

## How Anomalous Are Paraphilic Interests?

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The latest version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) (American Psychiatric Association, 2013) addressed important issues related to the definition and diagnostic criteria of paraphilic disorders. Among them is the distinction between paraphilic interests and paraphilic disorders, which clearly acknowledge that paraphilias are not necessarily pathological. However, many problems remain with the category of Paraphilic Disorders in the DSM-5. Issues related to the diagnoses of paraphilic disorders were previously stressed by others (e.g., vagueness of terms, lack of validity, unoperationalized terminology, mixed medical and criminal criteria) (e.g., Balon, 2013; Fedoroff, 2011; Hinderliter, 2011; Moser, 2011; Singy, 2010). This commentary will raise more basic, yet rarely addressed, questions concerning the category of paraphilic disorders: the fundamental definition of paraphilia (Criterion A).

According to the DSM-5, paraphilia are *anomalous* sexual activity preferences or *anomalous* sexual target preferences (the DSM-IV-TR employed the term *atypical*). Paraphilias are further defined in the DSM-5 as any intense and persistent sexual interests (fantasies, urges or behaviors) not comprised in a definition of so-called “normophilic” sexual interests, i.e., “genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners” (American Psychiatric Association, 2013, p. 685). To be paraphilic, these interests must be greater *or equal* to “normophilic” sexual interests. Examples of paraphilic interests are given, separated by erotic activities (e.g., spanking, whipping,

binding) or erotic targets (e.g., children, animals, shoes, rubber).

The first comment here concerns the DSM-5 attempt to define *normal* sexual behaviors. As stressed by others, this type of definition (“normophilic sexuality”) depends heavily on historical, political, and sociocultural factors, much more than medical or scientific evidence (Balon, 2013; Laws & O’Donohue, 2008). Homosexuality, for example, was listed as a mental disorder until 1973, when it was deleted from the DSM-II (American Psychiatric Association, 1968). Given its relative rarity (3–5 % prevalence) and its counter-evolutionary (non-procreative) nature, should exclusive homosexuality be a paraphilia (Cantor, 2012)? At the time of the first Kinsey report (Kinsey, Pomeroy, & Martin, 1948), oral sex, anal sex, and homosexual intercourse were considered as criminal acts in many U.S. states. Masturbation was banned by many religions not so long ago. In the future, what will be said about the paraphilias of the DSM-5?

A second concern about the DSM-5 definition of paraphilic interests is their label as “non-normophilic” and “anomalous” sexual interests although no information is provided about the evidence on which these labels are based (in the DSM-IV-TR, the term used was “atypical,” with no additional bases). There is a general consensus that a paraphilia can be defined as sexual interests that are *atypical* for one’s species (Cantor, 2012). What is less clear, however, is what an *atypical* sexual interest is. One can wonder when an *atypical* sexual interest becomes a mental disorder (Moser, 2009) but, again, what exactly is an atypical sexual interest?

Finally, such important terms as “intense” and “persistent” are still not defined in the DSM-5 descriptions of paraphilias. Given that mere sexual fantasies can be paraphilic if they are intense and recurrent, and that sexual fantasies are known to be rather intense and recurrent, at least in subgroups of non-clinical populations (e.g., college students) (Leitenberg & Henning, 1995), one can wonder which sexual fantasies fit this definition.

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So we will ask (and attempt to answer) two basic questions related to the DSM-5 definition of paraphilia: (1) What is an anomalous sexual fantasy? (2) Why restrict problematic sexual interests to particular sexual interests?

### What Is an Anomalous Sexual Fantasy?

The first obvious way to answer this question is to ask persons among the general population. For example, when 367 men aged between 40 and 79 years living in Berlin were questioned about their sexual fantasies, more than half acknowledged at least one considered as “atypical” (58.6 %), including voyeurism (34.9 %), fetishism (30 %), and sadism (21.8 %) (Ahlers et al., 2011). Of course, these sexual interests might only apply to old male Berliners, but that study made an interesting point. Another strategy to estimate sexual interests is compiling keywords entered on Internet search engines, which provides enormous sample sizes. Ogas and Gaddam (2011) reported that between July 2009 and July 2010, 55 million Internet searches were related to sex. The majority of these searches were associated with 20 main themes, of which seven could be labeled as anomalous: teen, incest, domination, submission, bestiality, transsexuality, and grannies (in order of incidence). Of course, Internet pornography consumers are over-represented by young occidental males, so these keywords are not necessarily representative of the general population. Still, it is interesting to note that so-called atypical or anomalous sexual interests might not be so special after all.

Yet another approach to define anomalous and atypical sexual interests is statistical, based on the normal curve. Ratios under 2.3 % (two SDs below the mean) and 15.9 % (one SD below the mean) of the sample can be considered as abnormal and atypical, respectively, whereas ratios of 50 % or higher (the mean) and 84 % or higher (one SD superior to the mean) can be considered as common and typical, respectively. We recently asked 1,516 adults (717 males, 799 females, M age: 29.6 ± 10.8 years; range 18–77) recruited among the general population to rate 54 different sexual fantasies (an updated and augmented version of the Wilson Sex Fantasy questionnaire with Likert-scale items ranging from 0 [not at all] to 7 [totally]) (Cossette & Joyal, 2013). The questionnaire included numerous items outside the realm of genital stimulation or preparatory fondling (Wilson, 1988, 2010). Overall, only one sexual fantasy could be considered as statistically anomalous: having sex with a child aged 12 or less. Four additional sexual fantasies were statistically atypical for both genders (having sex with an animal, urinating on partner, being urinated on self, wearing clothes of opposite gender). In opposition, 49 sexual fantasies were neither statistically abnormal nor atypical in men and 46 among women. Moreover, almost half of the non-atypical male sexual fantasies (24 out of 49) were rated with a higher intensity than the mean

intensity of all male sexual fantasies (3.3 on average for men). Thus, both typicality and intensity of sexual fantasies might not be that limited within the general population. Therefore, the nature and intensity of sexual fantasies should be better defined before labelling them as paraphilic. It is clear today that higher diversity of sexual fantasies is associated with better sex-life satisfaction, not the contrary (Khar, 2008; Leitenberg & Henning, 1995), so labelling any intense non-copulatory sexual fantasy as paraphilic might be misleading. It might also wrongly suggest that a person having sexual fantasies related with an illegal act (e.g., rape) is at higher risk for criminality, which is not necessarily the case (Critelli & Bivona, 2008).

As noted elsewhere, distinguishing paraphilia from paraphilic disorders is a good step forward for depathologizing non-criminal, non-copulatory sexual interests such as consensual sadism, masochism, and fetishism (Wright, 2011). We would further argue that these interests might not even be paraphilic, at least when limited to the realm of fantasies (Critelli & Bivona, 2008).

### Why Restrict Problematic Sexual Interests to Paraphilic Sexual Interests?

The DSM definition of non-criminal paraphilic disorder is somewhat clearer than that of paraphilia because, as in other DSM diagnoses, subjective distress or functional impairment must be present. However, one can wonder why *any* problematic sexual interests would not be included in Criterion A of the paraphilic disorders instead of paraphilia only? In fact, the paraphilic disorder category could be replaced by a larger, less subjective category such as “Disorders of Sexual Interests.” Replacing the current diagnosis of paraphilic disorders with a more inclusive, less arbitrary category of (any) sexual interest disorder would avoid the recurrent and unnecessary definition of sexual normality. In addition, sexually satisfied persons with diverse (non-criminal) interests would be less stigmatized whereas psychologically distressed persons with “ordinary” sexual interests would be better recognized and treated. If a homosexual man, for instance, is distressed by thoughts of having sex with a consenting adult woman, he should be referred for counselling with a DSM diagnosis, even if no paraphilias are involved. In opposition, if two consenting adults are totally satisfied with their interests for, say, non-copulatory sadomasochistic activities at a level equal to that for copulatory activities, they should not be labelled as non-pathological paraphilics but just two happy persons.

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