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I. A Hypnotherapeutic Approach to Exhibitionism: Outpatient Therapeutic Strategy

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ABSTRACT: A technique to cause cessation of impulse and to shorten the course of treatment for individuals who engage in exhibitionism is described. The patients were carefully selected. The psychodynamics were described and identified for each patient, and the results have been favorable to date. The great advantages of the methods used have been keeping the patient functional in society, shortening the duration of treatment, and reducing cost. The technique has been successful in the treatment of patients suffering from other forms of impulse disorders. Long-term follow-up studies are recommended for any patient receiving this method of hypnotic treatment.

KEYWORDS: psychiatry, hypnosis, criminal sex offenses

An exhibitionist may be defined as a man who exposes his genitals to a female, outside the context of sexual intercourse or other sexual, physical contact with a female, as a means of achieving sexual gratification [1]. Such individuals act on impulses they claim they are unable to control on a conscious level although they know that such acts violate the law. They claim to have an irresistible urge to perform such acts and then to masturbate, and they are invariably left with a sense of guilt. However, the behavior is repeated until they are eventually caught and subsequently ordered by the court to receive treatment or be incarcerated. Some exhibitionists seek treatment independently.

The psychodynamics of exhibitionism have been described by many authors [2-4]. Some exhibitionists are depicted as neurotic, others psychopathic, but most are usually shy, timid, and retiring. Most authors agree that such individuals depend for satisfaction on the reaction of the woman to whom they expose themselves. Unresolved oedipal conflicts, fears of emasculation, or loss of self-esteem may precipitate such behavior.

The ultimate treatment of exhibitionism is based on altering behavior to permit the individual to rechannel pathologic impulses into socially acceptable drives. However, little progress has been made in treatment to alter this behavior because the source of the problem is deeply rooted; conventional forms of therapy are prolonged before impulse control is effected.

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The mentally disordered sex offender's program at South Florida State Hospital² has been implemented to treat patients who have various types of sexual-deviant behavior, including exhibitionism. The patients are incarcerated in the hospital in a confined and structured setting; the treatment used is peer group encounter and group psychotherapy. No medications are given, and progress is measured by indications of patient insight and changes in behavior patterns. The average length of treatment is three years.

The use of hypnotic techniques in the treatment of exhibitionism is not unique. Knowles [5] and Roper [6] have described hypnotherapy with beneficial results in patients with exhibitionism. Alexander [7] has also used hypnosis to treat sexual-deviant behavior and has described its usefulness. He points out the promptness with which hypnosis allows the clarification of dynamics to extinguish pathologic impulses and reorient the patient to healthier responses. Kroger [8] and Erickson³ have applied hypnotherapeutic techniques to shorten the duration of treatment of patients with sexual-deviant problems.

On many occasions the author has been requested to examine and treat patients who suffer from impulse disorders that produce conflict with the law. Since conventional outpatient therapy is usually prolonged and the patient still retains the propensity to act out his impulses, the author wished to devise a unique method whereby the acting-out behavior could be curbed rapidly so that the patient could remain ambulatory without posing a danger to himself or others. Treatment could then be continued until the underlying pathology is discovered and resolved.

Method

The method consists of a unique hypnotherapeutic technique applied in three separate phases: (1) The patient is given strong ego dystonic suggestions about his urges. (2) He is hypnotized and given the posthypnotic suggestion (countersuggestion) that enables him to resist his undesirable impulses. (3) He is then treated with hypnoanalytic techniques that help him realize the source of his conflicts, abreact them, and thus gain greater insight to work through these conflicts. The resolution of this procedure results in the formation of a more constructive behavior pattern.

A complete psychiatric evaluation is performed prior to any hypnoanalytic procedure [9]. Good rapport is established during the evaluation. The idea is impressed upon the patient that he is not the master of himself, but rather is a slave to his impulses, which control him. The benefit of controlling his undesirable and illegal impulses and altering his behavior to gain greater self-esteem and become the master of himself is emphasized. He is then placed in a trance and "deepened." The patient is then given the countersuggestion, "Should you have any urges or impulses which are detrimental to yourself or others, the reasoning parts of your mind will immediately cause you to resist any such urges or impulses which would be detrimental to yourself or others. Every time you are able to resist such an impulse you will feel better about yourself, be in greater control, and become the master of yourself as you wish to be." This countersuggestion is reinforced at subsequent hypnotic sessions, which occur at approximately weekly intervals.

Coupled with this technique, the patient is regressed in time to the exhibitionistic act. It is suggested that he describe his thoughts just preceding and during the act. An attempt is made to link those thoughts to past attitudes about self-concept and sexual behavior so that a pattern can be established, thus giving the patient greater insight. If he does not have recall, it is suggested that he have dreams that have some bearing on the source of his difficulties, thus enhancing his insight.

The approach described here is used only with those patients with sociopathic or neurotic

²D. Freck, personal communication, September 1978.

³M. H. Erickson, personal communication, January 1978.

traits. Mentally retarded and psychotic patients are excluded from this type of treatment. In selection of patients, motivation to change behavior is also considered. Those who wish to change only to avoid incarceration are excluded from treatment. It is interesting to note that many patients truly want to change their behavior patterns because of shame that they cannot control their own impulses.

Following are three case reports on the hypnotherapeutic approach to the treatment of exhibitionism.

Case 1

A 24-year-old white male was first seen for psychiatric evaluation at my office in May 1973, following an arrest three weeks earlier for indecent exposure. He was placed on probation providing he obtain psychiatric treatment. He dated his difficulties to 1968, when he exposed himself to some younger girls. At that time he was given three years' probation and was seen for monthly psychiatric outpatient treatment for approximately three years. He felt he had gained control of his problem. He was married, and, shortly thereafter, the exhibitionistic urges returned. Two months later he was rearrested when he exposed himself to some girls while in his car. In his psychiatric evaluation he stated, "It sexually excites me, but I don't necessarily have sex." He added that he wanted help but was afraid his wife would discover his problem and leave him. He later admitted that he was having difficulties with his wife, feeling that he was unable to satisfy her sexually. Past history revealed that, at age six, he had exposed himself to some children and was caught and punished by his mother.

The patient was seen for conventional therapy for approximately twelve sessions. He seemed to do well until the twelfth session when he stated that he had again exposed himself. He was having financial pressures but felt he was getting along better with his wife. At that time I placed him in a hypnotic trance and regressed him to circumstances prior to the incident. He revealed that he was feeling guilty because he was not pleasing his wife sexually. He was angry with himself and interpreted his feelings of inadequacy as punishment. When asked under hypnosis what exposing himself meant, he answered, "To punish them, pay them back for what they did to me." Further information revealed that he had been rejected by girlfriends in the past. This was coupled with poor achievement in school and underlying feelings of inadequacy. His attitudes changed as greater insight was attained, and he began to abreact his feelings. The countersuggestion to resist impulses was also given and reinforced during the next ten hypnotic sessions. The patient has contacted me at least once a year, and he has been completely free of symptoms as of December 1979. He has obtained additional training in work skills and has shown marked improvement in his work and with marital and other interpersonal relationships.

Case 2

A 30-year-old white male was initially seen for psychiatric evaluation in March 1975. He had been charged with indecent exposure and was ordered to obtain psychiatric treatment. He had been arrested one month prior to evaluation but indicated that his symptoms had started approximately six years earlier. He stated, "I joined a fraternity and exposed myself. I get urges or impulses. I sit in a car and do it. Later on I feel guilty but I still have trouble keeping from doing it." His behavior began approximately four years after he was married. He had been seen by a psychiatrist for a brief period six years prior to my evaluation and then by a second psychiatrist three years later. He stated that psychotherapy had not been helpful in controlling his problems. He has had chronic anxiety throughout his life. He has always had difficulty with interpersonal relationships, especially with his parents, but was not consciously aware of the cause. He expressed determination to solve his problems despite failures with conventional therapy. He also has an uncle with a history of exhibitionism.

The patient was seen for a total of 20 sessions. I placed him in a trance state and regressed him to times in the past when he had exposed himself. His first associations were, "I exposed myself to relieve myself, to punish my parents about what they said. I had to prove they were wrong." He was regressed further in time and it was discovered that he had many doubts about his mother's love for him. He recalled that she was very moody and remembered her telling his aunt that there was something wrong with him. The patient had a father who was very negativistic and never complimented him. He stated, "I felt inadequate. I could never do anything right." Future sessions were directed at catharsis of old feelings, connecting them with present thoughts and attitudes. His behavior changed quite dramatically. The countersuggestion was given and reinforced. His impulses ceased. His relationship with his wife and family improved dramatically. Follow-up communication in July 1979 revealed no further symptoms.

Case 3

A 24-year-old white male was initially seen in January 1971. He had a five-year history of exhibitionism but had never been apprehended by the police. The reason for his seeking treatment was an overwhelming feeling of guilt because he could not control the impulses to expose himself. He indicated that he would feel sexual arousal and expose himself even though he knew it was wrong. His exhibitionism was followed by masturbation and later by feelings of guilt and remorse. He feared that he would eventually be apprehended. He had no understanding of why this behavior occurred. His personality pattern was consistent with a schizoid individual; he was shy and retiring and had difficulty with interpersonal relationships, especially with females. There was no history of homosexual behavior. He rarely dated and stated he had never had a heterosexual relationship.

I hypnotized the patient, gave the countersuggestion, and reinforced it. He was then regressed in time and was able to recall an incident at age six when he was playing doctor and fondling his younger sister. His father discovered them, became outraged and threatened to "cut it off." He continued to be attracted to females but avoided sexual contact for fear of some extreme punishment. Repeated hypnotic sessions permitted him to abreact these feelings, develop greater insight, and rechannel his thought processes. His impulses abated. He started masturbating and gradually rechanneled his sexual energy to a heterosexual relationship that pleased him. The patient's sessions were tapered to monthly visits. He was discharged 2½ years later, after 22 sessions. Follow-up continued until 1978, during which time he remained free of symptoms. He subsequently left town to obtain employment and contact has not been reestablished.

Results

The three cases reported demonstrate the value of the technique. In all three cases the remission of symptoms was dramatic, and, as of this writing, there has been no recurrence of exhibitionism reported. In addition, these patients have shown improvement in other spheres of functioning such as sexual performance, interpersonal relationships, and employment efficiency.

Discussion

These three case histories clearly demonstrate a method that has enhanced recovery from exhibitionism and altered behavior in other spheres of functioning. The advantages of this treatment method in contrast to treatment in the state hospital are the shortening of the duration of treatment and the patient's ability to function in society during treatment. Most significant and unique is the early cessation of acting-out behavior, which has not been

reported anywhere in the literature. In my experience with these patients and others I have treated with this method, there has been a commonality of symptoms consisting of chronic anxiety, feelings of inadequacy, fear of rejection, guilt feelings, poor interpersonal relationships, and, finally, punitive drives. In Case 3 and in others, shyness and schizoid behavior have been noted.

One might ask if the counterconditioning technique alone would cause resolution of impulse disorders without the hypnoanalytic search. This question is important because some patients suffering from this disorder may not reach a deep enough level of trance for age or time regression. This question will be answered in an alternate method of treatment to be presented in a future publication.

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