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## PSYCHOSIS AS A DEFENSE AGAINST YIELDING TO PERVERSIVE (PARAPHILIC) SEXUAL CRIMES

Ben Karpman

The author, Chief Psychotherapist in St. Elizabeths Hospital, and a frequent contributor to this JOURNAL, has given us here in brief form a statement of an unusual angle on the relationship between mental disease and crime. The case material on which the study is buttressed is a highly condensed version of a presentation which appeared some months ago in the New York Psychiatric Quarterly, April 1953, under the heading, "Dream Life in a Case of Hebephrenia."—EDITOR.

For some years past, psychiatrists have been calling attention to the seemingly close connection that exists between mental disease and criminality. It has been observed on the one hand that criminals as a group furnish a much larger percentage of mental disease than a numerically equal group in the general population; and parallelwise, it has been observed also that mental diseases as a group furnish a larger share of criminality than a numerically equal group in the general population. While the statistics on the subject vary, they all approach more or less a striking figure of ten to one. But as one studies these two groups more intimately, especially as comparing them with definitive studies of so-called normal criminals who do not develop any mental trouble, and similarly with mental diseases that never get involved in criminality, the relation becomes even more striking.

There appears to exist an unquestionable relationship between crime and insanity, especially when these are viewed not in terms of superficial symptoms displayed but rather in terms of the basic psychological mechanisms involved. When thus studied, it appears that mental disease acts as a check on indulgence in criminal behavior; and conversely, criminality appears as an escape from the development of mental disease. But it may be asked then: If this is so, how can one explain the presence of such a large degree of criminality in mental disease and the large amount of mental disease in criminality? The explanation is that although mental disease appears to act in many cases as a check against criminality, on occasions the defenses break down, and the underlying but repressed criminality breaks through the bars of mental disease; conversely, while criminality as such may act as an escape from the individual's abnormal mental trends, every now and then the defenses break down and we have criminals with mental disease.

The above has been arrived at through the study of many cases of mental disease and criminality, but in order to demonstrate this thesis more conclusively it is desired that more than a mere statement be made, that clinical material be furnished demonstrating clearly and

unequivocally the concept propounded above; and this is what the writer intends to do at present.

Since this JOURNAL is not directly a psychiatric journal but caters to a large professional and intellectual public that has other interests besides psychiatry, it would hardly be possible or practical to support this presentation with a definitive study of a case running perhaps into fifty or sixty pages. The JOURNAL with its limited space could not publish it nor would the reading public, with its limited interest in psychiatry, relish it. For this reason I wish to present here merely a summarized rendition of a case, having reserved the more detailed and more explicit presentation for another medium.

### THE CASE

Young Lieutenant B. stood high in his graduating class at Annapolis and was apparently satisfactorily performing his naval duties when four years after graduation he broke down with a very severe acute psychotic attack that required immediate hospitalization. When first seen, he appeared to be preoccupied with a delusional evolutionary theory in which he postulated a connection between the genitalia and the brain, the latter becoming purer as the seminal fluid became whiter. This theory had its origin in the teachings of "the Bible man" who showed him how to "interpret the Bible through one nostril." He also interpreted adultery to mean sexual relations with people of an inferior stratum of life.

### SEXUAL PREOCCUPATION: EARLY LIFE

During his hospitalization he revealed much of his sex life. Although he had no formal sex education and claimed he knew nothing about masturbation until he learned from other boys at age fourteen or fifteen, it appears that he was sexually quite precocious. When he was seven, he indulged in exhibitionistic games with a little girl and was spanked by his father. At eight he refused to participate in homosexual activities with his brother, but two years later he attempted sex play with a horse and a dog, finding it most uninteresting (*bestiality*). At twelve he was disappointed at the sight of a nude woman's breast he spied through the keyhole (*voyeurism*); and at that time was also concerned over the lack of his pubic hair (*sexual inferiority*). At fourteen or fifteen he learned masturbation and practiced it about once a week (compulsive or obligatory masturbation), accompanied by fellatio fantasies involving women; occasionally fantasied heterosexual intercourse. Later, to escape mas-

turbation, which he felt was repulsive, he resorted to prostitutes with little success or satisfaction. At thirteen he was seduced by a man aged forty-five and was disgusted by it. Nevertheless, a few months before admission, he again performed a homosexual act with the same man and had an emission.

#### ADOLESCENCE AND ADULTHOOD

At fourteen, he had a pederastic experience with his younger brother and at fifteen with another boy, both giving him no pleasure or satisfaction (defense against guilt). At fifteen he had his first heterosexual experience but was so disappointed that he abstained for six years and when he again had intercourse it was with a widow with whom he had only pederastic experience because it was more enjoyable, only he claimed it was for precautionary measures (perverse experience within heterosexuality). Normal intercourse was marred by premature ejaculation and he confessed that he received much more gratification from fellatio but desisted because he felt it was "unnatural" (reaction to guilt feelings against perverse acts). Nocturnal emissions occurred only when he dreamt of heterosexual intercourse—not perversions. During his hospitalization he was completely preoccupied with obsessive thoughts of homosexual and incestuous fantasies involving his mother, and all forms of sexual activity were overshadowed by a tremendous sense of guilt.

#### PSYCHOSIS

At the height of his psychosis he was beset by obsessive sexual preoccupation, paraphiliac (perverse) fantasies, hallucinations of a sexual nature, compulsive ideas, and delusions. The latter were of four types: persecutory, reference, somatic and what he called "mental telepathy" but which were really self-condemnatory, making him feel responsible for all the major and minor catastrophies which befell the world (guilt). He found himself compulsively cursing everyone, even his parents, and his thoughts were filled with obscene words and pictures. He was obsessed with coprophiliac ideas stemming from the Biblical reference to men eating their own feces. He had incestuous desires towards both parents which made him extremely antagonistic towards his mother, whose relations toward him were unspeakably disgusting—an indication of his sado-masochism and regression to a pre-genital stage of development.

He had sufficient insight to make all this hideously apparent to him and life for him was a veritable hell on earth.

His strong mother and father attachment resulted in his Messianic delusions in reverse—God was punishing all mankind for *his* (the patient's) sins. These delusions were an unconscious expression of his sado-masochism. His entire hospital course was an alternation of control and failure of his repressions. And as the latter process took over, deterioration set in and his final childbirth delusion appeared to have some connection with the cardiac disturbance which caused his death.

In contrast to these nightmarish waking hours, his dream life consisted of ordinary, apparently normal events in which the regressive content was so heavily disguised that it offered no disturbance. Most of the twenty-six dreams available were of heavily disguised homosexual content, with a few heterosexual, anxiety, paraphiliac and parent dreams. With very few exceptions the dreams were entirely free of sexual situations and were of a wish-fulfillment character, serving as a defense against his antisocial tendencies.

During the recital of his dreams several "forgotten episodes" came to light, the most significant of which was a scene of early childhood when he evidently witnessed his father administering an enema to his mother and thinking at the time she had a penis. This was undoubtedly the basis for his great enjoyment of pederastic relations with the widow.

## GUILT

The feeling of guilt was not evident in his normal personality make-up but became exaggerated in his psychotic state. It manifested itself in his second set of delusions—that he was responsible for all public calamities and all natural disasters. His normal feelings of sensitivity and inferiority were also extremely exaggerated as was his fear, which appeared more like what would usually be termed anxiety. This fear was his protection against his aggressive impulses.

Since the age of three he had had frequent periods of depression and was often preoccupied with suicidal ideas. However, his promise to his mother prevented him from attempting it until his second admission when he tried unsuccessfully to hang himself (guilt reactions to obsessive preoccupation with prohibited sexual acts).

It became apparent that his real reaction to the separation of his parents was one of guilt, because of his fixation on both mother and father. His insistence that the marriage of his girl friend to another

man was responsible for his "nervous breakdown" merely served to emphasize the real cause—his heterosexual maladjustment, his homosexual trends and his incestuous cravings.

During the second admission the patient was denied ground parole because he still admitted his suicidal ideas, and some time later he was discovered in the role of the passive partner indulging in fellatio with another patient. Two and a half years later he was finally discharged as a social recovery but four months afterwards was readmitted for the third time in a highly disturbed condition, hallucinating actively and masturbating constantly. He had a rather stormy course for four years with only brief periods of remission and finally one day claimed he was having a baby. Two days later he died suddenly from a chronic valvular heart disease.

In retrospect it was clear that his schizophrenic behavior was noted by his father when the patient was only sixteen, so that early therapeutic endeavors might have forestalled the development of his malignant hebephrenic psychosis and prevented his tragic death.

#### TWO OTHER CASES

In a previous communication<sup>1</sup> I presented a study of two other cases of hebephrenic psychoses which had many points in common with the present case and equally a number of points in difference. The two cases may be called James A. Q. and Dr. X.

Briefly, in the case of James A. Q. we were dealing with a soldier who presented a picture of a quiet, passive individual even though he had expressed in a mild way some persecutory delusions. For the most part, the mental content dealt with bizarre, delusional ideas which in totality may be regarded as grandiose phantasies centering chiefly around ancestral delusions. His sex life, after a brief excursion into some activity, came to a standstill, but the mental content revealed ascetism and incest, homosexuality and effeminization, and over-evaluation of masculinity. In the center of the picture there stood incest and father fixation with paranoid projections based on homosexuality, the whole mental content being markedly a case of regression.

The second case was that of a 33-year-old white, male physician who showed a number of hypochondriacal delusions in contrast to James A. Q., whose delusions were more of a grandiose and compensatory character. Like James A. Q., Dr. X. showed a number of genealogical

1. *Hebephrenic Fancies*. THE JOURNAL OF NERVOUS AND MENTAL DISEASE, VOL. 100, 5, November 1944.

delusions and also a very meager sex life. There were present, homosexual phantasies and a homosexual conflict. In this case, the Oedipus complex was quite definite and here, too, as in the first case, there was a positively-toned attitude toward the father. In this case also, it was around the problem of incest and the implications that stem from it that the entire psychosis appears to have revolved, in order, it seems, to effect a compromise between instinctual pressure and the demands of a cultured conscience. But whereas in the case of James A. Q. the attachment on the father was definite and, correspondingly, the antagonism toward the mother, growing out of jealousy, more vehement, it was only slightly evident in the case of Dr. X. and, correspondingly, the subject of the mother was merely ignored.

When we compare now the three cases—Lt. B., James A. Q. and Dr. X.—we find that in terms of physical difficulties there appear to have been none in Lt. B.'s, whereas the other two cases blamed their breakdowns on Army experiences—the first one having been gassed and having had a severe fall, while the second blamed his condition on shellshock suffered as a result of an explosion.

In all three cases we find strong indication of homosexual pressure. However, in the case of James A. Q. there is no homosexual history but the patient's entire delusional structure appears to be predicated on a strong father fixation (incest) from which homosexual trends usually stem. His positively-toned sexual attitude toward his father is suggested by his sleeping with him most of the time as a boy, loving to feel his muscles, undue curiosity about his father's visits to his mother's bed, and strong unconscious reactions of jealousy connected with those visits. There is a suspicion of voyeuristic activity where his father is concerned, although we have no actual admission of this. His father fixation is reflected in his ancestral delusions, e. g., that he "came from a king snake," symbolization of paternal strength. His paranoid delusions of jealousy on the part of others appear to be derived from his homosexual attachment to his father with its resulting homosexual connection generally which took the form of paranoid projection as a defense against it. In all, the core of his psychosis represents a conflict over his incestuous homosexual interest in his father.

The same situation appears to be present in the case of Dr. X. except that in his case we suspect the incestuous interest extends to several members of his family; for the purpose of his elaborate delusional system was to make them other than his kin. As pertaining to the homosexual picture, we have the undue significance which the patient

attached to his highly developed mammary glands (the over-development of these glands was a physical fact) suggesting ideas of effeminization; his positively toned emotional reaction toward his father, his indifferent reaction to his mother's death, which occurred during his hospitalization, and his violent reaction to a question regarding homosexual practices. Unfortunately in this case we are without any information with respect to the patient's emotional or sexual relations with any of the members of his family. We are merely left to suspect the existence of numerous episodes within the family circle which involved sexual stimulation, perhaps voyeuristic and/or exhibitionistic incidents, although probably none of them concerned with overt sexual behavior. He was the youngest of nine children, and it may be supposed that the family life afforded considerable opportunity for the development of sexual impressions within the home circle.

The psychogenic common denominator in all three cases is the unconscious fear of incest, but its manifestations represent considerable variation. In the first case we find almost continuous and unrelieved suffering. The patient is obsessed and tormented by paraphiliac fancies which increase his feeling of unworthiness and bring him to the verge of suicide. Even his delusions offer no amelioration of his unhappy state but rather tend to aggravate it. He is the cause of all human disaster and all public calamity. All his waking thoughts are a compulsive preoccupation with filthy ideas, for which he continually reviles himself and on account of which he suffers extreme torment. Only in his dreams is he free of them, for the dreams depict, for the most part, innocuous situations which contain almost no trace of sex; but once he commences to comment on these, he is sooner or later swept back into the paraphiliac whirlpool of sexual obsession.

#### CONCLUSIONS

Mental diseases and criminality appear to stand in inverse correlation. Three cases of mental disease, (Hebephrenic Psychoses), were studied as regards the mental content and the psychogenic mechanisms involved. The mental content appeared to be excessive and obsessive preoccupation with situations of extremely prohibited sexual nature expressed as paraphilias (perversions) and stemming chiefly from unrealized incestuous and homosexual cravings. The latter were prevented from being allowed to be realized and express themselves in overt antisocial sexual behavior because of severely functioning repression and exaggerated guilt feelings. The individual thus becomes socially innocuous, but



only paying the price represented by a severe psychosis. Guilt may be the guardian against undesirable social aggressions. Sin is the fear of guilt breaking through. If the price of sin is death, feelings of guilt may prevent its expression but often at the cost of hopelessly incurable mental disease, which is a living death.