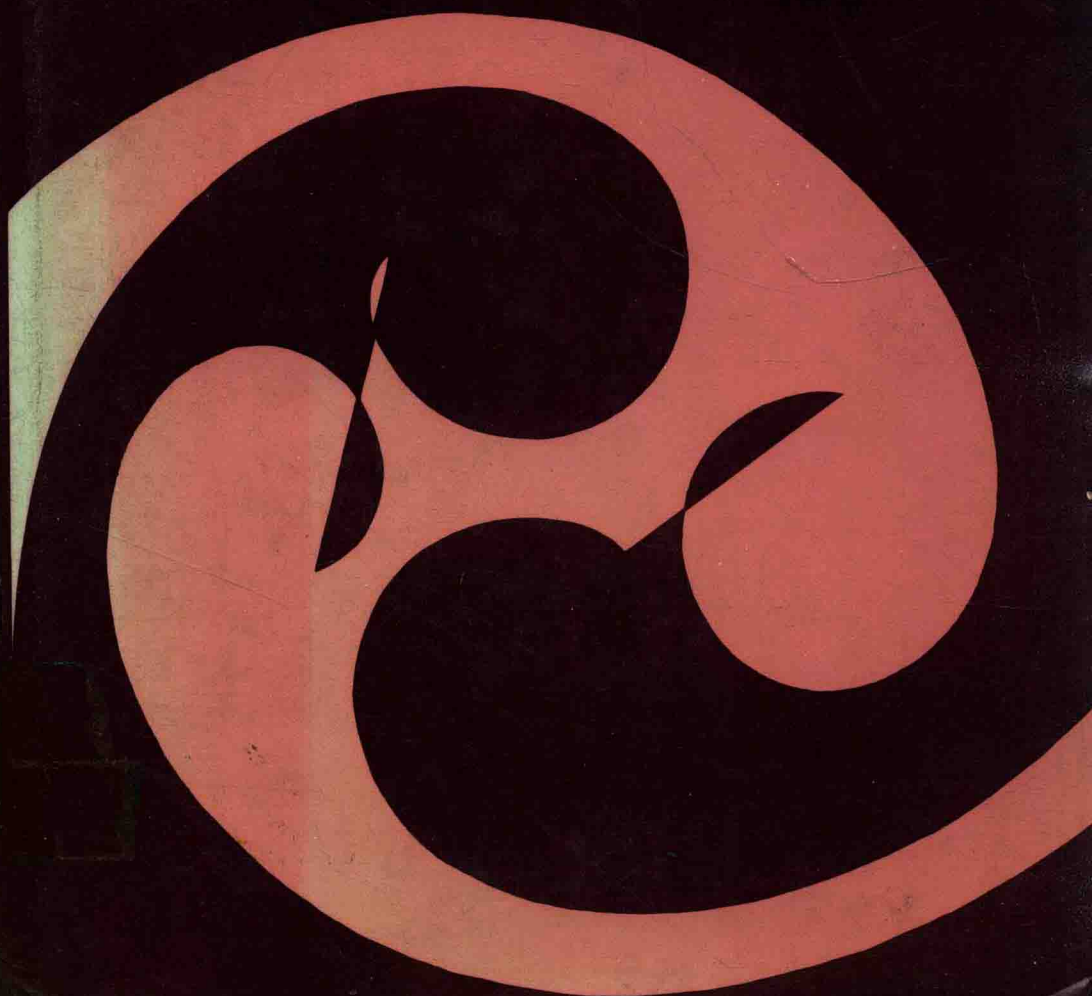


Sexual Deviation

EDITED BY
Ismond Rosen

SECOND EDITION



Sexual deviation

Second edition

Edited by Ismond Rosen, M.D., F.R.C.PSYCH., D.P.M.

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Sexual Deviation

Preface

The most pertinent single statement one may make about perversion is that events in the real world as well as within the psyche take on a symbolic and provocative meaning. When I was engaged in the final preparation of the earlier edition of this book the very last reference that I edited happened to contain the name 'Phoenix'. I was struck by the symbolism that a new book would one day arise from the ashes of a work not yet in print, yet it has come to pass, fifteen years later.

These two editions have in common a shared methodological approach to the study of perversion. The first edition was purely by British authors and covered a slightly wider field, whereas the second has an international authorship of the highest calibre, and deals in depth with the growth of knowledge in each area discussed. The links between the two editions are therefore of a traditional kind: each author has been chosen for his wide clinical or practical experience as well as for his theoretical knowledge, and many have made leading contributions to the world literature. The two editions complement one another in having varying viewpoints, in addition to being successive.

The chapters are intended to express individual points of view on major issues rather than to comprise a systematic textbook account. Ideally, many chapters taken together, or the book as a whole, will provide the best rounded view of particular syndromes.

Anthony Wakeling first presents the problems facing the general psychiatrist dealing with sexual deviation, the choice of treatments, and an expert view on the use of hormones in these conditions.

My own Chapters 2 and 3 should be taken together, and deal with general psycho-analytical theory. Preference has been given to views expressed in the literature, and comments are made where appropriate, using my own clinical material. Chapter 3, on perversion as a regulator of self-esteem, has been presented separately because this subject has not yet received appropriate discussion in the literature. The chapter has been kept brief to retain a scientific elegance, but is capable of much further elaboration.

We are much indebted to Phyllis Greenacre, the foremost modern thinker on fetishism, for collating her views on the subject especially for Chapter 4 of this volume. Robert Stoller's renowned work on sex and gender is providing us with new perspectives with which to view all sexual deviation. His clear exposition on the gender disorders in Chapter 5 is a welcome contribution from California. Chapter 6, on exhibitionism and voyeurism, dealing with phenomenological as well as treatment aspects, has been updated from the earlier edition, because of its systematic and historical basis.

Three chapters, 7, 8, and 9, deal exclusively with homosexuality. All the authors have extensive clinical experience treating such patients analytically, in itself quite a rare phenomenon. The reader may compare the theoretical approaches and classifications used in Britain, France, and the USA, and discover the many similarities and points of difference. Dr. Limentani continues the psychoanalytically eclectic tradition of the Portman Clinic, of Glover and of Rubinstein and of other esteemed colleagues who are now deceased. Their work remains for us to build on, in grateful salutation. Joyce McDougall brings a fresh viewpoint into female homosexuality, and adds Gallic insight where it is most needed. Charles Socarides outlines the psychology of male homosexuality from the developmental and treatment points of view, aspects he has helped to determine. Other chapters are rich in specific references to homosexuality, and the subject is dealt with much more extensively than in the earlier volume. Mervin Glasser, in Chapter 10, has drawn on his wealth of clinical experience treating both sexual deviants and delinquents at the Portman Clinic, as a guide in formulating his ideas on the role of aggression in sexual deviation. He has avoided the usual approaches to this difficult relationship (which are in any case provided in other chapters) and has forged ideational links between the most recent analytical thinking and clinical practice.

Murray Cox's chapter is culturally erudite and illustrates his skill as a group therapist with the most difficult of sexual problems, the incarcerated sexual offender. Chapter 11 provides evidence of how warmth, humanity, and sensitive group-analytical insights may penetrate therapeutically to the being inside the rapist and the sexual murderer.

Michael Gelder, as one of the fundamental researchers into behaviour therapy, as well as head of a large academic general psychiatric unit, is well placed to evaluate the merits of behaviour therapy in Chapter 12. Michael Freeman is a barrister with wide experience at

the Bar, who is also a sought-after academic teacher. His treatise on the law and sexual deviation deals with British and American law, and apart from providing the legal facts, discusses the principles and issues that lie behind their formulation, in a critical and highly informed manner.

In Chapter 14 Richard Michael, assisted by Doris Zumpe, has enriched his original historical account of the biological factors underlying sexual behaviour by describing in detail the experimental work of the last decade on the endocrine role in behavioural interactions between the higher primates. This work, emanating mostly from his own department, enables us to understand better the 'chain of causation' between biological factors and sexuality.

So much for the present volume. I think the reader will hopefully find much to ponder over that is helpful or enlightening. Whether a wished-for successor to this volume should appear, in series, the future will determine. More important is it for us to share and I hope enjoy the fruits of our present labours.

I.R.

July 1978

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1 A general psychiatric approach to sexual deviation

Anthony Wakeling

Introduction

In recent years there has been a resurgence of interest in sexual behaviour. Changes in social attitudes have led to a more tolerant and less inhibited approach to sexuality. Such changes have helped to create a climate where sexual behaviour in all its aspects is recognized as a legitimate field for serious and scientific study. The important studies of Kinsey and his group (Kinsey, Pomeroy, and Martin 1948; Kinsey, Pomeroy, Martin, and Gebhard 1953) and Masters and Johnson (1966; 1970) have helped to shape this change, and have provided important knowledge concerning the taxonomy of human sexual behaviour and the psycho-physiological aspects of the sexual act. Rapid advances in the field of neuro-endocrinology have raised the hope that we are on the verge of further understanding of the biological aspects of sexual behaviour. Of particular importance have been the discovery of roles for prenatal endocrine factors in the subsequent sexual dimorphism of behaviour, and findings highlighting the complexity of the reciprocal interaction between hormones and behaviour. In addition, increasing sophistication in psychological and social research methods has enabled studies to yield new information about many aspects of human sexual behaviour. The effect of all these endeavours has been to underline further the complexity and multi-variate nature of the factors that shape human sexual behaviour.

In the present social climate, there is a more open and, to some extent, more informed discussion of sexual behaviour. People who are distressed by their sexual lives are more likely to identify themselves and to seek help. This is certainly the case where the difficulties involve failure of function. There has been a burgeoning of clinics and centres purporting to provide treatment for such conditions, which most commonly include erectile impotence and premature ejaculation in the male and varieties of orgasmic failure in the female. This growth area stems directly from the innovatory research of Masters and Johnson and their reports of successful treatment of such disorders

by behavioural techniques. While such methods are undoubtedly successful in a proportion of cases, the therapeutic euphoria generated by this movement should be viewed with caution and scepticism. There is, as yet, a complete absence of proper evaluation of these methods. The more thoughtful practitioners in this field are more cautious in their claims for successful intervention and recognize that simple behavioural techniques do not meet with success in every individual. This is particularly so when the sexual dysfunction is but one aspect of more generalized personality disorder or neurotic illness. As Bancroft (1977) has pointed out the importance of these new directive treatment methods has been the recognition that some individuals can suffer from sexual symptoms in the absence of profound neurotic disorder.

Similar factors can be discerned when one turns to the other major class of sexual disorders: the sexual deviations. Changes in social attitude have led to an apparently more open-minded and tolerant view of diverse forms of sexual behaviour. There is a growing awareness of the wide variety of sexuality and sexual behaviour both between and within different societies. There is an increasing tendency for sexual deviants to identify themselves, either to seek help or to join a relevant sub-cultural group. There has been for some time a substantial and varied homosexual sub-culture (Hooker 1965). However, in keeping with greater social tolerance, other forms of deviance which hitherto had been invariably of the individual type are beginning to form their own sub-culture. Transsexuals, transvestites, fetishists, and paedophiles are now openly organizing themselves in this way. Identification with such a sub-culture mitigates some of the effects of stigma and undoubtedly plays an important role in the shaping of life and sexual relationships. It is, of course, individuals outside the sub-culture who are more likely to seek help. A whole complex of factors will determine whether or not an individual seeks help but it is likely that only a small proportion of sexual deviants do so. Whether this proportion is increasing or decreasing is uncertain, but there has certainly been an increase in therapeutic optimism over the last decade. This stems in part from numerous recent reports that deviant sexual behaviour can be modified in some individuals by both psychoanalytically-oriented treatment and by behavioural treatments.

Definition

As awareness of the variability and complexity of sexual behaviour

increases, the boundaries between normal and deviant sexual behaviour tend to become more blurred. However, there are certain forms of sexual behaviour that are generally held to be deviant in our society. Scott (1964, p.88) adumbrated those features which basically characterize such behaviour.

The elements of a comprehensive definition of sexual perversion should include sexual activity or fantasy directed towards orgasm other than genital intercourse with a willing partner of the opposite sex and of similar maturity, persistently recurrent, not merely a substitute for preferred behaviour made difficult by the immediate environment and contrary to the generally accepted norm of sexual behaviour in the community.

This definition emphasizes that it is the persistent and compulsive substitution of some other act for heterosexual genital intercourse which chiefly characterizes the behaviour called sexual deviation. Sexual deviations are usually separated into categories according to the predominant or outstanding sexual behaviour. These categories include homosexuality, sexual activity with immature partners of either sex (paedophilia), dead people (necrophilia), animals (bestiality), or inanimate objects (fetishism). Also included are sado-masochism, sexual violence, rape, incest, exhibitionism, voyeurism, and transsexualism.

Although generally classified in this way it is clear that these categories are not discrete phenomena. There is usually considerable overlap between them in that more than one deviation may be present in an individual, although one may predominate. Moreover, within each category will fall individuals with a wide range of deviant behaviour, differing in terms of personality structure and development, fixity and strength of deviant behaviour, attitude to deviant behaviour, co-existence of other forms of sexual behaviour, and so on.

Clinically, deviant sexual behaviour is often associated with an impairment of the ability to achieve mutually satisfying relationships with adults of the opposite sex, and with the retention of childlike patterns of relating to others. In contrast to normal sexual behaviour, deviant behaviour is often associated with strong affects of guilt and hate. Whereas normal sexual behaviour is more likely to occur in a setting of affection and mutual sharing, of equal giving and receiving of pleasure, deviant behaviour frequently occurs without discrimination as to partner, and without consideration of the feelings of others. It appears to be dictated more by neurotic or non-sexual than by erotic

needs, which leads to a large element of compulsiveness and risk-taking associated with the behaviour. As sexuality is intimately interwoven throughout all aspects of personality, it is to be anticipated that deviant sexual behaviour will frequently co-exist with profound personality maladjustment, severe neurotic difficulties, and fears of heterosexuality. However, sexual deviation is also compatible with adaptive social functioning and with elements of relatively normal heterosexual functioning. Some individuals do pass through a phase of homosexuality or bisexuality to a satisfactory and persisting heterosexual role and others pass in the opposite direction. Fetishism and exhibitionism, for instance, can co-exist with heterosexual behaviour. This is again to emphasize the tremendous variability of sexual behaviour and those aspects of such behaviour labelled deviant. There will be an immense gulf between individuals at one end of a spectrum who have never passed beyond an infantile level of psychosexual development, and those well-adjusted individuals at the other end who revert to deviant sexual behaviour only under the impact of severe physical or psychological stress.

Aetiology

Whilst recognizing recent research advances, there is still a profound lack of precise knowledge regarding the factors involved in the derivation of sexual behaviour in all its forms. The determinants of gender identity, gender role behaviour, sexual preference, and sexual behaviour are still largely unknown. Unifying theories of varying degrees of complexity of the aetiology of sexual deviation have been constructed in terms of psychoanalytic theory (see Chapter 2), and behaviour or learning theory (Maguire, Carlisle, and Young 1965). Such theories, of course, provide very useful models, particularly when formulated in such a way that they have heuristic value, and are important guides to understanding and treatment. However, at the present stage of knowledge, these theories should be regarded as hypotheses to be tested and modified by further research and experience.

A wide range of factors is likely to operate in the shaping of sexual behaviour. The aetiology of sexual deviation will, therefore, be multifactorial, representing a sequence of related and interacting phenomena within and outside the individual's body. These factors can be separated artificially into intrinsic and extrinsic groups. The intrinsic factors will be those related to heredity and constitution; the extrinsic

ones those referring either to some form of physical damage or to some experiential interaction with the environment. The present section will not attempt an exhaustive review of aetiology but will focus on some recent attempts to illuminate the roles of suggested intrinsic and extrinsic aetiological factors.

Intrinsic Factors

In recent years, paralleling the rapid development of modern genetics and neuro-endocrinology, attempts have been made to examine whether there might be some genetic or hormonal predisposition towards certain forms of sexual deviation.

Genetic studies. Genetic factors have been investigated primarily through twin studies in homosexuals. The earliest and best-known study was that of Kallman (1952) who reported 100 per cent concordance for homosexuality in a total of 37 pairs of monozygotic twins compared with 12 per cent in a total of 26 pairs of dyzygotic twins. This suggested that genetic factors played an important role in the origin of homosexuality. Other workers, notably Rosenthal (1970), drew attention to serious methodological errors in Kallman's study and cast substantial doubts on the validity of his findings. Subsequently several authors have reported pairs of monozygotic twins discordant for homosexuality (Rainer, Mensikoff, Kolb, and Carr 1960; Klintworth 1962; Parker 1964). Heston and Shields (1968) presented data concerning the twin pairs in the Maudsley twin register. Twelve male twins with a diagnosis of homosexuality included five who were monozygotic. Of these, three were concordant and two were discordant. Of the seven dyzygotic twins only one was concordant, six were not. As Heston and Shields found the same overall incidence of homosexuality in their monozygotic and dyzygotic twin population, it is unlikely that it is monozygosity *per se* rather than genetic factors that renders monozygotic twins more likely to become homosexual.

No firm conclusions can be drawn from these studies. A higher concordance rate for homosexuality in twins is not necessarily due to genetic factors, but may result from factors such as intense identification or specific environmental factors related to twinships. However, the generally higher incidence of concordance in monozygotic than in dyzygotic twin pairs provides some tentative support to the suggestion that genetic factors are involved in the genesis of homosexuality. Such