# A CASE OF BESTIALITY

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## SYNOPSIS

**Bestiality is rare in clinical practice. This case with a fairly typical clinical history is reported for interest as it is probably the first clinical case recorded in the local medical journal. Some definitions of sexual perversion are mentioned and its psychopathology is briefly introduced.**

## INTRODUCTION

The single case of bestiality is reported here because of its rare occurrence in clinical practice. As far as it is known none has been described in the local medical literature, although it is certain that cases of sexual relationship between man and animal must have come to the notice of some.

Bestiality is a form of sexual perversion the definition of which is not well agreed on. A fairly typical textbook description from Henderson and Gillespie (1962) is as follow: "The unnatural sex offence is usually perpetrated by farm workers of low intelligence, by psychopathic personalities or those who are of unsound mind. It may be associated with aggressive sadistic tendency". Sir Norwood East (in Scott, 1964) says, "A true sexual perversion may be described as a persistently indulged sexual activity in which complete satisfaction is sought and obtained without the necessity of heterosexual intercourse." Curran (op cit.) adds "It must be persistently indulged in, preferably in reality, or at any rate in fantasy, and must not merely be a substitute for a preferred sexual activity which for some environmental reason, is difficult to obtain". In other words the elements of persistence and preferment are essential. However, the investigations into the subject by Kinsey *et al* (1953) discovered that in the United States 8% of the total male population had sexual contact with animals. In fact in certain areas the incidence was as high as 65% with indications that it might be higher still in some places.

## CASE HISTORY

T.T.H., a Chinese male aged 23 years, was referred from Paya Lebar Outpatient Dispensary to Lim Ah Pin Psychiatric Clinic with the following requests. He wanted to have his head and blood examined because he had sexual intercourse with an old hen two months ago and his penis was sore.

He gave a history of sexual contact with hens for the past five to six years and apparently was not worried about it. However during this last experience his penis was contaminated with droppings and he did not wash immediately. Since then he has been preoccupied with the fear that he might have contracted venereal diseases. He became anxious, frightened, dizzy whenever he felt any itch, discomfort or saw any bite, pimple, rash or discolouration on his skin. In fact he had his urine examined by a general medical practitioner before coming to see the psychiatrist. His hypochondriacal preoccupations also affected his sleep and appetite. Otherwise he had been a healthy young man.

He comes from a large farming family in the rural area. Both parents are healthy and working. He is the fourth of eight siblings, three males and five females. His elder sisters and brother are married and well while the younger ones are either working or studying. He was not informative about his parents or his own early childhood but claimed that most of his family knew about his problem but made no comments. He was not bright in school. He repeated his Primary I and II but completed the rest of his primary years without any difficulty. He worked for a while on the farm which reared pigs, ducks and chickens until he was called up for National Service which he completed with a clean record. While doing National Service he obtained his Class 3 and Class 4 driving licenses. He described himself as shy, timid, inferior, sensitive, isolated and virtually having no friends.

## PSYCHOSEXUAL HISTORY

He admitted to his avid interest in sex and girls. He started to masturbate with heterosexual fantasy when he was 14 or 15 years old. The frequency varied from two to three times a day to

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once in few days. He read books on sex, watched films with sexual theme and has seen pornographic pictures showing intercourse between male and female. However he has never seen anyone practise bestiality before. His sexual impulse is readily aroused. For instance when he saw animals in coitus he would get excited and ejaculate or masturbate. He would also have erection and ejaculation readily when he saw attractive girls. Sometimes he would rub his penis against pictures of females. He denied voyeurism and although he was aware of homosexual practice in army camp he did not participate. He had been to prostitutes with other National Service boys but did not have intercourse because he was afraid of Venereal Disease. He would like to have girl friends but felt clumsy, shy, tongue tied and unworthy. He thought he was too young to think about marriage.

His first experience at intercourse with a hen was in 1967. He was near the chicken coop one day when he had an urge to masturbate. There and then he picked up a hen and had intercourse with it. Thereafter he has had intercourse with different hens at different times. There was no account of aggressive sadistic behaviour towards the hens.

## RESULT

Physical examination did not show any abnormality except for mild balanitis and scattered tinea versicolour which were noted and treated at Middle Road Hospital. Full blood count and urine examination were normal and VDRL was negative. A psychological assessment was carried out at Woodbridge Hospital. His I.Q. is within the normal range i.e. 91 while the Eysenck Personality Inventory showed him to be neurotic and unstable.

He was treated symptomatically for anxiety and hypochondriasis and an attempt was made to socialise him through social therapy. However he defaulted after two attendances. He failed to keep appointments both at Woodbridge Hospital and Middle Road Hospital subsequently.

## DISCUSSION

No single piece of behaviour has a unitary aetiology. This is particularly true in psychiatry in which one often has to decide what is primary and what is secondary and whether one is dealing with an illness, a problem or a symptom of something else. This patient here presented with hypochondriasis and saw at least 3 doctors to reassure himself that he had not contracted venereal disease. As with such patients they do not seek treatment voluntarily for sexual preversion per se. There is no concrete evidence that his behaviour pattern is fixed and exclusive. He is neither of low intelligence nor of psychopathic personality. His bestiality is also not associated with any aggressive sadistic tendency. From the premorbid personality and psychosexual history one can say that in this particular case, bestiality is related to the patient's overall clinical problem. His intense desire for sex is only superseded by his fear of venereal disease. Although he had ample opportunity to mix and make social contacts, he had made no lasting friendship on completion of his National Service.

Shenken (1964) in his discussion on clinical and psychopathological aspects of bestiality concludes that "According to the prevailing views, occurrence of bestiality is determined by the ease of access to an animal and the lack of aesthetic prohibitions in the human partner. The view is put forward here that sexual relations with animals are frequently the result of psychopathological changes which may also produce neurotic or psychotic illnesses in the same person." He supports his view with case histories. In a similar vein Scott states that "In the field of forensic psychiatry one scarcely encounters a pathological criminal who has not a sexual problem if not a sexual perversion". Mayer-Gross *et al* (1969) say, "There are relationships of a causal kind between sexual perversion and neurosis or psychopathy. If the personality is in other ways abnormal sexual behaviour is likely to be affected as well as other functions."

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