

CASE REPORT

Bridging Exhibitionism and Internet Pornography: Is There A Link?

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ABSTRACT

Exhibitionism is a distressing condition which may have a link with the increasing availability and usage of online sexual activities (OSA). We highlight a 42-year-old man who presented with a constant craving for OSA to achieve his sexual satisfaction which included exposing his genitalia to virtual partners, unsuspected strangers, and colleagues in public areas. His sexual behaviours were further reinforced by an online video chatting with genitalia exposure, which ended commonly with an exchange of masturbatory acts. He denied any problem with his erection and able to achieve orgasm via common sexual acts. There was no past psychiatric history nor family history of mental disorder. He volunteered to seek psychiatric help and subsequently given a psycho education on his illness and how to cope with the distress associated with his sexual acts. He was scheduled for an intensive psychotherapy to instil insight and hope to deal with his sexual difficulties.

Keywords: Exhibitionism, Pornography, Addiction, Paraphilia, Online sexual activity

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INTRODUCTION

Exhibitionism refers to the conduct of exposing in public or semi-public situation where parts of the body, i.e., breast, genital or buttocks are being revealed as results from desire or compulsion to expose themselves to a non-consenting victim (1). It was categorized in the DSM 5 under the broad umbrella of Paraphilic disorders (1). Exhibitionism may affect the quality of life or functioning of the person (2). This behaviour, i.e., masturbation or achieving sexual gratification from disclosing to the public or others is aimed to get pleasure or excitement as results from the reaction of the victim (1,2).

The sexual materials which can be created and distributed online and involved the exhibitionistic behaviour are often referred as OSA (3,4). In this case report, we highlighted a case of a gentleman with exhibitionistic behaviour and its possibilities link with the internet addiction via OSA.

CASE REPORT

Mr. A, a divorced 42-year-old Malay Muslim architect man presented with an uncontrollable urge to expose his genitalia, followed by masturbation in public space for two years. He was unable to recall the exact onset of this behaviour, which was estimated to be from early adolescence. Before that, he had experience of witnessing a stranger exposed his genitalia to him at a bus stop when he was ten-year-old; fortunately, there was no sexual advancement from the perpetrator. He also had experience of being forced to perform oral sex to his seniors in his first month of boarding school life at the age of 13 years old, which ended up with physical abuse when he struggled during the process. Subsequently on clinical interview, he discovered sexual pleasure with masturbation after being taught by his peers in boarding school using pornographic magazines and erotic novels. Besides, he witnessed his neighbour's sexual intercourse in his adolescence period from his house regularly, which had further gratified his sexual urge.

Since then, he had growing urge to access heterosexual pornographic materials which were used as fantasy for masturbation. It infrequently happened at the beginning, i.e., only during his free time. When Internet became

more accessible during his high school life, he started to browse through virtual pornographic materials, and he achieved sexual pleasure via masturbation in his room privately while or after watching those materials.

His sexual behaviour remained unchanged until the age of 40 years old when his urge to masturbate increased tremendously, and he needed to masturbate daily to cope with overwhelming work-related stress. He spent increasing hours surfing OSA which was gradually increased from around an hour to around five hours in a day. It happened initially during his lunch and dinner time, but subsequently, it started to intrude his working hours. He even downloaded pornographic materials into his computer at the workplace and maintaining several tabs of pornographic web pages in his Internet browser for him to revisit anytime. This strong craving had affected his concentration at work. Nevertheless, he had neither obsessional thought nor compulsion.

His OSA escalated further when he involved in online sex-chat and betrothed in exchanging sexual behaviour, i.e., exchanging masturbatory behaviour online with strangers in the virtual realm. He first felt rewarded with exposing his genitalia when he had an encounter with a lady stranger online who asked him to disclose himself during an online conversation. Since then, Mr. A frequently exposed his genitalia to others online, and he started to masturbate in video call sessions as well as the virtual messaging system (i.e., WeChat). He felt relieved after each online course, and he found it helped him to cope with his stress at work. The frequency of this OSA had eventually increased up to eight hours per day sometimes unless if his working schedule was tight, which he managed to stay abstinence for several days.

His sexual urges further escalated after six months when he began to attain sexual gratification by flashing his erected genitalia to unsuspected female in public, i.e. to the lady strangers in laundry shop, female cashiers while he was making payment at a toll of a highway, and female passengers in traveling buses when he was walking home. After the flashing, he would then masturbate privately fantasizing the lady strangers or his female colleagues. He did not have the intention to advance sexually.

Two weeks before his consultation in psychiatric service, he was caught red-handed for flashing his genitalia in a shopping mall. Nevertheless, he was only verbally reprimanded with no legal action taken. At that moment, he began to realize that his flashing behaviour had become uncontrollable and also concerned about the potential legal consequences. Despite the significant distress, there were no features of mood or anxiety disorder. He did not cope by using any recreational drug, tobacco or alcohol.

He was married for two years with no children and

divorced his wife due to the marital disharmony related to his uncontrollable sexual urge and OSA.

During his visit to see the psychiatrist, was given a course of short-term psychotherapy with the aim of creating awareness of his illness and teaching him a more adaptive coping skill. The adaptive coping skill included behavioural strategies, like adopting a healthy lifestyle, engagement in recreational activities, and investment of his time in real-life romantic relationship with a new partner instead of a virtual partner. At the end of the treatment session, he reported that he was coping well with his distress.

DISCUSSION

Exhibitionism is associated with a high-risk sexual behaviour problem. It increased the likelihood of sexual difficulties and legal problem, which can significantly affect a person's daily function (2,5). The natural feeling of being rewarded through the excessive use of Internet pornography has reinforced Mr. A's craving for OSA, and eventually, it leads to a personal distress. This feeling is a typical feature of Internet pornography addiction, and it should be recognized as an independent diagnosable clinical entity (5).

In this regard, we embarked on a strategic plan to help him coping with his distress, instilling awareness and hope to recover. A session of psychotherapy was conducted to address the insight of his current problems. The patient is advised to engage in healthy lifestyles, participate in recreational activities, involved in a romantic relationship with a new partner, and channel his sexual needs in a more culturally-condoned way, which can be a challenging task as a norm in sexual behaviour may change following different conceptual framework (2,5). The online exhibitionism and Internet pornography related psychiatric conditions are considered new in an arena of psychiatry, especially in the last decade due to the nature of the new online technology and its capabilities.

CONCLUSION

There is a possible link between sexual deviations, i.e., exhibitionism and Internet pornography, where the latter provides an excellent platform for the initiation and maintenance of the former. Further research is pivotal to establish causality relationship. A psychiatrist may be overwhelmed with this clinical situation, especially when the person with exhibitionism suffers from other psychosocial complications, i.e., sexual dysfunction, marital disharmony, and legal consequences.

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