

LETTER TO THE EDITOR

Accuracy Is Important—Re: Sensitivity and Specificity of the Phallometric Test for Hebephilia

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In Cantor and McPhail's recent article [1], they attribute a sentiment to me that I did not express and is contrary to my stated position in other articles concerning Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5). They cite me as endorsing the statement, "that no sexual interest, even pedophilia, should be diagnosed as a mental illness," citing my letter commenting on the specifics of the then proposed DSM-5 paraphilia definition criteria [2]. The term "pedophilia" was not even mentioned in that letter [2]. Specifically, I stated, "This Letter focuses on the non-criminal paraphilias (fetishism, partialism, sexual masochism, consensual sexual sadism, and transvestism). The reader should not construe the present Letter to support the decriminalization of any sex crime" ([2], p. 1225).

In my writings, I have demonstrated that the new DSM-5 paraphilia definition does not distinguish those who have healthy sexual interests from those who do not. My writings have focused on the problems and logical inconsistencies of the paraphilia and paraphilic disorder definitions, how those definitions lead to misdiagnoses, and how the definition of a paraphilic disorder does not meet the new DSM-5 definition of a mental disorder. It appears that Cantor and McPhail have demonstrated my point of just how easy it is to confuse a sexual interest (paraphilia), with a mental disorder (psychiatric diagnosis), with a crime (illegal act). For the record, I have consistently advocated that child molesters (pedophilic or not) should be prosecuted in the criminal justice system as rapists are.

Besides the erroneous citation, Cantor and McPhail's statement is incorrect in other ways. According to the DSM-5, sexual interests (paraphilias, including pedophilia) are not, in and of themselves, mental illnesses. Cantor and McPhail know that. Only when other criteria are met (e.g., acting on or being distressed by one's sexual interest in children) can an individual be diagnosed with pedophilic disorder, which is a mental disorder. In another article, I noted that pedophilia is the only atypical sexual interest listed in the DSM-5 that actually meets the DSM-5 definition of a paraphilia [3]. Therefore, an individual with pedophilia who also meets the other criteria could be diagnosed with pedophilic disorder. Cantor and McPhail's article questions whether phallometry can reliably distinguish between a preference for prepubescent and pubescent children. A statement about whether

either pedophilia or hebephilia is a mental disorder was a gratuitous addition.

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Statement of Authorship

Category 1

(a) Conception and Design

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(b) Acquisition of Data

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Category 2

(a) Drafting the Manuscript

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(b) Revising It for Intellectual Content

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Category 3

(a) Final Approval of the Completed Manuscript

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References

- 1 Cantor JM, McPhail IV. Sensitivity and specificity of the phallometric test for hebephilia. *J Sex Med* 2015;12:1940–50. doi: 10.1111/jsm.12970.
- 2 Moser C. Problems with ascertainment. *Arch Sex Behav* 2010;39:1225–7. doi: 10.1007/s10508-010-9661-9.
- 3 Moser C. Yet another paraphilia definition fails. *Arch Sex Behav* 2011;40:483–5. doi: 10.1007/s10508-010-9717-x.