

PEDOPHILIA EROTICA

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Accounts of morbid sexual practices of adults upon children are likely to arouse public indignation and excite medical interest. Curiously, however, Nabokov's best selling novel *Lolita* provoked neither disgust nor condemnation. The purpose of this paper is to review briefly the literature on pedophilia, particularly with regard to etiological considerations, to present three cases of this perversion and to offer some observations on the psychodynamics of this condition.

There were surprisingly few data available in recent literature, considering the not uncommon occurrence of pedophilic activity. Although Kinsey (13) reported that "only a few males have intercourse with very young girls," Magnus (15) found that of the 1500 to 1600 persons prosecuted annually in the state of California for sexual offenses, "crimes against children and youths account for the majority." In this connection, Pisetsky (17) notes that many, if not most, cases of indecent exposure to children, manipulation of their genitalia and even actual rape go unreported. This is due, he feels, to the fear of the children to discuss sexual matters with parents and the reluctance of the parents to report the event to the authorities.

Ellis (3) described a single case in 1906. He attributed the abnormality to those individuals "whose normal energies are inhibited sometimes" and who "find the symbols of sexual gratification in the caresses of children." Forel (5) described a condition which he called "pederosis." He reasoned that the syndrome was caused by either "senile dementia" or "the existence

of a special hereditary perversion in this direction." It was Krafft-Ebing (14) who coined the term *pedophilia erotica*. He felt that these "psychopathological cases of immorality with children" could be reduced "to conditions of *acquired* mental weakness." He meant chronic alcoholism, head injuries, apoplexy, syphilis and epilepsy. Freud (6) described pedophilia as the perversion of the person "who is cowardly or has become impotent."

It was not until 1927, when Cassity (2) reviewed a series of four cases at Bellevue Hospital, that any attempt at dynamic interpretation of case material was made. He distinguished two types of pedophiles etiologically. In the first variety the morbid sexual activity developed because of severe trauma during weaning with consequent paucity of maternal warmth, sustenance and stimulation. This, theoretically creates a great deal of hostility to the maternal figure which in later life is displaced on to small female children. The second type of pedophile engages in this perversion as a result of distorted identification with the mother figure. Hoppel (10) is quoted as describing a case in which the patient "was able to fix love only on objects which had no connection with the father and no resemblance to the mother, which called to mind no castration fears. His love fixed on an object like himself at the narcissistic period." The patient therefore is apparently acting out the role of the mother himself and treating the child as a projection of himself during his earliest years of life.

In 1926 Hadley (7) described a case of the aberration and postulated that it was based on an overly long mother-infant relationship perhaps with some early maternal erotic interest towards the child. He further theorized that his patient's desire to kill

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a small girl with whom he had had relations was related to a desire to destroy his own incestuous impulses, which this child represented.

Twenty years later, further comment on similar sexual offenders occurs. Most of this is based on material derived from individuals arrested and imprisoned for illegal sexual acts. Many of these papers are reviewed in Karpman's (12) comprehensive work on sexual offenders, and he himself reports one case (11) in which he attributes the perversion to fear of female pubic hair, which is avoided by having relations with prepubescent girls.

Hirning (9) comments that all sexual offenses against children have a common fundamental psychopathology which prevents the individual from seeking sexual contact with a mature individual of either sex. He feels that a mature woman represents a mother figure or incestuous object; while a child represents the patient as he would prefer to be himself, that is, a small child. This concept is a recurrent theme in the available literature. Roche (18) also supports this hypothesis.

Socarides (19) recently has reported a case in which he feels "severe libidinal frustration and the consequent overpowering aggression" play "a crucial role" in the development of the perversion. He notes that the acting out involved in the case cited served to avoid the onset of a psychosis which otherwise would have developed, and therefore the pedophilia served as "a prophylactic device."

The myth that "dirty old men" or those with senile or chronic organic brain syndromes are primarily responsible for this kind of sexual offense is statistically invalid, as shown by Magnus (16) in the California Sexual Deviation Research Study. This report indicates that the median age for child molesters was 40.7 years. Only 10 per cent of the offenders were over age 60.

Castration anxiety has not been widely noted despite the theoretical postulation of

this symptom complex in the etiology of pedophilia. Fenichel (4) feels that a selection of "little girls" as object choices represents a narcissistic object choice, (*i.e.*, "treating these girls as they would have liked to be treated by their mothers"). He also notes, however, that castration anxiety may result from identifying the love object not only with one's own person, but also "specifically one's own penis."

Bowman and Engle (1) describe young adult pedophiliacs as "usually passive, immature persons without courage to attempt sexual relations with members of their own age group."

Hammer (8), in a study of 60 convicted sexual offenders at Sing Sing Prison, emphasizes that these individuals (34 of whom were heterosexual pedophiles and 15 of whom were homosexual pedophiles) have tremendous castration anxiety and feelings of "phallic inadequacy" as determined by a series of psychological tests.

CASE REPORTS

CASE 1

The first case is that of a 31-year-old white male factory worker, unmarried, who reported to the Bronx Veterans Administration Hospital complaining of "nervousness" and "Jacksonian epilepsy." The latter had never been substantiated by medical authority and our studies, including EEG, skull films, and neurological consultations, failed to disclose any evidence of convulsive disorder. During the "seizures" reported, the patient stated that he was fully conscious, underwent repetitive clenching and writhing of his fists and arms respectively and turned in his feet. The activities were not within his power to control and were as if "someone else were doing it." The patient finally revealed that he had been arrested for molesting children and had served a short sentence in a county jail. He admitted having had pedophilic fantasies for several years and having acted them out on several

occasions prior to his arrest. He stated that he only acted out under the influence of alcohol and even then did not carry his activities beyond fondling, although this was not the feeling of the arresting officers, the court, or his own relatives. The patient rationalized his behavior by stating that he had not developed properly sexually and "somewhere along the line" had missed out on something. He viewed his pedophilia interests as a means of reliving or reexperiencing his earlier life. He denied any early history of sexual curiosity or erotic "game playing." He also denied masturbating until late in elementary school. His masturbatory fantasies were mainly concerned with oral-genital contact with women, in which he played the active role. These fantasies persisted up until the time of hospital admission and included the distorted idea that the male participant actually chewed and ingested portions of the female genitalia. The patient was quite terrified by the prospect of the fantasy itself, as well as possibly acting it out.

The patient never dated as an adolescent nor was he able to do so following his military service. When friends asked him to go to dances, he would stand at the side of the ballroom, watch the couples dance, but felt unable to ask a girl to dance or to take her home. He felt, in fact, extremely uncomfortable when required to talk with a woman. He had been unable to have sexual relations with either adult males or females except for a very rare passive experience either homosexually or in the passive heterosexual role while intoxicated. The patient described no interests in life aside from driving the family car at high speeds and dreaming of someday owning an airplane.

The patient initially denied dreaming, but it was interesting to note that following several interviews, during which his family history and in particular his relations with his mother were discussed, he produced the following dream. "I dreamt about mountain climbing. I can't talk much about the sub-

ject, there wasn't any particular event except that I was in a precarious spot and I was afraid I would fall. I had to use all my strength and energy to get out of that spot." He was unable to associate to this dream except to recall that there were mountains and hills in Japan and Korea when he was in the service and away from home, and when he first became ill. The patient produced little else in the form of dream material except to report that he had dreamt about flying airplanes on several occasions in the past.

The patient is the middle child of three siblings. He described a very warm and close relationship with his mother which, however, was not substantiated by his older sister or younger brother, and it is felt that a good deal of this idyllic relationship existed only in his fantasy. The mother was described as being "a very busy woman, always working around the house." He felt that he was closer to his mother than to his father and had strong yearnings for warmth and affection from her, which were never fully met nor reciprocated. At the same time, the patient was fearful of her, stating, "of course I had to listen to her. I had to be home on time. When I did something wrong I was punished by her." The relationship with his father was admittedly a distant and somewhat cool one. Both the patient and his siblings described the father as being a very quiet, unobtrusive man who let the children grow up by themselves and did not become involved with their raising or development. The patient has had poor lifelong interpersonal relations with his siblings. These relations deteriorated to the level of threats on the life of either or both siblings. In return the siblings called and wrote the hospital repeatedly, hinting, pleading, and even demanding that the patient be prevented from coming home on weekend passes. Any mention of eventual discharge was met with vehement objection by them.

Clinically, the patient showed flattening of affect, absence of warmth, humor or

emotion, and difficulty in replying logically or with reasonable rapidity to questions in specific areas. These areas were associated with sexual activities and interpersonal relations. He denied hallucinations, delusions, ideas of reference, assaultive or self-destructive ideation. The patient described himself as being a quiet, reserved and detached fellow. He never argued with others nor did he have occasion to. He was aware that he had always occupied himself in menial roles, but felt that this was due to his illness which was "one in a billion."

Psychological testing² (including the Wechsler Adult Intelligence Scale, Bender Gestalt, House-Tree-Person Drawings, Thematic Apperception Test and Rorschach) indicated that the patient was "an orally fixated, extremely dependent individual who has never developed any clear sense of self." These tests pointed up the need of this man "to please a maternal figure who was punitive and ambivalent in her giving," and they demonstrated that he was "terrified of women whom he perceives as phallic, annihilating and threatening engulfment for whatever nurturance they may offer."

His epileptiform seizures were interpreted as being pervasive aggressive impulses, with which he was having difficulty in maintaining control.

The patient had an IQ of 101, placing him in the average range of intellectual capacity.

The diagnostic impression was "chronic undifferentiated schizophrenia in a primarily orally dependent character." This confirmed the clinical impression.

CASE 2

A 32-year-old white unmarried male, by vocation a gardener, entered the Bronx Veterans Administration Hospital with a chief complaint of "confusion" and increas-

ing irritability over the few weeks immediately preceding admission. After a few interviews, the patient revealed a continuous history of pedophilic practices of many years duration, consisting of not only fantasy but also of overt acts.

This man's first sexual experience aside from masturbation, occurred at the age of 16 when he was fellated by an older man. He had not had heterosexual experience until he was in the army in W.W. II, when he was seduced by a prostitute. This occurred on two occasions, and he was able to reach orgasm only the second time. It was shortly after this episode that he sought elective circumcision for no apparent reason. A few weeks after the operative procedure, the patient was found absent without leave in a distant city apparently in a fugue state. He was hospitalized and diagnosed as suffering from an acute undifferentiated schizophrenic reaction. Since that time, the patient has been able to have only two sexual experiences, both with prostitutes, and both under some pressure from male friends who had accompanied him on an evening "out." He did, however, have pedophilic relations with at least seven children since the end of W.W.II. These were with both male and female children and included fondling, mutual masturbation, sodomy and insertion of the penis into the inguinal region and external labial area of the female children. The patient had never been reported by any of the children nor did he believe he was suspected by any of the parents.

He was hospitalized twice following his army discharge. On both of these occasions the onset of symptoms (ideas of reference and depersonalization) occurred after a period of several months of abstinence from his perversion. It also seems significant to note that during the present admission, the patient's mental status fluctuated considerably and perceptibly. It was ascertained that these fluctuations were related to his sexual activities in the sense that his confusion and ideas of reference cleared after pedophilic

² All psychological tests were prepared by, or under the supervision of, Dr. Nathan Boxer, Assistant Chief, Clinical Psychology, Department of Psychiatry and Neurology, Veterans Administration Hospital, Bronx, New York.

gratification and were aggravated by several weeks of abstinence. Phenothiazine medication was successful in reducing the anxiety and thinking disorder and the concomitant drive to act out the perversion.

He was the oldest of three siblings, having a younger sister born when he was four and a brother when he was eight. His mother died when he was fourteen, during childbirth. The patient stated that he had been quite close to her prior to her death, but no more so than his siblings. He described warm but not overly tender feelings towards these siblings, somewhat akin to his feelings towards his father and later his step-mother. He recalled feeling jealous of them while he was a child. Nevertheless, he denied any ill feeling towards the youngest child, which actually caused his mother's death. This child died a few months after the death of the mother. He had some friends but none that may be described as close. He was able to go out on occasional dates with women but was most uncomfortable during these evenings, and was unable to be with the same girl more than once.

The patient described himself as a jovial, self-effacing, well liked individual with a wide circle of acquaintances and companions. He was somewhat grandiose in his self evaluation as a raconteur and conversationalist insofar as could be determined in group therapy sessions. His self image as an expert at volley ball was exaggerated, according to the hospital correctional therapists.

On admission he showed a clinical picture of a chronic, undifferentiated schizophrenic. There were ideas of reference, paranoid delusions, looseness of associations and flatness of affect. As noted above, these symptoms cleared after a course of phenothiazines and after being transferred to the open ward. He then revealed that he had been actively engaged in a pedophilia affair with a boy, while home on pass. He was ordered to desist, agreed to do so, and several weeks later was given a trial leave from the hospital. He returned within three weeks,

exhibiting symptoms similar to those seen upon admission. He maintained that he had not engaged in his perverse activities, but had for the most part remained alone in his room in an effort to stay away from temptation. He also noted that the drugs given him seemed to help at first, but after several days he discontinued their use for no apparent reason. Upon return to the hospital, the patient was given a further course of drugs in combination with small doses of insulin (15 units B.I.D.) and group psychotherapy. In addition, because of the author's interest in this particular pathological phenomenon, the patient was seen in individual interviews weekly for several months. During this time, the patient revealed that he had had multiple fantasies consuming "most of the time during the day." These were usually about sexual intercourse with young female children. Others included having young boys masturbate him and his performing sodomy upon them. There was some confusion evident in his mind about female genitalia, their appearance and actual function. He was quite reluctant to discuss this with the therapist.

The patient produced one early memory in which he recalled observing, at the age of five, a young girl removing her undergarments in the presence of several young boys of his own age. He recalled "looking in amazement" and stated "I was a little frightened about it." He was unable to explain his fear but denied that it could be because of the girl's lack of a penis. He followed this with another early memory of a young boy being beaten up by several playmates and himself. He again recalled being frightened without knowing why. "I just didn't like them doing it," was his only comment.

The patient was unable to recall his dreams, although he had several nightly. On one occasion, however, he did relate dreaming of being tied to a stake while several painted, long braided, Indians were dancing around him waving tomahawks in

the air. He related this to a long standing fear of being alone and lost in the woods.

His feelings about children were reflected in early sadistic memories about children being struck by adults or other children. His first pedophilic experience, at the age of fifteen, was precipitated by a spanking which he administered to a naked eight-year-old boy in his charge at a summer farm camp.

Psychological testing (including the Wechsler Adult Intelligence Scale, Sentence Completion, Bender Gestalt, Figure Drawings, Thematic Apperception Test and Rorschach) was carried out. The obtained (Wechsler) IQ was 100.

Projective testing indicated that the patient "experienced severe oral deprivation, receiving neither love nor understanding from either of his parents." He was felt to possess a mother image "of a threatening, castrating, unapproachable female, *e.g.*, a "witch breathing fire from her mouth."

He was described as feeling hopeless about himself and distrustful of others. "He sees people (including himself) as being out for what they can get, with little concern about misusing others." His pedophilia was viewed in terms of "his avoidance of the severe castration threat of women," and possibly as "an autoerotic fixation on himself as a child."

It was felt that the patient, at the time of testing was in a state of remission from a basically schizophrenic illness. This was in accord with the clinical diagnosis of schizophrenic reaction, undifferentiated type.

CASE 3

A 26-year-old white unmarried male, recently discharged from the Air Force, entered the Bronx Veterans Administration Hospital because of inability to get started in civilian life, confusion and anxiety. He revealed a history of pedophilic interests for several years prior to admission, which included a "love affair" with a ten-year-old boy, and an attempted seduction of a nine-year-old boy. He described the first of these

affairs as being the only time in his life when he felt warm, close, and needed by another person. He had several heterosexual experiences with prostitutes and women picked up at bars. He denied homosexual activities with adult males and recalled being severely traumatized as an adolescent when he was followed on two occasions by "a man" down dark lonely roads. He feared sexual assault and described escaping just "in the nick of time" on both occasions.

This man was the third of five children. The children were spaced two years apart. The mother was described in very unemotional terms as a busy, unhappy woman burdened with five children and deriving little satisfaction from life. The patient felt that he got little warmth or affection from her. The father was reported as being an alcoholic who was primarily interested in his own bodily comforts, and who devoted minimal time to the patient aside from usually providing for his sustenance. The parents fought frequently and slept in separate rooms. The patient slept with his mother and younger sister in the maternal bed until the age of ten. The father and two brothers slept in another room and the older sister had a room to herself. One of his early memories was that of a primal scene at the age of seven.

At this time the patient described his parents as being "both alcoholics." The brothers were thought to be disturbed and the oldest sister was said to be an alcoholic, who would "sleep with anyone in town." The younger sister was married happily and lived in a distant town. The patient described one episode in which the older sister attempted incest with him while she was intoxicated. Another episode was reported during which a sister-in-law tried the same thing. He recalled being tempted but desisting at the very last moment on both occasions.

Clinically, he showed a flattening of affect. There was a history of several recent episodes of disorientation and fugue-like states

similar to those described in the second case, above. During these episodes, the patient felt that he was unable to control his activities, which included running aimlessly through the streets of London on several occasions.

In evaluating himself, the patient felt that he was a mild-mannered, somewhat shy person who rarely became angry or showed hostility towards others. He also felt that he had a good deal of latent talent, ability and importance which were not fully appreciated by others.

This patient was placed in individual psychotherapy on a twice weekly basis for a period of three months. During this time he had great difficulty in keeping appointments and arriving on time. He revealed in therapy that he always felt that he was the good child in his family and that the others were bad and should "be punished more." He also felt that his mother had been good to her other children, and to her grandchildren, but not to him. A good deal of anger towards children was quite easily discernible.

In treatment, the patient openly discussed his distrust of women and fear of becoming involved with them emotionally because "women are not to be trusted, they will run out on people who get too close to them." He then recalled how distressed he had been after having been shipped overseas, while making a tape recording to send to his mother. He became incoherent, tearful and shortly thereafter had a dissociative episode. Both of these events were immediately preceded by an abortive "love affair" with a nine-year-old boy.

The patient was unable or unwilling to describe or produce any dreams during his hospital stay, but he did recall and describe the frequent sexual fantasies in which he indulged during masturbation. These primarily dealt with oral-genital contact, especially cunnilingus. He had never performed this act himself and was unable to explain why. He did admit performing fellatio with

his pedophilic partner in both passive and active roles.

The patient's reactions at the time of hospital discharge were worthy of note. He displayed considerable anxiety about leaving and brought forth multiple somatic symptoms to lengthen his stay. These included abdominal, inguinal and vertebral aches. On the day of discharge, the patient dramatically (and unnecessarily) slid into second base during a softball game at the hospital, causing multiple abrasions and contusions of both thighs and hips, but this did not prevent his discharge.

Psychological testing indicated that the patient had an IQ of 106, placing him in the average range of intelligence.

The projective tests indicated difficulty in testing reality and a severe limitation of spontaneity. There was evidence of "intense overwhelming anxiety, tension, marked feelings of transience and impermanency in all of his relationships." He was felt to be a man who "has been disappointed so frequently in the past, especially in terms of not having received any warmth or affection from his mother" that he was unable to relate to anyone, especially women. No specific evidence of castration anxiety was uncovered. The extremely immature and passive-dependent nature of this man's personality was emphasized, as was his inability to form mature object relationships.

The diagnosis in this case was schizophrenic reaction, undifferentiated type.

DISCUSSION

It is of interest to note how some of the previously cited hypotheses are born out in this series. In two cases, there is the idealized fantasy of a warm, tender relationship with the mother. In the first case this is denied by the siblings and in the second it is cut short by the untimely death of the mother, at the time of the patient's pubescence. The third patient paid lip service to the idealized mother at first but quickly revealed his true feelings after the first interview.

In all three cases it is clear that the patient was and is unable to establish a meaningful relationship, let alone a sexual one with a mature female. All were able to have heterosexual relations with grown women only after having been seduced and having been placed in an essentially passive and feminine role. The woman in each case was a prostitute. Whether or not, as Hirning suggests, a mature woman represents a maternal and therefore tabooed, incestuous figure to any of them cannot be verified at this time.

That some form of castration anxiety is present is indicated in the second case by the episode involving the patient seeking out an elective, symbolic castration (*i.e.* circumcision) after having heterosexual activity for the first time and by the subsequent psychotic break which followed these events. The dream of being threatened by painted Indians with tomahawks certainly suggests fear of castration, as does the early memory of the naked girl. In a similar fashion, the third patient's early memory of feared attack in the dark may be equated with castration anxiety as well as with sexual assault.

Cassidy's hypothesis of weaning trauma and paucity of maternal warmth is substantiated in the first case by the statements of his siblings as well as by his own feeling that "my mother wanted to spend more time with me and pay me more attention, but she was always so busy." In the second case, the patient recalled being told by his mother that he was breast-fed for a couple of weeks but had to be weaned, "because the milk went sour." This statement was corroborated by his father. The third patient denied any recall of weaning or early feeding memories, but did state that there was "so much going on" in the household that it was likely that "everybody didn't get everything he was entitled to." In these cases it may be postulated that there was a definite and substantial lack of maternal warmth during infancy and childhood; which was later compensated for in two instances by ma-

ternal overprotection and infantilization. All three patients report being passive, submissive, quiet, and "good" children during school days. They complied with every rule, got along well with teachers, were somewhat uncomfortable with peers and, in general, played the role of the "mamma's boy" during childhood. All describe weak, distant and uninterested fathers. It seems that these men grew physically to maturity, but emotionally retained the self image of a small, ineffectual, and to a large extent, asexual prepubescent boy. In all three cases this was borne out by their remaining in the parental home till the day of admission to the hospital.

The first patient, after a 10-year illness, first sought hospitalization when his mother required surgical treatment. Apparently the anxiety generated by actual separation from the mother was intolerable.

With the second patient, whose mother died when he was fourteen, it is noted that his first pedophilic activity occurred a year after her death. He was detected fondling a seven year old boy.

The third pedophile had a somewhat more intimate maternal attachment, sleeping in the mother's bed until the age of ten, and viewing the father as a threatening, boisterous and drunken individual. His relationship to the mother and his identification with her seem even more significant than in the preceding cases. Her apparent rejection of him at ten years, and her alcoholism may be seen as a delayed instance of weaning, (separation from maternal warmth and protection) during prepubescence. The pedophilia in this case may be considered as a desire to return to the relative warmth and safety of mother's bed, which prior to the age of ten was available to him.

The author suggests that in addition to the other dynamic factors presented, the fear of maternal separation may play a large part in the etiology of this syndrome. These men were (in some degree) infantilized and overprotected by the mother. They probably

harbored hostility toward her because of this but, on a deeper level, were indeed helpless, small boys who could not survive as adults away from the mother. As a result, when faced with the biological necessity of responding to their sexual drives, they failed in mature heterosexual expression and instead substituted a prepubescent image of themselves which was projected on to their pedophilic partners. In this way there was an outlet for sexual energy which enabled the patient to retain the idealized and distorted image of himself as a small child. Parallels may be drawn to Sir James Barrie's "Peter Pan," who also was a forever youthful, care-free, prepubescent boy. To substantiate the great significance of maternal separation in each case, it is of interest to note that each man had his first psychotic episode while away from home (in the armed forces) for the first time. The mountain climbing dream of the first patient, with its concomitant fear of falling and danger, seems to fit into this picture. The psychotic reaction of the third patient, after sending a tape recording to his mother, and the beginnings of some psychotic symptoms in the second patient while aboard ship for overseas duty, lend further weight to this hypothesis. The manipulations of the third patient, when threatened with departure from the warm and protecting hospital, seem to be further specific proof of the importance of separation anxiety in this man.

Psychological tests in each case emphasize the oral deprivation and need for maternal warmth in each individual. This was the only dynamic mechanism common to all, although castration anxiety was referred to in two instances. Another common finding in keeping with the emphasis on oral needs was the preoccupation of each man with oral-genital perversion and its prominence in their fantasy life. This further substantiated, in the author's opinion, the polymorphous perverse nature of these patients' pathology and their deeply rooted and fixated immaturity.

All three patients expressed unkind and in one case murderous feelings towards their siblings. It was determined that such feelings had existed since childhood. Certainly, the performance of pedophilia itself is an extremely hostile act to children. A great deal of harm may be done to the child, and the perpetrators are not unaware of this. These men describe themselves as, and appear to be, mild, passive, harmless individuals who are usually unable to express aggression in any manner. It would seem therefore, that in addition to a symbolic expression of anger and rage at the maternal figure, they are also, in effect, directing the same feelings against their siblings. They are unable to express these feelings towards adults, and apparently use their perverse activity as a sort of safety valve. This is in accord with some of the views expressed by Socarides.

Two further clinical observations have been made in all three cases. First, all patients had an episode of depersonalization. This includes fugue-like states in the second and third cases. In the first patient there was the feeling that he was not in control of his body for brief periods of time. Second, was a grandiosity, noted not only by the author but also by members of the hospital staff and patients.

Since all three patients were suffering from a schizophrenic illness, therapy in each case was mainly supportive. An attempt was made to point out the social taboos involved in a perversion of this kind, and the consequences of apprehension were clearly delineated. This was done in an effort to persuade these men to seek follow-up care after discharge. It was impressed upon them that if they were to remain on supportive therapy in conjunction with moderate doses of phenothiazine derivatives, their prognosis would in all likelihood be favorable. The presence of a somewhat warm, sympathetic therapist to guide them might theoretically diminish the effects of one of the dynamics (maternal separation) and thereby help to

avoid acting out the anxiety by engaging in a pedophilic act.

SUMMARY

The literature concerning pedophilic perversion is reviewed and three cases are reported. The discussion notes several similarities among these cases. These include: a) early infantile deprivation, b) fear of maternal separation, c) a great deal of sibling rivalry and hostility, d) inability to directly express aggression, e) some degree of grandiosity, f) one or more episodes of depersonalization, and g) a clinical diagnosis of schizophrenia.

REFERENCES

1. BOWMAN, K. AND ENGLE, B. Review of scientific literature on sexual deviation. California State Department of Mental Hygiene. *California Sexual Deviation Research*, pp. 115-116. Sacramento, 1953.
2. CASSITY, J. Psychological considerations of pedophilia. *Psychoanal. Rev.*, 14: 189-199, 1927.
3. ELLIS, H. *Studies In The Psychology of Sex*, Vol. 5, pp. 11-13. F. A. Davis, Philadelphia, 1927.
4. FENICHEL, O. *Psychoanalytic Theory of Neurosis*. Norton, New York, 1945.
5. FOREL, A. *The Sexual Question*, pp. 254-255. Physicians & Surgeons Book Co., New York, 1935.
6. FREUD, S. *Three Essays on the Theory of Sexuality*, pp. 26-27. Imago, London, 1949.
7. HADLEY, E. Comments on pedophilia. *Med. Record*, 124: 157-162, 1926.
8. HAMMER, E. A psychoanalytic hypothesis concerning sex offenders. *J. Clin. Exp. Psychopath.*, 18: 177-184, 1957.
9. HIRNING, L. In *The Sexual Offender in Custody: Handbook of Correction Psychology*, Linder, R. and Seliger, R., eds., pp. 233-256. Philosophical Library, New York, 1947.
10. HOPPEL, C. As quoted in Cassity, J., op. cit.
11. KARPMAN, B. A case of pedophilia (legally rape) cured by psychoanalysis. *Psychoanal. Rev.*, 37: 235-276, 1950.
12. KARPMAN, B. *The Sexual Offender and His Offenses*. Julian Press, New York, 1954.
13. KINSEY, A., POMEROY, W. AND MARTIN, C. *Sexual Behavior in the Human Male*, p. 558. Saunders, Philadelphia, 1948.
14. KRAFFT-EBING, R. VON. *Psychopathia Sexualis*, pp. 554-55. Physicians & Surgeons Book Co., New York, 1935.
15. MAGNUS, A. Sex crimes in California. California State Department of Mental Hygiene. *California Sexual Deviation Research*, pp. 38-40. Sacramento, 1953.
16. MAGNUS, A. Sex crimes in California. California State Department of Mental Hygiene. *California Sexual Deviation Research*, pp. 25-26. Sacramento, 1953.
17. PISETSKY, J. Personal communication.
18. ROCHE, P. Sexual deviations. *Federal Probation*, 14: 3-11, 1950.
19. SOCARIDES, C. Meaning and content of pedophilic perversion. *J. Amer. Psychoanal. Assoc.*, 7: 84-94, 1959.