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Fetishism, Transvestitism, and Voyeurism

A Psychoanalytic Approach

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Robert C. Bak and Walter A. Stewart

In order to understand the psychoanalytic view of the perversions it is necessary to review theories of maturation and development on which this understanding is based. The term "maturation" emphasizes that aspect of growth which is primarily biologically preordained. The term "development" refers to those more incidental events and processes of growth in which environment plays the dominant role in its interaction with maturation.

The distinction between maturation and development is only relative, since even in maturation of inborn functions there is no absolute autonomy from the environment; that is to say, normal maturation is contingent on the "average expectable environment."[1]

From a number of such observations we can assume that an average expectable environment is essential for maturation as well as development. These environmental stimuli can be regarded as releasers of the biologically preordained functions. Both maturational and developmental growth processes should be viewed in terms of the total interdependent unfolding of the sexual drive, the ego functions and object relations.

Some place must be allotted in our theoretical scaffolding for inborn constitutional variations in the capacity for these functions. Not all persons are endowed with equal potentiality, nor are they born with the same equipment. The variations are largely assumed under the concept of ego functions. However, there are undoubtedly constitutional factors involving the strength and nature of the drives, as well as variations in the capacity to form object relations and to react with the external world.[2]

The problem of developmental growth is embodied in the life history of the individual. It is in this area that psychoanalytic studies have been so richly rewarding. The analytic task can be described as the reconstruction of the interaction between maturational factors and life experiences. This genetic approach to the understanding of human behavior and motivation is not original with psychoanalysis. What was original was the discovery of the meaning and influence on the child of certain experiences. Psychoanalytic understanding enlarged and systematized the understanding of what experiences were influential in the modification of behavior. For example, the crucial timing of an experience, the so-called temporal factor, could be understood in terms of the child's specific maturational phase. The same experience at one age period might have relatively little impact, but were it to occur in another developmental phase, it could exert a quite traumatic effect. This timing of an experience was only one of a number of factors that had to be taken into account in order to understand the individual's response to an

experience. Other factors, such as regression, fixation, and repression, also played a crucial role in determining the meaning of an experience.

Since the meaning and interrelationship of these concepts have changed considerably over the last eighty years, it is desirable to review briefly those psychoanalytic concepts on which our understanding of the perversions is based.

Psychoanalytic Theory of Drive and Ego Development

The psychoanalytic views of the beginning of psychic functioning all have what can be termed a mythological flavor. It is expressed popularly in the phrase, “In the beginning there was chaos.” This first period is termed the undifferentiated phase, since there is no differentiation of the self from the nonself; also the energies are not yet differentiated into aggression and libido (i.e., the energy of sexuality); and finally, there is no structural differentiation of the personality into functional units.

This beginning undifferentiated phase exists prior to birth as well as after. The birth experience is so remarkable from the point of view of the observer, that all things relevant to maturation and development seem to occur after birth. This may not be true. Ferenczi emphasized the fact that the “caesura” of birth is not the beginning of life; it is to the infant a momentous change, but also a continuation, partly provided by the nurturing

environment.

Rank saw birth as the model or prototype for anxiety, in the sense of its being the greatest interruption of a Nirvana-like existence. It is the first and greatest example of the necessity to deal with overwhelming stimuli. Bak has emphasized the problem of temperature regulation which birth imposes on the infant. Up until birth, temperature regulation was automatic and dependent on the mother. After parturition, the infant is subject to temperature fluctuations, especially cooling in the external world. The adaptation to this change is the earliest experience of the infant in self-regulation and leaves a tell-tale imprint on the sense of separation. The cooling of the infant may be the universal prototype of the vital danger of separation and castration.

Greenacre, following some of Ferenczi's ideas, viewed the birth process as a powerful traumatic early conditioning of the infant in relation to the later impingements from the outside world. The emphasis was less on the prototypic experience of anxiety, but dealt more with the problem of the stimulus barrier. Birth was the original traumatic (overwhelming) experience, which later had to be avoided.

Developmental and maturational changes occur after birth with extraordinary rapidity. This. phase of development leads from

undifferentiation to the differentiation of self from object, differentiation of the drives, and the differentiation of structures.

The early phases of the development of the sense of self have been studied by a number of distinguished analysts, amongst them Hoffman, Hermann, and Hoffer. However, the problem has been most systematically studied and formulated by Mahler.

Mahler designates the first stage, when self and object are not differentiated, as the autistic phase. The second stage is designated as the symbiotic phase. In this period, the child and mother form a dyadic pair or unit. This is followed by the separation-individuation in which the self is aware of being a separate unit able to relate to a variety of objects.

Drive differentiation follows a different pattern. From the non-differentiated stage of psychic energy two forms are differentiated: One is libido or sexual energy, the other the aggressive energy. These pure forms of drive energy are, however, never observable clinically. Freud hypothesized that in even the earliest months they merge and form an alloy. As a consequence of this form of fusion, each drive is modified and tamed.

Hartmann suggested a different formulation to account for the taming of the drives. He saw the drives as remaining separate, even when both libido and aggression were invested in the object. Their taming was not the result of

instinctual fusion, but occurred as a result of de-instinctualization, which he termed neutralization.

However the taming of the drives is thought of, whether as fusion or neutralization, it is a crucial step in development. Both the differentiation of the drives and their turning towards the outside world are dependent on good maternal care. When the mother provides trustworthy care, she is the object for the investment of the energies and brings the child out of the autistic phase, and through the symbiotic phase to the awareness of self.

At a later date, the drive differentiation is further consolidated and given greater stability. For the male child, this occurs when, most of the libido, fused with some aggression, is invested in the mother, while the father, seen as a rival, is invested primarily with aggressive energy which is also fused with some quantity of libido. The energies are not only differentiated and functionally useful, but are differently invested in outside objects. The desirable functional employment of the differentiated energies promotes the development of stable object relations and a less ambivalent tone to the sexual life.

The end result of this biological unfolding, given reasonable maternal care and fortunate constitutional endowment, is what Freud termed “genital primacy.” The term does not describe the behavior in terms of sexual

performance (potency, frequency, orgasm), but rather that the pregenital strivings will be present in only token amounts and will lead towards heterosexual genital union as the desired mode. If there is prolonged lingering in the pregenital forms of fore-pleasure, or they are the desired goals, genital primacy is undermined. Of course, if the behavior is modified by the wish to appear normal, this also does not constitute genital primacy.

Unhappily, the development is not always so fortunate, particularly in cases where there is severe maternal neglect, or severe and painful childhood illness in the first eighteen months. The child is unable to master the overwhelming stimuli associated with neglect and/or pain. He experiences what can be called a helpless rage. Because the differentiation of the outside world from the inside is not yet clear or stable, the discharge consists of a raging on the inside. There can be kicking, screaming, crying, choking, but it is experienced presumably as an internal discharge, which could be characterized then as primary sadomasochism.

We emphasize these early overstimulating traumatic experiences, since they may be some of the basic factors present in all of the perversions. The marked urgency of “drivenness” of perverse needs and their acting out is in all likelihood related to these early, overwhelming, painful experiences. Since ego development is at its inception incapable of exerting any control or delay of discharge, this failure of control and poor capacity to tolerate frustration

may continue into adult life.

This early damage has to be viewed also in terms of its effect on the developing capacity for object relations. The earliest form of object relation has been termed "primary identification." The infant oscillates between no objects and a dim awareness of the mother and her body, which is probably most often conceived as only an extension of himself. Good maternal care plus average frustration turn the infant's attention towards the outside world and stimulate him to differentiate between himself and the mother (self and object differentiation).

We hypothesize that overwhelming painful experiences occurring at the earliest precarious awareness of the outside world force the child to retreat to the earlier phase of no self-object differentiation. This retreat, we think, results in an undue prolongation of the primary identification. The consequences are again of major importance for an understanding of the perversions. The prolonged primary identification leads to marked fears of abandonment (separation anxiety), poor self-object differentiation (individuation), and an unclear sexual identity (bisexuality).

Psychosexual Development and the Perversions

Psychoanalytic observations support the view that the child passes through a series of maturational sequences, moving from orality through

anality and the phallic phase to genitality, with parallel developments in the aggressive drive, in object relations, and other ego functions.

Overindulgence, deprivation, or a combination of the two, interfere with this developmental sequence. For example, overindulgence or deprivation can result in the wish to remain at the specific phase of development at which they occur. The needs or wishes become overinvested and the energies available for further development are reduced. This failure to progress is termed "fixation." Fixation implies a weak point in the psychosexual development. It not only reduces the available energies for the full development of the psychosexual life, but remains a weak point to which, in the face of conflict or imagined threat to the genital organ, the whole progressive development can return. This threat, which occurs in an infinite number of forms, is subsumed under the term "castration anxiety." The castration fears reach their major force during the phallic phase. They represent a crystallization of the dangers of this phase. They are intimately connected with the oedipal strivings, although they can precede it.

The negative oedipal phase, involving both an aggressive and a passive relationship to the father, is a crucial factor in the genesis of the perversions. However, the intensity of the castration anxiety rising from both positive and negative oedipal strivings would not in itself appear sufficient to promote a structured perversion. The acute and overwhelming quality of the castration

anxiety can only be understood if the conflicts in the pregenital phase are also taken into account. Conflicts in the oral and anal phases leading towards passivity, ambivalence, and bisexuality are important *magnifiers* of the crucial castration fears. The identification with the aphallic mother is a further illustration of the reasons for the marked intensity of the castration anxiety found in those males who suffer from a perversion.

The central point in all perversions is the height of the castration anxiety and the inhibition of genital impulses. This can then lead to several possible solutions. It has a specific dynamic role in the development of fetishism, voyeurism, transvestitism, and exhibitionism.

It is somewhat artificial to isolate one perversion from another in terms of the outstanding behavior pattern. In fact, it is usual to find a complex variety of perverse behavior in one individual. (For example, homosexuality, fetishism, transvestitism, and voyeurism can all coexist.) At the same time, there is a certain specificity in which one solution to the castration conflict dominates and becomes the main defense and discharge pattern. Also, a specific perverse pattern of behavior is often determined by certain childhood experiences.

Our approach to the perversions is that the perversion represents a symptom or mode of sexual adaptation in which the essential element is *the*

dramatic denial of castration. The form or choice of the perversion is often closely linked to pregenital fixating experiences which are re-enacted in the perverse ritual.

We understand the intense castration anxiety which the perversion attempts to deny partly as the consequence of frustration and overstimulation in the undifferentiated phase. This results in heightened aggression towards the maternal object, failure in the neutralizing function of the ego, and to the establishment of a distorted discharge pattern employed prior to the development of neutralization and adequate control by the ego. The heightened and poorly controlled aggressive impulses towards the object lead to a fantasied destruction of the object. The defense against this fantasied destruction of the object results in an identification with her. The consequent marked bisexual identification results in the increased castration fears.

Other consequences follow the use of identification to overcome the unmastered aggression. The failure to achieve a clear gender identification results in a splitting of the self-representation. There are male-female, active-passive, phallic-aphallic representations.

One of the most serious consequences of the unresolved bisexuality is an uncertainty of the body image, a vagueness not only about the genitals but a lack of clear boundaries concerning the body-self. It is probably an

important substratum to all of the perversions and accounts for the confusion between self and object, as well as promotes the use of primitive introjective-projective mechanisms of defense.

For example, the choice of the love object often represents an effort to heal this split in the ego representations. Because of the unclear self-object differentiation, the object choice is made on a predominantly narcissistic basis. The object chosen represents the idealized object which the patient wishes he had been, and he loves it in a fashion in which he wished his mother had been able to love him.

Another consequence of the unresolved bisexual identification is the failure of the ego to differentiate the two drives in terms of their object. The mother remains the target of both aggressive and libidinal drives. Therefore, she is also seen as the source of aggressive threats. The passive yearnings for love from the father also remain unresolved and in conflict with the natural rivalry. The child is caught in an unresolvable dilemma, in which the condition of love from both father and mother is that he should abandon his phallic strivings.

The goal of the perversion is to secure some form of sexual gratification without destroying the object or endangering the self which is identified with the object. We can examine some clinical examples that illustrate the effort to

resolve this dilemma.

Fetishism

In the fetishistic perversion, as in all the perversions, the symptom represents a dramatized denial of castration.

The fetishist denies a part of reality by refusing to acknowledge the lack of a penis in women. The historical core of the problem lies in the horror at the sight of the female genital. The fetish is a symbolic substitute for the maternal phallus. It may be chosen as a symbol of the penis or it may be the last object viewed, just before the woman's penislessness was observed and became frightening. While the main significance of the fetish is its value as a safeguard against accepting the penislessness of women, it also serves by condensation other functions as well. It may represent breast-skin, buttocks-feces, as well as female phallus. The fetish quite regularly is chosen in terms of its odor, its texture, and sometimes also because of its indestructibility. These aspects of the fetish reflect the patient's impulses to cling to the mother and to incorporate her through her odors.

The first clinical example represents a mixture of the homosexual and fetishistic perversions. The homosexual choice involved a preoccupation with the object's buttocks. They had to have a narrow, compact, boyish shape, and be shown off by tightly fitting trousers. The patient's sexual pleasure was

based on a wish to finger the crease between the buttocks and to put his nose between the buttocks. Other fetishistic interests involved both rubber and leather boots, rubber raincoats, and riding breeches. Men dressed in these garments excited him sexually. He masturbated while dressed in this type of clothing.

The choice of these fetishistic objects was clearly related to some of the patient's experiences with his mother. In his prolonged toilet training and numerous anal accidents, the mother would wash his buttocks with a "facecloth." He fantasied how she would then use this same washrag to wash herself. This intimacy became the epitome of love. Just as his mother would put her nose to the front and back of his trousers to see if he had soiled himself, he would, when he could, smell her underwear. When he actually soiled himself, the mother would show a marked horror, undress and wash him, and end by kissing his buttocks. He obviously enjoyed his anal "accidents" and even encouraged his mother to give him enemas.

The mother would amuse the family by flatulating in their presence. As a natural extension of this "seduction," the patient would often follow his mother into the bathroom in order to enjoy the smell of her feces. He frequently saw his mother undress and particularly noted the rubber apron she wore next to her buttocks. He loved to crawl under it and to smell his mother's odor, as well as the warmed rubber apron.

In great contrast to the permissive intimacy connected to bathroom activities, his genital interests met severe prohibitions. He was warned not to play with his penis and was severely reprimanded for any interest in the genitals of little girls. It is not surprising that he was horrified to see any evidence of his growing masculinity. He despised his growing penis and hid it between his legs. The growth of pubic and body hair seemed to make him a bearded, crude ruffian, similar to his father and brother.

The fetishistic choice, rubber goods, boots, and the interest in buttocks, was clearly determined by these formative and overwhelming experiences. The rubber apron, the facecloth, and the preoccupation with odors, provided tactile substitutions for the mother's body. In dreams, the mother appeared with a "long rubber hose between her legs," and in other dreams he would be searching for something in the attic and would ejaculate when he found some rubber boots. This can be interpreted as the reparative wish that the mother's body could be completed by the presence of a penis. The preoccupation with the mother's body was fed partly from the feared separation from her, and also from the concern about her "castrated state."

The pregenital clinging, the emphasis on smell, warmth, and feeding, come in conflict with the frightening awareness of the genital differences that make the mother an object of horror. The fetish serves to deny this difference and allow the continuation of the closeness of "oneness." Dreams repeatedly

concerned themselves with the effort to deny the penislessness of the mother and the sadistic role of the father's penis.

The pregenital determinants of the castration anxiety were also quite clear in this case. The patient had feeding difficulties from birth. He vomited after feeding and went through near-starvation in infancy. There were many memories of how he had to be protected because he was so "sensitive." His delicate build and smooth skin were praised by both mother and grandmother. He was in contrast to his father and four-year-older brother, and was constantly praised because, unlike them, he was nice and gentle, just like a girl.

He was not accepted by either father or brother as a man. He was not included on hunting or fishing trips. His father tended to denigrate and ignore him, while the brother openly criticized him, bullied him, and called him a sissy.

Until the age of thirteen, the patient had passionate, shy, and unfulfilled love for girls. At fourteen, when his brother left home in elegant military attire, he suddenly switched to a homosexual object choice. Here, his hatred of the brother became reversed. It is one of the typical vicissitudes in homosexuality.

The first homosexual attraction involved a boy whose first name was

the same as the brother's. The rivalry with the preferred and "masculine" brother had, because of his leaving home, changed into a love relationship. This boy and later ones represented what the patient wished he had been (idealized self) and were modeled on the admired and envied older brother. He himself acted the role of his mother. He loved his idealized self in a way in which he wished his mother had loved him.

The goal of the homosexual relation was to obtain the object's masculinity. Through the homosexual contact, the patient could vicariously enjoy the object's masculinity and maintain some semblance of a phallic self-image. The homosexuality also resolved the rivalry with and the humiliation at the hands of the brother, hiding the aggressive wishes with libidinal ones.

Finally, the homosexuality magically protected him from the mother's criticism, undid her phallic prohibitions, and protected him from castration or abandonment. The fetishistic objects all related to the mother and her body, symbolized her penis, and made the identification with her less anxiety-provoking. They also represented the adolescent image of the ambivalently loved brother and his military attire.

A second case illustrates both fetishistic and transvestite urges, and particularly clearly presents the essential role of aggression in the perversions.

The patient, a twenty-three-year-old man, came to treatment after his discharge from the army. Overseas, he related poorly to his comrades, failed in his officers' training program, and was afraid that in combat his testicles would be shot away. He had a burning ambition to be a successful army officer, and the tough General Patton was his ideal. Unfortunately, he got his feet frozen and received a neuropsychiatric discharge before he had fired a shot. This was the ultimate in failure, and he developed a depression.

This patient was also an avid horseman, preoccupied not only with riding and horses, but also with riding clothes. He was excited by women wearing jodhpurs, especially if the calves were protruding, and even more if they wore boots. The britches should have a strongly bulging appearance on the sides and the knee patches should be of suede. He bought many of these articles of clothing.

This interest had a precursor in a transitional object, as described by Winnicott. As a child of two or three, he had great difficulty parting from his mother and in sleeping alone. He insisted on going to bed with a piece of velvet, which he stroked and put to his cheeks before falling asleep. His separation anxiety was made even greater when at the age of four his parents left him to go on a trip. Shortly after their return, a younger brother was born.

The change in interest from velvet to suede was understandable. The

turning point occurred between the ages of five and six, during a vacation in Scandinavia. At that time, he saw his mother and aunt in the bath house, changing after a horseback ride from their riding clothes into their bathing suits. What stood out especially in his memory was the moment they shed their jodhpurs and put on their bathing suits. He would ask his aunt repeatedly what made the jodhpurs stick out at the sides. This is unquestionably an example of a choice of the fetish based on the last moment the woman could be considered phallic. Following this, he developed a fear of swimming, based on a concern that a fish would bite him. The sight of the woman's genitals, even though defended against by the fetishistic formation, was insufficient to overcome the castration anxiety. Of particular interest here is the relationship of the earlier interest in velvet, which served in part to overcome the separation from the mother, and the later interest in suede and jodhpurs, which dealt with the castration anxiety. Their similarities should not lead to conclusions about their identity. They serve different functions which, although they can be united in developmental terms, imply only a dynamic continuity. *The change in function* should be kept in the forefront of our awareness. The smelly "security blanket" is almost of universal occurrence; it attenuates the fear of separation from the mother, whereas the function of the fetish is denial of castration.

Other important clinical aspects of this case are also instructive. The patient's female ideal was a long-haired, blond, gentile "Park Avenue girl."

This object choice was determined by his experiences in Scandinavia, to which he traveled with his parents frequently during the summers, by his own long, blond, silky hair, which he had as a child while he was dressed in girls' clothing, and by his interest in his mother's long hair, which he enjoyed caressing. The choice reflected narcissistic qualities, identification with his mother, and his wish to attract his father sexually. In early puberty, he had a recurrent fantasy of dancing naked, with long hair, before his father. In these fantasies, the lower part of his body was indistinct. This reflected his feminine wishes, and his own unclear body image. In effect, he left open in his fantasies some *uncertainty* about his own genitals.

The castration fears also emerged at the anal level. The patient recalled a fear of using the outhouse, because of the fantasy that something might emerge from the dark hole and injure him. The smell of his feces interested him, and he was concerned when they disappeared.

This patient, in spite of his fetishistic perversion, was not able to avoid a homosexual solution as well. He would walk the streets dressed in jodhpurs until he was picked up by a man.

His heterosexual choice was finally a crippled woman, a commercial artist who was quite domineering. Her superior intellect and aggressive attitudes fulfilled his fantasies of her being phallic.

The fact that she was crippled dramatized his view of women as castrated. One might think that this is precisely what he would avoid in his object choice. In fact, he was preoccupied with and frightened by any bodily deformity.

Why then did he chose this woman? The answer is that central to the perversion is the murderous rage directed at the mother. This is followed by an overwhelming fear of separation, and a compensatory prolongation of the primary identification. This identification is threatened if the reality of the genital differences is accepted.

As a defense, two possibilities are available. The first is that both he and his mother are phallic. This fantasy draws on the pregenital identification when the mother was considered phallic. The fantasy reduces both the separation anxiety and castration fears.

Another possible fantasy is that both he and his mother are penisless. In this fantasy, the fear of separation from the mother is experienced as greater than the loss of the penis. Hidden in the fantasy of being penisless is of course the gratification of feminine wishes and the wish to obtain the father's phallus.

A follow-up on the case was most reassuring. Although the patient was diagnostically in the "borderline" category, he had made a fairly good

adaptation. He had a good job, enjoyed his marriage, and was quite proud of his child. Unfortunately, he died shortly after this as a result of a gastrointestinal illness.

A final case is particularly illustrative of the role of aggression in the perversions.

The patient, a young man in his middle twenties, came to treatment because of his indecision about marrying his fiancée, to whom he had been engaged for four years. He felt uncertain of his capacity to perform sexually, and had intercourse only on a few occasions. Intercourse occurred in a furtive manner, in the dark, while he remained almost fully clothed.

His main erotic interest was focused on the female breasts. His conditions for sexual arousal consisted of large breasts sticking out prominently, not flabbily, and large erect nipples pointing upwards. Any flattening of the breast when the woman lay on her back aroused anxiety. It was clear that this interest and his conditions for sexual arousal were based on the breasts being replacements for the absent penis, for which they were a substitute by displacement. One of his highly invested pleasures was to grab the breast with force and to plop it out from behind the brassiere. His feeling, "first it is hidden from sight and then it emerges," reassured him that though no penis can be seen in the woman's genitals, it is there and will appear. The

same mechanism determined his impulse to press his erect penis against passengers in the subway. Even if they saw nothing, there was acknowledgment that "something" was there.

All of these activities served to reassure him that the woman possessed a hidden penis, and by his reassurance he could partly overcome his castration fears.

His masturbation fantasies led to a further understanding of his psychosexual conflicts. His nipples were highly sensitive, and during masturbation he would scratch them with a nail file until they bled. The aggressive impulses directed against the mother's body and particularly her breasts were turned back on himself.

The patient's mother had had a cardiac condition with frequent attacks of cardiac asthma at night. The mother's labored breathing, the calling of a physician at night, became confused with the primal scene and supported his view of sexual activity as an injurious and sadistic act. He keenly remembered being told not to disturb or upset the mother or come too close to her bed because he might disturb her. He felt extremely curious about her body and particularly her breasts. Later, this type of abandonment and deprivation of physical closeness would regularly lead to transvestite urges. The prohibition against touching markedly stimulated a strong scoptophilia and the

exhibitionistic urges that contributed to the transvestite impulses.

From early childhood, the patient suffered from a recurrent otitis media, which required repeated punctures of the ear drum. This became the vehicle of his castration fears, and since he confused his own illness with that of his mother, further increased the feminine identification.

His character was based primarily on reaction formation. His "niceness" was a defense against the fantasy of a sadistic attack on the mother's breasts and the father's penis. The latter represented his repressed oedipal strivings. Both led to severe but unconscious feelings of guilt and a fear of retaliation.

The patient's adjustment remained fairly good and he was able to marry. However, after twelve years, his wife required a mastectomy and died of generalized cancer after two years. This unfortunate vicissitude came too close to his own aggressive impulses. His potency, which was based on a breast-penis equation, was overwhelmed, and his aggressive impulses, separation anxiety, and castration anxiety were pathologically re-aroused.

The patient came back into treatment in order to deal with the feelings aroused by his wife's death. He suffered from unrecognized guilt for sadistic impulses and the re-aroused castration anxiety. He had always associated his mother's cardiac failure with sexual activity, of which she was the imagined injured victim. After a year of treatment, he entered into a new courtship.

Again, this produced a new wave of sadism, guilt, and masochism. He lost a considerable part of his fortune as a result of poor judgment. When he finally married, he managed to torment and provoke his wife to attack him; he used his supposed "poverty" to deprive her.

These sadomasochistic expressions of his rage, originally expressed in the attack on his own nipples, were finally worked through. He was able to take responsibility in the marriage, for the family, and his own investments.

Voyeurism, Exhibitionism

In all the perversions, the body and body image are of central importance. We have seen how true this is in the structured fetishistic perversion.

In the exhibitionist, the denial of castration employs the earlier childhood pleasure of exhibiting. Reassurance of not being castrated is obtained from the observer's shocked reaction to the sight of the penis.

At a deeper level, the exhibitionist states, in effect, "I show you what I wish you could show me (the female phallus)." This motive for exhibitionism reaches its greatest condensation when the exhibitionist sees himself as the female with a phallus exhibiting to the castrated little girl (himself). He is identified then as both the phallic and aphallic female. He reassures himself

and at the same time prolongs the “uncertainty” that results from his unresolved bisexuality. One patient, for example, had the impulse to touch the genitals of little children, both boys and girls, and then ask, “What have you got there?” This patient also had a wish to be masturbated by an older man. Again, he plays both roles through a double identification: he is both the older man (father), and himself, the little child, playing with his father’s penis. The strong paranoid substructure was by means of projection a defense against these homosexual impulses.

Voyeurism usually accompanies the impulses to exhibit. The “scenes” that the voyeur attempts to see are often repetitions from childhood of experiences that aroused castration anxiety. These are typically primal scenes or the sight of adult genitals. In the repetition, there is an attempt to master the anxiety, or, by changing the experience in some way that is reassuring, to disavow it.

The identification with the phallic mother in exhibitionism and the search for the female phallus in voyeurism in order to overcome castration anxiety form the central core of these perversions.

Transvestitism

A clinical vignette illustrates the dynamic determinants of this solution to the overwhelming castration anxiety.

The patient was a young man who suffered from uncontrollable urges to dress in female clothing. These urges emerged at the age of thirteen, when his five-years-older sister left home to go to college. There had been considerable sexual intimacy between them, beginning when the patient was only two and a half years old. In adolescence, the sex play stopped short of intercourse and consisted mainly of flattening out the sister's breasts.

In childhood, the sister would push the patient's penis inward and cry out, "Now you are a girl!" This decisive trauma was repressed, but reappeared in the patient's ritualistic practice of tying his bandaged penis backwards so that is disappeared from sight. At the same time, he pushed his testes back into the inguinal canal so they also would not be seen. In this state, he would dress and undress in front of a mirror with the fantasy that he was, as his sister had announced, "now a girl."

Another important determinant to this ritual was the childhood experience of watching his mother dress and undress in front of a mirror. He watched her in the mirror, and in his later rituals when he himself paraded before the mirror, the angle of the mother's mirror affixed to the wardrobe had to be reproduced exactly.

After these painful rituals, the patient would be overwhelmed with fears that he had ruined his penis, torn the spermal duct, and that he would be

sterile. This castration anxiety, based on a fear of self-damage, increased the urge to dress and appear in public in female clothing.

A further determinant for the patient's self-observation and public appearances in female clothing was based on an intense rivalry with the sister. The father partially sublimated his own scoptophilic interest in little girls by constantly photographing his daughter. The house was filled with these photographs. The patient later in life would photograph himself in female clothing, and finally more boldly would go to photographers to have his picture taken as a woman.

The irresistible impulse to pass in public as a woman fulfilled the wish, and even gave proof to it, that in reality a phallic woman did exist.

The outbreak of the symptom at the time of the sister's leaving home for college showed that the sexual fantasies attempted to undo the separation. The patient frequently had fantasies of being dressed in a skirt and blouse and of being the sister's roommate.

The sister in fact had strong homosexual leanings involving sophisticated girls of the European type. This became his own ideal which he tried to impersonate. His feminine identification was a composite image made up of his mother, his sister, and the girls to whom his sister was attracted.

In spite of this determination of his own self-image and his goal of fusing with the female object, other object relations continued quite unimpaired outside of the area of fixation and conflict. In fact, his phallic narcissism of his sense of masculinity enabled him to excel in sports. These activities were sublimations of strong sadistic impulses toward the paternal phallus. Thus, both sides of his unresolved bisexual identification were present in his adult life.

The early determinant to this unresolved bisexual conflict was his *inability to separate from the love object.* This could be accounted for only by the early overexposure, both visual and tactile, to the mother's, father's, and sister's bodies. There was prolonged skin contact with all three in the early years of his life which, when combined with his sense of smallness and fragility, hindered his separation-individuation, promoted clinging and the wish to merge, and resulted in an over-eroticization of the entire skin surface. This in turn interfered with focusing on the penis as the leading erotogenic organ. The body-skin erotogenicity weakened the phallic investment and led to a strong body-phallus confusion and identification.

From this clinical picture, we can see some of the major determinants for the perversion. The first would be the overstimulation by the mother's dressing and undressing which he watched in the mirror. The second stimulus is the rivalry with and envy of the sister's being looked at and

photographed by the father. The third was the seduction by the sister and her traumatic enactment of his feared but wished-for castration that could turn him into a girl. Becoming a girl could resolve his aggressive wishes to get his father's penis, fulfill his wishes to be loved by his father, allow him pregenital gratifications with his mother, and resolve the murderous rivalry with the sister. The patient's perversion made use of the father's scoptophilic interests as a solution to his aggressive conflicts.

It is perhaps not surprising that this patient was irresistibly drawn toward the idea of being surgically transformed into a female. It would have both fulfilled his wishes and resolved his need for punishment. As a "transformee," he could live out his homosexual wishes, but not the conventional ones. As a woman, he could reunite with his sister or her female sexual objects and act as a lesbian woman.

In fact, after many years of analysis, this patient discontinued treatment with the intention of seeking a surgical alteration. After the passage of about two years, the therapist was consulted by a team of doctors who were considering the question of transforming the patient surgically. The fact that the patient had given permission to the surgeon to raise this question and ask for information or opinion seemed like a possible wish on his part not to pursue the project further.

Only recently, the patient contacted the therapist to inform him of the birth of a son. He was, it turned out, married and now a father. One can speculate with some conviction of accuracy that the lengthy analysis in fact rescued him from his pathological feminine identification, but that the final resolution of the conflict could occur only after some separation from the analyst. Nevertheless, after many years of treatment and in the face of a potential self-destructive acting out, the patient became capable of a masculine identification which had not otherwise been available.

We see in summary how the fetishist, the exhibitionist, and the transvestite all deal with castration anxiety engendered by the lack of resolution of their bisexuality. The common solution is the insistence on the existence of the phallic female. The fetishist invents the phallic female, the exhibitionist hopes to see or be one, and the transvestite is one.

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Notes

1 This is illustrated in experiments by Dennis.6 The twins raised in the first six months with almost no response from those caring for them showed at the end of the first year marked retardation in their capacity to sit up or stand. However, after a few days of being "taught" these almost autonomous functions, they soon learned them.

2 Bak has emphasized that in the schizophrenic, for example, the capacity to invest the outside world is probably defective from the start. These biological considerations involving genetic factors are beyond the area of analytic investigation.