

Voyeur Nation? Changing Definitions of Voyeurism, 1950–2004

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This boom in the vicarious is the hallmark of a people with not enough time on their hands, people who have a to-do list instead of a life, people for whom the download can never be quick enough. An entire nation living at warp speed has no time for tedium. What could be easier than cutting out the middleman of our own daily existence and instead watching the high points of life on tape?

(Anna Quindlen, "Too Busy to Have a Life of Your Own? There's Always the Vicarious Voyeurism of Reality TV"¹)

In present-day America, popular definitions of voyeurism are as broad as psychiatric definitions are narrow. For instance, popular culture presents an endless flow of "reality"-based "voyeurism TV" (VTV) television programs such as *Survivor* and *Big Brother*, voyeuristically themed movies such as *The Truman Show*, and a host of adult, 24-hour streaming-video Internet sites such as *voyeurlounge.com*. In January 2004, a search for "voyeurism" in Google yields over 730,000 hits, with links to Web sites that allow viewers to look in on aging, suburban rock stars (Ozzy Osbourne), contestants living in a mock "boot camp," women walking their dogs, and even PhD students writing their dissertations. Meanwhile, the *New York Times* describes VTV programming as "voyeurism for the entire family."² The vastness of this material supports Clay Calvert's assumption, in *Voyeur Nation: Media, Privacy, and Peering in Modern Culture*,³

that contemporary American culture defines voyeurism not so much as a deviant psychopathology, but as a guilty pleasure enjoyed by anyone with a television set or computer. "We've become a nation of voyeurs," Calvert writes, "obsessed with the mass consumption of information about others' apparently real and unguarded lives."

At the same time, contemporary American psychiatry seems to struggle to identify a population of voyeurs who are, in fact, sick enough to require treatment with psychotherapy and psychotropic medication. To be sure, DSM-IV (1994) defines voyeurism as the practice of looking specifically at "unsuspecting individuals, usually strangers, who are naked, in the process of disrobing, or engaging in sexual activity." And psychiatric textbooks employ terms that further modify the diagnosis based on the content of voyeuristic acts—such as "pictophilic voyeurism" and its dependence on "viewing obscene or pornographic pictures or video tapes."⁴ Yet evidence also suggests that the notion of voyeurism has limited relevance in a world where it is at times difficult to distinguish hard-core paraphiliacs who require psychiatric interventions from the many amateurs who simply watch VTV programs. For instance, in a full-text search of the nine leading journals of American Psychiatric Publishing, Inc. (APPI), only seven articles even mentioned the word voyeurism between 1990 and 2003 (Metzl JM, unpublished data).

Given this configuration, it is easy to overlook that having a narrow category of pathological voyeurism and a relatively expansive category of acceptable voyeurism is a late-twentieth-century phenomenon. By contrast, through the 1950s, 1960s, and 1970s, voyeurism was both a topic of intense interest within psychiatry and a concept broad enough to allow the profession to comment on a host of clinical and cultural issues. Psychiatric textbooks explained the term's etiology in expansive detail; diagnostic manuals prominently considered its clinical presentation; and leading journals were replete with research studies, case reports,

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editorials, and essays examining the developmental, social, and even political implications of looking at unsuspecting others. For instance, as a “sexual deviation,” voyeurism received prominent placement in the DSM-I (1952) and the DSM-II (1968), where it appeared under the category of “personality disorders.” A variety of behaviors and orientations were described, often with no mention of their duration, severity, or intensity. Included were descriptions of persons whose primary means of gratification consisted of “looking at the sexual organs or sexual activities of others,” as well as whose sexual interests were directed at objects other than “people of the opposite sex.”

Following the same general approach as Krafft-Ebing in his groundbreaking, late-nineteenth-century work on sexual deviance,⁵ certain scholars in the 1950s and 1960s contended that the link between sexual deviations and personality disorders demonstrated the specificity of a “psychopathic constitution” that differentiated deviants from “normal heterosexuals.”⁶ But, in psychiatry, such arguments were subsumed by the notion that voyeurism and other sexual perversions yielded insight into the ways that most men looked—and more often than not, looked at women—in mainstream culture. For example, nearly every leading psychiatric textbook defined voyeurism psychoanalytically as a condition rooted in normal oedipal development, in general, and the castration crisis, in particular. For the voyeur, “adult sexuality is supplanted by infantile sexuality,” Sandor Lorand and Henry Schneer wrote in their *Comprehensive Textbook of Psychiatry*,⁶ his “sexual aims . . . are identical to those of the child.” Thus, “like the neurotic, the deviant has specific pathogenic repressions: he has unconscious Oedipal conflicts and unconscious castration anxiety. Similarly, disturbances in genital primacy in neurosis and sexual deviations alike may be attributed to the same factors—anxiety and guilt feelings associated with the Oedipus complex.” Paul Friedman added in the *American Handbook of Psychiatry*⁷ that “like almost every perversion, voyeurism can be interpreted as an attempt at reassurance against castration anxiety. But because such reassurance cannot be obtained, the voyeuristic tendencies become insatiable, sadistic, and displaced to areas other than the genitals.”

As these quotes demonstrate, psychoanalytic paradigms considered voyeurism to be a character pathology that resulted when the conflicts of male childhood were replayed in adult life. In “normal” libidinal development, pre-oedipal children were thought to pass through a series of stages in which a plethora of actions and body parts took on sexual meanings. Oral and anal phases focused attention on particular orifices, but other actions and parts—eyes (seeing), skin (touching), ears (hearing)—also carried erogenous stimulation.⁸ This polymorphous perversity was then simplified in the phallic phase, when the child collapsed all erotic perceptions and “component drives” into one central

region of the body. In what Freud^{9,10} described as recognition of “genital primacy,” the genitals became the sites of memory, innervated with unprecedented coetaneous sensation and imbued with meanings from earlier points in time. Such integration was a double-edged sword: while the phallus focused and enhanced the child’s pleasure, it also rendered him far more susceptible to the threat realized when he allegedly saw his mother undressing or his parents engaging in intercourse, or at other moments that symbolized the threat of castration. In this unquestioningly patriarchal system, seeing the mother’s “absence” signified both the loss of a treasured organ and the negation of an entire body’s worth of past sensations.

In the psychoanalytic model, entry into adulthood required acceptance of the possibility of castration through identification with the father. But the voyeur remained a nonbeliever, passing through life looking compulsively at sexual organs, activities, and other random symbols that stood in for corporeal sexual experiences, while searching vainly for coherence in himself. Looking at the actions of others, in other words, became a means of deflecting awareness of the emptiness in the self; the voyeur was thus defined both by what he looked *at* and, much more importantly, by what he unconsciously chose to overlook. Friedman’s explanations that voyeurism and other related perversions were attempts at “reassurance against castration anxiety” meant that voyeurs peeped at others in order to distract attention from their own fear of castration. And Lorand’s and Schneer’s⁶ reasoning that the sexual aims of the voyeur were identical to those of the child spoke to the close connection between normal and deviant modes of looking, since every person—really, every man—was assumed to have known the fear of gendered loss. Voyeurism was thus a point on a neurotic continuum, a line drawn back from a common adulthood to a common childhood, and a set of actions that then pushed regression into deviance.

This is not to suggest that voyeurism was considered normal or acceptable. Leading journals and textbooks often described the close connection between deviance and criminality, albeit with psychoanalytic overtones. “Aggression and Forbiddenness in Voyeurism”¹¹ and “The Use of Aversion-Relief Procedures in the Treatment of a Case of Voyeurism”¹² were but two oft-cited studies that emphasized the “sadistic mastery” inherent in the act of looking at unsuspecting victims in various states of undress, or engaged in sexual intercourse. Yet this message was often subsumed by the larger point that voyeurism provided entry into many of the central problems of normative behavior. It was, as such, both a topic of interest for psychiatric and psychoanalytic research and a diagnostic category broad enough to allow psychiatrists to comment on a host of developmental, relational, and social issues. For example, in Renato Almansí’s “Scopophilia and Object Loss”¹³—a developmental case study of Mr. J,

a businessman in his mid-thirties whose principal symptoms were “peeping through windows for hours at a time while masturbating” and a “compulsive fascination with pornography”—led to a larger exploration of the role of “the visual functions” in the formation of character and character pathology. Similarly, Alan Rothenberg’s “Why Nixon Taped Himself: Infantile Fantasies Behind Watergate”¹⁴—one of many articles that used case studies of public figures to link “sexual deviations” with abuses of power—explored the “unconscious motives that may have caused the misconduct of President Nixon and his associates,” concluding that “the Nixon administration is viewed as wishing to enjoy the pleasures of intense voyeurism while clinging to the prohibitions of deep-seated photophobia.”

To current readers these case studies seem speculative at best. Yet wholesale dismissal of their findings overlooks important ways that the structure of midcentury psychoanalytic paradigms embedded the pathology of the individual within the pathology of the culture from which the individual emerged. Attending to the tensions between the individual and the communal allowed psychiatry to comment not only on clinical cases, but on a host of issues in which the politics of looking helped illuminate awareness of larger injustices. As Smith Spencer wrote in “Voyeurism: A Review of the Literature,”¹⁵ both “culture” and the “individual” were thus seen as voyeuristic. Case studies of men whose primary means of intimacy was achieved through peering secretly into windows were turned into broad explorations of the power inherent in the act of looking—and, importantly, into theoretical explorations of the context of viewing as a means of understanding the content of the viewed. The diagnosis of voyeurism required not only attention to the patients who presented to psychiatrists’ offices, but an understanding of the gender implications of a society that, according to Ian Gregory¹⁶ in 1968, “has long catered to a man’s desire for visual stimulation through a variety of art forms, including painting, sculpture, photographs, magazines, books, plays, and movies.”

If psychiatric definitions of voyeurism were overly broad in the 1950s, 1960s, and 1970s, then popular uses of the term were exceedingly narrow. To be sure, “peeping” or “peeping Tomism” had long been considered a crime.¹⁷ Yet when “voyeurism”^{*} began its slow entry into common parlance—the term did not appear in the *Reader’s Guide to Periodical Literature* until 1979, and appeared only eight times in the *New York Times* from 1950 to 1980—the act of observing unsuspecting others implicitly shifted from the juridical to the psychological, or from legal transgression to mental illness.

Unlike peeping Tomism, popular references to voyeurism connoted deviance, perversion, and other inflections of the term’s psychiatric, and indeed psychoanalytic, origins. For instance, the *New York Times*’s notorious lead article on December 16, 1973, “Psychiatrists, in a Shift, Declare Homosexuality No Mental Illness,”¹⁸ contrasted the depathologization of “homosexuality” with the clearly pathological categories of psychiatric illness. The article reported that while “homosexuality” was removed from the DSM (“the decision will lead many more homosexuals with problems other than homosexuality to psychiatrists when they know doctors will not necessarily try to ‘cure’ them by converting them to heterosexuality”), “fetishism, voyeurism, pedophilia, and exhibitionism”—terms that were still noted for their divergence from so-called normal heterosexual practice—“remained listed under the category of ‘sexual deviations.’”

Meanwhile, even though voyeurism’s psychoanalytic genealogies were alluded to (though never named as voyeurism) in films such as *Rear Window* (1956),[†] the term itself did not appear in popular descriptions of film and literature until the late 1970s. An early, 1978 reference—J. Y. Smith’s “Voyeurism or the Search for Truth in the Art of Biography?”¹⁹—quoted the historian Barbara Tuchman as arguing that “[i]nsofar as biography is used to illuminate history, voyeurism has no place in it.” Here, as well, “voyeurism” implied a specifically developmental pathology. Smith noted Tuchman’s scorn for psychoanalytically minded biographers who attended to psychological details instead of “historical truths” as a means of understanding their subjects: “Do we really have to know that someone wet his pants at the age of 6 and practiced oral sex at 60?” Likewise, Tuchman mentioned that although it might be of some clinical interest to know that Martin Luther was constipated, that fact did not help one to understand the Protestant Reformation. Thus, while Tuchman voiced disdain for the role of psychoanalysis, she also employed the term “voyeurism” in a correctly psychoanalytic way to reference a field of vision encompassing both the object of a gaze (Martin Luther) and the gazer (the biographer).

In subsequent decades, however, categories of normal and pathological voyeurism appeared to shift in relation to each other. Many complex cultural, scientific, and economic factors played a part in this dynamic. No doubt, definitions of pathological voyeurism were found to be too broad—for instance, little means existed for differentiating normal and pathological behavior when Kinsey’s discovery that

^{*}The term is from nineteenth-century France, in contrast to the expression “peeping Tom,” which is thought to derive from the eleventh-century story of Lady Godiva.

[†]The word “voyeurism” did not appear in any of the four reviews of the film in the *New York Times*, and it is never spoken in the film itself. “We’ve become a race of peeping Toms. People ought to get outside and take a look in at themselves. . . . Look out of the window, see things you shouldn’t see,” says Thelma Ritter, as Stella, the visiting nurse looking after the broken-legged James Stewart.

“30 percent of men preferred coitus with at least some light” and Hamilton’s subsequent claim that “65 per cent of males had done actual peeping” were cited in the “epidemiology of sexual deviations” section in Freedman and Kaplan’s *Comprehensive Textbook of Psychiatry*,²⁰ as if to suggest the pervasiveness of the psychopathology rather than the overexpansiveness of the diagnosis. Moreover, culture itself changed, and psychiatry along with it, in a manner whereby actions once seen as broadly pathological became acceptable and commonplace. For these and other reasons, psychiatric notions of voyeurism grew smaller and more focused, while popular voyeurism expanded and blurred.

For example, beginning in the mid-1980s, psychiatry’s focus on the biological and genetic aspects of mental illness narrowed significantly the notion of voyeurism as it pertained to psychopathology. The result was an emphasis on individual rather than communal pathology. Articles, diagnostic manuals, and textbooks defined voyeurism by defects located on the body of the voyeur, while holding the clinician’s observations as separate and self-evident. Researchers argued that voyeurism lay within the obsessive-compulsive spectrum, based on symptoms observed on evaluation or by neuroimaging technology and shown to respond to psychotropic agents. These diagnoses were at times aided by diagnostic-imaging technologies, such as SPECT scans, that located defects on the brains of individual voyeurs.²¹ Consider, for example, Naresh Emmanuel and colleagues’ “Fluoxetine Treatment of Voyeurism,”²² a case study of a man whose “intrusive urges and compulsive voyeurism” (the man “would place a running video camera on the beach and focus on specific areas of a woman’s anatomy”) responded to 40 mg/day of fluoxetine. The authors argue that since the drug “is reported to be effective for the treatment of obsessive-compulsive disorder,” and “voyeurism and other sexual disorders may be improved” by fluoxetine treatment, there may be similarities between paraphilias and obsessive-compulsive disorder. Likewise, the voyeur’s obsessive “interest in looking at genitals” and compulsive “dependence on viewing obscene or pornographic pictures or video tapes” formed the basis of studies ranging from Money’s²³ description of “pictophilic” voyeurism, to Rosler and Witzum’s²⁴ explanations of the link between voyeurism and the serotonergic system.

So, too, psychiatry’s growing insistence on symptoms noted by the clinician at the time of evaluation led to a DSM-I and -II diagnosis of voyeurism that highlighted a voyeur’s actions and observations, but paid no mind to his intentions. Subsequent versions of the DSM replaced the broad term “sexual deviations” with the specific terminology of “paraphilias,” emphasized the “recurrent” and “insistently and involuntarily and repetitive” nature of voyeurism (DSM-III [1980]), and omitted references to character or personality. The modest, single-paragraph description of the term in

DSM-IV—at the back of the “sexual and gender identity disorders” section—makes no mention of gender, while adding a reference to behaviors that “cause clinically important distress or impairment in social, occupational, or other areas of functioning.” As Karl Hanson and Andrew Harris²⁵ explained, this change was not only in direct contrast to the once-assumed link between voyeurism and normative development, but implicitly suggested that without voyeurism’s oedipal foundations and their connection to the unconscious, it was less of a psychiatric problem altogether: “By requiring personal distress or social impairment, the *DSM-IV* definition avoids problems of defining voyeurism as a deviation from normal sexuality and avoids defining psychopathology on ethical grounds.”

Meanwhile, popular culture’s category of voyeurism seemed to grow as wide as psychiatry’s was narrow. MTV shows, Web sites, movies, and a host of other artifacts and practices provided uninterrupted evidence for Calvert’s³ assertion that America itself had become a voyeur nation in which technology, media, and lax privacy laws combined to allow any and all Americans the right to peer into the innermost details of others’ lives with virtual anonymity. These innermost details came to represent both individual and cultural identity, a position described by Anna Quindlen as “the hallmark of a people with not enough time on their hands, people who have a to-do list instead of a life.”¹ Mary Louise Schumacher²⁶ added that “voyeurism hooked us long ago,” with “us” implying viewers (including Schumacher herself) who “cloister ourselves away, click the remote and hunker down for a good night’s ogling at the private humiliations of others on national television.” In these and countless other instances, the ready availability of voyeurism marked not society’s deviants, but society itself. Quindlen’s¹ notion of a perverse pleasure enjoyed by “people who have a to-do list instead of a life” depended on a supply of material broad enough to satisfy a diverse audience ranging from harried mothers with a few moments of free time to watch television at the end of a day, to exhausted businessmen returning home too late for dinner (but never too late for a webcam), to the many other persons whose participation in everyday life, and position in a demand and supply economy, was marked, as it were, by their voyeurism.

The expansion of the acceptable at the expense of the pathological defines a well-known dynamic of normalization in which psychiatric terms and concepts (neurosis, hysteria) take on lives of their own when appropriated by popular culture. In this particular case, however, what fell out of the definition of voyeurism over time was the very point that once allowed psychiatry to speak with authority about cultural ways of seeing: a recognition that even the most innocent act of voyeurism is never value free. Rather, voyeurism is a practice that is imbued with power, gender, and other types of nonchemical imbalances that let us see the voyeur as an

exaggerated extension of society, as well as an aberration from it. This point allowed psychiatry to connect the voyeurism practiced by a civilization's deviants with the acts of looking that are performed by its most upright members; the aggressive act of looking made sense only within the context of a larger culture organized around the same, oedipal grid.

It seems folly to argue for a rebroadening of diagnostic criteria. For one thing, psychiatry's current definition of voyeurism allows for a level of clarity around the issue—no small matter in an era when observing unsuspecting individuals, usually strangers, who are naked, in the process of disrobing, or engaging in sexual activity is as easy as turning on a computer. For another, it is beyond doubt that men who place a running video camera on the beach are, at best, mentally ill. And yet, history teaches us that a diagnostic framework that limits voyeurism to the diagnosis of these men has the effect of precluding our efforts to make connections between the individual and the communal, or between the man and the Internet. We lose the ability, in other words, to understand deviants within the context of the societies in which they live and work. Severed from a developmental approach, diagnosing the patient thus involves overlooking what were once considered the larger implications of his symptoms.

Recognizing this past, psychiatry might turn to consider, in newly nuanced ways, how individual cases yield insight into the anxieties, terrors, and blind assumptions of everyday life. It might theorize, for instance, how the Internet, the reality-TV program, the SPECT scan, and other technologies that promise intimate attention to the details of others—women undressing, survivors on an island, contestants in a boot camp, the Osbourne family, brain metabolism, 730,000 Google hits—can also work to deflect attention from the fragility of the self. Or how, within a biological paradigm, close inspection of a deviation can expose important understandings of the values, anxieties, and limitations of the mean. Such awareness would enhance, rather than undermine, the treatment of patients, who manifest symptoms that respond to fluoxetine and are themselves symptomatic of a larger, communal psychodynamic.

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