

**Perverse Sexuality  
and Perverse  
Mothering**

**Gerald Schoenewolf PhD**

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**By Gerald Schoenewolf Ph.D.**

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## ***About the Author***

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## Perverse Sexuality and Perverse Mothering

There have been numerous explanations of male sexual perversity over the years. Some have hinted at the mother's role in its development, others at the father's role. After a lifetime of research, this author concludes that male sexual perversity occurs in direct proportion to perverse mothering, a kind of mothering in which a boy's normal masculine pride and activity is demeaned and threatened, leading to a perverse response.

### The Meaning of Perversity

Social scientists have given various explanations for male perversity, as well as explanations of why perversity is more linked with males than females. In addition, they have changed the definitions of sexual disorders over the years—most notably by redefining homosexuality as a normal variant of sexuality. Having worked with a number of males over the years who suffered from a sexual disorder, as well as studying the literature, I have come to the conclusion that sexual perversity occurs in men in direct proportion to the perverse mothering they received as boys. I have likewise concluded that the preponderance of perversity among males is due to a cultural double standard with regard to male and female sexuality and the application of that double standard in childrearing.

Perverse mothering is a kind of parenting in which a mother verbally or

nonverbally disparages her son's masculinity and sexuality at a certain critical stage of development. A son's first intimate relationship is with his mother, and it is with his mother that he discovers his sexuality during the second and third year of his life. During this stage he discovers the difference between male and female anatomy; he explores masturbation; he learns to master his bathroom needs; and he acts out infantile sexual fantasies about his mother. During this stage the mother is constantly touching the boy. She changes his diapers and wipes his behind. She bathes him daily, including all his intimate parts. She witnesses how he is responding to her touch, how he is touching himself, how he is looking at her. The mother's response to the boy's developing sexuality is crucial to how it develops. If the boy touches himself and his penis becomes erect and he says, "Look, Mommy, what my peepee can do!" she can respond in a supportive or hostile manner. If she loves the boy and loves his masculinity, she will say, "That's very nice. You have a very nice penis," and she will mean what she says. In this case, the boy will develop normal self-esteem about his sexuality.

If the mother either directly or indirectly disparages his sexuality, and there is an ongoing relationship of this sort, the boy may develop some form of perverse sexuality. The mother may directly disparage the boy's sexuality by responding to the boy's masturbation with, "Don't touch yourself. That's dirty." Or she may support the boy's sexuality verbally but not nonverbally. If she sees the boy touching himself, and he expresses pride at what his penis can do, she

may say, "That's nice." But with her eyes and her body language she may give a different message. Nonverbally she may give him the message that she doesn't want to hear about his sexuality. For example, if she says, "That's nice," and then looks away as if to quickly change the subject, she will be giving him a message that the subject of his sexuality is taboo. The boy will respond to her nonverbal cues more than to her verbal cues.

The boys sexual development starts in the second year of life but continues to develop throughout adolescence. In some cases it may lay dormant even throughout adolescence and continue to be suppressed in early adulthood. He may even get married and attempt to have a normal sexual relationship with his wife. But at some point his perverse sexuality will emerge and he will be compelled to activate it.

### Research on Perversity

Freud (1905) theorized that humans are born with unfocused sexual (libidinal) drives, deriving sexual pleasure from any part of the body. The objects and modes of sexual satisfaction are multifarious, directed at every object that might provide pleasure. Polymorphous perverse sexuality continues from infancy through about age five, progressing through three distinct developmental stages: the oral stage, anal stage and phallic stage. Only in subsequent developmental stages do children learn to constrain sexual drives



to socially accepted norms, culminating in heterosexual behavior focused on the genitals and reproduction. Freud viewed homosexuality as the main form of sexual perversion, referring to it as "inversion," noting that homosexual sexuality was centered on the self due to a narcissistic fixation. Elsewhere (1916) Freud attributed homosexuality to a close-binding mother and distant father. "In all our male homosexuals there was a very intensive erotic attachment to a feminine person, as a rule to the mother, which was manifest in the very first period of childhood and later entirely forgotten by the individual." He further wrote that homosexual boys also have a relationship with a "weak or distant father in those early years" (p. 58) which is also later forgotten.

Psychoanalytic literature attributes perversity particularly to males and has noted a particular family constellation that breeds perverse sexuality. Stoller (1968), who spent his life studying gender problems, found that in nearly every case of perversion there was a castrating mother and a weak or absent father. Mothers of transvestites, for example, were usually women who bore unconscious animosity toward men and strived to make their boys into little girls. "There is one consistent fact in the history of adult male transvestites," he writes. "This is the mothers' need to feminize their little boys. These mothers have an unusually strong envy of males which expresses itself in this rather subtle way" (p. 183). Fathers of transvestites, when they are around at all, are often passive co-conspirators and therefore unable to rescue the boy from the mother's psychological castration, and unable to model a healthy masculinity.

In general, all male perversions, according to Fenichel (1945) are the result of severe castration anxiety. When perverts reach the phallic stage and begin, as boys generally do, playing with their penises and exhibiting them with pride, a mother who has unconscious or conscious animosity toward males and toward male sexuality will shame or humiliate the boy to the point where he retreats from the normal heterosexual expression of his sexuality, back to some form of infantile sexuality. "The pervert, when disturbed in his genital sexuality by castration fear, regresses to that component of his infantile sexuality which once in childhood had given him a feeling of security or at least of reassurance against fear, and whose gratification was experienced with special intensity because of this denial of reassurance" (p. 327). The kind of denial Fenichel is referring to is the denial of the knowledge that his mother is penis-less. According to psychoanalytic research, upon discovering that some people do not have penises, boys feel guilty and afraid. Elsewhere, I have used the term phallic guilt (Schoenewolf 1989) to describe the feelings boys develop about having a penis when their mothers and other women do not; this phallic guilt and castration fear is heightened if the boy senses a sexual animosity in his mother about his penis, as Fenichel points out, causing him to regress back to infantile sexuality.

Fenichel believes that infants are natural perverts; or as Freud put it, polymorphously perverse. They can have sexual feelings in all parts of their bodies and can have them for a range of objects—including males, females,

dogs, cats, or inanimate things, and they can have perverse fantasies about all those objects and more. Klein (1932) thoroughly studied these fantasies by observing young children at play. These fantasies involved such things as feces and urine, and contain scenes of infantile notions of rape, sodomy, or murder. According to Fenichel, we all have the capacity to be perverts, since we have all gone through this initial polymorphous perverse stage. However, those of us with castrating mothers or passive fathers will become fixated at that stage and hence more prone to develop perverse forms of sexuality as adults.

Other psychoanalysts are more or less in agreement on this issue, although each stresses a different element of the family constellation. Gillespie (1956) saw perversions as a defense against competing with father for mother's love. He posited that in perversions there is a retreat from the phallic expression of sexuality and assertiveness, which causes the regression back to a preoedipal stage of development. In this preoedipal stage, sexual expression retains an oral or anal mode or becomes attached to a secondary object such as a shoe or a panty.

Socarides (1978, 1979), who, like Stoller, specialized in research on the perversions, developed a unitary theory of the perversions which adds to Stoller's conclusions. Like Stoller, he emphasizes the importance of the child's interaction with his parents. In specific, he focuses on the rapprochement

subphase of development (from about 15 months until 3 years of age). In his view, mothers of perverts are generally overattentive and close-binding, while the fathers are usually hostile and rejecting. He believes that the child's sexual orientation hinges on whether he is able to separate from his mother and form an adequate identification with his father. "At the center of all these conditions [perversions] lies the basic nuclear fear, that is, the fear of merging with, and the inability to separate from, the mother" (1979, p. 185). According to Scoarides, perverts have a fear of reengulfment by mother, which harks back to the primitive fantasies that infant children have of being sucked back into their mother's wombs.

Khan (1978) emphasized the alienation that is at the core of all perversions. "The pervert puts an impersonal object between his desire and his accomplice: this object can be stereotype fantasy, a gadget or a pornographic image. All three alienate the pervert from himself, as, alas, from the object of his desire" (p. 9). He speculates that this alienation was also present in his relationship with his maternal figure during the earliest stages of boyhood.

Chasseguet-smirgel (1985), Kaplan (1993) and McDougall (1995) regard avoidance of realities represented by Oedipal dilemmas as the basis of immature sexualities. Men with a perverse sexuality are attempting to deceive themselves and others. They try to hide that their sexuality is superior to normal heterosexuality, and that this secret superior quality of their sexual

pleasure and/or aims for pleasure constitutes their main personal fulfillment (rather than aggression and revenge). In fantasy they have reinvented the primal scene because the realities it represents—in particular that the difference between the sexes is a condition of sexual desire—were too painful to bear. They retreat to an infantile form of sexuality in which the symbolic sexual object is idealized.

Shengold (1992), who conceived of the term "soul murder" with respect to parenting that so neglects or abuses a child that it robs him of his or her very vitality, extends this concept to his view of perversions. He concentrates on the anal period and to the development of anal narcissism and the subsequent retreat to an anal-narcissistic form of sexual expression. The development of the anal-narcissistic defense symbolizes a return to the self-absorbed overvaluation of early childhood and "the uniqueness and glory of the limited, sensorily...and mythically charged contents of one's own garden of Eden" (p. 129). It consists of a "panoply of near-somatic body-ego defenses" that children develop during the anal stage that "act as a kind of emotional and sensory closable door that serves to control the largely murderous and cannibalistic primal affects derived from the destructive and from the perverse sexual drives of early life" (p. 24).

As previously noted, most social scientists attribute perversity mainly to males. It is generally believed that there are more male homosexuals than

females, and that other forms of female deviation are rare. Stoller's (1968) explanation of why male perversity is apparently more common than female perversity centers on the fact that it is generally the mother who has the closest relationship with both children in infancy, and hence it is generally her attitude which has the greatest impact on how perverse a child becomes, and which perversion he adopts. In cases where the father is the main caretaker from birth on, a female pervert such as a transsexual is more likely to develop. He has reported a few such cases. However, the psychoanalytic definition of perversity may be too narrow, perhaps focusing on individual symptoms rather than on the larger societal picture.

If we look at this larger picture, we may see forms of female perversity that escapes public attention, protected by a double standard that views men more critically than women. In addition, more women than men are prone to an asexual existence and what H. S. Kaplan (1979) calls "inhibited sexual desire," a phenomenon that may be seen as a female equivalent of a perversion. In actuality, it appears there may be as many female perverts as male.

There is also an apparent double standard with regard to male and female homosexuality. Female homosexuality is generally more acceptable to society than male homosexuality. Indeed, certain lesbian celebrities seem to be particularly revered because they are lesbians. Females do not see their homosexuality as a problem to the same extent as males and may not be as

likely to seek help; hence they do not become officially counted as homosexual. In addition, since, as Kaplan notes, females generally have less sexual desire than males, female homosexuality is often of the latent variety. This makes it even less visible. "Homosexuality in women," Freud (1920) asserted, "which is certainly no less common than in men, although much less glaring, has not only been ignored by the law, but has also been neglected by psychoanalytic research" (p. 146).

One also finds a double standard regarding male and female exhibitionism. Male exhibitionism is considered a perversion because, in the eyes of society, it is seen as repulsive. In fact, it is illegal for a man to reveal his genitals in public. Meanwhile a certain amount of female exhibitionism is not only acceptable but has become a fashion trend during many periods of history and in many cultures. Even blatant female exhibitionism (when say a woman stands in her window naked or opens her coat to expose herself on the street) is not viewed as repulsive, but merely idiosyncratic and sexy. Similarly, women who dress in men's clothes, who become excited by wearing men's jeans or men's underwear, are not called transvestic, for it has become socially acceptable for women to do so. Yet it would appear that a large percentage of women have transvestic tendencies, more so than men, and are never thought of as perverts. Men who wear women's clothes are unequivocally labeled as transvestites.

What I am pointing out here is that women are allowed much more leeway in how they express their sexuality and in how they behave and dress than are men, and this social double standard has an impact upon who is seen as perverted and who feels perverted. It may also reinforce an individual's perverse tendencies by adding another level of the forbidden to fuel his desire. In actuality, there is probably a correlation between perverse behaviors by females and by males, since the two sexes continually play off one another; hence perversity would be more or less equal in each sex. For males, perversity usually involves a substitute form of sexual gratification, while for females it often entails some form of rejection of male sexuality. In males, castration fear is the primary cause of the deviation, while for females penis envy lies at the root.

This correlation between the sexuality of males and females also has an effect on the formation of perversity in men, as I have previously pointed out. Male sexual perversity is in direct proportion to perverse mothering; and perverse mothering is in direct proportion to male perversity. The two go hand-in-hand. The following case history will demonstrate this thesis.

### Case History

All the cases of this type involve the development of perverse sexuality in male children through perverse mothering. In each case I have handled, the



mother treats the boy's developing sexuality and masculine aggression as if it is unacceptable, unsavory, and sometimes repulsive and even dangerous. Often there is a direct or implied feminizing of the boy. Moreover, the mothers in most of my cases are controlling to the point that they manage to discourage and suppress anything in the boy that smacks of masculinity, male sexuality, or sexual pride. This attitude tends to damage not only his sexuality, masculinity and self-assertion but also his self esteem as a male and as a person. At the same time it prohibits normal male expression of sexuality. Since the formation of sexual perversion occurs primarily at the ages of two and three, the mother is the primary agent of influence. At this age, as Bowlby (1979) points out, a child has formed a strong attachment to mother that precludes any attachment with other objects, such as the father. Bowlby used the term "imprinting" with regard to this attachment, referring to the name used with regard to the instinctual attachment of baby animals to their mothers. Later, toward the age of three, the father starts to have an influence, and then we may also use the term "perverse fathering" for those fathers who are distant, hostile, or in some other way reinforce the mother's parenting style and do not bond with the boy or model healthy male sexuality or assertiveness. The case below is typical of the ones I have encountered in my practice.

Mr. A came to me when he was twenty years old. He was brought in by his mother, who became alarmed when she caught him looking at an internet porn site. It was not just any porn site, but rather a porn site devoted

“femdom”—a term referring to scenes of women dominating men, tying them up, torturing them, kicking them in the testicles with high-heeled shoes, stabbing their genitals with the heels of the shoes, and verbally putting down their genitals as they did so. Sometimes the scenes would end with the woman giving the man a begrudging hand job while continuing to verbally assault him for being a wimp. His mother wondered into his room while he was in the bathroom and saw enough to convince her that her son was disturbed. She and his father interrogated him until they got him to confess that he had engaged in watching such porn for several years. They insisted he see a therapist.

The son and mother came in together for the first session. The mother did most of the talking, telling what she had seen, how she felt about what she had seen, and what she wanted from the therapy (she wanted me to make him normal). She described at length how "shocked and concerned" she and her husband were about her son. She had a great deal of difficulty talking about the pornography she had seen. "One scene, well, I don't know how to say this...there was something...I don't know what it's called...." The scene apparently involved a strap-on dildo being used by a woman and inserted into a man's anus. This is what really appalled her. She was terrified that her son was homosexual. She expressed no curiosity about her son's feelings or how he had developed those feelings. She wanted to know if she could call me now and then to check in on progress. My first impression of her was of a very

controlling person who also wanted to control the therapy and who, at the same time, had no idea at all of how controlling she was. The son was slight of build and smiled a lot. The mother was short, round, and firm, and she never smiled. She looked like her muscles were so tightly wrapped around her bones that if you bent an elbow too quickly a bone would snap.

Mr. A's mother called me every few weeks to get a report on his progress. Primarily she needed reassurance that he was not homosexual. She was also afraid that the kinky pornographic scenes she had witnessed meant her son was crazy. A few months later Mr. A's father called to make an appointment. He was a mild-mannered man who treated me with a great deal of respect. He seemed to have been sent in by his wife to get a sense of me. He expressed concern that his son was becoming aggressive, describing an incident in which Mr. A was driving and the father had offered guidance from the backseat and Mr. A had asked the father to stop being a backseat driver. "That seemed rude to me and also to my wife." Actually, I had been working with Mr. A to help him to become more assertive; I tried to explain this to the father, and he nodded as if he understood. But I don't think he really did.

From the second session on the son came alone. He was very shy and polite and called me "Sir." Like his mother, he had a very difficult time talking about sex. He didn't even want to use the word "sex." Nor could he say "homosexual" or "perverted". Instead he would haltingly speak of an attraction

that made him uncomfortable or of a compulsion that made him wince. When I asked him how he felt about his mother bringing him to therapy, he said he felt fine about it. He thought he probably needed it. I asked if he felt hurt at all by her bringing him to therapy and he said no, he wasn't aware of any feelings like that. I asked him how he felt when his parents questioned him after his mother had seen the porn. He said he could understand how they felt. I asked him again how he felt. He didn't know. He was almost like an automaton, answering my questions but not volunteering anything. Upon some prodding, he began to tell me his story.

Mr. A was a junior in a private Eastern college. His parents were paying the tuition and he was expected to come home every weekend. His father was a stock broker and his mother a housewife. He was expected to talk to his mother every day on the phone, and sometimes his father as well. He had never had sex with either a woman or a man. He hardly ever masturbated because it made him feel guilty. His only close bonds were with his parents and his younger brother; he had no close friends. The family was very religious and he was contemplating becoming a priest. His brother and he were both adopted. He reported that his mother and father had tried to have a baby for several years and then they had given up and gone the adoption route. Mr. A could never remember his father and mother exchanging a sexual kiss, and as far back as he could remember they slept in separate rooms.

He could not remember any dreams or fantasies, so I told him to keep a journal. His first masturbation happened, he said, by accident. He was about fifteen and lying on his stomach on the floor of his room and he began to rub himself against the floor because it was a strange sensation, and suddenly he had an orgasm. He was horrified by the experience, faintly aware that it was sexual. He thought that it was very sinful to masturbate. He thought that it was sinful to think about having sex with a girl. He thought it was even more sinful to think about sex with men. The persona he showed to peers was that of an asexual guy, a clown, harmless, noncompetitive and a good listener. His two passions were religion and collecting movie musicals.

In the beginning he could remember almost nothing of his early childhood. Gradually bits and pieces came up. A memory popped up of his mother telling him it was sinful for him to touch himself, then another memory of his mother refusing to tell him the name for his penis, then another memory of wandering into the bathroom and seeing his mother naked and her muttering, "Get out!" An important detail of the last memory was that his mother was wearing red high-heeled shoes. There were no feelings connected with any of these memories. The angriest he ever remembered his mother becoming was when he didn't lift the lid before he urinated. He said she "flipped out like she was having an attack of rabies." Although he didn't recall anything about potty training, he did recall that his mother was "obsessed with germs" and that she would give him and his brother enemas once a month to "clean out" their

systems. He recalled that the enemas weren't "unpleasant," and that, in fact, "in some strange way I looked forward to them." He also recalled that at some age, he couldn't remember exactly when, he had cried that he hated his mother. She immediately slapped him and told him that she would forgive him because the Devil had obviously gotten inside him. He recalled other things later on, such as his mother confiding in him about his father, whose temper she resented. "Don't be like your father. He's not a good model," she repeated over and over. As the pieces came up I was able to put together a picture of an austere childhood in which responsibility, obedience and diligence were primary. He was not encouraged to play, especially with neighboring children, whom her mother viewed critically. Sexual play and any talk of sexual subjects was strictly forbidden. He was not allowed to express real feelings, especially negative feelings, nor to disagree with either of his parents. Assertiveness was seen as aggressive. At the same time, he was repeatedly reminded of how lucky he was to have been adopted by them and what a happy family he had found.

This is one of those cases that seems to clearly demonstrate Liang's theory (1971) that the parents in a family are like hypnotists who, very early on, make strong, repetitive suggestions that determine what a child becomes. As Liang puts it, "The hypnotists (the parents) are already hypnotized (by their parents) and are carrying out their instructions, by bringing their children up to bring their children up...in such a way, which includes not realizing that one is

carrying out instructions" (p. 71). Liang explains that this state is easily induced under hypnosis, when an individual is instructed, for example, to walk across the room and open the window upon waking from the trance. The hypnotist might also instruct the individual to remember nothing about the suggestions but to think of a good reason for opening the window. The individual wakes up, opens the window, and exclaims "It's warm in here." A parent may induce a particular form of behavior by suggestion, such as by telling a child again and again that sex is dirty or that the products of his penis (urine, semen) are dirty. The child (in our case, Mr. A) grows up to develop negative attitudes toward his penis without remembering why he feels that way.

After Mr. A had been in therapy for a few months I was able to do a diagnosis. He suffered from a mixture of disorders. He was confused about his sexual orientation, sometimes fantasizing about males, sometimes about females, but in either case in his fantasies he was always the subject of their cruelty and domination. Therefore I saw him as having a bisexual orientation with masochistic features. He also had a masochistic personality disorder, which led him to often get into situations where he was bullied, ridiculed and in other ways disparaged. He also had features of dependent personality, as his parents had thoroughly trained him to be dependent on them, and finally I detected an avoidance personality disorder—a tendency to want to avoid any conflict or any situation in which he might be rejected. This mixture of mental disorders caused him to be unable to cope with the day to day situations that

came up in his life, to procrastinate about things (such as deciding on a college major), and to eschew college social activities, job interviews, and relationships in general. The mixture also led him to escape by watching movie musical every spare moment, sometimes all night long.

He also continued to watch BDSM porn (as it's called in the industry) and feel guilty about it. He was attracted to certain things in particular: dominant, sadistic women who wore high-heeled shoes, who stabbed a man's genitals with them, and who wore strap-ons and penetrated the man anally. I had him talk about his sexuality, his fear of masturbation, his compulsion to watch porn, and his reluctance to seek out friendships. I tried to be a reasonable and compassionate alter ego, to show him how his own superego should be. About six months into therapy he was starting to feel a little stronger and he began a relationship with a fellow student at his college.

It was she who initiated the relationship. They had started out as friends and one day she suggested they go further, so for a few weeks they tried a sexual relationship. He told me that early on he had seen a pair of high-heeled shoes in her closet and fantasized about her stabbing him in the penis with them. She turned out to be a girl who was quite ego-centric. I encouraged him to verbalize his feelings to her and he did. Unfortunately, she was completely unable to hear his feelings and, indeed, felt victimized by him. When he told her he felt afraid of sex with her, she cut him off and responded, "What are you



saying? What am I, some kind of monster? So it's my fault you can't get an erection?" She could only see things from her own perspective, and she expected him to relate to her on her terms. For a long time he never tried anything sexual with her other than kissing and petting she initiated, thinking it would be offensive to her. She took the lead in all matters. When they finally had sex one night, she ridiculed him again, as she had several times before, because he wasn't able to get an erection, and because he was so "wimpy in bed." She tried to get him erect for a long time, then sighed and demanded that he go down on her and satisfy her. "It's the least you can do." Although he felt hurt by her behavior, he also felt excited. He said, "Something about it felt almost familiar, comforting." For many days after that he had fantasies of her using a strap-on dildo on him. This thought excited him more than anything.

However, he felt so guilty and conflicted about the relationship that he couldn't bear to go on with it and broke off soon afterwards. On the one hand he had his strong feelings of sexual attraction to this fetish. On the other hand he had equally strong feelings of guilt related to his religious sentiments and his lifelong training that sex was sinful and dirty, especially the kind of sex that stirred him most.

His treatment ended abruptly before the year was out. His mother expressed concern about his progress during her telephone conversations with me and indicated that her insurance would be running out. One day I received

an email from Mr. A thanking me for my service and promising that he would contact me again if he needed my help.

## Discussion

Mr. A's masochistic fantasies of torture and anal penetration, his fetish for high-heeled shoes, and his attraction to a woman who was controlling and sadistic, all correlated with his mother's treatment of him as a young child. From the pieces of memory that had come up and what I knew of his mother from her visit to my office and her telephone calls, I surmised that his mother had been quite controlling to the point of being obsessively controlling. She herself obviously suffered from mental disorders, most likely obsessive-compulsive disorder and possibly also histrionic disorder. In a quiet way she seemed to tyrannize the family. She not only assaulted Mr. A's sexuality and masculinity, making him feel that both were disgusting (i.e., the fit of temper she had when he did not lift the lid before he urinated), she also discouraged any signs of initiative that would separate him from her. She trained him to talk everything over with her, including even the minutest details of his eating or bathroom habits, and was made to feel that he couldn't judge anything or decide anything on his own.

The memory of Mr. A's wondering into the bathroom and seeing his mother naked, wearing red high-heeled shoes is also relevant, not only to his

fetish about high-heeled shoes, but also to his attraction to phallic women. It would appear that his fetish was directly linked to this memory, which was heightened by being forbidden when his mother shouted at him, "Get out!" As the old adage goes, if you forbid a child to do something, he will want to do it all the more. The monthly enemas were linked in his mind with sexual penetration and hence tie in with his desire to be penetrated by a woman. When his mother slapped him for saying he hated her and told him he had "The Devil" in him, this not only reinforced his feeling that his masculinity was evil, but that his feelings were bad. Eventually he learned that he could not set his own boundaries, he could not have his own thoughts, particularly sexual thoughts, he could not have any sexual thoughts about her or about any female, he could not have any real feelings (but rather had to act "as if"), and he had to allow his mother to frame how he saw himself. His mother was apparently completely unaware that he had any mental disorders, and was convinced that she and only she knew what was right and wrong in the family and in the world. Neither Mr. A nor anybody else could ever contradict her. Little wonder then that as an adult he was attracted to a woman who had high-heeled shoes in her closet and who was as sadistic and self-centered as his mother.

Krafft-Ebing (1886), who was the first psychologist to extensively study perverse behavior, made a distinction between what he called 'physiological fetishism', or a preference for certain particular physical characteristics in persons of the opposite sex, and what he defined as 'pathological, erotic

fetishism'. This was not merely directed to particular portions of the body, but extended to inanimate objects, usually articles of female apparel, or towards particular materials such as furs or velvet. But there was no hard and fast dividing line. The fetishist of the body part was stimulated by something which would normally arouse the sexual instinct, but his sexual interests were restricted to that particular part. There were also fetishists who were attracted to some bodily part without wanting to have sex, and those interested in particular kinds of bodies—for example, those exhibiting some kind of deformity. Krafft-Ebing also suggests degrees of attraction, from states in which intercourse was more pleasurable if the object were present, to states in which sex was less pleasurable if the object were absent, to states in which the man experienced impotence if the object were absent.

Krafft-Ebing attributed the development of fetishism to some event whereby erotic feelings became associated with some particular body part or object; this is still today usually considered to play a significant part in its etiology. While invoking environmental circumstances, he also suggested that individuals who formed these bizarre associations were predisposed to psychopathic states and excessive sexual desire, in keeping with his theories about the role of degenerate heredity and neuropathy in the etiology of sexual disorders. I differ with Krafft-Ebing on this score, because I do not think heredity plays any role in perversions.

Freud's (1927) interpretation of the fetish is that the object represents a symbolic phallus, and it operates as either a protection against the fetishist's fear of castration, or a denial of the penis-less state of the woman. By focusing indirectly at an object instead of at the woman, the fetishist distances himself from the castration threat. It seems also to be the case that the fetish operates as a defense against the fear of castration (impotence) if it is employed in a coital situation: it may do this by acting as a reliable stimulus to arousal and erection, or possibly more magically by its association with sexual arousal.

Greenson (1966) described a case in which he was able to observe the formation of a fetish as it happened. Lance, who was five and a half, was fond of walking around in his mother's high-heeled shoes, and had actually done so since before he was one year old, when he had started to walk. At the time he had put on his mother's shoes and his older sister and his mother thought it was cute, so they did not discourage him (and in fact, through their approving laughter encouraged him). As Greenson noted, "Later on he was able to run up and down stairs in these shoes, to climb trees in them, ride his bicycle, etc. He gradually put on other items of clothing: blouse, stockings, purse, hats, etc., until he began to insist on dressing like a girl" (p. 252-253). Greenson relates that Lance's father was on very bad terms with his mother and was hardly present at all in the household. Hence Lance's personality was influenced by his older sister and his mother. Of his mother, Greenson said, "The tactile and visual overexposure to her body served to confuse his gender identity (p. 264).

A more recent writer on the subject, Bancroft (1989), brings in behavioral experiments that demonstrate that the male erectile response is capable of being conditioned to react to unusual stimuli. In these experiments, male subjects were conditioned to respond to various inanimate objects that were paired with females. Hence classical conditioning was linked to the development of fetishes. The reason why the conditioned response to particular stimuli results in the formation of a fetish more often in the male may be, Bancroft suggests, because of the obviousness of penile erection. This sets up a visual and sensory link between the object of the stimulus and sexual arousal. Women may be less likely to identify pleasurable feelings invoked by certain objects or textures as specifically sexual in nature (experimental evidence demonstrating women's physiological signs of arousal, even though they denied erotic response, to sexually stimulating visual materials tends to corroborate this possibility).

Mr. A's perversity, like the cases of Krafft-Ebing and Greenson, involves a child whose perverse behavior was reinforced by situations in his childhoods. Numerous writers have made the connection between the development of perversity and perverse parenting, but none have come out and declared that perversity in a male child is in direct proportion to perverse mothering—and later perverse fathering. Such as the theory that I am proposing here, based not only on my work with Mr. A and others, but also on my reading over the literature. First of all Mr. A's retreat from, and avoidance of sex, was directly

related to his mother's censorship of sex and her own avoidance of it. His attraction to masochistic relationships with women who had a sadistic and derogatory attitude toward his masculinity and sexuality seemed to be directly related to his mother's often cruel and derogatory attitude. As for his fetish (the high-heeled shoes), it seemed to have been reinforced by his vision of his mother's shoes during the bathroom scene, and the forbidding remark that accompanied this vision—"Get out!" This angry exclamation apparently aroused excitement, curiosity and libidinal involvement. In addition, the mother's unawareness of her feelings also matched up with the boy's unawareness of his feelings.

There are some humans whose identity and sense of self is very fragile. In such people, the discrepancy between what is true and what they want to believe is so large that they will do anything to avoid the truth. They construct an elaborate myth, or lie, about who they are, why they do what they do, what they believe. This, in fact, is the narcissistic mode of being, and that narcissism is especially prominent in cases of gender narcissism. Mr. A's mother was of this sort. She was like the Queen in the children's story, "Snow White," who had to have a mirror that told her she was the fairest of the land. Her husband and children had to mirror her exactly. If they didn't, she would fly into a rage. Hence she went about her perverse mothering unabated.

### Concluding Remarks

Sexual perversity arises when the relationship between the sexes goes awry. I believe there is a correlation between perversity in males and perversity in females. Each affects the other. Perverse mothering results in male perversity. Male perversity, in turn, elicits female perversity in many complex ways, from girlhood to womanhood. Female perversity, in turn, provokes male perversity, particularly within the mother-son relationship. Female perversity is most evident in styles of mothering. Male perversity is most apparent in perverse sexual activities. Perverse mothering reinforces perverse sexual development in boys, while perverse fathering models behavior fueled by castration fear and perverse ideology. This chain can be traced back for generations.

I anticipate that some will object to the term "perverse mothering," because it will be seen as insulting to mothers. However, if my theory is correct: that perverse mothering leads to the development of male perversity, and visa versa, then it would seem more important for us to cure this syndrome and this form of sexual disorder than to spare the feelings of the persons who engender it. It is also insulting to an alcoholic to tell him he has a drinking problem or, as AA would put it, a disease. Yet it must be done if the alcoholic is to cure himself. We seem to have become a society that would rather enable than cure; that is, enable parents with mental disorders to think they are normal (and thus spare their feelings) than to cure them (which means telling them the truth) so that they can have the proper attitude toward their children.



The notion that perversions are simply a matter of choice and should be accepted is also fashionable today. I saw a news report about a mother who wrote a book about her son, "The Princess boy," about a boy who liked dressing in girl's clothes. This mother was embraced as a heroine of human rights. The truth is that a perversion is not a simple matter of choice concerning clothing. Mr. A's problem was more than a fetish about high-heeled shoes; it was an overall disturbance that affected all aspects of his life. Those who have studied perversions have observed the alienation, deficiency of self-esteem, and fear of self-assertion that are generally associated with perversions. Perverse behavior and perverse mothering is growing in the West and so are social problems. When we look at any kind of behavior, we need to look at the big picture. What is the effect on society?

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