ABSTRACT: This paper contrasts the view of sex and aggression from the perspective of classical psychoanalytic drive theory (traditional Freudian psychoanalytic thinking) with self-psychological theory (as formulated by Heinz Kohut), which provides a new psychoanalytic paradigm. In addition, the self-psychological formulation of voyeurism and exhibitionism, which are seen as disintegration or breakdown products of the fragmenting self, will be applied to understanding sex offenders. Two case descriptions will illustrate the application of self psychology in the understanding and treatment of sex offenders.

OVERVIEW OF SEX OFFENDER TREATMENT

The trend in offender treatment most recently has been away from psychoanalytic therapy and towards cognitive and cognitive/behavioral therapies. The use of cognitive restructuring, aversive conditioning, satiation, social skills training, and psychoeducation have become the predominant treatment approaches in offender treatment programs. In addition, the addiction model has often been drawn upon to address the compulsive and repetitive nature of much offending behavior. Most offender programs also use some form of group therapy as an integral component of treatment. Psychoanalytic psychotherapy is now used less frequently and is considered less effective than other models in treating sex offenders.

The Massachusetts Treatment Center for Sex Offenders (Bridgewater, MA) has been treating sex offenders (pedophiles, rapists, and sex murderers) for many years and offers a view of the evolution of the different modalities used to treat offenders. Many different approaches and theoretical orientations have been applied in the program. The program
began about 30 years ago, using almost exclusively psychoanalytic psychotherapy. There has been a gradual trend at the Treatment Center away from psychoanalytic psychotherapy throughout the years. In addition to the increased use of the cognitive/behavioral therapies in group and individual therapy, there has been a move towards involving the patients in their treatment by developing a therapeutic community within each patient housing unit.

Even with the continual modification of the treatment program there was a pervasive belief that the therapy provided was insufficient and ineffective for the majority of offenders. The recidivism rate was high. Even some who had received years of different modes of therapy, both classical psychoanalytic and behavioral, were still prone to rageful, sexual, and aggressive acts of violence.

The therapeutic community approach was initially designed as a way of addressing the missing piece to treatment by affording the patients more contact with the staff and involving them more in their treatment. However, there was by no means a consensus at the Treatment Center as to what that missing piece really was or how to address it. It is my belief that what was missing—and what is probably still missing in the growing number of offender treatment programs—is to be found in an understanding and application of self psychology and that the Treatment Center was evolving in the right direction with the application of the Therapeutic Community model.

It often seemed at the Treatment Center that no matter what new social skills an offender learned, or regardless of apparent changes in his deviant fantasies, or in spite of the amount of insight and understanding he had, the offender's view of himself didn't change. He still experienced himself as fundamentally alone and detached from others and he was still at high risk of reoffending when ties were eventually cut with the program. It is my view that when this crucial aspect—the offender's view of himself in relation to others—remains unchanged, treatment is ultimately not effective.

The therapeutic community model at the Treatment Center was the right direction for the treatment of sex offenders because it was an attempt to exert impact on that fundamental self-view and provide the offenders with an experience that classical psychoanalytic psychotherapy and the other therapies were not providing. The model was an attempt to build an environment that provided the experience of belonging, instilled a sense of empowerment and ownership, and affirmed healthy strivings towards self-determination, thus decreasing the need for the offender's detachment and protection from others. The experiences provided by the therapeutic community are what Kohut's theory of self psychology affirms as basic to the development of the self and key in treating perversion and sexually aggressive behavior.