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SYMPOSIUM ON SEXUAL DEVIATION

Exhibitionism: A Clinical Conundrum

PHILIP SNAITH

Genital exhibitionism is a disorder without a satisfactory explanation; many views have been put forward as to its nature but although fragments of some of these theories appear to be relevant to the problems of some individuals, for others they are incongruent with the clinical data. At the present time we must conclude that the behavioural act does not signify a homogeneous population and that in every parameter so far studied, be it personality structure, attitude to women, erotic gratification from the act, other deviant behaviour or whatever, there is no single unifying characteristic which is always to be found. The intention in this paper is not to make a broad survey of the disorder for that has been undertaken within the last fifteen years by, inter alia, Evans (1970) and Rooth (1971, 1980); the purpose is to draw attention to some of the more recent studies in order to dispel stereotyped views and thereby to avoid the pitfalls in deriving the formulation of each individual case.

Definition

Exhibitionism is the commonest of the offences legally classified as indecent exposure; in fact it is probably the commonest of all sexual offences and whatever quirks of constitution or psychological development are operative in its causation must therefore affect a large number of men. It may be defined as the display of the penis to another person or persons outside an intimate relationship and as a limited act without further progress toward assault or intercourse being intended or desired.

The display may be done discreetly as from behind a net curtain in a house to a passer-by in the street or it may be a wild-seeming event, for instance, springing out naked from behind a bush or a tree; the penis may, or may not, be erect and there may or may not be an erotic component (in fact although classified, for obvious reasons, as a 'sexual' offence, it does not always subserve an erotic need). The 'victim' may be

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required to be of a certain age or bodily shape, an adult or a child, but probably most exhibitionists are not too selective; however the victim must, practically always, be female, exhibitionism being a deviant act confined to males. Whether or not homosexual exhibitionists expose exclusively to men is a matter which, so far, has not received wide discussion. If exposure to children is accompanied by a request for touching or masturbation the behaviour is classified as paedophilia. There is no standard required response on the part of the victim although it is usually assumed that a response of some kind is required, be it fear, interest, shock or admiration. It is also usually stated that the exhibitionist is dismayed by indifference and, on the other hand, an advance by the victim and request for sexual contact leads to him rapidly removing himself from the scene; however, since such an event would preclude its subsequent report there can be no certainty in the matter and there may be a subgroup of exhibitionists who appear neither before courts or in psychiatric services, who regularly solicit and obtain sexual partners in this manner.

The behaviour therefore appears in a wide variety of settings and individuals. The French physician, Lasègue, who first coined the term *l'exhibitionnisme* and initiated medical interest in what had hitherto been regarded purely as a culpable offence, is quoted by Rooth (1971) as giving the defining characteristics:

1. Young men, often of a previously blameless character.
2. They describe experiencing sudden powerful urges to display their genitals.
3. They expose with little attempt to avoid capture, often at the same place and same time of day and in front of the same victim.
4. Apart from the genital display there are no erotic or obscene gestures nor any attempt to enter into any kind of relationship with the victim.
5. They find their behaviour quite inexplicable.

Clearly Lasègue had knowledge of only one type of offender, that which Rooth (1971) later classified as Type 1. Rooth surveyed the literature and discerned two broad patterns: in the first type the subject is an inhibited young man of relatively normal personality who experiences no erotic gratification from the behaviour, tries to resist it and feels shame at his failure to do so. The second type, the Hyde to that Jekyll, is a more profoundly sociopathic individual who exhibits without self reproach, incorporates a wish to shock or frighten his victim and is highly sexually aroused throughout the act. However Rooth was doubtful that such broad stereotypes delineated specific subtypes of the disorder and considered that many exhibitionists had features of both types. The characteristics of a sample will depend, of course, on the location of selection and the findings of a study of convicted exhibitionists can not be compared with another sample of men who have requested referral for therapeutic intervention in order that they may stop the behaviour.

Theories of exhibitionism

Theories concerning the nature of exhibitionism have led to certain stereotyped views by those who formulate them and the subsequent Procrustean distortion of observed facts. The theories may be broadly divided into 'behavioural' and 'psychodynamic' (Blair and Lanyon, 1981). As these authors point out, the behavioural view, whilst it provides a basis for treatment which has been shown to be relatively effective, is rather inattentive to the aetiology of the disorder; it is generally assumed that the abnormal behaviour has been learned during some crucial event and thereafter maintained or reinforced through orgasmic or some other reward experienced in its repeated practice. If such a crucial event always occurs it certainly cannot always be recalled by the individual, whereas others produce a clear recollection of an emotionally charged event which, however, may be nothing more than an attempt to construct a reason for their inexplicable behaviour. There is little within the behavioural theory to indicate why this particular pattern of behaviour should occur but there is a general supposition of some constitutional vulnerability or personality weakness. Blair and Lanyon have traced the more recent developments in these theories, which incorporate social learning and covert reinforcements from parents and also varying combinations of deficiency in heterosexual arousal and social skills in heterosexual relationships. In the end they are forced to the conclusion that, although several behavioural explanations have been proffered for sexual deviation, and exhibitionism in particular, none have been found to be universally applicable.

Psychodynamic theories offer rather more plausible explanations of the nature of exhibitionism but have not been tested, indeed are often impossible to test, in any way which satisfies the requirements of science. Some of the aspects of psychodynamic views have been surveyed by Rosen (1979). The most obvious of such explanations of this startling behaviour is based on the concept of castration anxiety and that the behaviour is a reaction formation which assures the individual, by the response of others, that he does posses a penis. Rather more subtle views have been developed and one such, illustrated by Rosen in one case, concerns the transmutation of aggressive impulses. This aspect of aetiology should be further investigated since several sources point toward its possible relevance. Jones and Frei (1979), whilst developing the theme of a

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biological basis for the behaviour have discussed the matter of hostility; whilst avoiding general hypotheses they sum up the evidence for the view that exposing is an archaic mechanism for the expression of hostility, evidence which derives from cultural, anthropological and ethological sources. As a side note on this aspect I would mention one of my own patients, a middle-aged man who first exposed fifteen years previously when his first wife was unfaithful and the gesture, toward an unknown stranger sitting in her garden clad in a bikini, seemed to be an expression of anger and contempt toward womankind. The behaviour did not recur until years later when, happily into his second marriage, he developed an endogenous depressive illness accompanied by marked outwardly directed irritability and repetition of exposing; he found his behaviour to be inexplicable but noted that it was liable to occur when he was feeling most irritable. Depression, irritability and exposing were all relieved by treatment with imipramine (Snaith and Collins, 1981).

Characteristics of exhibitionists

Assumptions about the characteristics of exhibitionists pervade the literature. Blair and Lanyon studied a large number of reports; they found that comparison between studies was complicated by differences in samples, subjectivity in data collection, lack of definition of terms and absence of non-deviant control groups. However they thought that, despite all these limitations, a number of characteristics were reported with sufficient consistency to warrant the following generalizations: exhibitionists are timid, lacking in social skills and have difficulty in handling hostility; relatively few have other overt psychological disturbances but in those who marry, marital adjustment is poorer than average and, surprisingly in view of the supposed 'timidity', there is a greater amount of contact with the law involving other types of sexual and non-sexual offences which indicates, according to the authors, that "they tend to have trouble with societal limits and internal controls". With regard to the association of exhibitionism with other sexual offences Rooth (1973) reported a fairly high association with paedophilia, voyeurism and frottage but that sexual violence was exceptional.

A further recent study (Langevin *et al*, 1979) casts doubt on most of the generalizations that have been made. Although this study includes comparison groups there is insufficient description of these together with other common methodological deficiencies such as small subsamples and lack of definitions. Nonetheless the study is a large one and the conclusion should be noted: "The results provide more information on what the exhibitionist is *not* than what he *is*". The authors found that the personality structure of exhibitionists is *not* abnormal with respect to any particular trait, they have *no* undue difficulties in mature heterosexual relationships, do *not* have markedly sadistic attitudes towards women, they are *not* oversexed and there is *no* close association with other sexually deviant behaviour apart from a weak association with voyeurism.

One observation which occurs repeatedly in the literature is the recognition of the compulsive quality of the act. At least one authoritative view (Rickles, 1942) considers that the disorder arises on the basis of an obsessional neurosis and the reasons for considering some cases of exhibitionism to be analogous to compulsive phenomena have been outlined by Snaith (1981). The pathognomonic features of an obsession, i.e. an overiding compulsion to act in some way even though the individual himself recognizes the act as senseless, are frequently present in exhibitionism. The concept that some cases of exhibitionism are a form of obsession clarifies some of the ambiguities which surround the behaviour: the absence of any single personality type, the engagement in the behaviour even when detection and punishment are likely to occur, the occurrence at times when the man is tense, depressed or irritable, the occasional association with depressive illness and with other frank obsessional symptoms, all point to the obsessional quality of the act. Jones and Frei refer to the 'driven quality' of the behaviour and note that exposers frequently give accounts of their will power to resist being overtaken by the urge to expose: "something came over me". This view of the obsessional nature of some forms of exhibitionism also helps to explain why neither psychodynamic theories nor explanations based on learning theories provide a satisfactory explanation and also why treatment based upon cognitive psychotherapeutic principles is frequently successful. A further aspect of exhibitionism which requires investigation is that of risk taking. The impulse to put oneself at risk of detection in a disgraceful act may have relevance also to some aspects of deviant sexual behaviour. For instance a young man, who is at present undergoing treatment with me, has a frequent urge to cross-dress and to expose himself in this fashion to passers-by and even neighbours who would recognize him; the man is not a transvestite or gender dysphoric in other circumstances, has a satisfactory sexual relationship with his fiancée, and considers his behaviour to be absurd but uncontrollable and in these respects has many of the characteristics both of exhibitionism and an obsession.

Finally it should be recognized that exhibitionism can be a feature, sometimes a presenting symptom, of somatic disease. Cases presenting for the first time in middle or old age should always be examined for exclusion of arteriopathic or neoplastic organic brain

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disease; Allen (1962) quotes the case of a police officer "of exemplary character who exposed for the first time in his life during a period of recovery from concussion" and he draws attention to the dangers of concluding that any single psychological explanation can be applied to all cases. Evans quotes a case of diabetes being diagnosed on the basis of repeated exposing during hypoglycaemic episodes.

Assessment of exhibitionists

It is now clear that the mere 'diagnosis' of exhibitionism means nothing, for the behaviour arises in a wide variety of contexts with differing causative factors. No glib conclusions as to the nature of the disorder are possible since at present there is only ignorance. The assessment which must precede both a court report and the formulation of a programme of management must therefore take into account a wide range of factors. It must include a full consideration of the following:

(a) Whether the act of exposure incontrovertibly occurred. In an earlier consideration on the matter in the House of Commons (Rooth, 1970) the Home Secretary, Mr Peel, drew attention to the need to distinguish accidental from wanton exposure. The need still arises.

(b) Whether a single offence of exposing has occurred or whether this has been repeated; in the latter case the age of first onset and the pattern of the offences, especially whether there have been long periods when exposing did not occur.

(c) The personal circumstances of the man at the time of the offence and whether he was under any particular stress. In many cases the act first appears during stress and is only repeated at times of emotional distress.

(d) The presence or absence of an erotic component in the act; was the penis erect or not, did masturbation occur and did the man wish his audience to be involved in his sexual gratification? It should not be assumed that the act is invariably motivated by erotic needs.

(e) What reaction from his audience did the man expect or hope for?

(f) The man's attitude to the act at the time of the offence and the presence or absence of subsequent remorse. The degree to which he felt he was in full personal control of his behaviour.

(g) The presence of other sexually deviant behaviour and his basic sexual orientation.

(h) Previous sexual and non-sexual offences; his general attitude to the mores of society.

(i) Assessment of personality; this is best undertaken with a checklist of attitudes and the attributes of personality defined by Mann *et al* (1981) are particularly useful, especially those relating to shyness and irresponsibility.

(j) Attitudes to women in general and in particular whether he has reason to feel resentful, angry or perturbed in other ways. His general ease in association with women with particular enquiry for sexual difficulties and dysfunction.

(k) Level of intelligence and educational attainments.

(l) The use of alcohol in general and in particular in association with the act. Some men only expose when they are drunk but others drink in order to find the courage to act out their compulsion to expose.

(m) The presence of other psychiatric disorder. Other obsessional phenomena should be enquired for and an underlying depressive illness must not be missed.

(n) Somatic disease with particular consideration of the possible role of organic brain disease.

(o) Dangerousness. Most exhibitionists are not dangerous but Rooth (1973) draws attention to a number of reports from the Continent of associated violence. Assessment of dangerousness requires considerable forensic psychiatric skill but a report to a Court must contain some statement of the likelihood or otherwise of future violent behaviour.

(p) The man's attitude to his disordered behaviour with particular respect to his apparent motivation to receive treatment designed to lead to self control.

Treatment

It may now be understood that the management of a man who has exposed himself must depend on a thorough understanding of his case and no single approach is appropriate to the management of all offenders. However a few general principles may be formulated.

It is probable that first offenders are rarely referred for psychiatric examination and it is also probable that a majority of men who have once been convicted of the offence do not repeat the behaviour; it is as if the shame and publicity surrounding the court appearance are sufficient to 'bring him to his senses'; Witzig (1968) quotes Mohr and Turner and Jerry as stating that only about 10 per cent of first offenders may be expected to repeat the act. It is also probable that the majority of first time offenders are dealt with by probation officers and are not referred for psychiatric treatment.

The psychiatric services are therefore likely only to be concerned with recidivistic offenders and, following examination on the lines indicated above, the range of appropriate treatments must be considered; a number of these have been outlined, in a later paper, by Rooth (1980). Examples of more detailed descriptions of particular approaches include group psychotherapy (Rosen, 1979), mandatory group therapy (Mathis and Collins, 1970, hypnotherapy (Roper, 1966) and a

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programme which required the patient to appear naked before hospital staff of both sexes (Jones and Frei, 1977). Maletzky (1974) reported the results of a programme based on covert sensitization and another cognitive behavioural approach was described by Snaith and Collins (1980). There have been few comparative studies of treatments for exhibitionism and the strengths and methodological weakness of those that had appeared up to 1980 have been reviewed by Blair and Lanyon.

At present it seems to be a reasonable generalization that good results may be expected with a variety of treatment approaches, including counselling, short-term psychodynamic, cognitive and behavioural treatments. However, before embarking on a psychotherapeutic approach the therapist should be certain that biogenic psychiatric disorder, such as schizophrenia and endogenous depression, is not present for if this is the case, the initial treatment must be appropriate pharmacotherapy; only when the psychiatric illness has been adequately controlled can the deviant sexual behaviour, if it still persists, be treated by other methods. Gross brain disease and, in particular, temporal lobe epilepsy must, if present, be treated.

The scope for hormonal treatment in the management of exhibitionism is limited since inevitably oestrogens and antiandrogens will disrupt the patient's normal sexual expression and thereby worsen rather than improve his situation. However such treatment may be considered if there is an overpowering erotic element in the behaviour of a man who is judged to be a danger to society, for whom the alternative may be confinement to an institution and who consents to comply with the treatment. Very rarely a man suffering from an organic dementia, constitutional or acquired, may cause distressing embarassment by repeatedly exposing and again a trial of antiandrogen therapy may need to be considered to protect his reputation and that of his family.

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