

Yet Another Paraphilia Definition Fails

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Historically, it has been difficult to define paraphilias in a consistent manner or distinguish paraphilias from non-paraphilic or normophilic sexual interests (see Blanchard, 2009a; Moser & Kleinplatz, 2005). As part of the American Psychiatric Association's (APA) process of revising the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), Blanchard (2010a), the chair of the DSM-5 Paraphilias subworkgroup (PSWG), has proposed a new paraphilia definition: "A *paraphilia* is any powerful and persistent sexual interest other than sexual interest in copulatory or precopulatory behavior with phenotypically normal, consenting adult human partners" (p. 367).¹ Blanchard (2009a) acknowledges that his paraphilia "definition is not watertight" and it already has attracted serious criticism (see Haeberle, 2010; Hinderliter, 2010; Singy, 2010). The current analysis will critique three components of Blanchard's proposed definition (sexual interest in copulatory or precopulatory behavior, phenotypically normal, and consenting adult human partners) to determine if the definition is internally consistent and reliably distinguishes individuals with a paraphilia from individuals with normophilia. Blanchard (2009a) believes his definition "is better than no real definition," but that remains to be seen.

According to Blanchard (2009a), the current DSM paraphilia definition (APA, 2000) is a definition by concatenation (a list of things that are paraphilias), but he believes a definition by exclusion (everything that is not normophilic) is preferable. The change is not substantive as normophilia (formerly a definition of exclusion) now becomes a definition of concatenation (a list of acceptable activities). Nevertheless, it seems odd to

define a paraphilia on the basis of what it is not, rather than by the commonalities among the different paraphilias. Most definitions are statements of what things are, not what things are excluded or lists of things to be included.

Blanchard (2009a) purposefully left "intact the distinction between normative and non-normative sexual behavior," implying that these categories are meaningful. Blanchard (2010b; see also Blanchard et al., 2009) defines a paraphilia by relative ascertainment (the interest in paraphilic stimuli is greater than the interest in normophilic stimuli) rather than absolute ascertainment (the interest is intense). Using relative ascertainment confirms that one cannot be both paraphilic and normophilic; the greater interest would classify the individual as paraphilic or normophilic. Blanchard (2010a) then contradicts himself when he asserts that once ascertained with a paraphilia, the individual should retain that label, even if the powerful and persistent paraphilic sexual interest dissipates. Logically, the relative dissipation of the paraphilic and augmentation of the normophilic interests should re-categorize the individual as normophilic.

The first aspect of Blanchard's paraphilia definition is the "sexual interest in copulatory or precopulatory behavior." Obviously, most normophilic individuals do not desire or respond sexually to all adults. Ascertaining if someone is more aroused by the coitus or their partner's physique, attitude, attributes, etc. seems fruitless and hopelessly convoluted. I can see no other way to interpret sexual interest in copulatory or precopulatory behavior, except to conclude that coitus (between phenotypically normal consenting adults) is normophilic. Otherwise, a powerful and persistent preference for blonde (or Asian or petite) coital partners is a paraphilia. If a relative lack of sexual interest in brunettes as potential coital partners indicates a

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¹ Another version of this definition exists (Blanchard, 2009a, 2009b), but I do not believe the changes substantially alter any of my comments.

paraphilia, then a relative lack of interest in males or females as coital partners also suggests a paraphilia. This would impugn Blanchard's (2009a, 2009b) statement that homosexuality is not a paraphilia. It also suggests that a traditional "paraphilia" which increases the individual's interest in coitus is normophilic. The "sexual masochist" who prefers to be whipped rather than engage in coitus has a paraphilia and the "sexual masochist" who prefers to be whipped as foreplay to coitus is normophilic.

Although I am sure this was not his intention, Blanchard's definition appears to exclude most individuals currently labeled with a paraphilia. With the exception of pedophilia, unusual sexual interests are no longer paraphilias unless the sexual fantasies, urges, or behaviors accentuate the nonconsensual aspects of the interaction or there is a concomitant lack of interest in coitus. Partialism, fetishism, transvestism, sexual masochism, and consensual sexual sadism are consensual by definition and, as long as they enhance coitus, they do not fulfill Blanchard's definition of a paraphilia. Blanchard (2009a) states, "A paraphilia is a necessary but not sufficient condition for having a paraphilic disorder." So, if those individuals currently diagnosed no longer meet the definition of having a paraphilia, they no longer have a paraphilic disorder.

The next aspect of Blanchard's definition involves "consenting adult human partners." Scientific definitions should not change according to location, so we must ignore the problems with the legal definitions of consent and age of consent, which vary widely. If the ideal sexual interest involves an unsuspecting or even nonconsenting adult, but ends in consensual coitus then the interest appears to be excluded from Blanchard's definition. The acts may be crimes, but they are normophilic. If the interest in coitus is the most arousing aspect for an individual (relative ascertainment), not the lack of consent, it does not fit the definition. Only if the fantasy focuses on (whatever that means) the nonconsensual aspects of the interaction does it meet Blanchard's definition. If Blanchard meant that just being aroused by non-consensual fantasies indicates a paraphilia, then this encompasses women with rape fantasies (Binova & Critelli, 2009; Critelli & Binova, 2008). Maybe Blanchard wants to apply his definition only to the perpetrators of the act or fantasy, but that interpretation excludes sexual masochism. If Blanchard means that nonconsensual acts imply a paraphilic interest, then he has confused a crime with a mental disorder.

The last part of the definition is "phenotypically normal." Obviously, this is meant to exclude individuals with a generalized sexual preference for amputees or other physical deformities, but the literal interpretation is much broader. A powerful and persistent sexual interest in surgically augmented breasts, which are not phenotypically normal, now becomes a paraphilia (see <http://bb.voyeurweb.com/tits/index.php> for different preference categories). Individuals who prefer hairless bodies (shaved, lasered, or waxed) also seem to meet the definition of a phenotypically abnormal partner. Conversely, an antipathy to

normal body hair or natural breasts on a potential sexual partner may signify a lack of normophilia.

Blanchard (2009b) lists examples of paraphilic and non-paraphilic interests (space considerations prevent the reproduction of the entire list), but it is not clear how the application of his definition results in his list. It should not matter if someone is aroused by fondling buttocks or feet, as long as the goal is coitus. "Cross-masturbation" is not paraphilic (Blanchard, 2009b), but would Blanchard categorize cross-masturbation with feet rather than hands differently? Why does rectal stimulation with an enema signify a paraphilia and an anal dildo not? Why is feces paraphilic and anilingus not? What about a preference for anilingus without the anus being meticulously cleansed? Blanchard (2009a) states masturbation is not paraphilic, but how does his definition distinguish between those that masturbate with their hands, dildos, the fetish object, or against their partner's feet?

Whether the individual reporting the sexual interest is male or female also appears to influence the ascertainment of a paraphilia. A transvestite and a normophilic woman may both feel "sexier" wearing silk panties to work or find wearing lingerie during coitus heightens the experience. A male sexual masochist and a normophilic woman both may enjoy the enhancement of traditional (or non-traditional) sex roles in their relationships. Why classify each of them differently? I could go on, but the result is the same. The evaluation of whether a sexual pattern meets the definition of a paraphilia appears to be sexist.

Blanchard's definition does not help us distinguish among the men who are aroused by surreptitiously observing women disrobe, the men who regularly pay to see strippers perform, or the men who prefer to watch movies of women disrobing seemingly unaware that the audience is watching. All these men have a powerful and persistent interest in watching women disrobe and have essentially no chance of engaging in coitus with those women.

Due to space limitations I have not commented on Blanchard's arbitrary focus on coitus, the definitional problems of "powerful and persistent," whether the distinction between paraphilia and normophilia serves any scientific purpose, or the potential misuse of this definition in forensic and civil proceedings. Those issues are for another day.

In conclusion, Blanchard's definition does not reliably differentiate between a paraphilia and normophilia. Any rejoinder that experts in the diagnosis of the paraphilias would be able to distinguish individuals with a paraphilia from those with normophilia using this definition misses the purpose of the DSM, which is to allow non-experts (other psychiatrists or health professionals) to diagnose these "disorders" reliably. If there is a distinction between a paraphilia and normophilia, Blanchard's definition does not describe it. It is possible that a scientific distinction between a paraphilia and normophilia does not exist—only one based on shifting societal norms. The

reader (and the PSWG) should entertain the possibility that continuing to try to distinguish these concepts is an exercise in futility. One definition of a mental disorder is doing the same thing over and over again, and expecting a different result.

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