the journal of Orgonomy

Major articles

US ISSN 0022-3298

Published by Orgonomic Publications, Inc.

Volume 11
Number 1
May 1977

A Case of Voyeurism (Scoptophilia)

By ARTHUR NELSON, M.D.*

Voyeurism is defined in the psychiatric literature as "a means of achieving sexual excitation and gratification by watching nude women or a man and woman engaged in intercourse" (1).

Baker (2) confines the definition of voyeurism to that of looking at nude women, but he states that two further characteristics are necessary: that the looking be unobserved, and that the looking largely or wholly replace genital sexuality. He classifies voyeurism diagnostically among the ocular types — the ocular unsatisfied character. It is exclusively a male neurosis. Baker writes:

> The mother is acquiescent and seductive. She stimulates looking but inhibits other modes of satisfaction. The father is strict and is determined to instill manly qualities in his son. He succeeds only in intimidating him. The household presents a "don't touch it" attitude that allows outlet only in looking. The boy reaches the phallic level with strong unsatisfied curiosity and much inhibition and submission. He identifies with the frustrating mother in his ego and with the father in his superego and retreats to the ocular voyeuristic level.

Psychoanalytically, voyeurism is classified among the "sexual deviations." Sexual deviation is the acted out, defensive denial of castration anxiety (1). Fenichel (3) has pointed out that when genital enjoyment is blocked by fear of castration, the deviant will try to regress to that component of his infantile sexuality that once gave him a feeling of security, or at least of reassurance, and from which "gratification was experienced with special intensity because of this reassurance." At the same time, however, other components of infantile sexuality are re-

*Medical Orgonomist. Diplomate in Psychiatry, American Board of Psychiatry and Neurology.

pressed, and the hypertrophy of this one component (looking) serves to strengthen the repression. In other words, when certain impulses that are usually forbidden are permitted to remain in consciousness, the repression of the Oedipus and castration complexes is reinforced. In the case of the voyeur, the regression is to elements of unsatisfied infantile sexual curiosity, and, on a deep level, it is a seeking for reassurance that females have penises, thus alleviating (repressing) his castration anxiety.

A more recent analytic interpretation of voyeurism is that of Almansi (4), of the New York Psychoanalytic Society, whose position is that the neurosis has its origins in a disturbance during the oral stage of psychosexual development. (Psychoanalysts do not, of course, recognize an ocular stage.) The nursing infant associates the mother's face with breast-feeding, and, if there is early object loss (severe separation anxiety), a search for the mother — her body — will occur visually (voyeurism). However, this is insufficient to eroticize the search. Generally, an exhibitionistic mother, along with a strong oedipal attachment, is also necessary. Witnessing the primal scene will also contribute to the eroticizing.

The following case illustrates the relatively rare condition of voyeurism (scoptophilia) as treated orgonomically.

The patient was a 35-year-old, divorced man, who was currently employed as a counselor in a drug-free rehabilitation program for adolescent ex-addicts. His chief complaint was erective impotence, which had occurred intermittently for the past ten years. He also complained of having little direction in life, losing interest in things, and suffering severe anxiety under certain conditions (*e.g.,* meeting a new woman).

The patient, Mr. R. never knew his origins until he reached adulthood, at about age 25. He was born in California of parents who had escaped from economic and emotional impoverishment as children of Pennsylvania coal-mining families. They went west and became "intellectual left-wing Bohemians." He remembers, as a child of about 4 years of age, meeting his parents when they visited him in an institution for children. He learned that his parents had been temporarily separated before he was born. During the separation, his mother had a casual affair, and Mr. R was conceived. The man whom Mr. R was to know as his father until the age of 25, returned a year and a half later, and found his wife and her new baby — the patient — in a home for unwed mothers. They were reconciled but left the baby in an institution until he was 4. The patient does not know why they left him there, but speculates that it might have been the man's difficulty in accepting him

as "his" child. At any rate, at age 4, he went to live with them.

Mr. R was an only child. He describes his mother as a frightened, "nervous" woman who was not cold but never expressed affection for him overtly. Later in life, she became extremely phobic, even being terrified of leaving her apartment. The patient seems to have identified with his mother. He states, "I empathize with her. We react in the same way — we both, for example, get nervous in the same way." Mr. R describes his presumed father as a self-taught intellectual with no formal education, a sardonic, frightened man, who never laughed and never got angry. Retrospectively, he realizes that his father seemed terribly competitive with him. Mr. R felt neglected as a child; he felt hurt that his parents never celebrated his birthday (a practice for which they felt intellectual disdain). He felt lonely and afraid of being left alone, but most of all he missed physical contact (hugging and other demonstrations of affection) which his parents did not provide. He remembers, however, that throughout his early childhood and beyond, he was excited and fascinated by his mother's body. Being "liberated" in her morality, she felt it "natural" to walk about nude in front of the child. He remembers being especially tantalized by her large breasts.

The patient states that he was a daredevil as a child, but tremendously "accident-prone," hurting himself continually. He was shy as an adolescent, and felt inferior to other boys. He began to have sexual intercourse in college, having masturbated (with guilt) throughout adolescence, at least twice daily. Mr. R stated that he has always been "obsessed with sex."

At age 21, Mr. R married a woman he really did not love, as he had made her pregnant and could not resist the social pressures involved. He stayed with her for three and a half years only because he was afraid of being alone. The latter dynamics has been a strong influence in his life. He avoids flamboyant, popular women, as he is afraid they will leave him. He feels more comfortable with unfeminine women. That women like him he attributes to the fact that he is very accommodating, as he is afraid of being rejected.

He married for the second time at age 30; the woman's ex-husband was his best friend in childhood. He never loved this woman and feels that in some vague way he was trying to "prove something" — perhaps trying to show his old friend that he, Mr. R, could succeed with his wife.

In terms of his work function and goal in life, Mr. R has been a "drifter." As he puts it, "I was a 'hippie' before there were 'hippies'." Since leaving college, he has had a succession of jobs, each lasting several years, *e.g.,* cab driver, carpenter, counselor, etc.

Mr. R states that his voyeurism started at age 25 when, looking out of his window, he inadvertently saw an undressed woman in an apartment across the courtyard. He became extremely excited and then found himself looking out the window to see if he could see women in other apartments. He began to go on roofs and fire escapes, masturbating if he did see a woman undress. At times, he would become so frantic in his desire that he would go from roof to roof in order to gratify his urge with one vision after the other. He finds that this urge is intermittent. It often coincides with periods in his life when he is frustrated and discontented with his sexual life. He is currently in such a period, as he is totally unsatisfied sexually with the woman he lives with, but finds it difficult to leave her because of guilt feelings and the fear of being alone. Mr. R also frequents pornographic films, where he masturbates to climax. (Interestingly enough, Mr. R's interest in pornography began as a teenager, was very strong, and *might* account for the lateness of the development of his voyeurism.)

Biophysical examination revealed a tall, well-built man. His gait, bearing, and speech on initial examination were deceptive. He walked with a swagger, with his shoulders pulled back, and was slightly lordotic. There was a "hip, street-wise" quality in his manner of speaking. The general impression was that of a "macho" male. My superficial impression was that I was dealing with a phallic narcissist. Except for his eyes, his armoring was not unlike that of a phallic — it was generalized, with emphasis on the throat, chest, and diaphragm. The eyes were unusual, even remarkable. They were large, with a warm, wanting, yearning, "hungry" look — as described by Baker (2) — yet slightly frightened.

His behavior belied the superficial phallic impression. Mr. R has shown little aggression in his life. He is fearful of violence, especially any hint of violence towards himself. He is shy with women. In short, his is not the behavior of a phallic.*

Baker (2) states that the therapeutic procedure in the treatment of voyeurs is to mobilize the eye segment and encourage the aggressiveness which underlies the submissiveness. I have seen Mr. R for a total of twenty hours. Therapy has concentrated on mobilizing the eyes and the chest, which was quite armored and had little movement. This has been

*Since the voyeur is an ocular character type with an ocular *unsatisfied block*, one might raise the question of diagnostic subtypes in the voyeur category, analogous to the subtypes seen in schizophrenia (ocular *repressed* block). We might then consider this patient a phallic with a dominant ocular unsatisfied block (just as the paranoid schizophrenic is classified as a phallic with a dominant ocular repressed block).

done by encouraging hitting with anger, and roaring at the same time, which in turn mobilizes the throat.

Quite soon, Mr. R began to show his anger. He informed me that he had always fantasized doing violence to others, though fearing violence himself. Surprisingly, after twenty sessions, this patient does not quite fully grasp the essentials of therapy, the significance of the release of his feelings, or what is happening to him in therapy. There appears to be an unusually difficult problem of contact in this ocular unsatisfied structure. Mr. R says that the only emotion he feels in his eyes is love (for women). When asked to show anger or sadness, he says these terms, insofar as his eyes are concerned, "mean nothing" to him. One wonders whether this is true for the category. Intensive mobilizing of the eyes has begun.

A case of voyeurism has been presented. These are relatively rare structures. There are many similarities with Dr. Baker's cases (2). The mother was exhibitionistic and passively seductive, and she "encouraged" his looking. She appeared acquiescent. The father intimidated Mr. R by his intellectualism and competitiveness. Mr. R identified with his mother on an ego basis and with his father on a superego basis. There is much evidence of castration anxiety, *e.g.,* fear of violence, impotence. One important distinction is the age of onset, which in Mr. R's case was 25. One also wonders what role was played by the fact that from the ages of 1 to 4 he was in a children's institution. Lorand and Schneer (1) state that "In case histories, one finds that typically, the voyeur suffered severe frustrations and rejection during the pre-oedipal and oedipal stages of his development."

Some progress has been made. Mr. R can express anger more freely. Also, for the first time, he has begun to be able to express varied emotions with his eyes, the latter undoubtedly being the key to the successful resolution of this rare neurosis.

REFERENCES

1. Lorand, S. and Schneer, H.: "Sexual Deviations. III" in Freedman and Kaplan, *Textbook of Comprehensive Psychiatry.* Baltimore, Md.: Williams and Wilkins, 1967.
2. Baker, E. F.: *Man in the Trap.* New York: Macmillan, 1967.
3. Fenichel, O.: *Psychoanalytic Theory of Neurosis.* New York: W. W. Norton, 1945.
4. Almansi, R. J.: "Scoptophilia and Separation Anxiety," a Scientific Session lecture given at the New York Psychoanalytic Society, October 12, 1976.