

Lancaster University  
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# **The Psychopathology of Sexual Perversions**

Can paraphilias be classified as clinical disorders?

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## Abstract

There is much controversy regarding which forms of sexuality are ‘normal’ and which are to be considered deviant and disordered. This dissertation will compare theories on what constitutes the notions of *health* and *normality*, with literature regarding psycho-somatic dysfunctions and *human behaviour*. The analysis will conclude that a *bio-psychosocial approach* is necessary in assessing conditions that affect *personality*. These criteria will then be used to assess whether *paraphilia* ought to be classified as disorders, with particular focus on their listing in the DSM-5.

## Key Words

Health; Disease; Normality; Paraphilia; Personality; Behaviour; Naturalism; Constructivism.

Word Count: 5219 words

*Now I wish to introduce the following idea. Between the age limits of nine and fourteen there occur maidens who, to certain bewitched travellers, twice or many times older than they, reveal their true nature which is not human, but nymphic (that is, demoniac); and these chosen creatures I propose to designate as "nymphets."*

- Vladimir Nabokov, *Lolita* (1955, 1.5.5)

## Chapter 1 - Introduction

The notions of *normal sexuality* and *sexual deviation*, date back far in the history of philosophical and scientific debate, and have long been controversial in literary, cinematic and artistic representation. Before the twentieth century sexuality was believed to hold an aristotelian and *teleological* nature, the *τέλος* of the sexual act being *reproduction*. Non-reproductive acts, where therefore considered abnormal.<sup>1</sup>

With the sexual revolution in the 1960's-80's many taboo practices were normalised, such as the contraceptive pill (1960)<sup>2</sup>, pre-marital sex, homosexuality and abortion (1967)<sup>3</sup>. Today, sex is mostly viewed as a pleasurable activity, that no longer holds the sole purpose of reproduction. Sex shops and museums promote visual and physical stimulants to enhance sexual activities, pornographic web-sites appeal to sexual preferences of all sorts and practices once considered offensive, such as masturbation and oral sex, are common amongst the sexually active population. On the other hand, a sexual act involving a family member or a

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<sup>1</sup>Robert Scott Stewart (2012) Constructing Perversions: The DSM and the Classification of Sexual Paraphilias and Disorders, *Electronic Journal of Human Sexuality*, Volume 15. URL: [www.ejhs.org/volume15/DSM.html](http://www.ejhs.org/volume15/DSM.html)

<sup>2</sup> Family Planning Association fact sheet. URL: <http://www.fpa.org.uk/sites/default/files/contraception-past-present-and-future-factsheet-november-2010.pdf>

<sup>3</sup> BBC Ethics. 'Historical Attitudes to Abortion'. URL: [http://www.bbc.co.uk/ethics/abortion/legal/history\\_1.shtml](http://www.bbc.co.uk/ethics/abortion/legal/history_1.shtml)

pre-pubescent child would still be deemed abnormal and loathsome, and similar acts are often forbidden by law.

This dissertation will address the secular question of whether *sexual normality* is a concept of *biological significance* or a *social construct*, which does not require medical attention. Chapter 2 will provide consistent literature on the notions of *health*, *disease* and *normality*, which are fundamental to the analysis. Constructivist, psychological and biological approaches to disease theory will be described, as well as their limitations. Particular focus will be given to the complexity of diagnosing conditions that affect *personality* and *behaviour*. These consist in a lack of physiological symptoms, misdiagnosis, and the interdependence between personality and environment.

In the methodology a *bio-psychosocial approach* will be indicated as the most exhaustive account of disorder. A biological approach of statistically abnormal function is necessary for the notion to have a scientific basis. Due to the interdependence between body and mind in determining personality, and between personality and environment in determining behaviour, social and psychological factors must also be taken into consideration when measuring the level of *harmfulness* of said statistically abnormal function.

In chapter 4 the criteria discussed will be utilised to assess paraphilia for (1) *physical dysfunction*, (2) *statistical abnormality* and (3) *harmfulness*. Finally some light will be shed on the right course of action in their treatment, prevention and punishment.

Chapter 5 will conclude the analysis and report the results of the study. It will be highlighted how diagnostic difficulties indicate the need for significant research in the fields of psychological evaluation and neuroscience.

## Chapter 2 - Health And Normality

As of today medical annals include disorders caused by internal and external stressors, which can affect the body (soma) and mind (psyche). These causes include bacterial and viral infections, chemical and nutritional factors (poisoning, exposure to radiation), genetic anomalies, accidents and traumas, stressful events, etc. <sup>4</sup>

Progress in biomedical research and technology has allowed for a fairly accessible assessment of most pathological disorders, whether they be congenital or caused by external factors. However, the precise criteria for determining disorder remains a matter of severe controversy, especially regarding conditions that affect behaviour and personality.

### 2.1 Theories on disorder

The main debate regarding disorder is whether it can be determined by biological causes alone or social and environmental aspects ought to be considered. In philosophical terms there is a divide between those who support a *constructivist* notion of disease, making normative judgements on human behaviour, and those with a *naturalistic* perspective, who conduct assessments on empirical and physiological judgements that are completely value-free. <sup>5</sup>

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<sup>4</sup> National Centre for Biotechnology. Disease Categories. URL: <http://www.ncbi.nlm.nih.gov/mesh/1000067>

<sup>5</sup> Stanford Encyclopaedia of Philosophy (2008). Naturalism and Constructivism, Concepts of Disease and Health. URL: <http://plato.stanford.edu/entries/health-disease/>

### 2.1.1 Constructivist Approaches and Limitations

Constructivists claim that the bodily processes that cause harm 'are not *objectively* malfunctioning; rather, they are judged abnormal because they depart from some shared conception of human nature.'<sup>6</sup> Cultural relativism for example, supports the notion that no universal standard exists for labelling a condition as dysfunctional and that definitions of abnormality vary significantly across different cultures.

Two issues arise when using constructivist theories to determine disease. The first is that they does not offer a scientific cutoff point between what is dysfunctional and was is merely different or eccentric. The fuzziness of this distinction can cause a real ethical danger, allowing to easily justify the coercion of subgroups within society. A famous example can be found in the diffusion of pan-german ideals during WWII, when Nazi propaganda, led mostly by Joseph Goebbels helped diffuse the ideals of the 'Mein Kampf', which depicted the arian race as biologically superior to others.<sup>7</sup>

This type of discrimination has been common in the course of history. Particularly in the late Medieval Ages (circa 1300-1600 ad), all forms of deviation from the christian conception of normality where persecuted as heretic, and many were accused of being involved in practices such as witchcraft and Satanism.<sup>8</sup> In 1600 for example, mathematician and astrologer Giordano Bruno, was sentenced to death by the Roman Inquisition for challenging aristotelian philosophy and envisioning the concept of an infinite universe. Even

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<sup>6</sup> *ibid.* 'Problems for Constructivism'. URL: <http://plato.stanford.edu/entries/health-disease/>

<sup>7</sup> Holocaust Encyclopedia (2014). 'Nazi Propaganda'. URL: [www.ushmm.org/wlc/en/article.php?ModuleId=10005202](http://www.ushmm.org/wlc/en/article.php?ModuleId=10005202)

<sup>8</sup> Susan Nolen-Hoeksema (1998). (ab)normal Psychology. McGraw-Hill Companies. NY: 2011. pg. 12



today, people with red hair (caused by the mutated MC1R gene) are often considered abnormal and humorously named carrot-top, ginger-nut, or Ronald McDonald.<sup>9</sup>

The second problem with exclusively constructive accounts is that their arguments present severe logical fallacies. To suggest that a certain condition implies another, the first must be *sufficient* and *necessary* for the second to be true. In logical terms, condition 'A' is said to be necessary for condition 'B' if (and only if) the non-occurrence of 'A' guarantees the non-occurrence of 'B'. A condition 'A' is said to be sufficient for condition 'B' if (and only if) the occurrence of 'A' guarantees the occurrence of 'B'.

Boorse (1975) provides examples of illogical constructivist notions. Medical positivism is based on the historical treatment by physicians, positing disease as a disadvantaging condition that is *treatable*. However, curability is not a *sufficient* standard as it does not account for untreatable conditions like terminal cancer, hepatitis or HIV. It is not *necessary* because doctors conduct treatments for conditions that are not a disease, like circumcision, cosmetic surgery, abortions and contraception. Associating disease with *pain*, *suffering* and *discomfort* is also not *necessary* in that many are completely asymptomatic, like tuberculosis, diabetes or breast cancer. It is *insufficient* because certain normal processes are painful, like teething, menstruation and childbirth.<sup>10</sup>

### 2.1.2 Naturalism: Function, Normality and Variation

According to Boorse the most accurate definition of disease is that of *disability*. However, this standard must be specific enough to include small diseases like eczema and warts, but not universal inabilities to fly, swim or see in the dark. It must also be able to

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<sup>9</sup> Finlo Rohrer (2007) BBC News. 'Is Gingerism as Bad as Racism?' URL: <http://news.bbc.co.uk/2/hi/6725653.stm>

<sup>10</sup> Christopher Boorse (1977). 'Health as a Theoretical Concept', *Philosophy of Science* Vol. 44, No. 4, pg. 545-547

account between variations in different groups, such as race, age and gender, which typically demonstrate different levels of functionality.<sup>11</sup>

Boorse surpasses these difficulties by combining the notion with the *statistical assessment* of normal clinical values (i.e. height, weight, respiration, blood pressure, metabolism). The naturalist conception depicts the human body as made of organ systems that have designated *natural functions*. Thus 'if diseases are *deviations* from this biological design, their recognition is a matter of natural science, not evaluative decision.'<sup>12</sup>

The problem of function variation in different groups is dealt with by comparing organisms in particular *reference classes* that share a uniform blueprint. Health is then the presence of *biological function* and *statistical normality* (within a reference group) and disease is anything that is inconsistent with health.

### **2.1.3 Abnormal Psychology: a Historical Perspective**

When it comes to issues of behaviour and personality, the notion of normality is strongly dependent on contextual and cultural aspects. For example, fasting for a week may be considered normal if done for religious reasons, but pathological if used as a method of losing weight. Murphy (1976) notes how in certain cultures, behaviours that Western culture would deem far from normality, are actually common practice: for example during Good

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<sup>11</sup> *ibid.* pg. 547-548

<sup>12</sup> *ibid.* pg. 543

Friday in Mexico some Christians nail themselves to crosses to commemorate crucifixion and amongst the Yoruba in Africa healers act like dogs during healing rituals.<sup>13</sup>

Historically, theories of abnormal behaviour believed it to be the consequence of biological (illness); supernatural (possession, satanism or magic) or psychological causes (stress or trauma). Scholars such as Selling (1940) speculate that even prehistoric people had a



Figure 2.1 - Some scholars believe that holes found in ancient skulls are from trephination, a crude form of brain surgery possibly performed on people acting abnormally. (ab)normal Psychology, pg.10

concept of insanity, probably rooted in supernatural beliefs. A person who acted oddly was suspected of being possessed by evil. Exorcisms and trephination (Figure 1) were common practices to free the body of malignant spirits.<sup>14</sup>

Ancient Chinese medicine also believed that the body was formed by contrasting positive (yang) and negative (yin) forces which complemented each other. If these

were out of balance they could result in insanity. Tseng (1973, pg. 570) reports how individuals suffering from

“excited insanity” where ‘initially sad and eating and

sleeping less’ and then ‘becoming grandiose, feeling very smart, talking all day and night, singing, behaving strangely, seeing strange things, etc.’<sup>15</sup> These symptoms are interestingly very similar to the manic and depressive phases of bipolar disorder, which is believed to be caused by chemical imbalances in the brain.

<sup>13</sup> Nolan-Hoeksema (2011) pg.4

<sup>14</sup> Nolan-Hoeksema (2011) pg. 10

<sup>15</sup> *ibid.*

## 2.2 The Mental Health Dilemma

While Boorse's account, based on statistical normality of function, is successful in classifying most pathological disorders, it falls short of being exhaustive criteria in the psychosomatic realm of health and in unusual but healthy traits. *Firstly* certain biological dysfunctions, such as the chemical unbalances in the brain that affect behaviour, are not yet physiologically evident. *Secondly*, statistically rare qualities and functions such as type O blood, red hair or creativity, may be perfectly healthy, if not even beneficial.

However, the debilitating nature of mental disturbances and the recurring pattern of symptoms across patients, indicate that diagnostic difficulties are not a sufficient reason to discard them as a disorder. Rather, they call for perfected psychological evaluation methods, as well as advances in neurological research and development.

### **2.2.1 Lack of physiological symptoms and misdiagnosis**

Due to the lack of physiological symptoms the diagnosis of mental disorders is effected through psychological testing by experts. Because these are often based on patient description of symptoms, it is easy to misdiagnose a condition. In an article for Psych-Central, J. Grohol questions: 'How can we determine what is being accurately, better and more frequently diagnosed today, versus a disorder that is being "over diagnosed" due to marketing, education or some other factor?'<sup>16</sup>

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<sup>16</sup> John M. Grohol (2010). 'Mental Disorders, Over-diagnosis and the DSM-5'. URL: <http://psychcentral.com/blog/archives/2010/07/26/overdiagnosis-mental-disorders-and-the-dsm-5/>

For example, with the transparency of information available, it is easy for patients to fake symptoms. This was the case with the *Adderall* over consumption amongst US students, who report symptoms of attention deficits to obtain the concentration enhancing amphetamine and perform at high standards in an almost impossibly competitive environment.<sup>17</sup>

The accessibility of misleading information may also play a suggestive role on mental instability. Unofficial websites and blogs offer pseudo-psychometric tests that offer non-clinically approved diagnoses. Positive responses to questions like ‘do you have problems concentrating’, ‘do you often lose things’ and ‘are you forgetful’, may well result in a diagnosis of severe attention deficit. This information, if taken serious, may result in individuals obsessing over slightly odd character traits, unconsciously exasperating these behaviours.

### **2.2.2 Creativity: disease or enhanced function?**

Another issue with the naturalist account is that it does not account for harmfulness. Based on ‘statistical normality of function’ alone, innocuous or beneficial properties would also have to be classified as disease.

For example, the heightened creative ability of a ‘genius’, would appear productive for the individual and society, that could benefit from contributions to science, art and literature. However, researches suggest that creative individuals may be more predisposed towards mental instability. From a mental health perspective, average intellect would thus appear more desirable. Vincent Van Gogh, Frida Kahlo, Friedrich Nietzsche, Virginia Woolf, Edgar Allan

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<sup>17</sup> <http://drugabuse.com/library/adderall-abuse/>

Poe, Ernest Hemingway, Vladimir Nabokov, Charles Darwin and Charles Bukowski, are examples of prominent figures who have anecdotally 'gone mad' over time.

Psychologist K.R. Jamison, suggests that the notion of "tortured genius" may indeed have scientific roots. Creativity, she believes, appears to be strongly correlated to mood disorders. She reports a study that 'tested the intelligence of 700,000 Swedish 16-year-olds and followed up a decade later to find that people who excelled at 16 were four times more likely to develop bipolar disorder'.<sup>18</sup> Another study by Ludwig (1994) examined creativity at a women writers conference at University of Kentucky, comparing them to a carefully selected control group. The rates of mental disorder were always higher in the writers, particularly with depression (56%) and mania (19%).<sup>19</sup>

These limitations indicate that social aspects must be considered to allow for a distinction between statistically abnormal functions that are un-harmful or even beneficial, and those that are disabling, and thus require medical attention. This is also fundamental to protect the rights of those who do not fall into stereotypical and prejudiced notions of normality.

### 2.3. Personality and Psychosomatic Development

Another reason why a social aspect must be included in the analysis of psychosomatic dysfunctions is the fundamental role the environment contributes to the personality immersed

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<sup>18</sup> Natalie Wolchover (2012). 'Why are Genius and Madness Connected?'. Live Science. URL: [www.livescience.com/20713-genius-madness-connected.html](http://www.livescience.com/20713-genius-madness-connected.html)

<sup>19</sup> Nancy C. Andreasen (2008). 'The Relationship Between Creativity and Mood Disorders'. Dialogues in Clinical Neuroscience; 10(2): 251–255. URL: [www.ncbi.nlm.nih.gov/pmc/articles/PMC3181877/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181877/)

in it. A person's mood, behaviour and perspective of reality, which are typically affected in the mentally unstable, are determined by such personality. This can be described as:

- 'the complex of characteristics that distinguishes an individual especially in relationships with others
- the totality of an individual's behavioural and emotional tendencies
- the organisation of the individual's distinguishing character traits, attitudes, or habits.'<sup>20</sup>

Various elements can be found to contribute to personality: (1) the *body* constitutes the anatomic, physiological and biophysical traits; (2) *intelligence* indicates potential capabilities, and is *developed* on both hereditary genes and environmental influences; (3) *affections* (conscious or unconscious) describe an individual's feelings; (4) the *character* describes attitude and behavioural patterns and (5) the *environment* defines the physical, sociological, historical, climatic, ethnic and cultural coordinates that act upon the entire personality.

The personality is constructed mainly during childhood and adolescence, through a psychosomatic development that reflects the importance of both: external influences and genetic instincts. For this reason, most psychoanalytical theories focus primarily on the formation years and attempt to draw links between life events and the onset of disorder.

## 2.4 The Diathesis-Stress Model

The theories of health examined so far, provided an exclusively biological or social approach to assessing disease. The constructivist approaches were limited in that they did not

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<sup>20</sup> Merriam-Webster Medical Dictionary. Entry for 'Personality'. URL: <http://www.merriam-webster.com/medical/personality>

hold logical and scientific validity. On the other hand the naturalistic approach did not account for harmfulness. The problem with these approaches is that they are often viewed as incompatible with each other. ‘This question is often called the nature-nurture question: is the cause of the disorder something in the nature or biology of the person or in the person’s nurturing or history of events to which the person was exposed?’<sup>21</sup>

However there appears to be no indication of a single gene, traumatic experience or personality trait that causes mental disorder. Just as we have described personality to be constructed from a combination of all these aspects, so it is likely that the causes of disorders affecting it may be found in each of these factors. An exhaustive theory of disorder has to provide a bio-psychosocial approach, to incorporate all aspects that may contribute to its onset.

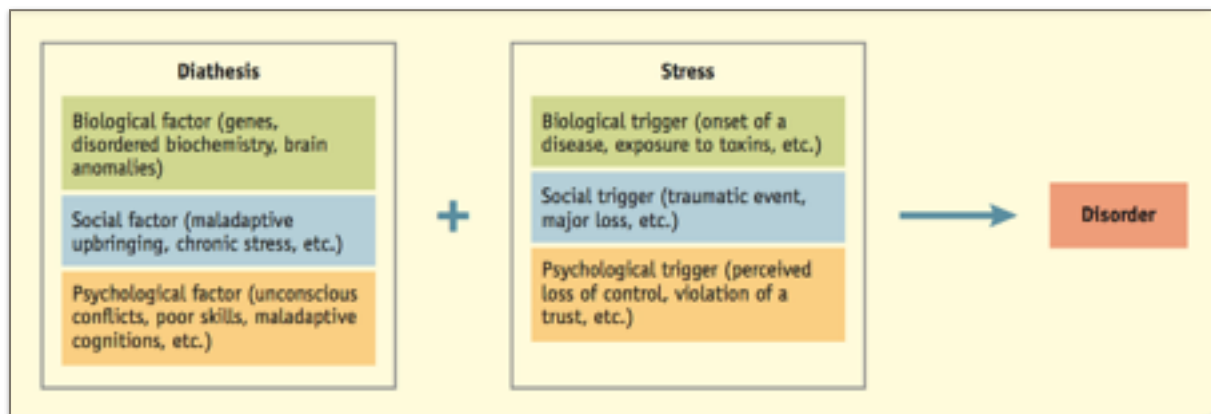


Figure 2.2 - The Diathesis Stress Model. From (ab)normal Psychology pg. 28

In ‘(ab)normal Psychology’ S.Nolen-Hoeksema explains the *diathesis-stress model*, that looks at all these three aspects. A diathesis, is an individuals predisposition to a certain disorder, the causes of which may be genetic (i.e.genetic anomalies, unbalanced bio-

<sup>21</sup> Nolan-Hoeksema (2011) pg. 27



chemistries); social (i.e. maladaptive upbringing, competition, stress); psychological (negative thinking, unconscious conflict) or a combination of the three. A predisposition towards a condition may not result in its emergence. Often a *stressor* acts as a trigger to set it off. This stressor may also be biological (i.e. diseases, toxins); social (i.e. traumatic event) or psychological (perceived loss of control, violation of trust).<sup>22</sup>

## 2.5 Neuroscience and development

Recent research on brain functions has demonstrated that chemical imbalances of certain neurotransmitters can affect personality, and could be the primary source of mental

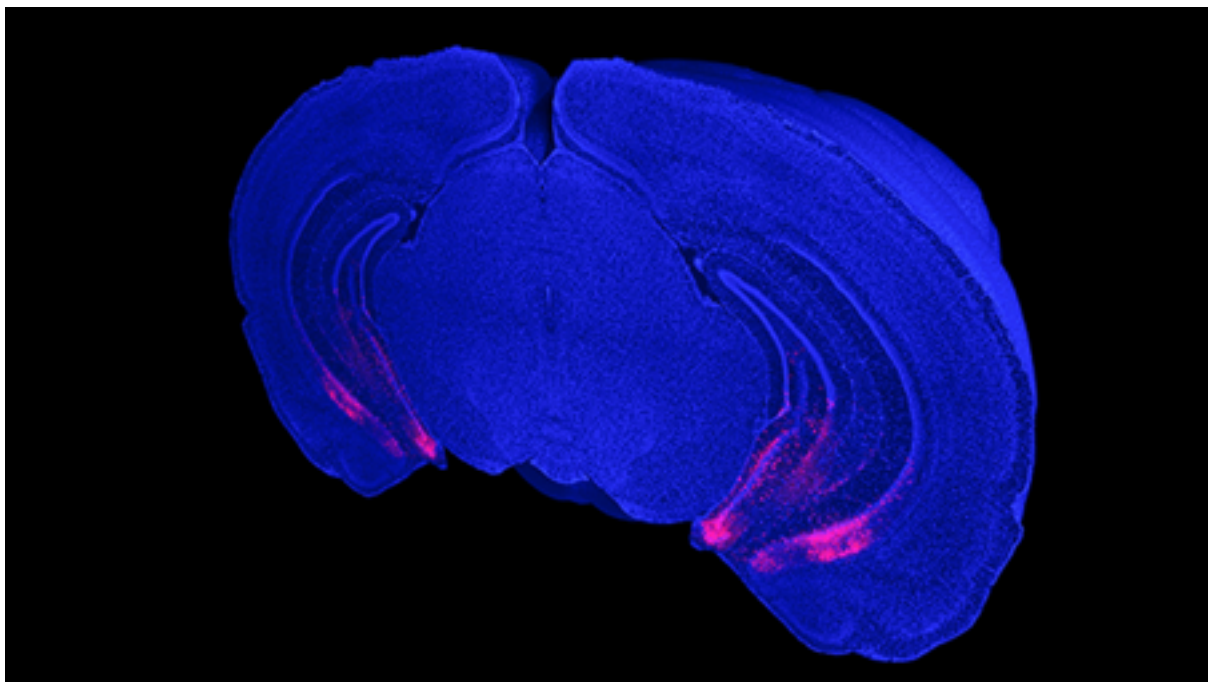


Figure 2.3 Schizophrenia in a Mouse Brain from Nguyen, et al. The Journal of Neuroscience, 2014.

disorders that affect mood, cognition and behaviour. Similarly, dysfunctions in the endocrine system which affect the productions of hormones, is also hypothesised to significantly affect

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<sup>22</sup> Nolan-Hoeksema (2011) pg. 28

these disorders. Research in the neurological field is advancing methods of monitoring these functions, in order to diagnose mental disorders with more precision. For example, M. Richardson reports how scientific experiments on the mouse brain indicate that ‘a group of neurons in the ventral hippocampus may play a role in symptoms of schizophrenia’. The GABA neurons involved are highlighted in red in the mouse brain in figure 2.3. ‘When researchers prevented the neurons from communicating with other cells in mice, they showed behaviours associated with schizophrenia in people.’<sup>23</sup>

### 2.5.1 Neurotransmitters and Hormones

Neurotransmitters are chemicals that transport information in between our brain and body. They communicate via neurons, to enact vital functions such as breathing, heart beat, digestion and movement. ‘They can also affect mood, sleep, concentration, weight, and can cause adverse symptoms when they are out of balance.’ Neurons have a cell body and dendrites and impulses travel down the axon to small swellings at the end called synaptic terminals. Here the impulse stimulates the release of neurotransmitters into the synaptic gap, or synapse. These then bind to receptors on adjacent neurons.

There are two main types of neurotransmitters: *excitatory neurotransmitters* stimulate the brain, whereas *inhibitory neurotransmitters* calm the brain and help create mood balance. Because neurotransmitters also affect mood, sleep patterns, emotions and concentration, many

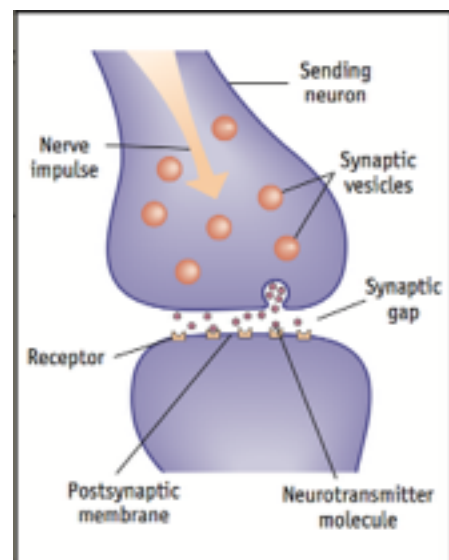
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<sup>23</sup> Michael W. Richardson (2015). ‘Image of the Week: What A Mouse Brain Can Teach Us About Schizophrenia’ URL: <http://www.brainfacts.org/diseases-disorders/psychiatric-disorders/articles/2015/image-of-the-week-what-a-mouse-brain-can-teach-us-about-schizophrenia/>

biochemical theories of psychopathology suggest that the amount of certain neurotransmitters in the synapse is associated with specific types of psychopathology.<sup>24</sup>

These include: *Serotonin*, an important neurotransmitter which is fundamental for a stable mood and contentedness; *GABA*, an inhibitory neurotransmitter which balances the over stimulation of excitatory neurotransmitters; *Dopamine*, both an inhibitory and excitatory neurotransmitter which is responsible for focus, drive and motivation (Stimulants like ADHD medication stimulate dopamine levels to improve focus); *Norepinephrine* and *Epinephrine* are responsible for stimulatory processes in the body.<sup>25</sup>

The amount of neurons in the synapses can be affected by: *reuptake* i.e. when the original neuron re-absorbs the neurotransmitter, decreasing the amount and *degradation* i.e when the receiving neuron releases an enzyme that breaks it down into other bio-chemicals. When one or both of these processes malfunction, a high or low level of neurotransmitter may result.



Malfunctioning dendrites may also cause abnormal levels of neurotransmitters in the synapse.

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Many things can affect the balance of neurotransmitters other than genetic predisposition: stress, poor diet, neurotoxins, drugs (prescription and non), alcohol and caffeine are only a few of these. Genetic anomalies may

Figure 4.1: Synapse. From (ab)normal Psychology pg.33

<sup>24</sup> Kalan (2007) in Nolan-Hoeksema (2011) pg. 33

<sup>25</sup> Neurogistics: The Brain Wellness Program What are Neurotransmitters? URL: <https://www.neurogistics.com/TheScience/WhatareNeurotransmi09CE.asp>

<sup>26</sup> Nolan-Hoeksema (2011) pg. 33

also play a part in chemical imbalances: for example, the *serotonin transporter gene*, influences the function of serotonin in the brain. Genes, which are part of DNA (the molecules that constitute the 23 pairs of chromosomes human genetic code is made of), typically have two *alleles*, or coding sequences. Alleles for the serotonin transporter gene can be short (s) or long (l). Thus, the possible combinations can be: (s/s genotype), (l/l genotype), or (s/l genotype). Some studies have suggested that the presence of at least one s allele on the serotonin transporter gene may increase an individual's chance of developing a mood disorder<sup>27</sup>.

Dysfunctions with the endocrine systems also believed to contribute to mental disorders. This system produces chemicals called hormones, which are released into the blood stream and carry messages throughout the body. They may also affect mood, energy, and reactions to stress. Neuropeptides (e.g. gonadotropin-releasing hormone, thyroid releasing hormone, and corticotrophin releasing hormone) and the effect of these neuropeptides on hormones have also been suggested as contributors to paraphiliac behaviours (65)<sup>28</sup>

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<sup>27</sup> Levinson (2006) in Nolan-Hoeksema (2011) pg.34

<sup>28</sup> S. Hossein Fatemi, Norman Sartorius, Paula J. Clayton (2008) 'Sexual disorders: dysfunctions, gender identity and paraphilias' The Medical Basis of Psychiatry. Springer Science and Business Media. pg. 278

## Chapter 3 - Paraphilia

In medical terms, sexual acts that deviate from normality are referred to as 'paraphilia' which come from the Greek παρά "beside" and φιλία "friendship, love". The most known forms are: *pedophilia*, *exhibitionism*, *frotteurism* (touching and rubbing against non-consenting persons), *voyeurism* (watching sexual activities of unaware victims), *transvestitism*, *sadism* and *masochism*. Less common forms range from the disturbing *necrophilia* (involving corpses), *abasiophilia* (involving people with impaired mobility) *zoophilia*, *anthropophagy* (ingesting human flesh), *coprophilia* (involving feces), *asphyxiation*, *feederism* (forcing people to eat and gain weight), *vampirism* (drinking blood) to more innocuous obsessions and fetishes such as *narratophilia* (obscene words), *oculolinctus* (licking eyeballs), *podophilia* (obsession with feet) or *cuckoldism* (watching ones partner have sex with others).<sup>29</sup>

As sexuality is a trait involving personality, paraphilia fall under the stigma of mental health, and there is much controversy as to whether they should be considered a disorder.<sup>30</sup> Although some paraphilia are quite evidently disturbing, harmful and in some cases illegal, others are harder to distinguish from atypical but healthy sexual behaviour.

### 3.1 Paraphilia in DSM-IVRT

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM), released by the American Psychiatric Association is the standard classification of mental disorders used by

<sup>29</sup> Padmal de Silva (2007). "Sexual disorder and psychosexual therapy". *Psychiatry* (Elsevier Ltd) **6** (3): 130–134. doi:10.1016/j.mppsy.2006.12.009.

<sup>30</sup> Kleinplatz, PJ; Moser C (2005). "Politics versus science: An addendum and response to Drs. Spitzer and Fink". *Journal of Psychology and Human Sexuality* **17** (3/4): 135–139. doi:10.1300/J056v17n03\_09. ISBN 9780789032140

mental health professionals.<sup>31</sup> It has been revisited many times, due to controversies in its depiction of mental disorders. The last version, the DSM-5, was released in May 2013, to account for difficulties in the previous version.

In the DSM-IVTR paraphilia were described as ‘abnormal behaviours or impulses that involve recurrent, intense sexual fantasies and urges.’<sup>32</sup> A diagnosis was effected if:

- ‘an individual’s unusual sexual behaviour caused clinically significant distress or impairment in social, occupational or other important areas of functioning’; or
- ‘if the individual acts upon urges that have victims’.

The paraphilia included in this version where: exhibitionism, fetishism, frotteurism, pedophilia, sexual masochism, sexual sadism, transvestitism, and voyeurism.

### 3.2 Issues and Changes to DSM-5

This definition was accused of ‘pathologising un-harmful sexual preferences by classifying them as disorder’. For example, ‘many in the transvestite community argued that cross-dressing for sexual pleasure should not be considered a disorder because it caused neither them, nor others harm’ (Hucker, 2008)<sup>33</sup> Furthermore, labelling behaviour that involved victims, was accused of providing an “excuse” for behaviours that society wished to forbid and punish (Gijs 2008).<sup>34</sup>

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<sup>31</sup> American Psychiatric Association. DSM-5 Development. URL: <http://www.dsm5.org/Pages/Default.aspx>

<sup>32</sup> WebMD. ‘Paraphilias’ URL: <http://www.webmd.com/sexual-conditions/guide/paraphilias-overview>

<sup>33</sup> Nolan-Hoeksema (2011) pg. 408

<sup>34</sup> *ibid.*

Changes to the DSM-5 attempted to account for these issues. In the revisited version it is acknowledged that not all forms of paraphilia are a mental illness. To be diagnosed with a paraphilic disorder, it is required that people with these particular interests:

- feel personal distress about their interest, not merely distress resulting from society's disapproval; *or*
- have a sexual desire or behaviour that involves another person's psychological distress, injury, or death, or a desire for sexual behaviours involving unwilling persons or persons unable to give legal consent.

To account for the second issue, 'a diagnosis of all non-criminal paraphilias requires that they are present for at least six months and cause clinically important stress, or impair work or cause problems with social functioning'.

## Chapter 4 - Methodology

This research will utilise a bio-psychological approach based on *biological function*, *statistical abnormality* and *harmfulness*, to determine whether the DSM-5 is effective and exhaustive in classifying paraphilic disorders. First the condition's symptoms will be assessed for statistical abnormality of function, as proposed by Boorse. A condition that meets these criteria will be defined as a *potential disorder*.

To determine whether it requires treatment, four aspects will be considered: (1) *disability* i.e. are the individuals conditions debilitating in his everyday life (can he/she perform daily tasks such as sleeping, eating, socialising, working)? (2) *harm* i.e. Do the individuals actions present a danger for himself or others? (3) *degeneration* i.e. Is the individuals condition at risk of worsening? (4) Does the individual himself *request* treatment?

If the condition is disabling, the patient should be encouraged to seek assistance and be provided with medicare, should he/she desire so. If the individual presents a danger for himself and/or society, medical attention should be provided, regardless of his response to question (4). If the condition is at the time un-harmful, but shows potential for worsening, observation by a medical professional is suggested to avoid future negative consequences.

An easy criteria to keep in mind when assessing disorder are the “four D’s of abnormality” proposed by Nolen Hoeksema in (ab)normal Psychology. If a condition meets the criteria of *dysfunction*, *distress*, *deviance* and *dangerousness* it most likely will qualify as a disease.



## Chapter 4 - Are Paraphilias a Disorder?

The paraphilic disorders currently included in the DSM-5 are: exhibitionistic disorder, fetishistic disorder, frotteuristic disorder, paedophilic disorder, sexual masochism disorder, sexual sadism disorder, transvestitic disorder, and voyeuristic disorder. For the related paraphilia to be classed as a disorder:

- In the case of non-criminal paraphilia, the behaviour or impulse must be present for more than six months and the individual must be suffering significant personal distress and disability; or
- the behaviour in itself ought to involve another person's harm, or a desire for sexual

### 4.1 Hypothetical Case Studies

Let us construct three hypothetical scenarios to assess the effectiveness of the DSM-5 criteria. In the first scenario, an individual presents a statistically abnormal sexual preference that is in itself un harmful. This individual, let's call him John, may have a private fetish for something ridiculous, such as listening to Beethoven's Symphony No.9 during the act of masturbation. According to the DSM, for John's habit to be classified as a disorder it must be (1) occurring for more than six months and (2) causing him significant distress in his daily life.

In the second instance, Julia, a fictitious paediatrician, is sexually aroused by watching pre-pubescent boys change. She picked this profession to be in constant contact with the

object of her desire, while not having to commit direct abuse on children. Sometimes, she finds it hard to resist and makes her young patients take their clothes off, convincing herself that it is for medical purposes. According to the DSM Julia's behaviour is classified as paedophilic/voyeuristic disorder because it involves non-consenting children.

In scenario number 3, Jack is convinced his wife is cheating on him, and is purposefully sadistic during the sexual act. He wishes to humiliate her, like he believes she has humiliated him. His wife Janice, doesn't verbally oppose to the act although she shows evident signs of not enjoying it. The following day she reports him to the police for sexual abuse, in order to be rid of him and move in with her secret lover. According to the DSM, Jack's sexual behaviour, which involves another person's harm, would be classified as a sexual sadism disorder.

## 4.2 Analysis

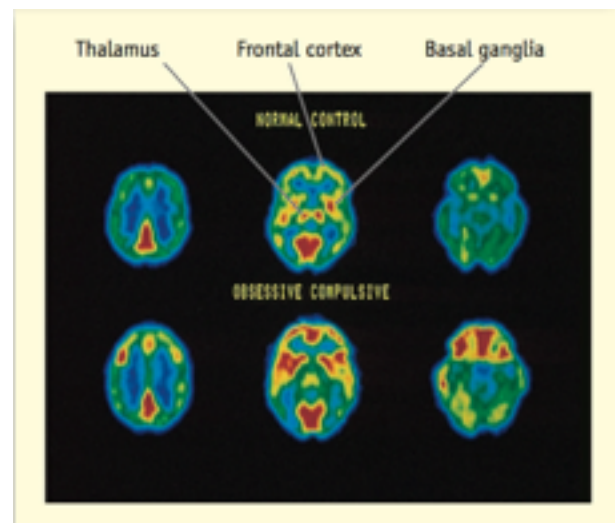
However, although Jack's act is indeed harmful and associated with a paraphilia, there are secondary social and psychological motivations underlying its occurrence: his wife's betrayal and his transferral of his desire for vindictiveness into the sexual act. This section will discuss how obsession and compulsivity related to paraphilia are the main elements of statistical abnormality of function that ought to be used to classify a paraphilic act as disorder.

Some fetishes are quite common amongst the sexually active population, and mostly innocuous. An individual may find a particular stimulant particularly arousing, such as the use of sex toys during intercourse. In a normal scenario the sex toy would serve the purpose of enhancing sexual pleasure but would not be indispensable for the individual's arousal and orgasm. However if an individual is only able to reach sexual satisfaction with the use of sex

toys, that would represent a compulsive behaviour, and could be potentially harmful. Another example of can be found in the act of masturbation, which effected compulsively and excessively may indeed be harmful and disadvantaging in everyday.

This perspective paraphilia related disorders could be considered a specific form of Obsessive-Compulsive Disorder (OCD) spectrum in which the object of obsession is specific.

Obsessions are in fact defined as ‘Recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress.’ Compulsions are Repetitive behaviours or mental acts that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly.<sup>35</sup>



**PET Scans of OCD.** PET scans of people with OCD show more activity in the frontal cortex, basal ganglia, and thalamus than do PET scans of people without OCD.

Applying this criteria to Scenario 1, John’s condition would only be classified as a disorder if for example, he were only able to reach sexual orgasm by listening to Beethoven or if the melody became an automatic source of arousal . A similar condition would cause significant distress in his daily life, and he would probably lose interest in normal sexual activities and be embarrassed at work due to his arousal. While the DSM diagnosis would indeed classify John’s behaviour as disordered, the motivations behind it are not appropriate. It is the obsession and repetition of the act that allow for it’s classification of disorder, and not

<sup>35</sup> Nolan-Hoeksema (2011) pg. 143

the time length of its occurrence (over six months). In fact John may be a perfectly functional individual who was coincidentally caught masturbating by a friend with Beethoven in the background, the only two times this occurred, which happened to be during a six month period.

Similarly in Scenario number 2, Julia clearly demonstrates a repetitive and obsessive pattern of sexual interest which is also harmful in that it involves pre-pubescent children who cannot legally consent.

In the case of Jack's sexual aggression towards his wife, his behaviour presents no aspect of obsession. It is rather a spiteful and violent act, made out of vengeance and maladaptive thinking. The fact that the DSM-5 would classify it as disorderly indicates that major changes are still needed for a proper criteria of assessment.

Statistics on paraphilic related convictions seem to confirm the DSM-5's tendency to mistake criminal behaviour with disorder. For example, 86% of paraphiliacs have a history of being convicted for non-sexual offences and 92% of paraphiliacs convicted for sexual abuse in children have a history of at least one non-sexual offence.<sup>36</sup>

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<sup>36</sup><http://www.ietherapy.com/paraphilias/statistics/paraphilias-statistics.php>

## 5 - Conclusion

This dissertation utilised a bio-psychosocial approach, based on statistical abnormality of function and harmfulness, to analyse whether the DSM-5 criteria for the assessment of paraphilic disorders is effective.

The DSM criteria of for paraphilic disorder, which are personal distress and an over six month time period for non-criminal paraphilia and harmfulness towards non consenting victims in criminal paraphilia, were applied to three realistic hypothetical scenarios.

The results of the analysis indicated that, regardless of the changes made to the DSM-IVR to make it more specific in assessing whether atypical sexual acts are health, disordered or just illegal, it still fails as a sufficient criteria for determining disorder, and could still be misleading.

For future modifications, an account of obsessiveness and compulsivity ought to be taken into account (possibly during six month or larger time period, in order to account for the pathological nature of paraphilic disorders.) This criteria ought to also be applied to criminal paraphilia, in order to better distinguish between acts caused by a mental disorder or by other motivations.

## References

- Andreasen Nancy (2008). 'The Relationship Between Creativity and Mood Disorders'. *Dialogues in Clinical Neuroscience*; 10(2): 251–255. URL: [www.ncbi.nlm.nih.gov/pmc/articles/PMC3181877/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181877/)
- BBC Ethics. 'Historical Attitudes to Abortion'. URL: [http://www.bbc.co.uk/ethics/abortion/legal/history\\_1.shtml](http://www.bbc.co.uk/ethics/abortion/legal/history_1.shtml)
- American Psychiatric Association. DSM-5 Development. URL: <http://www.dsm5.org/Pages/Default.aspx>
- Boorse, Christopher (1977). 'Health as a Theoretical Concept', *Philosophy of Science* Vol. 44, No. 4. pg. 545-547
- Family Planning Association fact sheet. URL: <http://www.fpa.org.uk/sites/default/files/contraception-past-present-and-future-factsheet-november-2010.pdf>
- Grohol John M, (2010). 'Mental Disorders, Over-diagnosis and the DSM-5'. URL: <http://psychcentral.com/blog/archives/2010/07/26/overdiagnosis-mental-disorders-and-the-dsm-5/>
- Holocaust Encyclopedia (2014). 'Nazi Propaganda'. URL: [www.ushmm.org/wlc/en/article.php?ModuleId=10005202](http://www.ushmm.org/wlc/en/article.php?ModuleId=10005202)

Kleinplatz, PJ; Moser C (2005). "Politics versus science: An addendum and response to Drs. Spitzer and Fink". *Journal of Psychology and Human Sexuality* 17 (3/4): 135–139. doi:10.1300/J056v17n03\_09. ISBN 9780789032140

Merriam-Webster Medical Dictionary. Entry for 'Personality'. URL: <http://www.merriam-webster.com/medical/personality>

National Centre for Biotechnology. Disease Categories. URL: <http://www.ncbi.nlm.nih.gov/mesh/1000067>

Neurogistics: The Brain Wellness Program What are Neurotransmitters? URL: <https://www.neurogistics.com/TheScience/WhatareNeurotransmi09CE.asp>

Padmal de Silva (2007). "Sexual disorder and psychosexual therapy". *Psychiatry* (Elsevier Ltd) 6 (3): 130–134. doi:10.1016/j.mppsy.2006.12.009.

Richardson Micheal W. (2015). 'Image of the Week: What A Mouse Brain Can Teach Us About Schizophrenia' URL: <http://www.brainfacts.org/diseases-disorders/psychiatric-disorders/articles/2015/image-of-the-week-what-a-mouse-brain-can-teach-us-about-schizophrenia/>

Rohrer Finlo (2007) BBC News. 'Is Gingerism as Bad as Racism?' URL: <http://news.bbc.co.uk/2/hi/6725653.stm>

Stanford Encyclopaedia of Philosophy (2008). Naturalism and Constructivism, Concepts of Disease and Health. URL: <http://plato.stanford.edu/entries/health-disease/>

Stewart, Robert Scott (2012) Constructing Perversions: The DSM and the Classification of Sexual Paraphilias and Disorders, *Electronic Journal of Human Sexuality*, Volume 15. URL: [www.ejhs.org/volume15/DSM.html](http://www.ejhs.org/volume15/DSM.html)

Susan Nolen-Hoeksema (1998). *(ab)normal Psychology*. McGraw-Hill Companies. NY: 2011.

S. Hossein Fatemi, Norman Sartorius, Paula J. Clayton (2008) 'Sexual disorders: dysfunctions, gender identity and paraphilias' *The Medical Basis of Psychiatry*. Springer Science and Business Media. pg. 278 Wolchover Natalie (2012).

'Why are Genius and Madness Connected?'. Live Science.  
URL: [www.livescience.com/20713-genius-madness-connected.html](http://www.livescience.com/20713-genius-madness-connected.html)

WebMD. 'Paraphilias' URL: <http://www.webmd.com/sexual-conditions/guide/paraphilias-overview>