

Delinquent Acts as Perversions and Fetishes [1]

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Certain delinquent acts can be classed wholly or partly as perversions or fetishisms. Naturally they are more easily identifiable as such when they fall within the area of sexual offences through the nature of the acts themselves and their similarity to the abnormal sexual acts of the non-delinquent.

Freud's early views, like all ground-breaking discoveries, must be subjected to certain modifications to fit in with current findings. In bringing delinquent acts within the framework of perversions his opinions need to be reexamined. This often-quoted statement that 'neuroses are, so to speak, the negative of perversions' must be clarified. This idea is seemingly to be repudiated since sexual and other types of offenders clearly reveal in analysis many neurotic features, marked ego defences, and conflicts that prevent us from thinking of perversions that arise solely from unmodified id impulses. Gillespie [2] offers us a convincing explanation of this apparent contradiction by pointing out that Freud went a step beyond his earlier views in later regarding the 'ego as deeply involved in the process of perversion formation'. Gillespie relates the process to the splitting of the ego, 'which is to be found not only in other perversions but in neuroses and psychoses as well'.

Thus we have a rationale for the fact that perversions can dwell side by side with neurotic features. But we are still held up in connecting delinquency with perversions by another of Freud's views which he propounded when discussing looking and touching. As he wrote: 'The desire for looking becomes a perversion (a) when it is exclusively limited to the genitals; (b) when it becomes connected with the overcoming of loathing (voyeurs and onlookers at the functions of excretion); and (c) when instead of preparing for the normal sexual aim it suppresses it.'

There is some ambiguity here as to whether Freud considered that these three points were essential components of every perversion, or that any combination of them could equally well serve for identification. In relating them to delinquent, aside from purely sexual, acts, we find considerable disagreement. A great many delinquent acts are not limited to the genitals, nor are they always connected with the overcoming of loathing (unless we equate moral and ethical feelings with shame). And even as to the last point (c), in the analysis of exhibitionists we find that the perversion covers in certain misguided conceptions of cause and effect, which may be perverse enough to accomplish a normal sexual aim; intercourse with the observer. Many exhibitionists reveal after considerable analytic exploration that by displaying their genitals they hoped so to impress the observer that she would invite sexual relations. Another striking example of this was revealed by a rapist, who after forcing a married woman to submit to him sexually, contacted her by telephone, ostensibly to apologize, but actually because he fully expected that the woman had been so gratified by his potency that she would seek further relations with him on a more normal plane.

As Freud rightly construed, our understanding can be enhanced by contrasting neuroses with perversions, but the comparison must be made on the level of symptoms rather than in the underlying strata. Both the neurotic and perverse symptoms spring to a great extent from similar etiology, which is the subject of another paper and will not be covered here. For a time the same psychic road is travelled until a fork is reached where it opens into two branches, going in different directions. The results are symptoms of two kinds—autoplasmic and alloplasmic. The neurotic reaction or symptom is autoplasmic while the perverse one is alloplasmic. Thus

1 Contribution to the *Panel on Perversions*. Presented to the 19th International Psycho- Analytical Congress, 24–28 July, 1955.

2 W. H. Gillespie: 'Notes on the Analysis of Sexual Perversions.' *Int. J. Psycho-Anal.*, **23**, 1952, p. 397.

neuroses are not so much the negative of perversions as a different symptomatic direction. In a certain sense the neurotic symptom is of a more social kind, while the perverse is more anti-social. Thus there is a rather close connection between the sexual perversions and delinquent behaviour, which is by definition anti-social.

Ordinary perversions are usually clearly defined repetitious acts, which vary little in context and pattern from one to another. In fetishism this is very marked, the fixation being on a certain object such as shoes, clothing, or products like tobacco, etc. With perversions the fixation is not on an object but generally on an activity, which also, however, like the fetishes, show a clearly marked pattern fixated along fairly rigid lines. Most delinquent or criminal acts show the same rigidity of pattern. This can be illustrated by some cases I have treated. Lenny, a schizoid youth of 15, was referred to me for treatment after his release from a reformatory. He had been arrested ten times since the age of 7, the charge being always stealing women's underclothing. First he stole such items as panties from five- and ten-cent stores and from clothes lines, but he got more skilful as he grew older. He stole new merchandise by the boxful, and when he was arrested the police found his room filled with boxes of women's underclothing, which he stole and sold for his living. A habitual pickpocket once boasted to me that he could tell a money-carrying victim merely by looking at him, but when queried more closely revealed that he invariably victimized slim, timid-looking men, of rather feminine appearance.

The Crime Indices or Modus Operandi files of the police department throughout the world (some of these files going back a hundred years) are essentially indices of the fetishes or perversions of the different known criminals. If a certain type of crime, involving a certain item, and perpetuated in a certain definite manner and pattern, is committed, often the first place the police look is in their Crime Index. The Los Angeles police, among others, have perfected a modern electronic machine which can locate individual criminals with their patterns of perversions in a matter of minutes. Many crimes have been solved in this way. Thus we find empiric wisdom pointing the way for scientists, much in the same way that the master playwrights of ancient times intuitively set the patterns for modern scientific psycho-analysis.

Thus perversions cannot rightly be narrowly limited to activities relating to the genitals or directly connected with sexuality, although as we probe deeper into the psychic layers we shall almost inevitably encounter such connections. But therapeutically, unless we have some grasp of the structural manifestations we shall have difficulty in coping with them.

Structurally perversions are similar to acting out in analysis. As in acting out we have the surface manifestation and the underlying dynamics. The surface manifestations are usually ego-involved, with a full consciousness of the activity, together with a complete amnesia of past or early events that gave birth to such activities. But tracing these blotted-out memories in analysis, as a matter of fact, is often much simpler than with the more vague and illdefined traumatic incidents of neurotics. Despite distortions and vicissitudes the area of involvement is fairly identifiable from the activity. Thus it would seem that perversions are easier to treat than neuroses.

And sometimes in the milder cases they are. Sometimes even short analysis proves fruitful. With certain exhibitionist and mildly anti-social shoplifters I have found that this is the case. Alex, a young man sent to me by the courts for exposing himself before a group of young girls in a park, was amenable to such short analysis. Alex was 27 and had been married two years. He was rather short in stature, which was of some significance in the treatment because his wife was a big woman nearly a head taller than he and of about one and a half times his weight. He exposed himself shortly after learning his wife was pregnant. Alex had no previous history of anti-social behaviour. If anything, he was a mild and weak man, overconscientious and submissive. He was thoroughly shocked by his arrest, and as he stated during the initial interview, it had been unthinkable for him that he should break the law. At first he denied any intention to expose himself. He said he had had an uncontrollable urge to urinate, and for this purpose had entered a dense area of bushes in the park. He claimed to have heard voices coming towards him and in his astonishment turned and accidentally exposed himself. His story, however, was contradicted by the young ladies involved. They reported that he had stood before them with an erection and made some obscene gestures of masturbating. In the second interview, Alex admitted that the girls' version was

the correct one, although he was so mortified that it was hard for him to confess it. He shook his head as he said he could not understand how he could have done such a thing.

Alex's marital life had been a burden on him. His wife, because of her size and stronger personality, ruled the family. She contemptuously exposed his weakness on every hand and was on the verge of crushing him. To make matters worse her family up to several months ago had to make substantial financial contributions to keep up his home. While openly expressing joy at the announcement that he was to be a father, the truth was that he was thoroughly frightened by the anticipated event.

During the course of treatment, Alex related that after a month of marriage he had begun to masturbate, even though sexual relations with his wife were adequate both as to frequency and gratification. He could not understand the compulsion, but it was a secret he was dreadfully ashamed of. He also had frequent conscious fantasies of being unfaithful to his wife. These usually accompanied his masturbation.

Alex recalled that the relations between his mother and father were rather similar to those between him and his wife. His mother, he said, was a domineering woman who ruled his father with an iron hand. But when he was about 5 or 6 the relations in his home took a turn for the better, brought about, he thought, by an event that rather shook the household, causing such a row that even he, a small child, knew what it was all about. His mother had come upon his father in a bedroom with a maid who had been temporarily hired to help with the house cleaning. The father was in his shorts but claimed that he had gone accidentally into the room without knowing the maid was there. Alex did not know all the details, but for a long time afterwards his mother was intensely jealous, so much so that she moderated her behaviour.

Alex himself volunteered with a grin that his father had used the same defence as he had. He did not deny that there was a connection between the present offence and his memory of what happened with his father.

There is no room in this communication to present all the details of his case. Alex readily understood that his offence was representative of an effort to assert himself, and end the domination of his wife, just as his father had done with his mother. The indication for a brief analysis in this case was that the patient's personality was not deeply involved in an anti-social pattern. Thus an adjustment was easily achieved, and to this day, three years later, he has not repeated his offence.

But usually the course of treatment does not go as easily as that here described. Perversions inherent in anti-social behaviour, like acting out, indicate an activity which involves others. The patient then must not only cope with his unconscious conflicts, like the neurotic, but further must deal with repercussions of his activities. These do not always conform to his unconscious expectations; in other words they are often beyond his control.

Such is the situation with the majority of delinquents and anti-social personalities. It is well known how difficult it is to obtain a transference of any strength with anti-social personalities. Sometimes the anti-social patient does develop a certain dependence on the analyst, but this should not be confused with transference. The analyst has very little choice in shaping the therapeutic situation with the anti-social patient, at least in the initial stages of treatment. In delinquent behaviour, even such as is not specifically sexual, he is dealing with a type of perversion which is essentially an alloplastic symptom, or a tendency outward rather than inward. While there is a direct route from the perversion to the unconscious material, the approach to the perversion is beset with blocks and detours in the form of involvements in social complications.

The only feasible technique initially is through treatment of the ego, or an ego- psychology approach. With the object in mind of isolating the perversion and then dealing with it intensively, the analyst must concentrate on making contact and influencing the patient in reality problems before endeavouring to reinforce the transference, which of course is always inherent in the therapeutic relationship. Once some stability in the treatment relationship has been achieved, opportunities will present themselves for analysing the transference, particularly its negative aspects. Then the real analytic work can begin. The key to the whole treatment structure is the recognition that delinquent acts are perversions, which can be approached analytically, but only after adequate and intelligent preparation. Otherwise the treatment of delinquents and anti- social personalities would be aimless, without a beginning and an end, with a never- ending series of retreats and advances, with an interminable dependent relationship, and without an analytic purpose.