



de Waag

Zorg voor veiligheid

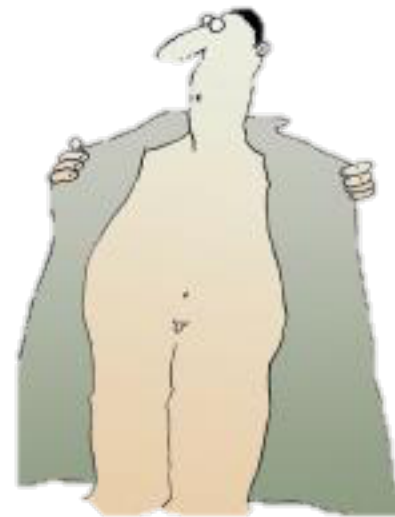
EMDR and Exhibitionism: Reducing Deviant Sexual arousal

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Presentation Overview

1. Background of the Study
2. EMDR and Positive Targets
3. EMDR and Sex Offenders
4. Study Aims and design
5. Results Pilot Study
6. Erotic Transference
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Memory



Exhibitionistic Disorder

(APA, 2014)

- Recurrent and intense sexual arousal from the exposure of one's genitals to an unsuspecting person, as manifested by fantasies, urges or behaviours, over a period of at least six months
- The individual has acted on these sexual urges with a non-consenting person, or the sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

Background of the Study

Review McNally & Fremouw on recidivism studies concerning exhibitionism (2014):

25% recidivism > 5 years

5-10% escalation to contact offending

Deviant Arousal

(Hildebrand, De Ruiter & Van Beek, 2001)

A relatively stable pattern of sexual arousal to inappropriate or illegal stimuli, e.g. children, violence or exposing oneself to strangers, that causes significant distress or impairment in social functioning

EMDR and Positive Targets

When dysfunctional positive feelings are rigidly linked to problematic behaviour

- Alcohol and nicotine addiction (Hase, Schallmayer & Sack, 2008)
- Gambling and alcohol (Miller, 2010; 2012)
- Gambling and gaming (Bae, Han & Kim, 2013; Bae & Kim, 2012)
- Compulsive eating (Knipe, 2009; Halvgaard, 2015)
- Compulsive shopping (Popky, 2005)
- Sexual addiction (Cox & Howard, 2007)

EMDR and Positive Targets



EMDR and Positive Targets



Miller: Feeling State Theory (FST)

- Addictions are created when positive feelings become rigidly linked with specific objects or behaviour and together form a state dependent memory
- The Feeling state (FS) is a total psychophysiological arousal that consists of (physical) sensations, emotions and cognitions.
- FS is equally fixated as a traumatic memory, as a consequence of high level of arousal.
- FS is responsible for the loss of control over the problematic behaviour.
- When after successful treatment with EMDR, the FS is eliminated, the urge or compulsion will disappear.

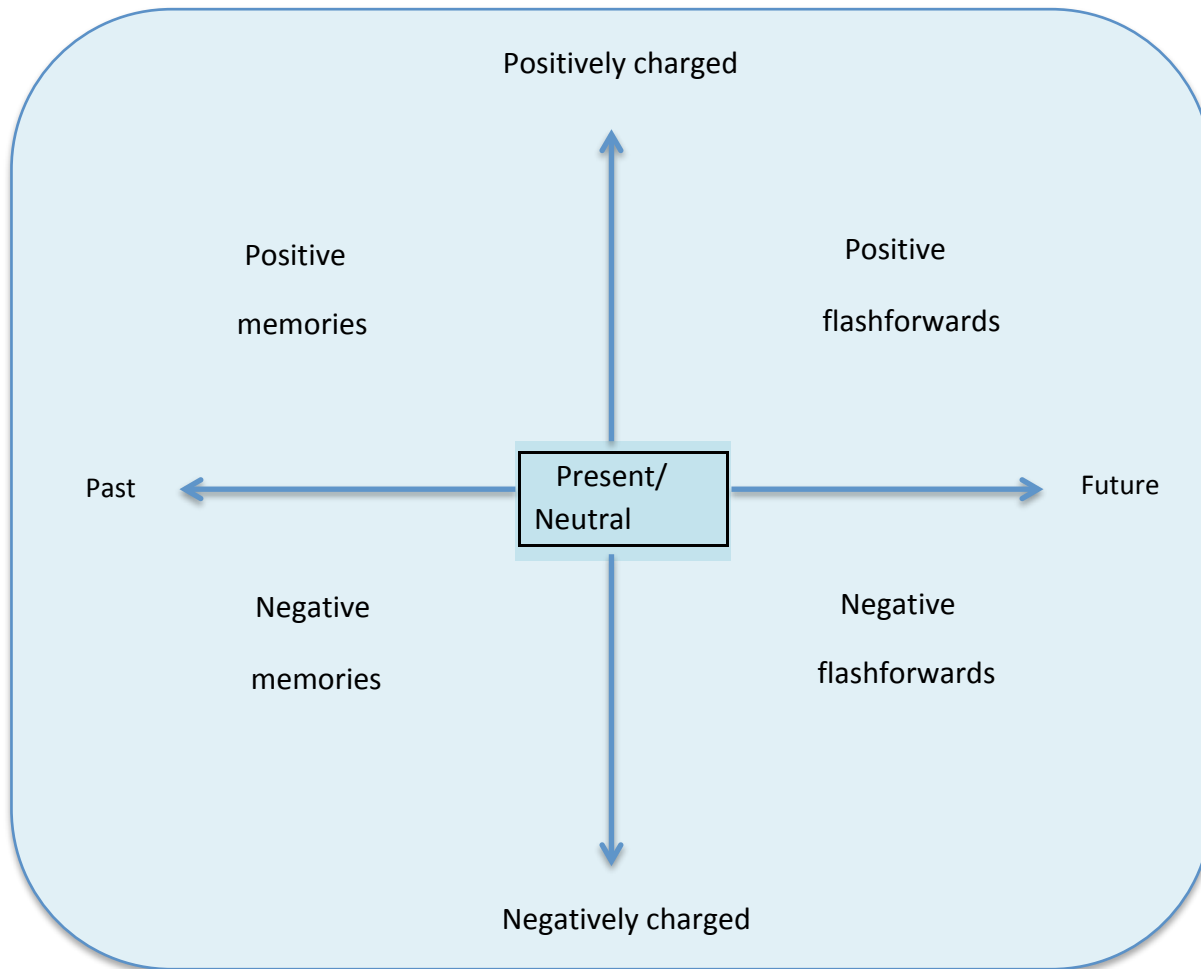
EMDR and Positive Targets

Different protocols and terminology:

- Popky (2005): DeTUR protocol – Level of Positive Affect (LoPA)
- Hase (2008): CravEx protocol – Level of Urge (LoU)
- Miller (2010): Feeling State Addiction protocol – Positive Feeling State (PFS)
- Hornsveld & Markus (2014): Dutch Addiction Protocol – an integration of different protocols into a comprehensive protocol with ten different modules

EMDR and Sex Offenders

- Datta & Wallace (1994, 1996): 10 incarcerated adolescent sex offenders → less anxiety and increased victim empathy
- Finlay (2002): 27 adult male sex offenders → reduction in justifications for offender behaviour
- Ricci (2006): case study incest offender → increase in motivation for treatment and empathic response
- Ricci, Clayton & Shapiro (2006): 10 child molesters → more insight, less deviant thoughts, increased motivation and victim empathy, reduction of deviant sexual arousal
- Ten Hoor (2013): case study sex offender → restructuring of cognitive distortions and increased motivation
- Ricci & Clayton (2016): offence drivers model



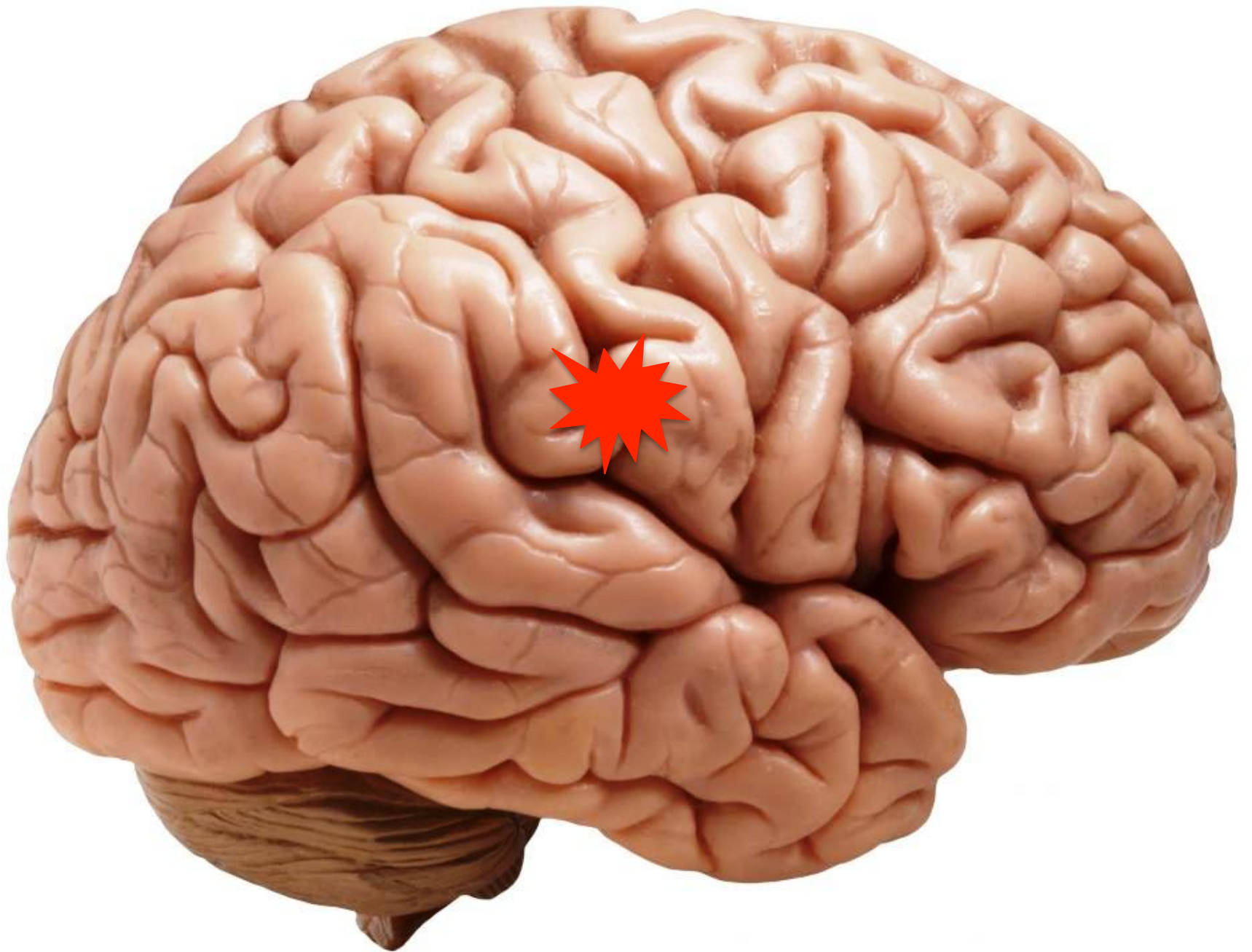






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Video fragment

It is the second positive memory we are targeting.

The client is on a camping site and stands naked in front of his camper. Some meters further ahead, teenage girls are sitting in a circle with tiny mirrors. Client assumes that they have seen him before, and for that reason now come back to watch him with mirrors.

Level of Urge = 8 'I want to masturbate'

Level of Positive Affect = 8/9 'they find my willy beautiful/
gorgeous'

Physical sensation: arousal in the chest

Video 1



Study Aims

To examine whether EMDR can be used to reduce deviant sexual arousal in exhibitionists

To examine if the possible treatment effect is stable over time

To examine if the possible treatment effect is associated with a reduced risk of reoffending

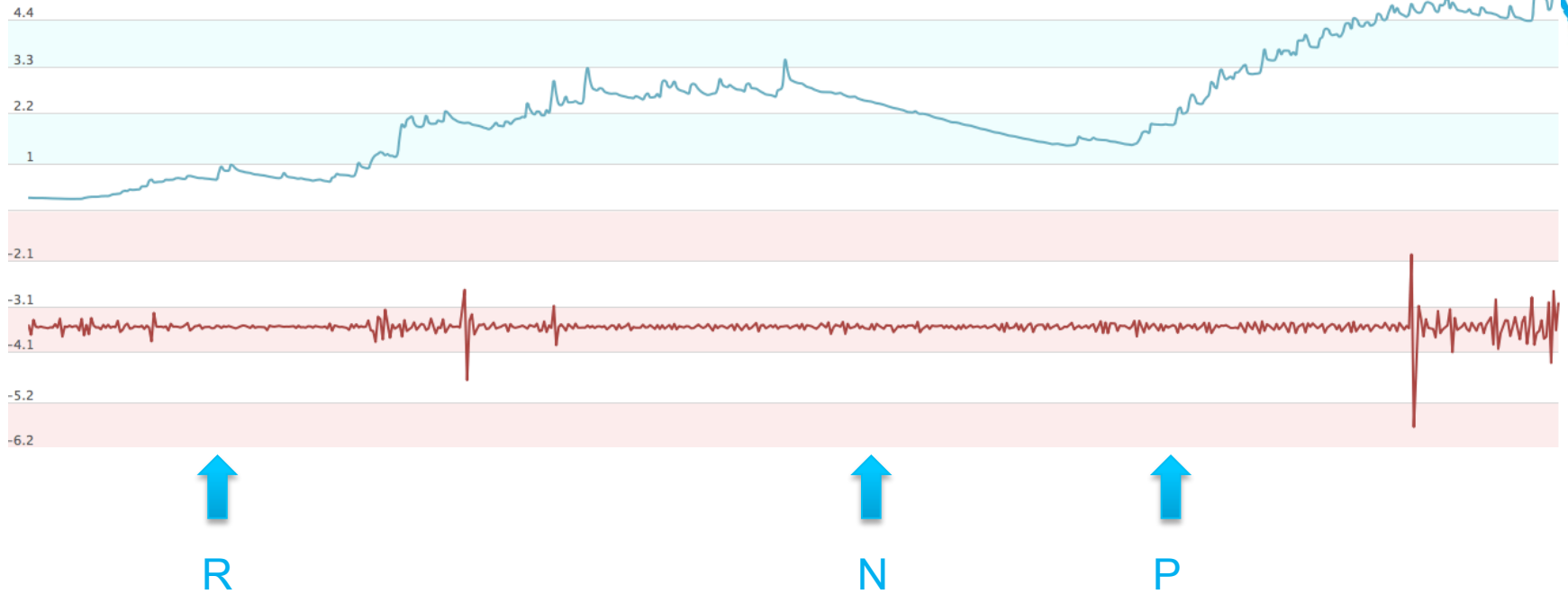


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Study design

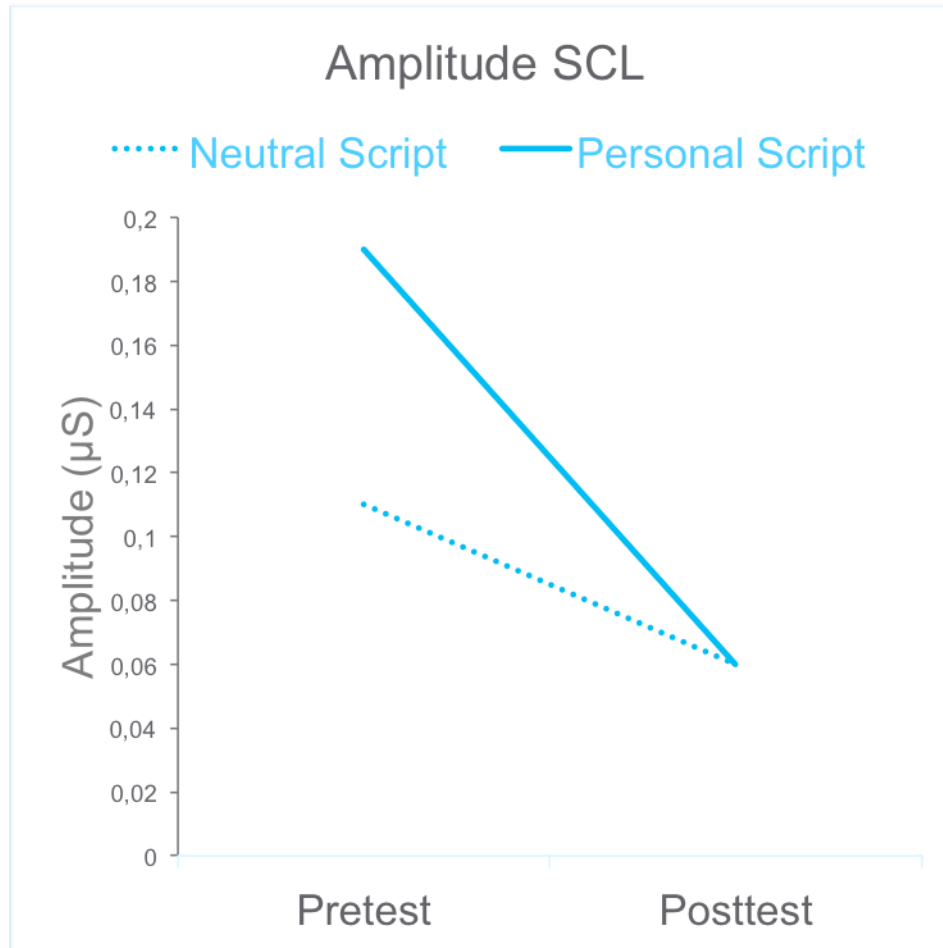
'It is a regular day and you are at home, at the backside of the house. Suddenly, you notice your neighbour cleaning her windows. She is standing on a stepladder. You feel a great excitement rising. What a delight! You open the window a little, so you can see her well. Your breathing speeds up and you start feeling hot. You open your pants and touch yourself. The blood flows to your head. It whirls you into frenzy. You are standing between the curtains, knowing she can see it all. Her eyes are fixed on you. She knows exactly what you are doing, and how much you are enjoying her.'

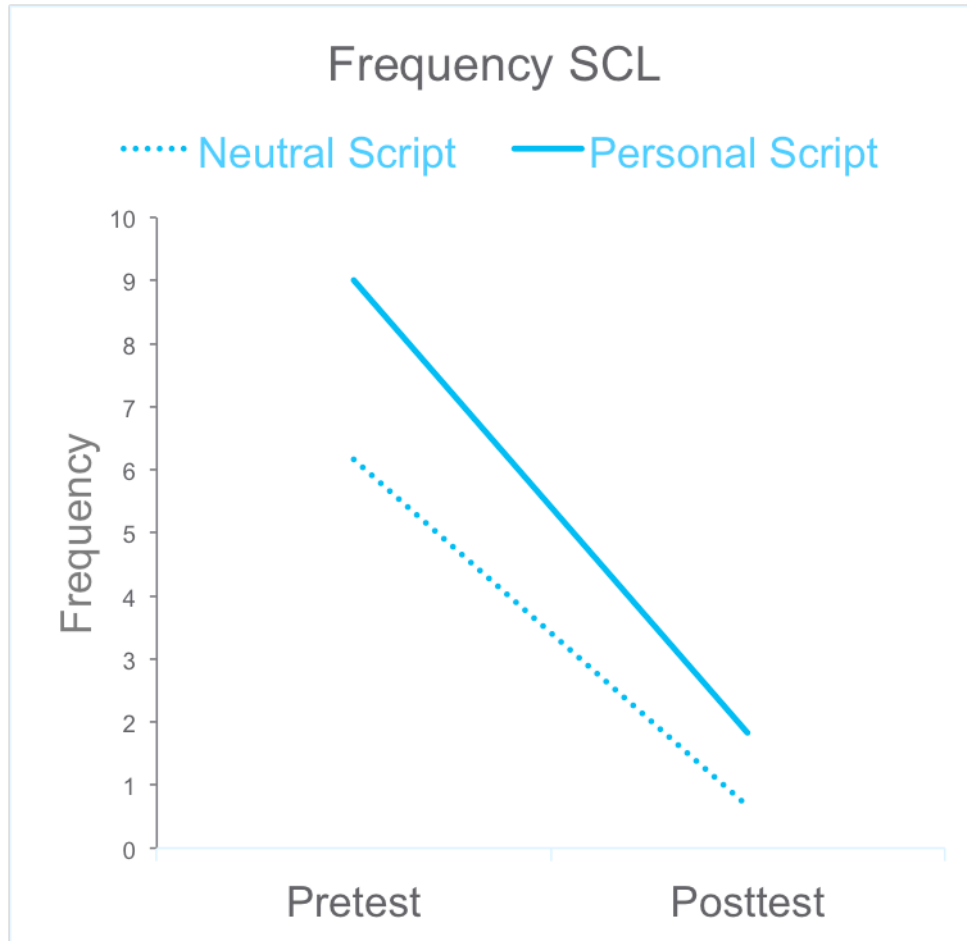


R = relaxation exercise
N = neutral script
P = personal script

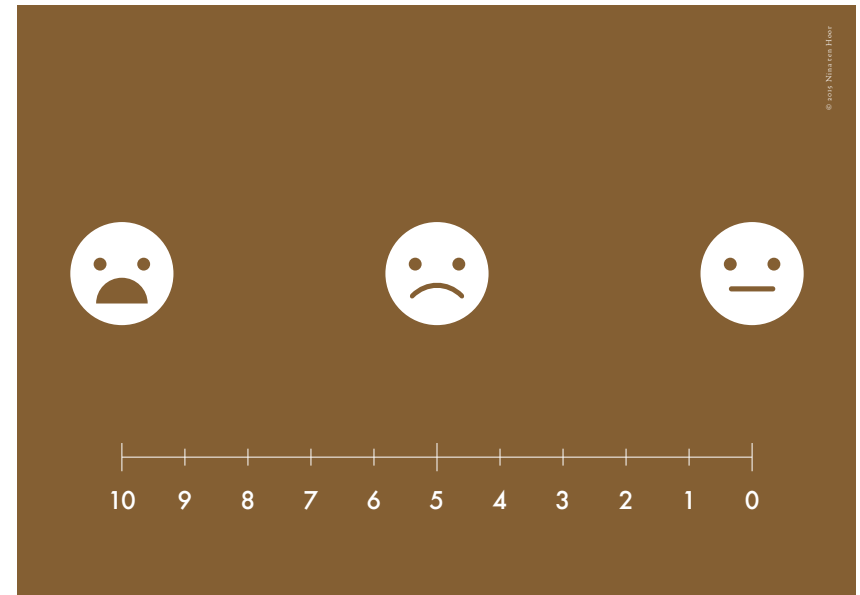
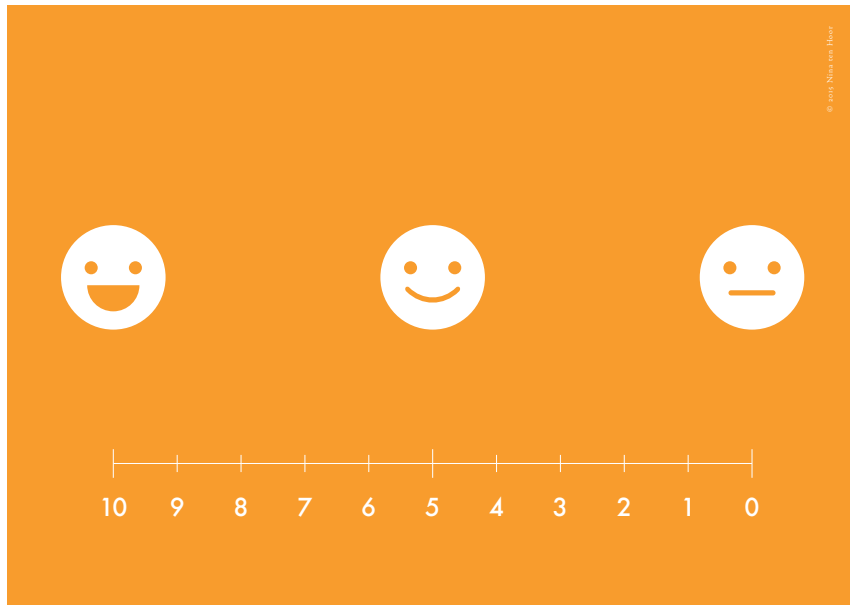
Results Pilot Study

- Eight participants
- All sought help for exposing their genitals
- They were in treatment for some time at the forensic outpatient centre De Waag
- Four 60 minute sessions EMDR according to a protocol:
 1. Negative associations with never exposing again + positive memory 1
 2. Positive memory 2
 3. Linked memory (Miller)
 4. Triggers

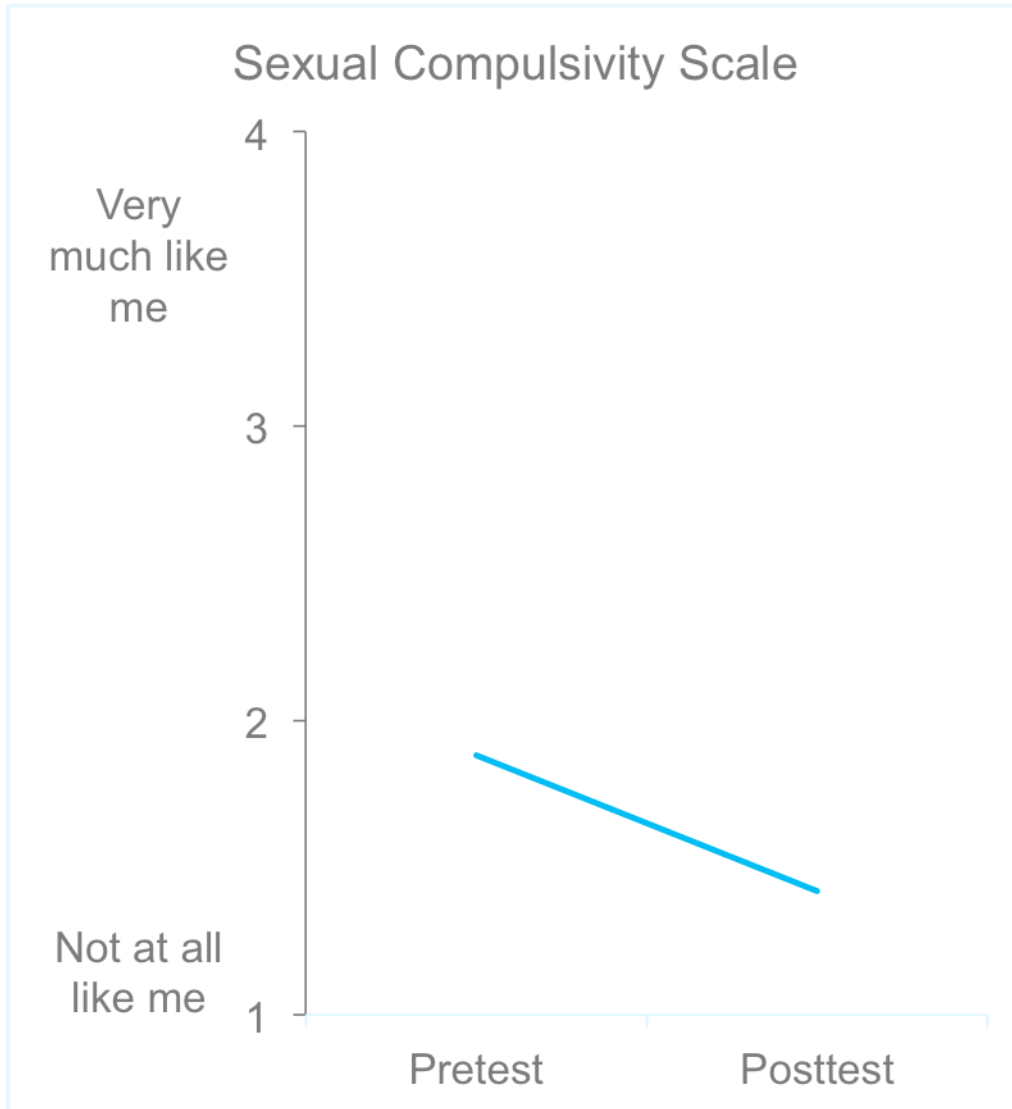


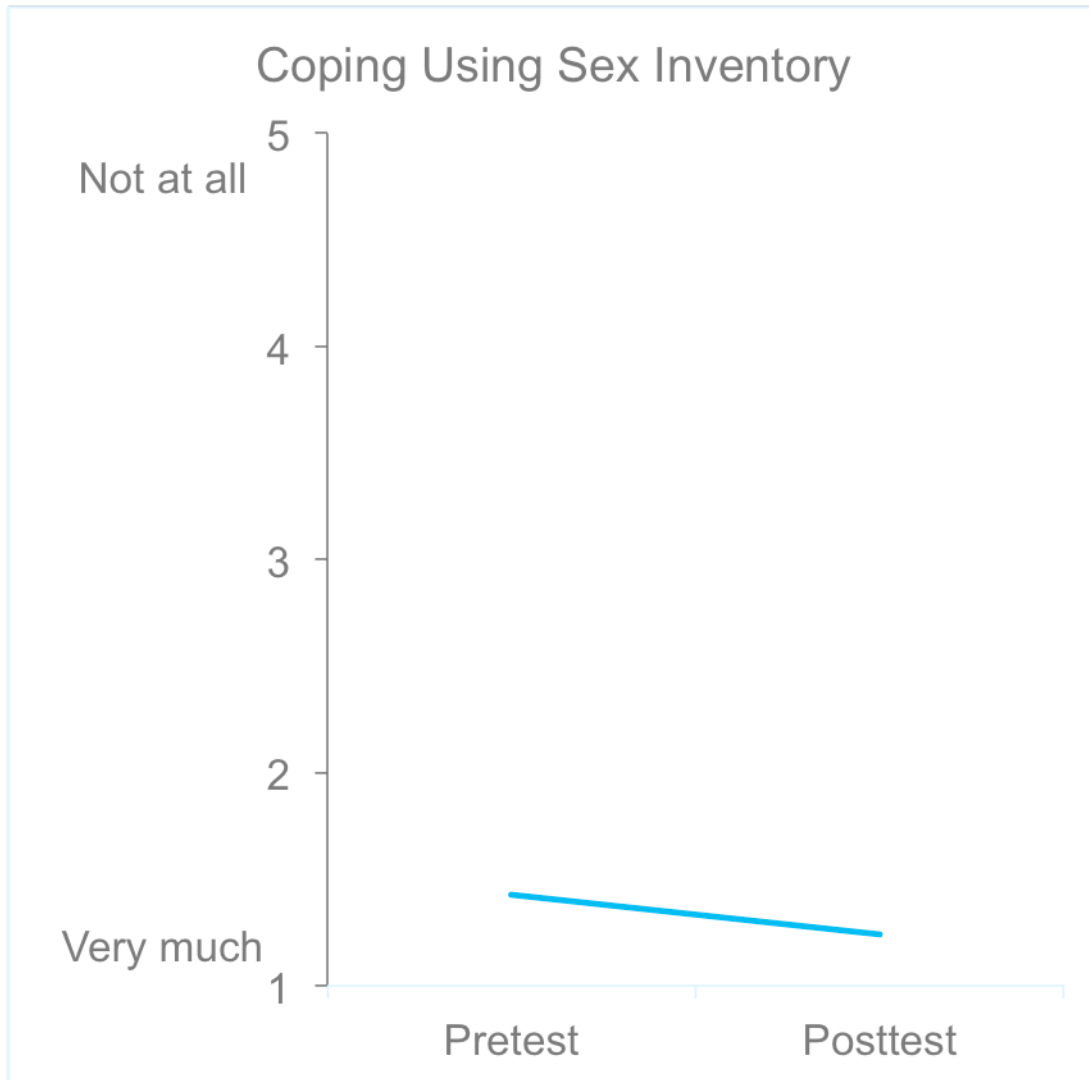


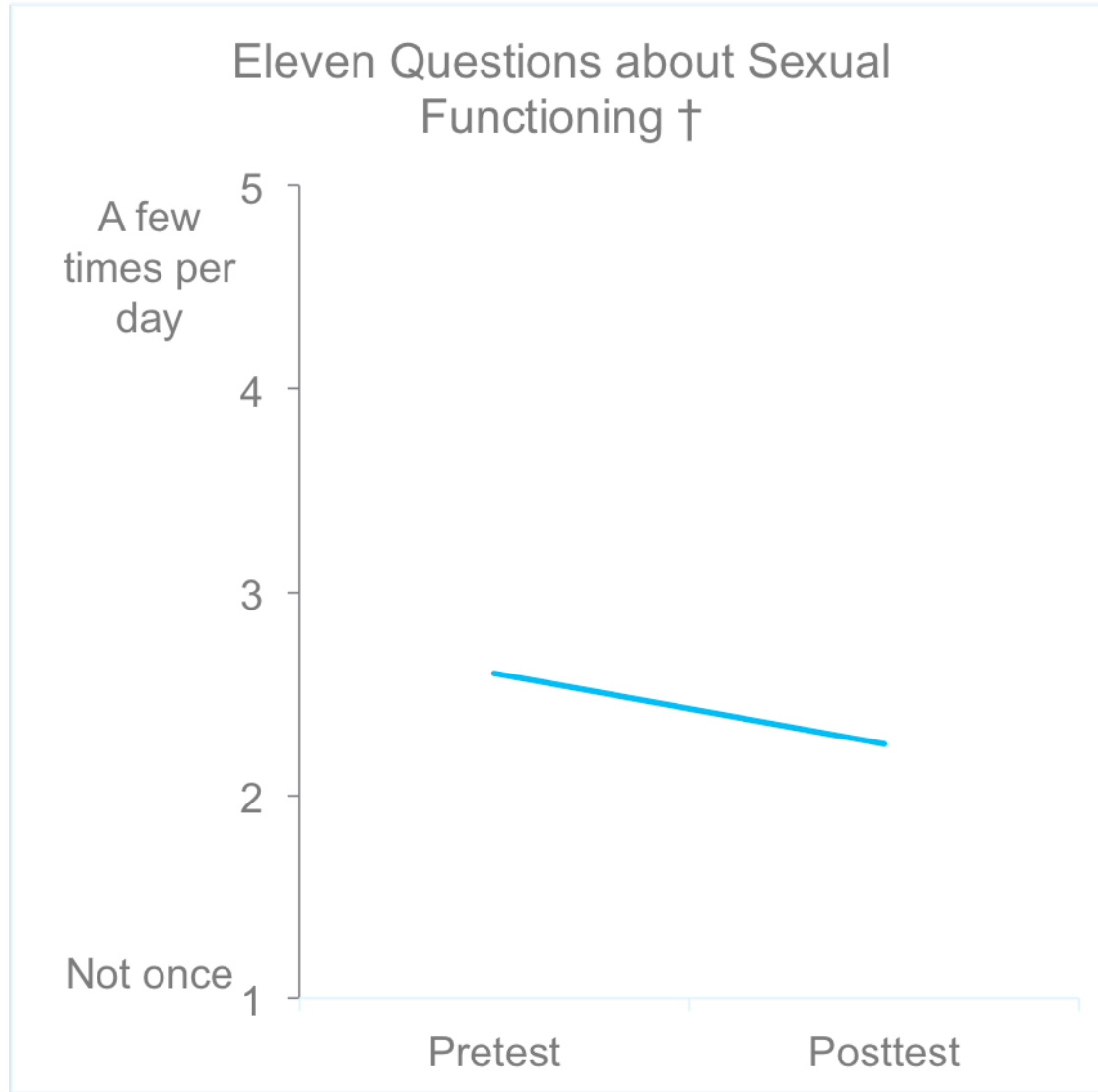
Explicit rating

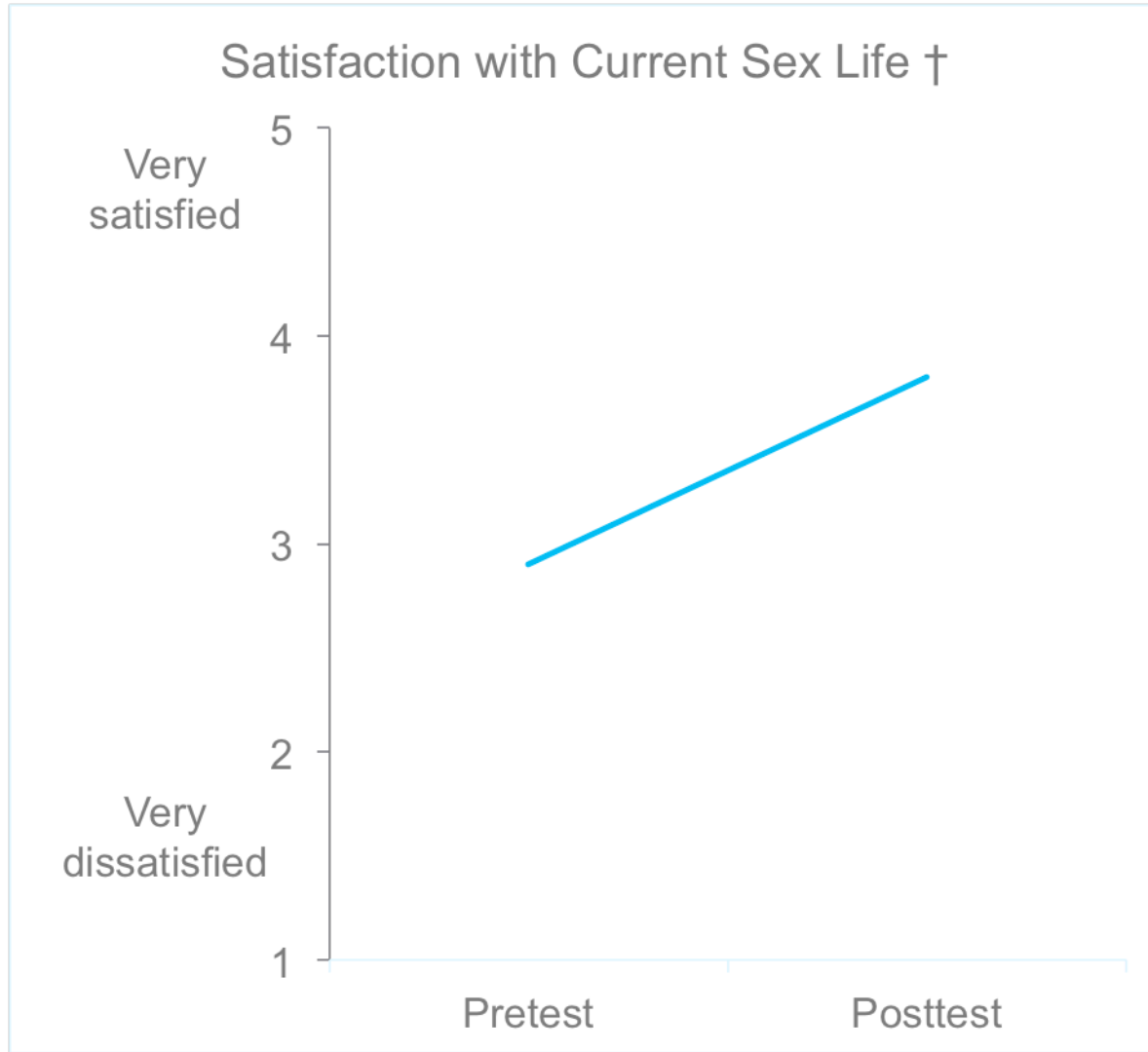












Conclusions Pilot Study

- There seems to be a trend towards less deviant physiological arousal after four sessions of EMDR, though the results are not significant.
- The explicit rating and questionnaires are pointing in the same direction.
- Satisfaction of the sex life seems to increase as a consequence.

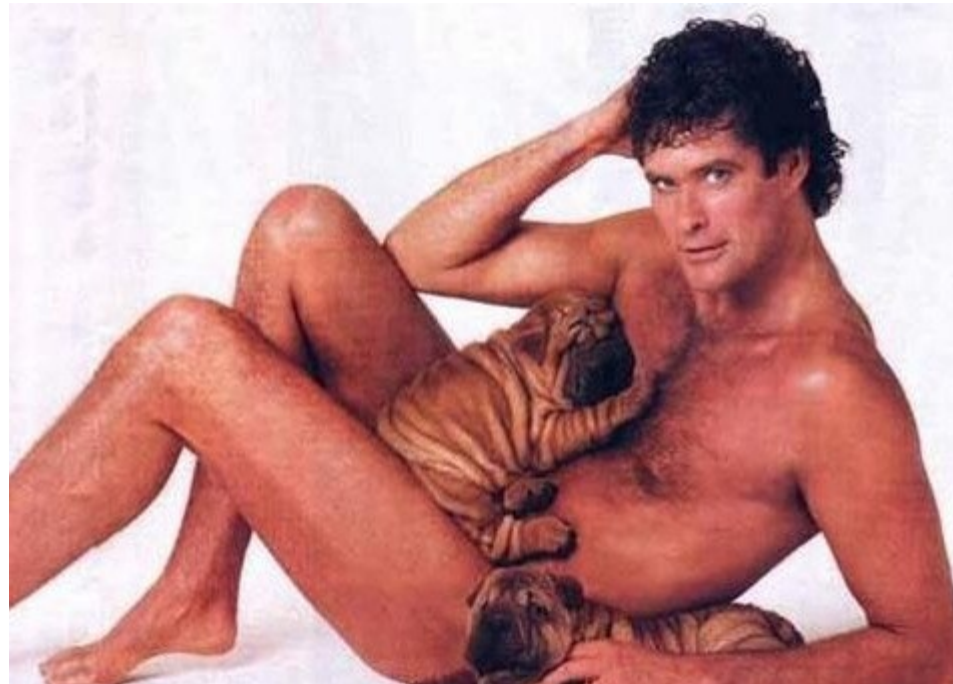
Some reactions of participants at posttest

David (64): 'The urge is as good as gone. That gives an empty feeling. I am not depressed, but searching. Now what?'

Martin (53): 'In individual sessions, I avoided the subject. With EMDR, this is not possible.'

Henk (36): 'I am done with it. It makes me feel depressed instead. What a misery.'

Erotic Transference



Video 2



Handling Erotic Transference

- Acknowledge the feelings of the participant.
- Reassure that this can happen: ‘we are working on this intensively’.
- Leave the emotions with the participant: it is his problem to deal with.
- Set limits: ‘at the moment you are feeling excitement towards me, and at the same time you know that this is not appropriate, concentrate on that....’



Possible Other Difficulties

- Unsettling feelings as a consequence of hearing details from a perpetrator's perspective:
 - Feeling like an accomplice
 - Getting sexually aroused

Take home messages

- Deviant sexual arousal is an important criminogenic risk factor for sex offenders. Currently, besides medication that causes many negative side effects, there are few (if any), effective treatment options for this risk factor.
- EMDR applied to deviant sexual arousal, provides a novel approach for treatment of sex offenders.
- As a therapist, one travels together with the client into his inner world of sexual deviation that drives the problematic behaviour. A world, that can easily be left out of regular treatment sessions.
- The associative approach of EMDR provides some distance and is therefore ideally suited to work with these very private feelings.

Thank you

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