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Psychiatric Factors in Social Hygiene Problems

CONTENTS

Editorial: "Find the Missing Million".....	Walter Clarke	373
Venereal Disease Anxiety Among Soldiers.....	Morris A. Wessel and Bernard D. Pinck..	375
The Problem of Syphilis as Seen by the Veterans Administration	Bascom Johnson, Jr.....	385
The Problems of the Occupation Soldier.....	Dora Jane Hamblin....	389
A Psychiatrist Looks at Sex Offenses.....	Philip Piker	392
Intoxication—A Factor in Venereal Disease Infection.....	Joseph Hirsh	398
National Events	Eleanor Shenehon	400
News from the States and Communities.....	Betty A. Murch.....	406
World News and Views.....	Jean B. Pinney and Josephine V. Tuller...	413
Publications Received		418
Announcements		419

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A PSYCHIATRIST LOOKS AT SEX OFFENSES

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An audience which awaits a discussion on sex—and this includes even those who profess a certain sophistication in such matters—usually reminds me of a youngster who knows there are some cookies in the pantry, and who is contemplating a raid. He knows there is something in the pantry which is of interest—he feels a sense of anticipation regarding the adventure, mixed with some apprehensiveness—there is something naughty about the situation, which inspires guilt—but he reassures himself that they are only cookies, and that cookies actually were made to be eaten; and, after all, what's fundamentally wrong about eating cookies?

This comparison is made partly in order to get this meeting started in a light vein, and for the purpose of promoting relaxation; but it serves also to make a point which is of first importance, and of which we need to be aware if we are to do some straight thinking about sex, regardless of whether we are tackling the topic from the point of view of adjustment or misdemeanor. The point is that the prospective cookey pilferer had mixed emotions—and I think it may be said that most of us have similarly mixed emotions, and mixed-up thinking, regarding sex.

If I were asked to give the reason—simple, and brief—for sexual maladjustment in adults, sex difficulties in children, and anti-social sex behavior generally, I would say this: the reason is that we lack a sound and consistent and wholesome attitude regarding sex. We lack it individually, and we do not have it as a group. The explanation for this reason—the why of it—could not be discussed briefly. It is a complex affair involving the interplay between various facets of the individual's personality and the culture within which he is trying to exist. But though we cannot go into the subject completely here, we can touch on some of the important high spots.

Despite the fact that parents, and others who are overly sentimental in this regard, dislike admitting it, children become aware of sexual matters at an early age. They are curious concerning their own bodies, as they are about everything else; and they notice anatomical differences in their parents, their brothers and sisters, their playmates. Most of them—perhaps all—pass through periods wherein masturbation occurs, and often also childish and innocuous sex play with other children. This curiosity, and these activities, need have no harm-

A paper presented as part of a *Panel on Sex Offenses As Seen By Psychiatrists, Police, Parents* at an observance of National Social Hygiene Day, Feb. 5, 1947, under the auspices of the Cincinnati Social Hygiene Society.

ful effects—indeed, they are never, of themselves, harmful. If damage is to result from such things, if real problems are to develop, they will originate in the child's reaction to them. In other words, abnormal sex behavior in childhood—and what I have thus far mentioned is not abnormal—and in adulthood, will result not from his normal curiosity and transient childhood sexual activities, but from the notions he develops regarding them. If he gives undue importance to these things—if he acquires twisted ideas about bodies and parts of bodies and sex activities—if he develops anxiety and fear concerning them—then we may expect trouble.

If trouble in this phase of the individual's adjustment results from mistaken notions in childhood, how do these notions come about? The answer to this question is, of course, not difficult; and it is this answer that points the way toward avoiding such trouble. Most of the child's—and, as a consequence, the adult's—personality traits, his attitudes and types of reaction, his interests, his standards, and so on are derived from his relationship with his parents. This is as true for his sexual attitudes and behavior as it is for the other aspects of his personality.

The parent who believes that her five-year-old child knows nothing about sex, and never thinks about it, merely because he never mentions it, is playing the ostrich. Because children do not hear their parents discuss such matters, or witness sexual activity, does not mean that they do not do their own thinking. They are, remember, curious and observant; but they are not yet very intelligent, and they are not at all informed. So you may be sure that if all their thinking about anatomy and sex is done in a secretive and unguided manner, they are likely to develop misconceptions. Just as they are likely to develop misconceptions if their innocent curiosity and activities are handled as though they were crimes, meriting distaste and anger and punishment.

There is nothing parents react against, in their children, with as much intensity of emotion as sexual matters. And it is little wonder, then, that sex becomes associated, in the child's mind, with all sorts of emotional distortions. If this happens we should not wonder that the child grows up to be frigid or impotent, or to have excessive sex desires, or to demonstrate perverted sex interests.

I might mention one example, apropos of perversions, to illustrate a possible sequel of improper parental attitudes regarding sex. Most perversions—such as peeping, exhibitionism, and so on—are properly defined as complete sexual satisfaction achieved by measures short of actual intercourse, with the pervert having no desire for the actual sex act. An example is the peeper, who derives all the sexual gratification he wants merely from looking at another individual (usually of the opposite sex) in greater or lesser degree of undress. In this connection it should be pointed out that the definition I have given indicates that the peeper—as well as the exhibitionist—in the great majority of instances, is not likely to make any attempt to molest anyone physically. His final objective is to see—or to show himself, if he is an exhibitionist. Now in trying to understand the peeper, it is necessary to keep in mind that it is not considered abnormal to obtain some sexual

stimulation from looking at members of the opposite sex—as in love-making preliminary to the sex act, or in suggestive pictures, or in burlesque shows. The abnormal element enters when one goes to extraordinary lengths to see these things, and when the seeing of them satisfies the individual's sexual need entirely.

How does such a phenomenon as a peeper happen? The explanation varies as to detail in different instances; but in general the reason is that somewhere in the individual's psychosexual evolution he developed some distorted notions, some excessively emotional reactions, some blocks in his thinking about and reacting to sexual matters. It is the conviction of those who have had the opportunity to study and work with human beings from the psychiatric angle that, with the exception of the very small group which has actual physical reasons for sexual difficulties, sexual maladjustment would not occur if children were exposed to proper adult attitudes. If such attitudes are to prevail, parents, teachers, and all those who have to do with rearing and guidance of children need to be properly informed regarding sexual matters, and to attempt to straighten out the emotional kinks in their own reactions to sex.

How many of you have been embarrassed, and felt awkward and tongue-tied, when a four-year-old asked you how babies were made? If you stop to think about it, it actually is ridiculous to admit that a four-year-old could embarrass you about anything. Then why were you ill at ease? It was because the subject of sex was out in the open, and that subject is difficult for you to manage, even with a child. If this is true, then you yourself are not properly oriented about sex: your emotions about it are still mixed up some. If they are, you can go back to the first few years of your life for the reason. And if your child, or your pupil, or your camper, is not to be more or less mixed up too, you had better get your own thinking in order so that you can provide him with the proper atmosphere and information for the development of a wholesome and acceptable sex life.

I suppose I should say more about sex offenders specifically, though everything I have said thus far is applicable. To begin with, it should be stressed—and with as much emphasis as possible—that sex offenders are sick people, and that their offenses are symptoms of their illness. Think about it for a moment! Here is an individual whose sexual activity is greater, or different, or more aggressively demonstrated than the normal. Immediately, then, we may say that he has some sort of abnormalcy associated with his sexual development. Further, he acts out his sexual needs in a manner which is likely to result in real trouble for himself—imprisonment, bodily injury or death, loss of respect and reputation, perhaps hostility and rejection by his own family and friends, financial and professional disaster, and so on. For the sake of a brief period of physical pleasure, he jeopardizes his entire future. An individual who does this has either a distorted sense of values, or an inability to control his impulses, or both. The same thing may be said, in varying degree, of any sick psychiatric patient. So that our sex offender is sick.

I wish I could be certain that I am getting this point over to you—the fact that the sex offender is sick. Without a realization of this fact, we are hardly likely to solve the problem of sex offenses. And please make no mistake about my purpose in stressing this point. I am not recommending that sex offenders be coddled. I am not recommending this any more than I would recommend that a patient with typhoid fever be coddled. The typhoid fever victim needs to be treated and cured for his own sake, because he is a sick human being; and—please note this point—he also needs to be cured so that he will not infect others, and not remain a menace to society.

Merely jailing a sex offender does practically nothing for either the offender or society. It does nothing to alter whatever it is that makes him behave the way he does—to correct the emotional illness which is wrecking his existence and menacing society. And we have no assurance, when he has served his sentence, that he will not repeat his performance.

What, then, shall we do with, or about, him? The best practical answer to this question that I know is exemplified in the state of California. How thoroughly and efficiently California follows through on its plan, I do not know. But it has in it the makings of the ideal solution—treatment of the offender, and long range protection of the citizens of the state. California has a law which enables a judge to sentence a convicted sex offender to an indeterminate period of incarceration. In other words, the sentence specifies no definite length of time which the convicted man must serve. He goes free—and this is the point which bespeaks intelligent understanding and handling of the situation—he goes free only when a commission composed of a psychiatrist, a psychologist, a legal authority, and some others qualified to pass opinion on such matters, have established to their satisfaction that he no longer has his sexual problem and can safely be turned loose in society. This means that society is properly protected; and it also means that if the California jails are not to be cluttered up with lifetime tenants, something must be done to help the offender get over his emotional difficulties.

This is a plan worthy of your consideration, and worth copying in Ohio as well as throughout the nation. If a real effort is to be made to cope with the problem, then attempts should be made to achieve similar legislation here—and also to make available the funds and facilities with which to make such legislation meaningful. I urge you to give this possibility serious thought.

So much for attempting to deal with the existing problem—the two-sided problem of protecting society and treating the sick man. I have tried to indicate that I believe this approach is quite important, and necessary. But even if we were to accomplish this plan in its entirety, we still would not have completely removed the possibility of sex offenses. We would be coming close to eliminating sex offenders as they appeared in our midst; but if we did only this, we would have done nothing to stop the development of this symptom, this anti-social behavior, in other individuals as they grew up.

What I am getting at now, of course, is prevention—the removal of the possibility that such symptoms may develop—the immunizing of the individual, as it were, against the sort of emotional illness which might eventuate in such behavior. This brings us back to the earlier part of this talk—to the need to help our youngsters develop in a healthy fashion emotionally as well as physically.

The child brings with him into the world a reservoir of emotional energy which will find expression in one way or another. Some of it is in the form of sexual energy; and this, together with all of his dynamic emotional force, will constantly have need for an outlet. If it is merely repressed, or is associated in his mind with anxiety or fear, it may manifest itself in disguised form as nervous symptoms or emotional maladjustments of various sorts. If it is not properly guided, it may result in abnormal sexual behavior of an excessive, or perverted, or overly-aggressive type. But adequately managed, without the neurotic distortions of our culture, and without the misinformed and anxiety-ridden attitudes of many parents and many others who work with children, the sexual drive can be properly integrated as an acceptable part of the total personality of the healthy child. The child is not born with excessive or abnormal sex drives and needs—it is the adult who makes of a normal and biologically necessary part of the child something excessively important, or fearful, or tempting.

In our culture it is imperative that sexual activity be held in abeyance until a certain emotional and intellectual development has occurred, and until the individual has acquired an awareness of his relationship to society, and of the realistic advantages of conforming to certain social standards and dicta. This being the case, what is to become of the youngster's sexual energy? Its need for direct expression is likely to be minimal if it has not been overly stimulated by unwise parental attitudes; and in the well-adjusted child, this energy is likely to be channeled off in other directions—*sublimated* is the term we use. Such energy can be used up, or expended, in physical activity, hobbies, intellectual pursuits, and so on. If the youngster—and this applies also to the adult—has learned to be an active part of the life about him, has not had his curiosity and his capacity for being interested excessively thwarted, has been allowed to feel that it was not wrong to act out some of his impulses within reasonable limits, then he is likely to have available a variety of methods for sublimating his primitive sexual drives.

The problem, then, continues to revolve about the early conditioning of the child. If this is to be accomplished efficiently, so that the child will have his best chance to grow into socially acceptable adulthood, then those of us who have most to do with his conditioning need to examine ourselves—to determine whether the examples and influences we provide for him are likely to produce a happy, and productive, and socially acceptable adult.

This business of examining ourselves presupposes an ability to recognize what is wrong and what is right with us. Many of us lack the insight and the information required for such a job. And, in addi-

tion, it may be a distasteful chore, as well as one which might mobilize some of our own anxieties. But the job must be done—the insight gained, somehow—and the information acquired. If we side-step the job, then we may expect our children to grow up into adults with the same blind spots that we have, and, like us, wondering how to manage, or curb, or straighten out their children. And some of them, you may be sure, will have sexual problems of one sort or another.

I would like to comment briefly regarding one other point. It is undeniable that sex offenses occur, and that we need to institute more intelligent and effective action against them than we have demonstrated until now. One thing that is not generally realized, however, is that an appreciable number of the offenses we hear about—or even read about in the newspapers—never occurred. Numerous charges of sexual offense prove to be completely untrue, or greatly exaggerated. In adults this sort of thing may be due to a neurotic fear of such an offense on the part of a woman, so that she may misinterpret a man's completely innocent behavior. And these false charges are most likely to occur in a community where some sex offense recently has occurred, or where there is much anxiety-provoking talk of such things—with the result that everyone is on edge, and fearful, and finding possibilities of sexual assault in every strange man who appears on the street after dark.

We in psychiatry see such unjust accusations occurring most frequently among children. Youngsters, as you know, go through phases in their development when their imaginations are remarkably active and vivid—and they are apt to turn up with some exceedingly tall stories, some of which they more or less believe at the time. They may report in all seriousness that they just barely escaped the onslaught of a lion, or that they performed some heroic deed, or even some long and complicated fabrication. And occasionally their phantasies, or their falsehoods, have to do with sexual matters.

This matter of false charges is worth calling to your attention for two reasons. In the first place, the sex offenses provide a real problem, and one which needs real effort for solution. We will not improve our chances of solving it by becoming hysterical over it, or by failing to view it objectively in its proper perspective as to frequency, seriousness, and so on. In the second place, our concern over sexual attack against ourselves or against those close to us can be less intense if we realize that it occurs less frequently than is commonly supposed.

In conclusion, then, I might repeat that the fight against sex offenses needs to be waged in two directions; we need to treat the sex offender so as to help him get well, and so as to protect society against a repetition of his offenses; and we need, above all else, to tackle the problem of prevention,—by knowing more than we do about ourselves, and about our children.