

Pharmacological Treatment of Sexual Deviation with Special Emphasis on the Treatment of Pedophilia

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Ethical Considerations:

Almost 2,000 years ago as the outraged crowd prepared to stone to death a woman whose sexual behavior they had considered offensive, one among them stepped forward to stop the retribution, intoning that only he who was without sin should cast the first stone. Some years later, another angry crowd crucified the woman's savior, not wanting to hear any more of his message, a message which mitigated against revenge in favor of compassion, understanding, forgiveness and reformation. The man on the cross was crucified because there were those who opposed the ideas he espoused. That man asked that persons be judged not simply by their behavior but with some appreciation for their humanity and for their potential to transcend and to change.

A few hundred years ago in New England, misguided parishioners burned at the stake as witches women whose behavior they feared or found offensive. Persons whom we might now treat in psychiatric hospitals were shackled, often for the better part of a lifetime. During the Holy Inquisition, alleged offenders were often tortured, ostensibly as part of the legitimate criminal justice system. In the 1700's, the most common cause for execution in the British Royal Navy was the crime of "buggery", homosexual behavior between consenting adults. As one reflects upon such harsh punishments, one might be tempted to pray "forgive them father, for they did not know what they were doing." Yet even today the sexual exhibitionist is often ridiculed, maligned and disparaged, then placed behind bars with little concern about understanding his behavior. The man who becomes sexually involved with children is quickly scorned, stigmatized and condemned, frequently with little interest in discovering what motivated such behavior initially, let alone with any interest in showing compassion or forgiveness, or in providing him with help.

To provide help is not to condone the behavior. For surely such behaviors need to stop. Surely the needs of those who are victims must also be met. But how does punishing an "offender" help his victim? Restitution might make more sense. Furthermore, is punishment in such cases invariably just? The adult male who becomes sexually involved with children is often himself sexually involved with an adult when he was a youngster. Thus, often in treating the "sex offender", one is in point of fact also treating the victim. One is merely treating him later on in his life after the circumstances of his childhood, or the intricacies of his biological constitution, have produced their psychological sequence.

Erotic Life, Platonic Concert, Courtship

It is a deeply rooted aspect of human nature that we experience desires to seek out a partner with whom we can share tenderness, affection, companionship, and physical intimacy. Even in animals one can observe the mating instinct. People do not experience feelings of erotic love because it is intellectually rational to do so. Rather, there is a certain "chemistry" involved. Most of us can describe attributes both physical and psychological that comprise our archetypal fantasies of an idealized partner or mate. Fortunately, in the overwhelming majority of cases, the object of our erotic affections is an adult.

In addition to yearning for a loving adult sexual relationship, almost all of us are aware of the fact that infants and children often elicit an emotional response from us. Rather than involving feelings of lust or erotic love, however, the feelings which often well up internally in response to children are ordinarily ones of affection and gentleness, as well as a desire to nurture, cherish and protect. It is sometimes difficult to resist the urge to pick up and cuddle a young infant or child. We do not ordinarily fall in love with children, however, in a romantic sexual way. Tragically though, some men do experience feelings of erotic arousal towards young children in the context of what might otherwise be a healthy platonic relationship. ¹

But most young people devote a great deal of time, thought and energy towards seeking out a partner with whom to share affection, compassion and physical intimacy. The man who, for unknown reasons, discovers that he craves that type of relationship with a child rather than with an adult, however copes with life from a very different perspective. Like the rest of us, though, he may experience recurrent desires to seek out a partner with whom he can satisfy and share his innermost needs.

There are those who would choose to believe that any man who becomes sexually intimate with a child is simply a callous predator, unwilling to reflect upon the possibility that such an individual could have a genuine concern for the well-being of children. How could anyone who really cares about a child's well-being show so little concern, and manifest such an abuse of trust, as to become sexually involved? There can be little doubt that children are too unprepared and too vulnerable to fully appreciate the consequences of sexual involvement with an adult. Imagine, however, what life must be like for the man who finds that he never experiences feelings of erotic arousal or romantic love towards adults, as much as he might wish that he could, but who recurrently lusts for, or falls in love with, young boys in an erotic, sensual way. When a person falls deeply in love with another person, be it a child or an adult, it becomes all too easy for that person to convince himself that the relationship is good and healthy and not harmful or wrong.

Diagnosis

Pedophilia is a diagnostic term used to indicate that an adult finds children to be erotically appealing. Groth classifies men who find both adults and children to be erotically appealing as regressed pedophiles. ² There are other men who experience absolutely no erotic attraction whatsoever towards adults, but who have a great deal of difficulty resisting the sexual temptations that they experience towards children. Groth refers to men who find only children to be erotically appealing as fixated pedophiles. When a man who is attracted sexually to children desires not to be, because such attractions conflict with his conscience and personal moral convictions, and therefore he would like to change, his sexual attraction to children is said to be ego-dystonic.

A diagnosis of pedophilia cannot be made simply by considering behavior alone. Rather, for the purpose of diagnosis and proper treatment, the physician must try to appreciate the state of mind which contributed to the behavior. Like any behavior, sexual behavior with a child can occur for a variety of reasons. For example, a person with schizophrenia may behave in particular ways in response to hallucinations "telling him to do so". A mentally retarded individual may be the same appropriate mental age, because of the lack of availability of adult partners, and the lack of capacity to fully understand the wrongful nature of his actions. In these instances a primary diagnosis of pedophilia would not necessarily apply.

Diagnosing a person as a pedophile says something about the nature of his sexual orientation. It says nothing about temperament, or about traits of character, such as kindness versus cruelty, caring versus uncaring, sensitivity versus insensitivity, conscientiousness versus lack of conscience, and so on. Thus, a diagnosis of pedophilia does not necessarily mean that a person is lacking in conscience, diminished in cognitive capabilities or somehow "characterologically flawed". Rather, he may be a concerned person dealing less than successfully with sexual and affectional temptations of a sort which are very foreign to most men.

The causes of pedophilia are not fully known. However, Groth has shown that sexual involvements with an adult during early childhood may increase the risk of developing pedophilic attractions later on in life. ¹ Why this is so is not well understood. Money has proposed that excessive prohibition of early sexual expression may result in a similar outcome. ² Many men with sexual disorders have come from homes where even the slightest expression of sexuality, including masturbation, was severely chastised. Berlin has shown that certain types of biological abnormalities (e.g., chromosomal lies) may also increase the risk of developing pedophilic desires. ³ Smoking cigarettes is not the sole cause of lung cancer. However smoking can clearly increase the risk of developing such a condition. Similarly, the presence of hormonal irregularities, chromosomal anomalies, or brain abnormalities cannot be said to be the sole cause of pedophilia. However, having these sorts of biological abnormalities appears to increase the risk of developing an unconventional sexual orientation such as pedophilia.

It is easy for a non-smoker to argue that smoker could stop if he or she really wanted to; in the case of the pregnant smoker, if not for her own sake then surely for the sake of not damaging her unborn child. It is easy for the non-obese person to argue that successful dieting can be accomplished through will power alone. Similarly, it is easy for a person who is not tempted sexually by children to argue that any pedophile could stop having sex with children if he really wanted to and would simply make up his mind not to do so. When it comes to appetites or drives such as hunger, or sex, however biological regulatory systems exist that can cause some individuals to experience recurrent desires to satisfy these needs in ways that cannot invariably be successfully resisted by will power alone. ⁴ Thus, professional assistance may be required. This may be extremely crucial in the case of the pedophile because it is imperative that he stop his prior sexual patterns immediately, 100 percent of the time and indefinitely. Though necessary, this can nevertheless be a very formidable goal to have to achieve. Just as the smoker often rationalizes by minimizing his beliefs about the harm he may be causing, the pedophile is sometimes susceptible to doing the same. Such rationalizations may also need to be dealt with in providing care.

Treatment

Four major modalities have been proposed for the treatment of pedophilia. They are psychotherapy, behavior therapy, surgery and medication. It is doubtful that person can come to fully understand the basis of their own sexual interests through the process of introspection alone. The average man probably cannot figure out simply by thinking about it why he prefers women rather than men. Similarly, it is not certain that the pedophile can figure out the basis of his own sexuality.

Behavior therapists tend to be less concerned with the historical antecedents of pedophilia than with the question of what can be done about it. The feature common to most behavioral approaches is an attempt to extinguish erotic feelings associated with children while simultaneously teaching an individual to become sexually aroused by formerly non-arousing age appropriate partners. Most of us can appreciate how difficult it would be to try to stop feeling the sexual attractions that we have experienced as natural throughout our lives. Imagine how difficult it would be for the average man to learn to find little boys sexually appealing, while at the same time losing all erotic interest in adult females. This is precisely what the fixated homosexual pedophile may need to accomplish, however, in reverse.

Removal of the testes (castration) has been suggested as treatment for pedophilia because the testes are the major source of testosterone production in the body. Testosterone is a hormone which in a sense fuels sexual appetite. Thus, lowering testosterone is one way of lowering sexual libido. The idea of lowering testosterone in the case of the pedophile is to try to decrease the intensity of his sexual cravings, which are for children. Lowering testosterone can lower the intensity of consciously experienced erotic desires. In human beings such desires constitute a motivating basis for sexual behavior.

In virtually every species of animal, lowering testosterone by means of removing the testes eventually leads to a marked reduction in almost all forms of sexually motivated behavior. ⁵ It appears that the same is true in humans. In one study in Denmark, for example, Sturup reported upon a 30 year investigation of 900 castrated "sex offenders" involving over 4,000 follow up examinations. ⁶ He documented less than a 3 percent recidivism rate. Studies in several other European countries demonstrated similarly favorable outcomes. Furthermore, many men did not lose the capacity to perform sexually following a castration. Perhaps this finding seems somewhat less surprising if one consider the analogy of suppressing hunger. In being less hungry a person may feel less drive to seek out food, thereby dieting easily, but under such circumstances he would not lose the ability to eat.

Today, it is no longer necessary to perform castration in order to reduce testosterone levels. Rather, this can be done pharmacologically in a graduated way without the physical or psychological trauma of surgery. In the United States, since Dr. John Money first began doing so in 1967, the drug most often employed as a pharmacological method of lowering testosterone has been medroxyprogesterone acetate (Depo-Provera). ³

There is no doubt that Depo-Provera consistently decreases serum testosterone levels significantly. This can be confirmed by means of a simple blood test. Lowering testosterone can in turn lower sexual libido which in turn seems to enable some men to more appropriately control their sexual behaviors. A major difference between romantic love and platonic love is the incorporation of sexual desire into the romantic relationship. Thus, to the extent that unwanted sexual desire can be removed from an otherwise trustworthy relationship between an adult and a child, that relationship may be able to proceed in a healthy fashion.

Most pedophiles receiving Depo-Provera also attend group counseling sessions similar to the kind often employed in treating alcoholics. That is, these men are expected to acknowledge being tempted to do something that they realize they must not do. They then discuss among themselves strategies intended to help enable them to resist such temptations successfully, (i.e., whom to call, what situations to avoid, early warning signs, and so on). Of over 70 men treated at The Johns Hopkins Hospital over the past year for some form of paraphilia (mostly pedophilia and exhibitionism) with Depo-Provera plus counseling, less than 5 percent have relapsed. Approximately 80 others who in our judgment did not require treatment with Depo-Provera have received counseling alone. Compliance rates have been better than 90 percent. Depo-Provera is not a cure, nor is it a punishment. It does appear, however, that it can be used to help some men help themselves.

Pedophilia refers to a particular type of sexual and affectional orientation. By virtue of experiencing such desires - desires that many pedophiles wish they did not have - professional assistance is often required. When such men seek help, understanding, empathy and professional competence is required, not stigmatization or unenlightened scorn.

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