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Exhibitionism

Exhibitionism is the most common offense legally classified as indecent exposure; in fact it is probably the most common of all sexual offenses and therefore, whatever quirks of constitution or psychological development are active in its cause must affect a large number of men. It can be defined as displaying the penis to another person or persons outside of an intimate relationship and as a limited act without further progress toward the intended or desired assault or intercourse. ^[1]

As Blair and Lanyon pointed out, “All definitions involve the exposure to others of male genitalia, particularly the penis, at times and places that are considered interpersonally inappropriate. The element of sexual relevance and direct or indirect sexual gratification for the exhibitionist are usually, though not always, indicated or implied.”

Although exhibitionism / exhibition disorder is, as is the case with most paraphilia / paraphilia disorders, rare among women, the diagnostic criteria of the modern era are gender-neutral and use the general term used to expose one's genitalia to an unsuspecting subject. Thus psychiatry, sexuology, and sexual medicine conceptualize exhibitionism (and exhibitionistic disorder) in terms of what DSM-5 describes as “recurrent and intense sexual fantasies from the exposure of one's genitals to an unsuspecting person, as manifested by fantasies, urges, or behaviors.

According to Langstrom, exhibitionist acts are among the most common of potentially law-breaking sexual behaviors, judging from samples of clinical and general population, following voyeuristic behaviour. During the 1950s, 1960s and 1970s a number of descriptive studies of exhibitionism were carried out. Some of these studies used large samples of sexual offenders from courts, state hospitals, and forensic clinics. More recent research of exhibitionism/exhibitionistic disorder has been rather limited. ^[2]

Doctors diagnose exhibitionist disorder when (1) People have been encouraged repeatedly and intensely by exposing their genitals or being observed by others during sexual activity and the inspiration has been expressed in fantasies, intense urges or behaviors. (2) As a result, people feel greatly distressed or become less capable of functioning well (at work, in their family, or in interactions with friends), or have acted with a person who does not consent on their urges. (3) They have had the condition for 6 months or more. ^[3]

There are different types of exposure that may be classified as exhibitionism, yet in the narrow terms of psychiatry / sexual medicine they are not necessarily considered exhibitionism. These include (a) anasyrma: lifting one's skirt without wearing undergarments; (b) candaulism: sexual practice or fantasy in which a man exposes his female partner, or pictures of her, to other people for their sexual pleasure; (c) flashing: the momentary display of bare breasts by a woman with an up-and- down lifting of the shirt and/or bra; or a brief exposure of female or male genitalia; (d) martymachlia: sexual attraction to have others watching the performance of a

sexual act (sometimes, martymachlia is considered to be a paraphilia on its own (e) mooning: the display of bare buttocks by pulling down clothes — but this is often done as an act of protest, mockery or joke and not for sexual excitement.; (f) reflectoporn: the act of stripping and taking a picture of oneself using an object with a reflective surface as a mirror, then posting the image on the Internet in a public forum; and (g) streaking: the act of running naked through a public place. ^[2]

The DSM states that the highest possible prevalence for exhibitionistic disorder in men is 2% to 4%. It is thought to be much less common in women. In a Swedish survey, 2.1% of women and 4.1% of men admitted to becoming sexually aroused from the exposure of their genitals to a stranger.

A research team asked a sample of 185 exhibitionists, "How would you have preferred a person to react if you were to expose your private parts to him or her?" The most common response was "Would want to have sexual intercourse" (35.1%), followed by "No reaction necessary at all" (19.5%), "To show their privates also" (15.1%), "Admiration" (14.1%), and "Any reaction" (11.9%). Only very few exhibitionists chose "Anger and disgust" (3.8%) or "Fear" (0.5%). ^[4]

Genital exhibitionism is a disorder without a satisfactory explanation; many views have been put forward as to its nature but although fragments of some of these theories appear to be relevant to the problems of some individuals, for others they are incongruent with the clinical data. At the present time we must conclude that the behavioral act does not signify a homogeneous population and that in every parameter so far studied, be it personality structure, attitude to women, erotic gratification from the act, other deviant behavior or whatever, there is no single unifying characteristic which is always to be found. ^[1]

References

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