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## THE SEXUAL PSYCHOPATH

Benjamin Karpman

The author of this paper is the Chief Psychotherapist of Saint Elizabeths Hospital, with which institution he has been connected since 1919. As the readers of this *Journal* know, he had made the study of criminality his life work. He has pioneered in the study of sexual psychopathy. His first study of the problem dated back to 1923, followed thereafter by a number of studies in the field such as homosexuality, exhibitionism, incest, sado-masochism, white slavery, fetishism, rape and so on. The present study attempts to distill this experience into a formulation of the problem that may be a stimulus to others for further work.

The article is published simultaneously in the *Journal of the American Medical Association*. It has been read before the Washington Society for the Advancement of Psychotherapy, April 21, 1950; the Maryland State Hospital Staff Conference, April 27, 1950; the Medical Society of Saint Elizabeths Hospital, June 3, 1950; the Second International Congress of Criminology in Paris, September 13, 1950; and the Association for the Advancement of Psychotherapy, New York, April 20, 1951. Considerable discussion followed each presentation, which, it is expected, will be published in our next number. Comments by our readers on Dr. Karpman's article are earnestly invited.—EDITOR.

The general public has but a vague idea of what a sexual criminal is. It calls him a sex maniac, thinks he is some terrible monster, and is afraid of him. Questioned directly, women mention rape and perhaps exhibitionism or assaults, especially on children. The public is likely to regard simple molestation as of such little moment that in most cases it is not even reported. It accepts prostitution as an inescapable evil, shrugs in disgust at cases of homosexuality or perversion, and expresses profound disgust on learning of masturbation in public. The physician's attitude is hardly more enlightened. He treats the pervert (paraphiliac) with contempt and speaks of him as a degenerate, though the term carries a connotation of moral opprobrium that has no place in medical work. (The term paraphiliac is scientifically more correct and is more objective as well )

The public has little idea of the meaning or frequency of sexual crimes or of their relation to the problem of crime in general. Though as a rule, people are indifferent to the problem, let some particularly revolting sexual crime take place, as rape followed by great abuse or murder, and the whole community becomes aroused, newspapers are filled with gruesome details, and the news of a sex crime wave spreads. A few sex offenders conveniently appear and are given heavier than usual sentences; the police redouble their energy in apprehending sexual offenders; the public spirit is appeased for a while, and the "wave" dies out. Actually, it is doubtful whether there has ever been a real sex crime wave except, perhaps, during and shortly after a war, which generally favors a certain degree of moral looseness. It is also doubtful that the claim that sex crimes are on the increase can be substantiated by valid statis-

tical reports. They are increased solely because of an increase in population but are not proportionately more numerous.

Laws are not clear as to the specific definition of sexual crimes. Sexual behavior that may be regarded as a felony and a crime in one jurisdiction is not considered even a misdemeanor in another. Furthermore, crimes obviously of a sexual nature and otherwise conforming to the original definition of sexual psychopathy (as, for instance, rape) are universally viewed by law as assaults, as offenses against persons. A person may commit incest in the privacy of his home and not fall within the definition of a sexual psychopath, yet be regarded and punished as such should the situation come to public attention.

With the exception of such clear-cut offenses as exhibitionism or assaults on minors, laws relating to punishment for sex crimes are far from specific. Technically, prostitution is a sex crime but is rarely punished unless something brings it to the attention of the public. Rape, clearly a sexual crime, is regarded by law as an assault on a person. One person convicted of rape may receive the death penalty, while in another jurisdiction and in circumstances that appear identical the charge may be less and the penalty not as severe. People have been arrested for carrying in their pockets pictures of nude men and women that differ in no wise from pictures published in nudist magazines, many of which are allowed to go through postal channels.

#### THE NOSOLOGICAL POSITION OF SEXUAL PSYCHOPATHY WITHIN THE FRAMEWORK OF NEUROSIS

The terms "sexual psychopath" and "sexual psychopathy" have no legitimate place in psychiatric nosology or dynamic classification. They are popularly and legally used to designate a certain type of behavior that, on the one hand, is characterized by socially prohibited or unacceptable sexual aggressiveness, and, on the other hand, by lack of regard for the feelings of the partner who is forced against his or her will to participate. Whether it is comparatively mild as in the case of simple assault, or whether it is severely aggravated assault, it is, as a rule, an expression of an uncontrollable urge, committed without logic or rationale, under the influence of a strong, overpowering drive. The act apparently gives no emotional satisfaction but only relief from unbearable tension. Such behavior represents practices that are not considered normal by the particular social order in which the person lives. As such, it clearly comes within the purview of the law, for by violating the morals or sexual independence of others it violates one of the basic principles of individual freedom.

The law regards these reactions as willfully perpetrated offenses, the results of malicious intent and premeditation. Psychiatry (more specifically, dynamic psychiatry), because of the opportunity it has had to study the deeper motivations behind human behavior, takes a broader view. It recognizes these reactions as part of a large group of behavior disorders commonly classified under the heading of perversions, or paraphilias (the paraphiliac neuroses). These are reactions that are not desirable biologically or culturally and are therefore prohibited. Homosexuality and related behavior are included here because biologically no issue can result from a homosexual union. The cultural paraphilias are those such as incest, pedophilia, and rape, which biologically can result in issue, though such issue is prohibited by our culture.

The definition of sexual psychopathy encompasses such behavior as exhibitionism, peeping, transvestism, masturbation, obscenity, and the like if committed in public but excludes the same reactions if committed privately. Thus, if one person forces another person under threat into homosexual activity, it is regarded legally as a sexual offense. However, if two persons by mutual consent engage in the privacy of their homes in homosexual relations, such behavior is not commonly regarded as sexually psychopathic. The laws of some states, however, classify such behavior as criminal and punishable by statute. Some psychiatrists, too, appear to go beyond the ordinary definition and include any aberrant sexual activity as psychopathic. Thus, it has happened that a soldier or a sailor who in the course of a routine psychiatric examination admitted homosexual activities, though these were never committed in public nor came to public attention, was nonetheless given the diagnosis of "sexual psychopathy" and an undesirable discharge.

*Meaning of the Paraphiliac Neuroses.*—Dynamic psychiatry sees in paraphilias profound disturbances in the sex life of the person and patterns of sexual behavior not directed ultimately toward procreation, the goal of all normal sex life. The paraphiliac has not matured sexually, having failed to integrate his sexual needs and activities in such a way as to accord with socially accepted modes of sexual expression. He represents a kind of sex life that at an early period of development lost its normal goal, or rather, never having reached it, detoured into aberrant channels leading to an abortive aim-inhibited sexual activity. The latter, it often turns out, is but a substitute and a symbol for an originally prohibited sexual goal (e.g., incest). Nonetheless, the behavior is most persistent because it is so close to the instinctive. For that reason also it has lost nothing of its original strength; indeed, it is stronger than the normal sexual instinct, for less repression has been interposed in its way

of expression. People suffering from paraphiliac neuroses are driven compulsively to seek gratification of an apparently insatiable urge.

Often patients come to psychiatrists for treatment of the general neurotic manifestations, such as anxiety or depression, suicidal trends, or psychosomatic disorders. The anamnesis, however, reveals overt paraphiliac behavior. The paraphiliac neuroses, though clinically seeming to stand apart, are in reality, in terms of psycho-genesis, closely related to hysterical and other neuroses. They differ in that certain sexual trends, which in other neuroses find expression only in dreams and fantasies or perhaps some vicarious and cryptic sexual behavior, have become established in the paraphilias as fixed modes of behavior.

The majority of psychiatrists today speak of these reactions as psychopathic. One of the chief reasons that psychiatrists as a group have failed to recognize the basically psychoneurotic character of the paraphilias is that in these cases the practice of the perversion appears to be the most conspicuous characteristic and activity, as if the practice had absorbed the underlying neurotic symptomatology. Neuroses in general have a certain fluidity and mobility about them, the picture changing kaleidoscopically; the paraphilias, in contrast, impress one with a rigidity, an immutability, as if the reaction has become a permanent, fixed, and unchangeable pattern. A fuller study, however, reveals that behind the overt paraphilia there is a full-fledged neurosis. Here is a person who may be regarded as polymorphously perverse. There is hardly a paraphilia that he has missed. But the observer also finds in him a history of states of depression, inferiority feelings, hypochondriasis, hysterical convulsions, and the like. Another person is arrested on a charge of exhibitionism, but further study reveals a history of temper tantrums, inferiority feelings with strong compensatory drives, distinct sadomasochistic trends, and suicidal tendencies. An absolute homosexual, whose most conspicuous behavior is homosexuality, also suffers from hypochondriasis, syphilophobia, anxiety states, suicidal trends, somnambulism, inferiority feelings, and the like.

*Sexual Psychopathy in Relation to Paraphilias.*—While many of these reactions remain generally within the control of the individual, a certain group becomes detached from the general stream and assumes an antisocial character. That is to say, the sexual offenses are but an offshoot of the larger group, the paraphiliac neuroses. For the most part, the difference between the paraphiliac neuroses that are so well controlled by the individual as to keep him out of reach of the law, and those of the so-called sexual psychopath, whose behavior is regarded as antisocial and criminal, is a difference only in degree rather than

in kind. Exceptionally, it may be a difference in kind as well, as in the case of rape where the factor of violence is a necessary part of the picture; or in cases of transvestism where a person craves to be admired as a member of the opposite sex, or in exhibitionism where the sadistic element, the need that the other person be shocked and the consciousness that he is shocked, enters as a strong factor.

Yet similar reactions in an attenuated form occur privately among many people, both normal and neurotic. Some men can be aroused to greater potency if they violate the decency of a woman and shock her morals, even if she is otherwise a willing partner. Likewise, many men in the privacy of their homes will strut before a woman, hoping and wishing to be admired, or will expect the woman to behave in like manner; these are reactions of exhibitionism and voyeurism, respectively.

Two striking differences, however, must be noted between the ordinary paraphiliac neuroses and those that become antisocial. In the former there is an emotional relationship between the people concerned, whereas in cases of sexual psychopathy such a relationship seems to be lacking. The relationship is more symbolic and less direct and personal. Furthermore, in the instance of the sexual psychopath guilt with reference to the commission of the offense as well as to the victim, or for that matter even to his fellow men, seems to be entirely lacking.

The sexual psychopath and the noncriminal paraphiliac stem from the same sources and develop along the same path, but somewhere in the course of their development their paths diverge. One remains within the confines of nonlegal violations of social conventions; the behavior of the other assumes a legally prohibited form. The divergence in the course of development is effected early in life, which explains why on the surface the two reactions look quite dissimilar. The social offense with which the sexual psychopath may be charged, be it minimal or highly aggravated, is at the most a compromise with or a symbol of a greater offense that has been completely repressed because it is so strongly prohibited socially—namely, incest and homosexuality. The sexual offense, therefore, extreme as it may appear to be, is committed in lieu of another greater crime.

In turn, the paraphilias differ from ordinary neuroses, forming a group of their own—namely, the paraphiliac neuroses, which are as clear and distinct as neuroses (psychoneuroses) in general. Again, these two come from much the same sources, but, after developing in like manner for a while, their paths began to diverge, one developing into psychoneurosis, the other into paraphiliac neurosis. Their divergence of paths is due to the fact that while one type of neurotic child, confronted

with an emotional sexual problem, represses the prohibited sexual drive and converts it into psychosomatic or other emotional socially innocuous behavior such as anxiety or depression, the other fails to repress it and thinly disguised symbolic behavior results. In other words, while the neurotic converts his problem into psychosomatic and other types of socially acceptable though individually undesirable behavior, the paraphiliac neurotic converts his basic sexual problems into another form of behavior, which is socially nonpermissible but less so than that of the sexual psychopath.

It need not be supposed that all reactions and behavior of the neurotic, all his doings and all his thinking, are directly traceable to or can be accounted for by his neurosis. There are many areas in his life that are entirely comparable to those of the normal person. Though there are a few qualitative differences, for the most part his departures from the normal are on the quantitative side. Where the normal person confronted with a threatening situation may show some apprehension, the neurotic will over-react to it and show, instead, exaggerated anxiety. In a situation where a normal man may feel some resentment and express it by sarcasm, cynicism, scorn, or even biting wit, the neurotic will react with great anger, rage, or some antisocial, hostile act. Where a normal person confronted with the loss of a loved person will react with a depression that is relatively transitory, in the neurotic such mourning may develop into a long-lasting melancholia that far passes the bounds of the normal and may even lead to his death. Thus the neurotic is close to the normal; in a sense, it might be said there is some neurosis in everyone, and it is often but a question of degree of environmental strain as to how soon a person breaks down. Equally, there is something of the paraphiliac in every one of us and also something of the sexual psychopath.

The above consideration may seem strained and far-fetched, but there is a great deal of clinical truth in it, as is seen in the all-too-frequent instances where an apparently normal, previously well-adjusted person breaks down, and in whom a severe neurosis, a severe paraphilia, and perhaps acute sexual psychopathic behavior develop. Though most human beings react with disgust, even horror, rather than indifference to abnormal sex behavior, it is well to take cognizance of the fact that potentialities for it lie dormant in everyone. This consideration alone should make us adopt a more objective as well as a more tolerant attitude. Sexual psychopaths are, of course, a social menace, but they are not conscious agents deliberately and viciously perpetrating these acts; rather, they are victims of a disease from which many of them

suffer more than their victims, often ending in the suicide of the sufferer.

*Relation of Specific Paraphilias to Each Other.*—Though when the structure of the paraphiliac neuroses is studied they are found to be closely interrelated psychogenically, by and large the paraphiliac indulgences, so far as society is concerned, are fairly pure culture products. Exhibitionists are rarely transvestists, though a minor exhibitionistic component may be found in transvestism. Likewise, the person given to obscenity will show only in a very remote sense such obvious sadistic trends as would bring him to the attention of the police, though a sadistic component may be discovered in the very fact or act of obscenity. A person given to compulsive raping is not likely to be exhibitionistic. Yet some overlapping does occur. Understandably, exhibitionism and voyeurism sometimes go together; they are mirror complements of each other.

*Paraphilias and Psychopathy.*—It can easily be seen how the term "psychopathy" came to be applied to this type of sexual offender. In both the sexual and the predatory psychopath there appears to be a lack of moral responsibility, selfishness, an inability to weigh and foresee the inevitable consequence of the particular behavior, difficulties in interpersonal relationships, and an uncontrolled aggressiveness. Yet on closer analysis the relationship between sexual psychopathy and predatory psychopathy appears to be rather remote, for the two proceed from somewhat different sources. It is extremely rare for a person charged with compulsive rape or fetishism to be found guilty of predatory exploits also. Occasionally this may happen, as when fetishism, for instance, goes with burglary; then it is discovered that the burglary was committed solely for the purpose of securing objects of fetishistic interest, e.g., female garments. Cases occur, however, where the two types of reactions are quite independent of each other, even if found in the same person, as in the instance of the exhibitionist who was also guilty of predatory exploits although the two reactions were not at all related, stemming from different sources.

To doubt the correctness of labeling these cases psychopathic is more than merely a question of semantics or conventional clinical diagnosis. These reactions, while admittedly antisocial, are basically neuroses of a particular, highly specific type. Nor can such behavior be regarded as an entity or disease in itself but only as a symptom-complex or syndrome; only as part of a complex, ramified neurosis, the paraphiliac neurosis. In its basic etiology, development, and formation, it differs in no wise from other psychogenic reactions, be they expressed as anxiety, compulsion, psychogenic asthma, or other neurotic symptoms; except that some-



where in its development, through a concatenation of specific situations, the neurotic conflict took a different direction.

#### CHIEF CHARACTERISTICS OF SEXUAL PSYCHOPATHY

*Irresistible Character of Paraphiliac Offenses.*—There is little doubt that the reactions that are attributed to sexual psychopaths are beyond the sphere of conscious or voluntary control and appear as irresistible impulses, which explains why in practice these cases do not profit by punishment; uncontrollable instinct is beyond any punishment. As neuroses, they have their specific causations, which may be of long-past origin that only at the moment has manifested itself by the particular sexual violation. Dynamic psychiatry views these reactions as neuroses, which in the fullest sense they are. It ascribes less importance to constitutional or immediate personal factors than it does to functional, deep-seated psychogenic emotional factors. For this reason, it has long attempted to cure sexual psychopaths in the same manner as it treats other neurotics. Amazingly enough, many such patients have responded to psychotherapy and actually improved and in some instances were entirely cured, when the specific etiology was uncovered and the person was given the opportunity to discharge the unhealthy and repressed emotions.

It has long been recognized that man's sex life differs from that of animals in being continuous rather than seasonal. Neurotics as a group have a stronger sex drive than the average normal person, and its strength may be expressed as satyriasis or excessive promiscuity; on the other hand, it may be diminished, because of many repressions, to the point of asceticism. The noncriminal paraphiliac appears to have a stronger sexual drive than the neurotic; the condition has become established and fixed; repressions do not operate here so efficiently as in neuroses. That this urge is never quite satisfied is apparent in the cases of many homosexuals who, after apparently satisfactory homosexual relations, masturbate, a reaction that does not obtain in normal persons. In the sexual psychopath the urge is much more compelling, so compelling indeed as to assume the character of a compulsive, insatiable, unremitting, unbridled (one might say inexorable), unrelenting drive that gives the man no rest or peace. It is not that the man, while he lives, also seeks sexual gratification, as is the case with the average person, but rather that he continuously has to have his particular sexual outlet in order to live at all. It is as if the man had consecrated his life to sex, which has become his most consuming interest; whatever other kind of life he leads appears to be purely incidental. There are

exhibitionists who have exposed themselves several hundred times a day; I have recorded one case in which a man stood exposed in his window all day for all passers-by to see. One voyeur would start each night at a particular apartment house and, armed with magnifying field glasses, look across at another apartment house to see what he could see, proceeding from one fire escape to another until he exhausted all the possibilities of that building; the next night it would be another apartment house, and so on. These people are all seeking an orgasm that must be attained at any price. It is well known that many sexual assaults, acts of exhibitionism, voyeurism, transvestism, sadomasochism, fetishism, and the like are preceded, accompanied, or followed by masturbation. In most if not all of them the individual's sexual drive has become a guiding force in his life; many order and organize their lives and living entirely within the framework of their particular drive.

*Sexual Psychopathy and Nonsexual Crimes.*—It is little appreciated that crimes with a sexual motivation are often hidden behind assaults that, on the surface at least, appear to be nonsexual. Aggravated assault and battery, assault with dangerous weapons, and murder often have a sexual motivation. This is seen in cases of rape followed by murder. Many criminals who violate the law in other than sexual ways fall essentially within the category of sexual offenders if basic motivation rather than superficial behavior is considered. In law, they are usually charged with felonious assault, mayhem, or murder. Here, as in the overt cases, the paramount goal is the securing of an orgasm. A young boy stabs a totally strange girl with a knife. Analysis reveals that he has a consummate hatred of women that must discharge itself in an act of aggression and hostility. His mind is continuously peroccupied with fantasies of the most cruel, sadistic torture. A man slashes the throats of young girls. On arrest, it is found that his underwear is bespattered with semen. To this group belong also the men who cut off women's hair, the acid throwers, the fur coat and dress slashers, the Jack the Rippers, and the like. There are many pyromaniacs whose desire for an orgasm constitutes the sole reason for setting fires that have cost the lives of many people. This is also true of many kleptomaniacs. These are not so much sex crimes as crimes motivated by sex. But who can draw the thin and vanishing line that separates the two?

*Distribution.*—Sexual perversions (paraphilias) and sexual offenses draw no line in matters of race, class, or social position. There are homosexuals in the upper, middle, and lower classes. There are exhibitionists among white and among colored people. Such offenses occur among the highly intelligent as well as among the illiterate and the

ignorant. Rousseau was an exhibitionist; Chevalier d'Eon was a transvestist; many gifted artists have been homosexuals. No age is immune, though each may have its particular type. The young adult may be exhibitionistic, while the man approaching senility may assault children, because he himself has come to feel much like a child (senile pedophilia).

Women are much less involved than men, though cases of women exhibitionists have been recorded as well as a few cases of female transvestists. Modern society permits larger outlet for women in some instances, as in transvestism. If a man dresses up as a woman it is an offense, but a woman may wear severely tailored clothes, ties, and short haircuts without exciting comment.

*Relation to Normal Sex Life.*—The sexual offense is not a substitute for normal sexual intercourse, and cases are known where neither excessive intercourse nor abstinence stopped it. It is a form of sexual activity all its own, satisfying some very specific needs of the individual that normal sexual activity cannot give. Contrary to popular misconception, people who read salacious literature are less likely to become sexual offenders than those who do not, for the reason that such reading often neutralizes what aberrant sexual interests they may have.

#### ETIOLOGY

Sexual offenses are no more hereditary than are neuroses in general. They are not due to bad sexual upbringing or to sexual ignorance on the part of the parents, or of others as we commonly understand it. The development of perversions in general and sexual offenses in particular follows its own psychological laws, which are but little influenced by external situations. As an alcoholic man may come from a family of teetotalers, and a homosexual from a family of healthy sexual habits, so may a sexual offender come from a family with an unblemished moral background.

The fact is that as yet very little is known of the subject. The anatomy of the subject is hardly known; there is no specific statement of the types and conditions. Individual case reports are buried in the little-read pages of psychiatric magazines that rarely reach the attention of the general medical practitioner. No one has attempted to organize this diffuse material into something like a unit. As little is known of the anatomy, still less is known of its physiology—the physiogenesis, psychogenesis, and psychodynamics. General knowledge of the subject is in about the same state as general pathology was before Rokitansky and Virchow. Yet it is of vast importance, for its ramifications reach the most important aspects of our daily life. Sexual crimes bear a direct

relationship to sexual psychopathology in general, and this to the psychopathology of neuroses.

A certain number of sexual crimes are committed by individuals suffering from brain diseases such as encephalitis lethargica, which argues strongly for the need of thorough physical examinations of all sexual (and other) offenders. Even these respond favorably to psychotherapeutic treatment. But beyond this, abnormal sex behavior, be it in the adult or the child, derives from the unwholesome family and social atmosphere in which the child develops. The fault lies with the parents, who, themselves products of unhealthy repression and much involved in sexual problems, do not know and cannot set themselves to be frank and open with the child whose naive and artless curiosity should have been handled in an equally simple way. Because of the many evasions, rationalizations, and sheer prohibitions, the child is led into aberrant channels that, not being corrected, become magnified and distorted. It is suggestive that sexual psychopaths do not come from families with psychopathic sexuality.

Most parents believe that not only are children ignorant of sex—which is not true of most children—but that they must remain ignorant, ignorance being equated with innocence. But where ignorance may be polluted knowledge, innocence may be good knowledge. Curiosity should be treated as a natural thing, not as a crime to be avoided or punished.

A good deal of the fault lies with the family physician, who sees many of these cases in the early stages of development. Even in these days of supposed enlightenment and sophistication there still seem to be many physicians who earnestly tell growing boys and girls that masturbation leads to insanity, body deterioration, and ultimate death. Harmless plays such as "papa and mamma," "doctor and nurse," or "you show me what you have and I'll show you what I have," etc., are severely punished if discovered, which only creates an air of mystery and, therefore, attraction about it. At this stage many of the sexual problems are still latent and could be corrected with greater ease than years later. Instead, unreasonable prohibitions and proscriptions are imposed, with the result that they are driven underground, there to become withered and distorted.

#### TREATMENT

*Legal Approach.*—The law fails to prevent, correct, or deter sexual criminals from their activities; the problem must therefore be regarded as basically extralegal. There is no more need to have laws against perverse activities than there is to have laws against any illness, for

such activities represent illnesses in the fullest sense of the word. This, however, requires a large amount of missionary work not only among physicians in general but even among psychiatrists. A great many psychiatrists still group paraphiliacs among those who are "mentally abnormal though not insane," an invidious distinction harking back to the psychiatry of 50 years ago, which limited insanity only to psychoses. Dynamic psychiatry has gone far beyond that, becoming more inclusive and comprehensive, taking into its province all those reactions that, having pathological motivations behind them, lead to abnormal social behavior. Indeed, where is the difference between a schizophrenic who walks around naked because the voices told him to do so and the exhibitionist who, without hallucinations but through some obscure and irresistible inner urge, having no less force than hallucinations, feels driven to expose himself in public? So far as basic motivations are concerned, one is just as insane as the other. Where is the difference between one individual, shortly before fully oriented and seemingly normal, who is provoked into a rage leading to assault and murder, and the paranoiac with a history of long deliberation who seemingly in cold blood kills an innocent man who unfortunately happened to be part of his paranoid system? Objectively, the former would seem less guilty than the latter, for he certainly was not himself when in a rage. But it has been decreed that one is a neurotic and therefore not insane while the other is a psychotic and therefore, *ipso facto*, not responsible. In terms of underlying motivations, both had in them latently a surfeit of aggressive hostility that was brought to the surface by incidental situations. Just as the hallucinations of a schizophrenic or the delusions of a paranoiac cannot be destroyed merely by punishing the person, neither can the exhibitionistic urge be done away with by repeated punishment, or a smoldering hostility that leads to an unprovoked assault, neutralized. Both reactions are beyond the conscious control of the person and are therefore removed from the sphere of personal responsibility.

In dealing with the problem of sanity and insanity the law has attempted to draw absolute and clear-cut distinctions that do not exist in reality and has shown an unwillingness to recognize distinctions and differences. In the eyes of the law the man is either sane or insane. Furthermore, the laws has equated psychoses with insanity, leaving neuroses out of consideration. In many respects psychiatrists, mainly of the conventional, descriptive type, have subscribed to this. The fallacy of the approach is seen especially in the consideration of psychoses versus neuroses. It is true that psychotics who reach hospitaliza-

tion are insane in the full sense of the word in that they have more or less lost touch with reality and are unable to take care of themselves. But there are many neuroses in which for all practical purposes the patient has lost touch with reality and requires hospitalization. They resemble psychoses so closely that the original distinction seems all but to have disappeared; indeed, many of them are diagnosed as psychoses; only prolonged hospitalization reveals lack of deterioration and merely invalidism.

The invidiousness of the distinction becomes obvious when the laws relating to sexual psychopaths are studied. The term is defined in the District of Columbia by Public Law 615, 80th Congress (approved June 9, 1948), under Title II, Section 201:

The term "sexual psychopathy" means a person, not insane, who by a course of repeated misconduct in sexual matters has evidenced such lack of power to control his sexual impulses as to be dangerous to other persons because he is likely to attack or otherwise inflict injury, loss, pain, or other evil on the objects of his desire.

What sort of person, it may be asked, is it who is not to be regarded as insane yet whose repeated misconduct in sexual matters reveals an utter lack of power to control his impulses, an irresistible desire to attack other people without regard for social or personal considerations? Who does not know the paranoid schizophrenic who attacks innocent people and for this reason becomes dangerous to the community? Where is the difference between the sexual psychopath who impulsively attacks an unknown person, and the schizophrenic who does the same thing?

*Psychiatric Approach.*—Treatment of these conditions already exists, but its availability has hardly reached the profession. When a sexual psychopath comes to the attention of a physician the latter speaks of him as a pervert, a degenerate, to be treated with contempt. Most psychiatrists engaged in psychotherapy would rather treat ten cases of anxiety neurosis than one of paraphilia. There appears to be a conviction among them that the only way to deal with these people is by means of law. But stricter laws, longer sentences, and bigger prisons will not solve the problem, for they do not cure the basic causations. Punishment has never been an effective deterrent in sexual crimes. There are exhibitionists and voyeurs who have served innumerable and long prison sentences without the slightest effect. Only a few centuries ago homosexuals and paraphiliacs were executed on the gallows. If all sexual psychopaths and paraphiliacs were exterminated today the next generation would have just as many as this. Available knowledge suggests that the causation of these reactions is extralegal and generally speaking extrasocial.

The proper treatment of the sexual psychopath is not confinement but psychotherapy, or, better yet, proper sexual education in childhood. But in order to know how to proceed with such education, it is first necessary to know more of the normal sexual development. Thus envisioned, the treatment of the sexual psychopath becomes a social problem in the fullest sense of the word.

#### PROPHYLAXIS

What is needed above all is prophylaxis, but of this there is as yet virtually nothing. Punishment has never proved to be the deterrent to predatory crime that it has been supposed and is even less so to sex crimes, which are related to situations that lie very close to the instinctive and have arisen early in life. An adequate prevention program should involve not merely sex education, or even education in general, but a complete reorientation of family attitudes with concomitant reconstruction of the training and development of children. To do that it would first be necessary to know more of the psychic genetic factors in the development of sex life. Such studies have only recently been begun, but enough material is available to make a good start.

The importance of studying sexual psychopathology cannot be overestimated. The ramifications of sexual psychopathy are deep and interpenetrating. It is intimately related on the one hand to general and other marginal antisocial behavior and criminality and on the other hand to mental diseases in the widest sense of the term. It goes hand in hand with prostitution, with alcoholism and drug addiction, and with psychoses and neuroses. There is no mental disease that is not involved deeply in the problem of sexual abnormalities, from the schizophrenic whose sex life dwindles down to abortive sex experimentations accompanied by excessive masturbation and not infrequently leading to pedophilic assaults, through the manic with his seemingly exuberant but all too often deceptively weak sex life, his not very effective efforts at masturbation and other extrabiological experimentations, to the senile pedophilic who, regressing to second childhood, resorts to sex play with children because of increasing impotence. There are some who believe that sexual pathology lies at the base of mental diseases and most emotional disturbances. In any event, it is an exceedingly important problem in life.

Every year perpetrators of rape and other sexual criminals are being executed or sentenced to long terms of imprisonment. Those who have been executed have carried the secret of their pathology with them. Those who are imprisoned are not being studied. The state gains nothing

from a death sentence; society loses. The human psychopathologist has the same reaction toward this as a general pathologist would have were he continuously denied autopsy after autopsy with no opportunity to learn of the structure and function of disease processes. How far would medicine have advanced under such conditions?

There must be an organized formulation of disease. A concerted effort to study the structure and function of sexual aberrations is needed; for this the sexual psychopath provides the best subject. Teams of trained workers to search the records of courts to help learn of the various types of sex crimes and criminals should be provided; thus it should be possible to develop a workable, if only tentative, classification of the various subtypes within this grouping. An institute where cases could be studied in the fullest possible detail is also necessary. One year an attack might be made on the problem of exhibitionism, another year on pedophilia, still another year on rape, and the like.

But all such plans as proposed are chimerical over-ambitious dreams, not likely to be realized in the foreseeable future. It is easier to punish than to instruct, to effect discipline than to teach morale. The chance is, therefore, that stricter laws, bigger prisons, and stronger guards will be necessary, while the sexual psychopath will remain a very real member of society.