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LETTERS TO THE EDITOR

A Response to Lawrence's (2009) *Erotic Target Location Errors*

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History is littered with the destruction resulting from the "treatment" of unusual sexual interests and the assumption that there is a "normal" erotic target location. Oral sex, anal sex, and masturbation were once thought to be indications of sexual interests erroneously directed toward peripheral or inessential erotic targets; they were seen as signs or causes of mental dysfunction. Individuals with these interests were incarcerated, killed, shunned, committed to asylums, labeled as mentally ill, or forced to undergo "treatment." Elaborate psychiatric theories were created to imply a scientific basis for, and to justify the oppression of, individuals with different erotic interests (see Freud & Strachey, 1976; von Krafft-Ebing, 1886/1965). Regrettably, Lawrence (2009) continues that tradition with her article.

There is nothing wrong with creating or expanding a classification system of sexual interests, but Lawrence (2009) goes beyond just classifying them. She pathologizes nonstandard sexual expression and argues for the inclusion of *erotic target location errors* (ETLEs) in the forthcoming fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM–V*), to be published by the American Psychiatric Association (APA, in preparation). She defines ETLEs as types of sexual interests where individuals "…erroneously direct their erotic interest toward peripheral or inessential parts of their preferred erotic targets…" (Lawrence, 2009, p. 194). It is doubtful that most individuals with ETLEs would think that their interests are peripheral or inessential. Lawrence (2009) does not identify which sexual interests she believes *are* central and essential, or the "putative mental dysfunctions" (p. 195) from which these individuals putatively suffer. Without clear definitions, it becomes difficult to critique or even consistently apply such a nebulous concept.

At one time it was believed that individuals who eroticized same-sex "targets" had a pathological (or erroneous) sexual interest, which implied these individuals manifest numerous developmental problems and a mental disorder. The lack of supporting data and recognition of the damage this belief caused led to the removal of homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., text revision [*DSM–III*]; APA, 1980). Although Lawrence (2009) does not suggest this, others might classify same-sex interests as ETLEs and argue that homosexuality should be reinstated in the *DSM–V* (APA, in preparation). ETLEs are a slippery slope, both scientifically and politically.

Lawrence's (2009) attempts to defend her use of the term *error* are particularly disturbing. She apparently cannot fathom the damage that a "patient" might experience upon having his or her sexual interest labeled as an error. She states, "…the word error reflects an objective assessment, not a subjective or moralistic one" (p. 195), without explaining how one formulates that objective assessment. In discussing her choice of terms, she states, "…euphemistic alternatives, such as *erotic target location variant*, fail to capture the implication of mental dysfunction that is inherent in the ETLE concept" (p. 195), without describing what those mental dysfunctions might be. Despite her protests, one must conclude that the assessment is, or will be, subjective and moralistic.

The *DSM–IV–TR* (APA, 2000) editors make the statement, "A paraphilia must be distinguished from the *nonpathological use of sexual fantasies, behaviors, or objects as a stimulus for sexual excitement…*" (p. 568). They go on to describe the criteria that distinguish a paraphilia from a nonpathological sexual interest, which Lawrence (2009) appears to ignore. Nevertheless, applying those same *DSM–IV–TR* criteria to adult

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heterosexual interests, one can conclude that heterosexuality also fits the paraphilia definition (Moser & Kleinplatz, 2005a). Diagnostic criteria that do not distinguish healthy sexual interests from pathological mental disorders are useless and open to misinterpretation.

The entire concept of paraphilias as psychopathology has been critiqued and found to be lacking in numerous ways (Kleinplatz & Moser, 2005; Moser, 2001, 2002, 2009; Moser & Kleinplatz, 2005a, 2005b; Suppe, 1984). Lawrence's (2009) failure to even acknowledge this criticism is an inexplicable omission in a scholarly review article. Embellishing on a flawed concept is, in essence, building the proverbial "house of cards."

Even if paraphilias are a valid diagnostic category, Lawrence (2009) confuses the mere presence of an interest with the intense interest required for a paraphilia diagnosis. She defines the concept of a paraphilia as an unusual sexual interest and refers to the *DSM–IV–TR* (APA, 2000) definition. A paraphilia diagnosis requires that the interest is characterized by "…recurrent, intense sexually arousing fantasies, sexual urges, or behaviors…" (APA, 2000, p. 566). She indicates that *autogynephilia* (sexual arousal to the thought or image of oneself as a woman) is a prototypical ETLE (Lawrence, 2009). Lawrence (2005) reported that 24% of male-to-female transsexuals prior to sex reassignment surgery experienced autogynephilic arousal a total of only 1 to 12 times. Her own study demonstrated that autogynephilia was not recurrent and probably not intense in a substantial subset of individuals with a putative ETLE, which is contrary to the definition of a paraphilia. This finding contradicts her thesis that ETLEs are paraphilias.

Application of Lawrence's (2009) ETLE model can lead to ludicrous conclusions. Gay men, who eroticize the physique of muscular men (a non-genital body part), may go to the gym because they "…desire to turn their bodies into facsimiles of those targets" (p. 194), implying they have an ETLE. Heterosexual men may have an analogous ETLE if they eroticize muscular women and try to turn their bodies into facsimiles of their target (i.e., with firm muscles, not a feminine appearance). Of course, women who go to the gym to build muscles may eroticize muscular bodies as well; they, too, could have an ETLE. All these individuals may have a more "advanced" form of an ETLE, an *erotic target identity inversion.* These individuals seek to "…erroneously locate their preferred targets in their own bodies…" (p. 194). If you are flabby and eroticize muscular bodies, you just have an ETLE, but not the erotic target identity inversion.

The presence of an unusual sexual interest and a specific mental disorder in the same individual indicates the interest is correlated with the disorder—not caused by it. Even when individuals have a mental disorder (e.g., depression) *because* of their unusual sexual interest, treatment should be directed at the mental disorder (or the reaction to the societal stigma causing the disorder)—not the unusual sexual interest (see Moser & Kleinplatz, 2002). The transient dysphoria some individuals experience as they accept their sex interests or identities (also known as the "coming out" process) is not a sign of a mental disorder.

At least until Lawrence (2009) and other proponents of this model define the concept clearly and explain how to avoid the misapplication of the label, ETLEs are not ready to be enshrined in the *DSM–V* (APA, in preparation).

References

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.

American Psychiatric Association. (in preparation). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Freud, S., & Strachey, J. (1976). *The complete psychological works of Sigmund Freud: The Standard Edition* (Vols. 1–24). New York: Norton.

Kleinplatz, P. J., & Moser, C. (2005). Is S/M pathological? *Lesbian & Gay Psychology Review*, *6*, 255–260.

Lawrence, A. A. (2005). Sexuality before and after male-to-female sex reassignment surgery. *Archives of Sexual Behavior*, *34*, 147–166.

Lawrence, A. A. (2009). Erotic target location errors: An underappreciated paraphilic dimension. *Journal of Sex Research*, *46*, 194–215.

Moser, C. (2001). Paraphilia: Another confused sexological concept. In P. J. Kleinplatz (Ed.), *New directions in sex therapy: Innovations and alternatives* (pp. 91–108). Philadelphia: Brunner/Routledge.

Moser, C. (2002). Are any of the paraphilias in the *DSM* mental disorders? *Archives of Sexual Behavior*, *31*, 490–491.

Moser, C. (2009). When is an unusual sexual interest a mental disorder? [Letter to the Editor]. *Archives of Sexual Behavior*, *38*, 323–325.

Moser, C., & Kleinplatz, P. J. (2002). Transvestitic fetishism: Psychopathology or iatrogenic artifact? *New Jersey Psychologist*, *52*, 16–17.

Moser, C., & Kleinplatz, P. J. (2005a). Does heterosexuality belong in the *DSM*? *Lesbian & Gay Psychology Review*, *6*, 261–267.

Moser, C., & Kleinplatz, P. J. (2005b). *DSM–IV–TR* and the paraphilias: An argument for removal. *Journal of Psychology and Human Sexuality*, *17*(3/4), 91–109.

Suppe, E. (1984). Classifying sexual disorders: The diagnostic and statistical manual of the American Psychiatric Association. *Journal of Homosexuality*, *9*(4), 9–28.

von Krafft-Ebing, R. (1965). *Psychopathia sexualis* (F. S. Klaf, Trans.). New York: Bell. (Original work published 1886)