

PEDOPHILIA: DIAGNOSTIC CONCEPTS TREATMENT, AND ETHICAL CONSIDERATIONS

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Over the past decade we have become increasingly aware of the extent and magnitude of the sexual victimization of children in our society and considerable efforts have been made to offer help and assistance to these victims. However, to a large extent, their perpetrators have been regarded more as offenders deserving punishment than as persons needing help.

This paper serves to broaden the base of our knowledge in regard to an adult's sexual attraction to a child and helps us differentiate between the perpetrator and his offense. It is a conceptual work, exploring the nature of pedophilia, its etiology, manifestation, diagnosis, and treatment which encompasses both clinical and ethical considerations.

To an issue fraught with myth, misconception, fear, hostility, and ignorance, Dr. Berlin and Mr. Krout's paper brings clarity, order, understanding, and hope. It is only through understanding and with understanding that we will find the way to help perpetrators inhibit unwanted pedophilic inclinations. The sexual victimization of children is the abuse of power. Knowledge is power, and through knowledge we are empowered to address this problem and make our society a safer one for our children. This paper is an important contribution to the sparse literature on a serious subject.

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THE NATURE OF HUMAN SEXUALITY

People do not decide voluntarily what will arouse them sexually. Rather in maturing they discover the nature of their own sexual orientation and interests. Persons differ from one another in terms of (a) the types of partners whom they find to be erotically appealing, and (b) the types of behaviors that they find to be erotically appealing. They also differ in intensity of sexual drive, the degree of difficulty that they experience in trying to resist sexual temptations, and in their attitudes about whether or not such temptations should be resisted.

When persons experience erotic desires to engage in types of sexual behaviors that could cause themselves or other harm, such as sadistic, coercive or masochistic sexual involvements, psychiatric help may be needed. This may also be necessary when a

person experiences strong erotic attractions towards unacceptable sexual partners, such as children.

Some psychiatric diagnoses can be made, then, simply by asking co-operative persons about the range of behaviors they find to be erotically appealing and about the difficulty they experience in trying to resist succumbing to such sexual temptations. This line of questioning can identify the person who meets the DSM III diagnostic criteria for sexual exhibitionism, sexual sadism, sexual masochism, transvestism, and compulsive voyeurism (American Psychiatric Association, 1978). Each of these represents an unconventional form of sexual appetite. These men, unlike the average man, often experience great difficulty resisting erotic temptations to repeatedly expose themselves, to repeatedly have themselves beaten, or to repeatedly peep in windows, depending upon the nature of their particular sexual compulsion. Masturbation cannot fully satisfy these cravings because what they crave is not just sexual release, but a specific type of sexual activity. Thus, although the average man is physically capable of exposing himself publicly, he does not have to repeatedly fight off the urge to do so, as does the exhibitionist, in order to stay out of trouble.

Another way in which sexual problems possibly requiring psychiatric assistance can be identified is by inquiring about the range and types of partners that a person finds to be erotically appealing, and about how difficult it is to resist the temptation to become involved sexually with such partners. Some men, for example, report that they are attracted sexually to both children and adults, but that when they have a satisfying adult relationship they are able to resist the temptation of becoming sexually intimate with a child. Some such men, however, during periods of time in their lives when they do not have a satisfying adult relationship do become involved sexually with children. Groth (1979) refers to such men who find both adults and children to be erotically appealing as regressed pedophiles. 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 these men as fixated pedophiles.

Pedophilia then is simply a term used to indicate that an adult finds children to be sexually appealing. This condition seems to have been identified almost exclusively in men. If a man is attracted sexually only to boys, a diagnosis of homosexual pedophilia can be made, whereas if he is attracted only to girls, a diagnosis of heterosexual pedophilia may be in order. If gender is not a factor, then the appropriate diagnosis is bisexual pedophilia. As with other appetites, the pedophilic appetite craves satiation, with recurrence of hunger an expected event.

Some men who are attracted sexually to children desire not to be and would like to change. Under such circumstances, their sexual attractions to children are said to be ego-dystonic. If a man's sexual attraction towards children does not conflict with his conscience and personal moral convictions, then his pedophilic desires are said to be

ego-syntonic. In very rare instances, some men experience erotically sadistic desires towards children. Under such circumstances, a diagnosis of sexual sadism should also be made.

There are some men who find children to be somewhat appealing erotically but who, nevertheless, find it easy to resist becoming sexually involved. Such persons may not require professional assistance. Those who do experience difficulty resisting such temptations on their own, however, may require help.

The following is a brief verbatim quote from a man whose sexual orientation can be characterized as ego-dystonic, fixated, homosexual pedophilic. The comments of this patient give some sense of how tortured and conflicted he feels by the sexual lusts and cravings that he experiences towards young boys.

"What starts a person like myself doing what I do? Why me? Why can't I be normal like everybody else? You know, did God put this as a punishment or something towards me? I am ashamed. Why can't I just go out and have a good time with girls? I feel empty when a female is present. An older 'gay' person would turn me off. I have thought about suicide. I think after this long period of time, I have actually seen where I have an illness. It is getting uncontrollable to the point where I can't put up with it anymore. It is a sickness. I know it's a sickness. But as far as society is concerned, you are a criminal and should be punished. Even if I go to jail for twelve or fifteen years, or whatever, I am still going to be the same when I get out."

This last statement was not meant to be defiant.

ETIOLOGY OF PEDOPHILIC SEXUAL DESIRES

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 so-called mating instinct. People do not experience feelings of erotic love because it is intellectually rational to do so, or because they have been taught that it is sensible to do so. Rather, there is a certain "chemistry" involved. Most of us can describe attributes, both physical and psychological, that comprise our archetypical fantasies of an idealized partner or mate. In the overwhelming majority of cases, the object of our erotic affections is a peer. Most adults do not (1) become involved sexually with children, (2) repeatedly fantasize about children when masturbating, (3) find pictures of naked children more erotic than pictures of naked adults, and (4) have to repeatedly fight off the temptation of becoming involved with children in a sexual or romantic way.

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 or sexual way.

Most young people devote a great deal of time, thought, and energy towards seeking out a partner with whom to share affection, companionship, 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.

Some have argued that sexual assaults are invariably aggressive (Groth, 1979). In the vast majority of pedophilic acts, this is simply not so. Most pedophiles, use no physical force whatsoever, but instead derive pleasure from engaging in sexual activities with children, sometimes in a caring way (Baker et al, 1968; Berlin, 1983b). By definition, the issue to be explained in pedophilia is one of sexual and affectional orientation. Pedophilia is not a disturbance of temperament or aggression.

SEXUAL ORIENTATION:

PENECTOMIZED MALE REARED AS A GIRL

How is it then that sexual orientation and affectional interests are acquired? It appears that both life experience and constitution play a role. The role that environment can play was dramatically demonstrated by a tragic case reported by Money (1980) in which one of two genetically identical male twins was so severely damaged at the time of circumcision several months after birth that a total penectomy was required. That child was then reared as a girl. The child's chromosomal pattern, of course, remained unchanged, and she has now reached her teenaged years. She has developed breasts by virtue of having been administered estrogens; surgically, an artificial vagina has been created. According to Diamond (1982), however, she nevertheless experiences considerable difficulty in adjusting as a female, and she is in some ways ambivalent about her status. Still, at age 19, this twin raised as a female apparently feels herself to be a woman in terms of gender identity and also experiences some level of sexual attraction towards age-appropriate males. Thus, although she is a woman with an XY rather than a XX chromosomal karyotype, as a consequence presumably of how she has been raised, she feel herself to be a woman and she finds men to be sexually appealed.

MANY PEDOPHILES FORMER "VICTIMS"

There are many additional examples showing that environment and life experiences can play at least some role in the development of gender identity and in the development of sexual orientation and interest. Groth (1979) and others have shown that many men who experience pedophilic erotic urges as adults were sexually involved with adults when they were children. Thus, in treating the pedophile one is in point of fact often treating a former "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 sequelae. Why sexual involvements with an adult during childhood seem to put some at risk of experiencing pedophilic sexual urges later on in life, but not others, is not known.

Money(1980) has proposed that excessive prohibition of early sexual expression may also put one at risk of developing pedophilic sexual desires. He has reported that many men with sexual disorders have come from homes where even the slightest expression of sexuality, including masturbation, was severely chastised. Gaffney et al (1984a) has documented evidence that pedophilia may occur more frequently within certain families.

Biology, too, can play a role in the development of sexual interests. Sexual behavior in humans is often a response to subjectively experienced erotic desires and fantasies. Although it appears that specific sexual tastes or preferences may sometimes be modified by virtue of early life experiences, the phenomenon of sexual desire itself is apparently unlearned and rooted in biology. Males do not have to be taught how to obtain an erection. Just as it is ture of language and dialect, once acquired sexual desires are not readily modified.

It is just as reasonable to ask whether one might be put at risk of developing unconventional sexual interests, such as pedophilia, by virtue of the presence of certain biological abnormalities, as it is reasonable to ask whether one could be put at such risk by being exposed early on in life to certain environmental events. One way of addressing this issue would be to try to determine whether or not there is an increased prevalence of biological abnormalities of the sort thought to be related to human sexuality among a group of men who experience unconventional sexual interests.

BIOLOGICAL ABNORMALITIES

Berlin (1983b) evaluated 41 men, all of whom met the DSM III diagnostic criteria for some form of paraphilia ("sexual deviation disorder") looking for the possible presence of biological abnormalities. The majority of these men were either pedophiles or exhibitionists. Although no significant abnormalities were detected in 12 of the 41, a total

of 63 abnormalities was found among the other 29 men. These included 7 chromosomal anomalies (most frequently Klinefelter's syndrome), as well as 18 abnormal levels of testosterone, 8 of follicle stimulating hormone, and 14 of luteinizing hormone. There were also 7 abnormal CT scans of the brain, 4 pathological EEG's, and 5 abnormal neurological examinations. Following statistical analysis, Berlin (1983b) concluded, as have others, that there may, indeed, be an association between the presence of certain kinds of biological abnormalities and the presence of unconventional kinds of sexual interests such as pedophilia. Recently, Gaffney and Berlin (1984) documented an abnormal pattern of luteinizing hormone (LH) release over time in response to the intravenous administration of bolus of luteinizing hormone releasing factor (LHRF) in a group of pedophilic patients. At the Johns Hopkins Hospital Sexual Disorders Clinic, it is unusual to see a man who experiences recurrent pedophilic cravings in the absence of (a) a significant biological abnormality, (b) a past history of sexual involvements with an adult during childhood or (c) both.

**ASSESSMENT: DISTINGUISHING BETWEEN
(1) DIMINISHED MENTAL CAPACITIES, (2) PERSONALITY TRAITS,
AND (3) SEXUAL ORIENTATION**

Persons are sometimes referred for psychiatric evaluation because they have become sexually involved with a child. However, a diagnosis such as pedophilia cannot be made simply by considering behavior alone. Rather, for purposes of diagnosis and for proper treatment, one must try to appreciate the state of mind which contributed to the individuals' behavior.

Like any behavior, sexual behavior with a child can be enacted for a variety of reasons. For example, a person with schizophrenia may behave in a particular way in response to hallucinations "telling him to do so," whereas the alcoholic's behavior may be a reflection of diminished judgment secondary to intoxication. A mentally retarded individual may become involved sexually with a child (who incidentally may be of the same approximate mental age as he) because of the lack of availability of adults partners, and a lack of capacity to fully appreciate and understand the wrongful nature of his actions. In none of these instances would a primary diagnosis of pedophilia necessary apply.

In DSM II, conditions such as pedophilia used to be considered subcategories of a specific personality type (i.e., the so-called antisocial personality disorder). DSM II (APA, 1978) acknowledges that this is by no means necessarily so. Diagnosing a person as a pedophile says something about the nature of his sexual desires and orientation. It says nothing whatsoever, however, about his temperament, or about traits of character (such as kindness versus cruelty, caring versus uncaring, sensitive versus insensitive, and so on). Thus, a diagnosis of pedophilia does not necessarily mean that a person

is lacking in conscience, diminished in intellectual capabilities, or somehow "characterologically flawed." In evaluating a person who has become sexually involved with a child, one needs to try to determine whether the behavior in question was a reflection of (a) psychosis, (b) poor judgment and psychological immaturity, (c) lack of conscience, (d) diminished intellect, (e) intoxication, (f) a pedophilic sexual orientation, or (g) a combination of these plus other factors. One needs to evaluate independently, the nature of an individual's sexual drives, and interest, as opposed to what that person is like in terms of character, intellect, temperament, and other mental capacities.

PEDOPHILIC BEHAVIOR AND ITS RELATIONSHIP TO HUMAN APPETITES AND COMPULSIONS

Although, in order to hold persons accountable for their own actions, society tends to presume that individuals can invariably control their own behavior through "willpower" alone, this is simply not always so (Carnes, 1983). It is easy for a nonsmoker to argue that any smoker could stop if he or she really wanted to do so. Surely, this must be so in the case of the pregnant smoker, if not for her sake, then certainly for the sake of not abusing her unborn child. Many of those who have tried to give up smoking and failed, however, can appreciate the difficulty involved in trying to overcome that habit.

Patients on kidney dialysis made thirsty by the procedure often have great difficulty maintaining necessary fluid restrictions, even though not doing so can be life threatening to them (Wirth and Folstein, 1982). The more thirsty they are made by the procedure, the more difficulty they experience in limiting fluid intake. The researchers who documented this finding concluded that limits to fluid intake set by physicians may not suffice because they differ from those set by the patients own physiology (Wirth and Folstein, 1982).

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 would simply make up his mind to do so. Admittedly, sometimes it is difficult to determine whether a person is trying his/her best and failing, or just not trying. This does not mean, though, that many are not trying. When it comes to appetites or drives such as hunger, thirst, pain, the need for sleep or for sex, biological regulatory systems exist that may cause an individual to experience desires to satisfy those hungers in ways that cannot invariably be successfully resisted through willpower alone. Sometimes persons may feel so discomforted by their cravings that they feel compelled to act in order to diminish their discomfort.

A common source of confusion about whether or not persons can control compulsive or appetite-related behaviors, such as pedophilia, relates to the observation that often such behaviors are enacted in a premeditated fashion. A pedophile rarely approaches a child, for example, when a policeman is present. It is important to appreciate, however,

that this is not unlike the case of the cigarette smoker who may be able to temporarily refrain from smoking while in his doctor's office because his physician's presence causes a feeling to well up inside which helps him to control his behavior. This does not mean that that smoker will necessarily be able to break the smoking habit, though, when his efforts to do so depend not upon the stabilizing presence of another individual but upon his willpower alone.

A major issue in trying to understand human behavior relates to whether one should consider a person to be (a) the passive product of life experience and constitution, versus (b) a conscious agent capable of transcending prior determinants. One does not want to excuse as "psychopathology" irresponsible behavior. On the other hand, one should not be too quick to label as misbehavior the compulsive sexual acts of persons needing help in order to be able to better control their behavior. Often a double standard is applied in dealing with compulsive paraphiliac types of human sexuality. If a person states that he is trying his best to diet, to stop smoking, or to stop compulsive handwashing, he is often believed and helped. If, however, a person say he needs help in order to be able to resist the urge to have sex with children, to expose himself publically, or to engage in coercive sexual acts, his claim that he cannot control himself through willpower alone is often dismissed. In the author's judgment, many men with pedophilic sexual orientations do need help in order to be able to control their behavior appropriately.

TREATMENT OF PEDOPHILIA: CONCEPTUAL CONSIDERATIONS

Four major modalities have been proposed for treating pedophilia. They are (1) psychotherapy, (2) behavior therapy, (3) surgery, and (4) medication.

Psychotherapy

Classical psychodynamic theory assumes that all men would ordinarily develop conventional erotic attractions towards age-appropriate partners of the opposite sex, but that this does not occur in some instances because unhealthy early life experiences interfered with the normal process of psychological maturation. Therapy utilizes the process of introspection to try to figure out what went wrong with the expectation that newly acquired insights will then facilitate the problem being rectified.

It is doubtful that individuals 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 pedophilic individual can figure out the basis of his own sexuality. Furthermore, even if he could, knowing why one is hungry -- be it for food or for children, doesn't make one any less hungry, nor does it make it any easier for one

to resist temptation. Finally, there is little convincing evidence showing that the traditional psychotherapies alone are an effective means for treating pedophilia.

Behavior Therapy

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. Although in laboratory situations, behaviorists have shown that some pedophilic men no longer demonstrate physiological evidence of sexual arousal when looking at pictures of naked children, and that they can begin to show arousal to age-appropriate stimuli, it has not been well established that such changes invariably carry over into the non-laboratory situation (Marks, 1981). Most of us can appreciate how difficult it would be to try and stop feeling the sexual attractions we have experienced as natural throughout our lives. There is no reason to believe that it is any easier for the fixated homosexual pedophile to learn to lose his interest in boys and to become sexually aroused by women, than it would be for the average male to lose his interest in women and to instead begin lusting for young boys.

Punishment

Another type of "behavior therapy" that has been tried is punishment, usually in the form of incarceration. Although society sometimes chooses to punish for reasons other than behavior modification, behavior modification is often one of the intended goals. There is however nothing about being in prison that can change the nature of a pedophile's sexual orientation or that can increase his ability to resist acting upon improper sexual temptations.

Surgery

Two types of surgery have been proposed as a treatment for pedophilia. They are (1) stereotactic neurosurgery, and (2) removal of the testes. Neurosurgery for this purpose is still investigational and will not be discussed here. Its rationale has been explored in a review article by Freund (1980).

Removal of the testes (castration) has been suggested as a treatment for pedophilia because the testes are the major source of testosterone production in the body. There has been much confusion about castration about castration, a procedure which does not remove the penis, but which instead removes the testes in order to lower testosterone.

Testosterone is an important hormone related to human sexuality and gender differences. If the testes of a male fail to produce adequate amounts during early embryonic life, he will be born with the external anatomical appearance of a female. Thus, testosterone causes external anatomical masculinization of the fetus, and also produces certain changes in the endocrinological functioning of the male brain (Witson et al, 1981). The marked increase in testosterone production which occurs at the time of puberty in males is associated with the development of increased pubic and facial hair, deepening of the voice, an increase of muscle mass, and a marked increase in 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.

Some critics have argued that castrating the "sex offender," which involves removal of the testes, and not the penis, is like cutting off the hand of the thief. This is in no way so. Cutting off the penis would be analogous to cutting off the hand of the thief. A male animal whose penis has been surgically removed will still try to mount a female in heat, suggesting that the penectomized male is still sexually motivated, though unable sexually to perform. A castrated male, on the other hand, whose penis is intact can perform sexually but will ordinarily not attempt to mount a female in heat, suggesting that he is no longer motivated to do so.

In animals, lowering testosterone by means of removing the testes usually eventually leads to a total cessation of virtually all sexually motivated behavior, although sometimes this may take as long as two years to occur (Freund, 1980). In humans, the relationship between very low testosterone levels and low sexual libido is also fairly well established. This evidence comes from a variety of sources including studies on hypogonadal men, data from persons with adrenogenital disorders, studies on drugs that lower testosterone as side effects, and from several well controlled studies looking at the effects of administering testosterone in an attempt to increase sexual libido (Ellis, 1982, Kwan et al, 1983; Sturup, 1972; Carney et al, 1978).

THERAPEUTIC SEX DRIVE REDUCTION

In an article entitled, "Therapeutic Sex Drive Reduction," Freund (1980) reviewed data regarding removal of the testes in humans as a means of trying to help some men gain better control over their sexual behavior. In one study in Denmark, Sturup (1972) reported upon a thirty-year investigation of 900 castrated "sex offenders," many of whom were pedophiles, involving over 4,000 follow-up examinations. He documented less than a 3 percent recidivism rate. Ficher Van Rossum in Holland, Kinmark and Oster in Sweden, and Cornu in Switzerland reported comparable findings (Freund, 1980). The study in Holland involved 237 men with a 1.3 percent recidivism.

In the Swiss study, there was a 5.8 percent recidivism rate among 120 men following castration, with a 52 percent recidivism rate in the noncastrated control group. Follow-ups ranged from five to thirty years. Bremmer (1959) reported a 58 percent recidivism rate in the five years prior to treatment, in a group of men who showed only a 7.3 percent recidivism rate during the five years post-surgery. Thus, the surgical method of lowering testosterone did seem to enable many men to better control their sexual behaviors. Furthermore, many of these men did not lose their capacity to perform sexually following castration.

CYPROTERONE ACETATE AND MEDROXYPROGESTERONE ACETATE

Today it is no longer necessary to perform castration in order to reduce testosterone levels. Rather, this can now be done pharmacologically in a graduated way without the physical or psychological trauma of surgery. In Europe and the Scandinavian countries, cyproterone acetate has been used for this purpose, and there are several "blind" as well as "non-blind" studies supporting its effectiveness (Laschet and Laschet, 1976; Money et al, 1976). In the United States, since Money first began doing so in 1967 in conjunction with the treatment of pedophilia, the drug most often employed as a pharmacological method for lowering testosterone has been medroxyprogesterone acetate. Depo-Provera (Money Et al, 1976, Berlin & Meinecke, 1981; Berlin & Coyle, 1981, Berlin, 1981, Berlin & Schaerf, 1984).

Medroxyprogesterone acetate (MPA) can be injected intramuscularly once per week. There it binds to the muscle, from where it is then gradually released over the course of several days into the blood stream. At this time, the initial starting dosage used in The Johns Hopkins Clinic has been 500mg IM once per week of the 100mg per cc concentration. No more than 250cc is given into a single injection site.

Major side effects of MPA have been weight gain, and in some cases hypertension. Mild lethargy, cold sweats, nightmares, hot flashes, and muscle aches have also been reported. The drug, which is not feminizing, may cause an increased incidence of breast cancer in female beagle dogs, and of uterine cancer in monkeys. It has been used in over eighty countries of the world as a female contraceptive, supported in its use for this purpose by the World Health Organization. No studies showing an increased risk of cancer in males (either humans or animals) have been reported. Two recent articles, one in Science (Sun, 1982) and the other in the Journal of the American Medical Association (Rosenfield et al, 1983), failed to find convincing evidence that MPA is carcinogenic in humans.

There is no doubt that MPA consistently decreases serum testosterone levels significantly. This can be confirmed by means of a simple blood test. The idea of using MPA in the case of the pedophile is to try to decrease the intensity of his sexual cravings,

thereby, hopefully, making it easier for him to successfully resist unwanted temptations. The drug cannot change the nature of his sexual orientation.

What is not yet fully established regarding the use of MPA is optimal dosage, which of the paraphilias will respond most adequately, long-term side effects, and precise long-term recidivism percentages. There is little reason to believe, however, that recidivism should be any higher than those low rates documented when surgical removal of the testes was used as a method of lowering testosterone. Of more than 70 men treated at the Johns Hopkins Clinic with MPA over the past three years for some form of paraphilia (mostly pedophilia and exhibitionism), less than 10 percent have relapsed. In addition, compliance rates have been better than 90 percent.

There has been some concern about whether MPA should be given to pedophilic men who are on legal probation. In the author's opinion, if it is not an effective drug, then it should not be used at all. If it is effective, as it often seems to be, then it is difficult to see why a person should be denied the opportunity to take it just because he is on probation or perhaps even incarcerated. Some incarcerated men report that MPA frees them from intrusive, obsessional sexual preoccupations.

MPA is not a cure. It is not a guarantee. It is not a punishment. Some pedophiles report being unable to successfully resist sexual temptations through willpower alone, even with the assistance of professional counseling. Such individuals should be afforded the opportunity to see whether or not MPA confers upon them an increased capacity for self-control.

RATIONALE FOR USE OF MPA PLUS COUNSELING

Some critics have argued that psychotropic drugs such as MPA may in some ways be "mind controlling." The legitimate medical indications for use of psychotropic drugs are (a) to decrease suffering (as in the case of antidepressant medications), (b) to restore function (as in the case of antipsychotic medications), or (c) to increase rather than decrease a person's capacity to successfully exercise self-control as in the case of MPA (Berlin, 1983a).

Most pedophiles receiving MPA also attend group counseling sessions. These are similar to the type often used with alcoholics. There they are expected to acknowledge being tempted to do something improper. They then discuss among themselves strategies intended to help enable them to resist such temptations successfully. This includes discussions of whom to call, what early warning signs to look for, and what situations to avoid. The groups provide both peer pressure and peer support.

When a person desires sex or falls in love, it is often easy to become convinced that the relationship is good and healthy and not harmful or wrong. Such self-deception may at times be easy for the pedophilic individual in light of the fact that sex with children, though wrong, may not in every instance be damaging (Standfort, 1984). Some children may enjoy certain sexual and non-sexual aspects of their relationships with an adult, thus facilitating self-deception on the part of the adult. Treatment, therefore, may have to involve helping a person stop rationalizing, as well as helping him to develop strategies for more successfully resisting sexual and affectional temptations.

ETHICAL CONSIDERATIONS AND CONCLUDING COMMENTS

A few hundred years ago in New England, misguided parishioners burned at the stake women whose behaviors they feared or found offensive. Persons whom we might now treat in psychiatric hospitals were shackled, often for the better part of a lifetime. In the 1700s, the most common cause for execution in the British Royal Navy was the crime of "buggery," homosexual behavior between consenting adults (Gilbert, 1976). In each of these instances, many good people failed to appreciate the wrongful nature of these reactions. Today, the person with a pedophilic sexual orientation is often ridiculed, maligned and disparaged, with little concern about him as a person. It is simply taken for granted that the pedophile is deserving of scorn, with little more thought given to such a proposition than was given several hundred years ago to the notion that lepers should be exiled. It is difficult contemporarily to be fully aware of one's own society's assumptions.

Today, most of us would probably accept as a given the belief that any man who becomes sexually intimate with a child must simply be a callous predator, unwilling to reflect upon the possibility that such an individual might have a genuine concern for the well being of children. Labels such as "molester" and "abuser" are readily applied with little forethought. After all, 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. However, imagine 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 or girls in an erotic, sensual way.

To provide treatment to persons with pedophilic sexual orientations in no way reflects a lack of concern for young children. One can treat children and treat pedophiles as well. These are not mutually exclusive choices. In counselling a child, it may help if that child understands that the pedophilic individual may genuinely have cared about him,

even though that caring were expressed in an improper way. Preventive treatment cannot be completely accomplished without dealing with the pedophile himself. To the extent that treatment helps the pedophile gain better self-control, both his interests and society's interests are well served.

Although it is not the pedophiles fault that he has the sexual orientation that he has, it is his responsibility to deal with his sexuality in a manner that does not put innocent children at risk. However, in order for him to be able to do this and to be held accountable by society, adequate treatment facilities must be made available, facilities where a person can seek help without fear of stigmatization, ridicule, retaliation, or unwarranted disdain. Only under such circumstances can one expect an individual to talk candidly about the innermost aspects of his own sexuality. This requires trust.

The values that we try to instill in our children are important. Almost two thousand years ago as an outraged crowd attempted to stone to death a woman whose sexual behavior they considered offensive, one man stepped forward to stop the retribution, speaking against such revenge while espousing values such as compassion, understanding, forgiveness, and reformation. He asked that persons be judged not simply by their behavior but with some appreciation for their humanity. Perhaps that message still goes unheeded today when it comes to the issue of how we deal with some of those who have sexual and affectional orientations of a sort that frighten us, and that differ from our own.

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