

THE TREATMENT OF INCEST OFFENDERS—A HYPNOTIC APPROACH: *A Brief Communication*¹

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Abstract: Incest has become more prominent in public awareness over the past 15 years. The major focus of this interest has been on the incest survivor. The incest offender has received less attention. A hypnotic approach to treating incest offenders is outlined that involves a seven-stage approach. A case example is presented and future research directions suggested.

Incest refers to a legal and social phenomenon that describes overt sexual activity between people whose kinship pattern prohibits sexual contact or sexual penetration. The *DSM-III-R* (American Psychiatric Association, 1987) includes incest under the diagnostic heading of pedophilia. This sexual contact may be cross-generational, or it may occur between age mates (i.e., siblings). There are many variations among relational systems that may be defined as incest. Blume (1990) has offered a very useful clinical definition of incest. She refers to incest as

the imposition of sexually inappropriate acts, or with sexual overtones, by—or any use of a minor child to meet the sexual or emotional needs of—one or more persons who derive authority through ongoing emotional bonding with that child. (p. 4)

This article will focus on a treatment approach to one of the most prominent patterns of incest, that of parent-child incest. This article makes no pretense of being a piece of empirical research. Our purpose is simply to offer a treatment approach that we feel has promise in the

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hope that this will stimulate future research using sound experimental design.

A wide variety of professionals from various training backgrounds and experiences have put forth theories on the etiology and treatment of sexually abusive adults (Conte, Fogarty, & Collins, 1991), but no single theory of etiology or approach to treatment has emerged as being more accurate or more successful than other competing theories or approaches.

Much of the literature that has emerged over the past 15 years has found it useful to differentiate between two major types of perpetrators of child sexual abuse (Groth, 1983; Groth & Birnbaum, 1978, 1979; Knight & Prentky, 1990).

The first type is the molester who turns to children as his or her primary sexual outlet. Groth (1983, pp. 216-217) labels this type of molester as *fixated* (more characterological or ingrained). The second type of offender seeks out children for sexual gratification for a complex of reasons. However, consenting relations with an age-appropriate partner are also usually maintained. This type of offender is labeled *regressed* (or more situational). Simon, Sales, Kazniak, and Kahn (1992) offer empirical support for this model.

This classification of offenders is not without problems (Knight & Prentky, 1990; Prentky & Knight, 1991; Prentky, Knight, Rosenberg, & Lee, 1989). Many offenders tend to blend aspects of the major types in their victim selection. We have chosen to follow Groth's model, and it is the regressed child molester that will be the focus of this article. Although not an absolute, incest offenders are generally of the regressed type rather than of the fixated type. The prognosis for change is more positive for the regressed molester because the offense behavior is less likely to be characterological in nature.

The etiology of child molesting is varied and complex and necessitates a careful assessment of the offender. However, like other forms of sexual assault, incest is considered to be motivated by factors other than sexual need. Often the incest offender is motivated to molest by feelings of inadequacy, incompetence, and poor peer relationships. Low self-esteem; poor coping abilities; a need for attention, affection, and recognition; and anger are all prevalent dynamics (McCary & McCary, 1982).

There are essentially just five preconditions that, when satisfied, lead to the commission of sexual assault against a child. The first is the motivation to molest. When that is present in an individual, the remaining four preconditions are met with relative ease by the offender. He must next overcome his own internal inhibitions against molesting a child. Then he must be able to circumvent the external inhibitions such as societal and environmental constraints. Overcoming the resistance of the child is the fourth precondition to be surmounted. Finally, when the

preceding four conditions are satisfied, the offender merely needs to have the opportunity for sexual access to the child.

Bliss and Larson (1985) point out that many offenders are able to overcome their own inhibitions and the resistance of the child by the manipulation of states of consciousness. These authors point out that many offenders enter a trancelike state immediately preceding and during the commission of the deviant sexual act. Rhue and Lynn (1991) note that children who have been abused physically and/or sexually often have learned to escape from their harsh realities of life by entering a trancelike world of fantasy and make-believe.

It is clear to anyone who has reviewed the literature on sexual offenders that treatment efforts with sexual offenders have tapped the full spectrum of psychotherapeutic intervention (e.g., psychoanalytic-behavioral, family systems, and group psychotherapy).

Traditional psychotherapeutic approaches to the treatment of sex offenders report recidivism rates between 14% and 28% (McCary & McCary, 1982). A more specific psychotherapeutic approach, cognitive-behavioral, produces recidivism rates as low as 5% to 15% (Travin, Bluestone, Coleman, Culler, & Melella, 1986; Travin, Bluestone, Coleman, & Melella, 1986). Araoz (1979, 1982) has pointed out the many similarities between cognitive therapies and hypnotically based interventions. He also suggests that in circumstances where cognitive psychotherapy is effective, hypnotherapy may be even more effective. Kroger and Fezler (1976) have suggested many ways to combine hypnotherapy and behavioral therapy through the use of structured imagery.

There is a dearth of theory and research dealing with the use of hypnotherapeutic approaches in the treatment of incest offenders.

The 10 patients upon whom this approach to treatment was used are all of the regressed type of sexual offender (Groth, 1983). All were convicted of a sexual offense involving an incestuous relationship with a child. Their sentences range from 15 to 30 years of prison time. None of the inmates who were incarcerated with these men was aware of the nature of their crimes. This was done in an attempt to protect these incest offenders from physical harm from the other inmates. Pedophiles and incest offenders often are physically beaten by other inmates when the nature of their crimes is common knowledge among the prison population.

The only criterion variables used were, first, the number of statements made by the incest offender that showed empathy for the incest victim. The number of these statements made in the first therapeutic session was compared to the number of statements made indicating empathy for the victim in the last therapeutic session. The second variable was the self-report of the offender concerning a feeling of change to a more socially acceptable view of the victim, and the third was the therapist's subjective feelings that change had occurred.

The first phase of the treatment was devoted to history taking and the effort to establish a degree of rapport. The second phase of treatment involved the education and orientation of the offender to the hypnotic procedures to be used. The third phase focused on the development of hypnotic skills in the offender through both heterohypnosis and self-hypnosis. The offender was asked to practice self-hypnosis on his own twice a day, and we practiced heterohypnosis twice a week in the therapist's office. The fourth phase placed the emphasis on imagery specifically designed to explore the offender's motivation for incestuous behavior (e.g., exploring self-concept issues, anxieties, and fears). The fifth phase of the procedure was devoted to age regression (Kroger & Fezler, 1976), with a particular emphasis on any history of physical or sexual abuse. In the sixth phase, reeducation of the offender's inner child (Araoz, 1982) was undertaken.

The reeducation of the inner child was accomplished by regressing the offender to his childhood (usually a time when the abuse occurred) and introducing him as a child to the child he abused as an adult. The two images of childhood are given suggestions for becoming friends and caring for one another. Then the images of the two children are merged into one child. This often allows for a great deal of work on the offender's feelings of sexual confusion, particularly if the incest target was of the opposite sex.

Once this merger is accomplished so that the new, single child is the incest offender as a child, the offender is reintroduced into the scene as an adult. The adult offender, in trance, gives advice and guidance to the child offender and through this attempts to educate the child offender so that he does not enter again and repeat new pedophilic offenses. The adult offender is then removed from the scene and the child offender is progressed slowly back to the adult offender's current chronological age. Posthypnotic suggestions for empathy, caring, and understanding are made during the progression to the adult offender's current age.

The seventh phase entails age progression of the offender to the time when he is released from prison with feelings of sexual interests in age mates and disgust and distaste for sexual activity with children. Posthypnotic suggestions are also given for normal, nurturant feelings toward children. Posthypnotic suggestions for confidence, decreased need for manipulation of others, clear sexual identity, ego strengthening, and normal, age-appropriate sexual interests are also given.

CASE ILLUSTRATION

The following case is representative of the other nine cases treated. These men were all incarcerated. Nine of the 10 had been found guilty of incest with a female stepchild that involved vaginal penetration, fondling, and cunnilingus. The other man was found guilty of incest with his biological daughter that involved only cunnilingus.

One of the men was Black. The other nine were White. They ranged in age from 35 to 42 years old. The victims ranged in age from 12 to 16 years old. All 10 of the men were active-duty military, and all reported being physically and sexually abused by their parents as children. They were allowed to see their wives, but not their children, while incarcerated.

T. C. was a 38-year-old, White male who was incarcerated after being convicted of incest with his 12-year-old stepdaughter. During the initial evaluation, he related a history of both physical and sexual abuse in his childhood. His father was the primary perpetrator of this abuse. He vividly recalled incidents where his father sexually assaulted him and his sister. Both his mother and father were alcoholics. Although there was considerable basis for long-standing, unresolved anger, T. C. denied suicidal or homicidal ideations. He had been married twice. His second wife remained supportive throughout his trial and incarceration. The victim of this incestuous behavior was his stepdaughter from his first marriage. The incestuous behavior included vaginal penetration, fondling, and cunnilingus.

In the beginning of therapy, T. C. demonstrated little indication of remorse for his sexual misconduct. There was also nothing that indicated an appreciation of the suffering he inflicted on his stepdaughter.

The history taking and establishment of rapport were made more difficult by T. C.'s negative approach to therapy. In Phase 2, rapport was somewhat more easily established, and T. C. became relatively comfortable with the notion of hypnosis and autogenic training for this therapeutic work. He was receptive to these methods after several sessions of education. In Phase 3, he became proficient in the use of heterohypnosis and autogenic techniques.

In Phase 4, T. C. became aware of a generalized hatred for women and a more specific anger toward his ex-wife. He verbalized his disdain for females and traced this back to his mother. He became aware that he viewed his stepdaughter only as an object through which he could express his anger toward women. Many of his own sexual fears began to emerge at this point. He had a fear of rejection by age-mate females, a fear that he would be impotent, and a fear he could not sexually satisfy any woman. He also feared he was really a homosexual. He became aware of confusion about his sexual identity. During this phase, T. C. exhibited his first indication of empathy toward his stepdaughter's pain.

In Phase 5, through the use of age regression, T. C. was taken back to his youth and relived, graphically, several occasions where he was physically and sexually abused by his father. Through this hypnotic return to his youth, T. C. recovered considerable anger toward his abusive father. However, like many survivors of sexual and physical abuse, he also connected with substantial anger toward his mother. This anger was rooted in his mother's inability to protect him and her inability to leave her abusive husband. In addition, through the age regression he

discovered that his mother had been an active participant in some of the abuse episodes, both physical and sexual.

In Phase 6, T. C. was regressed back to his childhood during an abusive incident. He was then introduced, as a child, to his stepdaughter, also a child. The two images of childhood were given suggestions to become friends and to care for one another. The two images were then merged into one child. This allowed T. C. to become more aware of his confusion about his sexual identity. He then engaged in a dialogue between the female stepdaughter and male child parts of himself. Through this dialogue, he was able to become more aware of his fears surrounding his own femininity and his own interest in males as sexual partners. T. C. was then reintroduced into the scene as an adult. This adult offered support, direction, and guidance to the merged child. This guidance was directed toward ways the child could grow and evolve into an adult without pedophilic offenses becoming part of his life.

T. C.'s ego integration required considerable work over several sessions. He emerged from this work with a clearer ego identity. He also was able to identify and articulate feelings of caring, empathy, and understanding for the integrated male/female child. T. C. was given posthypnotic suggestions for feelings of empathy, caring, and understanding of his stepdaughter. He then wrote a long, remorseful letter to his stepdaughter stating his concern for her suffering and asserting appropriate parental care for her.

In Phase 7, T. C. was hypnotically progressed forward to his release from prison. This progression was accomplished with feelings of sexual interest in age mates and sexual disgust for children. Through posthypnotic suggestion, T. C. was assisted in developing normal, appropriate feelings toward children. Also, suggestions for the development of confidence, clarity about sexual identity, and for the strengthening of his ego were made. T. C. related strong feelings of sexual interest in his spouse and feelings of empathy, paternal caring, and understanding for his stepdaughter. He also was able to articulate appropriate remorse and contrition for his sexual misconduct with her. T. C. reported that he was impressed with his own progress in this intervention. No follow-up information is available at this time because T. C. is still serving the remainder of his prison sentence.

All of the participants in this experimental intervention were able to articulate that they felt the treatment had a profound, positive impact on them and their view of their sexual behavior. In comparing spontaneous statements of empathy and caring about their incest victims between the first and last treatment sessions, an increase of about one third was noted. These positive changes also were noticed by other therapists and correctional officers.

Systematic research that studies the dynamic aspects of hypnotic interaction with incest offenders and that employs advanced pheno-

menological research methods is necessary to assess internal change. The fact that incest offenders in this study were all incarcerated, with lengthy prison sentences ahead of them, makes it difficult to establish sound measures of change. The motivation for these offenders to demonstrate positive changes is very high, due primarily to the possible impact on parole decisions. These offenders are, by virtue of their imprisonment, able to avoid high-risk situations. Until they have potential access to children, it is impossible to meaningfully predict their behavior.

Despite these very real difficulties, this approach does show some promise. A similar study of this hypnotherapeutic intervention is currently under way with a population of incest offenders participating in a community-based treatment program. Because these offenders are postincarceration, and living in their own communities, many of the operational difficulties in assessing the outcome with incarcerated offenders will be overcome.

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