

Paraphilias: New Concepts, Classification and Treatment Options

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Old Concepts

What was abnormal?

SOMETHING that
deviated from the social
or cultural **NORM** -
OFTEN dictated by
Traditions and religious
viewpoints

Abnormal=Sexual
Perversion



Diagnostic and Statistical Manual of
Mental Disorders of Mental Disorders
I (1952) and II (1968)
American Psychiatric Association



**SEXUAL PERVERSION
NON-HETEROSEXUAL
NON-PROCREATIVE
(KURT FREUND – COURTSHIP
DISORDERS)
NORMAL WAS DEFINED AS
HETEROSEXUAL PENETRATION
(PROCREATIVE SEX)**

What was normal?

Heteronormative

**Culturally Normative Socially
Acceptable,**

**Condoned by religious
authorities and social customs**

Diagnostic and Statistical Manual of
Mental Disorders of Mental Disorders I
American Psychiatric Association
1952



**DISTURBANCE OF SEXUAL
ORIENTATION
HOMOSEXUALLITY
FETISHISM
PEDOPHILIA
TRANSVESTISM
EXHIBITIONISM
VOYEURISM
SADISM
MASOCHISM
“OTHER SEXUAL DEVIATIONS”
(E.G.,: ORAL SEX).**

Paraphilia



John Money popularized the term as a non-pejorative designation for unusual sexual interests.

Parafilia (from the Greek - *para* παρά = a part from and -*filia* φιλία = friendship, love)



Paraphilia



A condition occurring in men and women of being compulsively responsive to and obligatively dependent upon an unusual and personally or socially unacceptable stimulus, perceived in or in the imagery of fantasy, or optimal initiation and maintenance of erotosexual arousal and the facilitation or attainment of orgasm.

- John Money (1986)

In 1980, Diagnostic and Statistical Manual of Mental Disorders changed the term to “Paraphilia”



Categories of Paraphilias

Diagnostic and Statistical Manual of Mental Disorders III (1980); III-R (1987) IV (1994) IV TR (2000).

Pedophilia

Exhibitionism

Voyeurism

Sexual Masochism

Sexual Sadism

Fetishism

Transvestic Fetishism

Frotteurism

International Classification of Diseases 10th Revision (1992)



F65.0 Disorders of Sexual Preference

Paraphilias

It's not a matter of preference.

The most exclusive sexual interests are formed early in life and are relatively stable - not a matter of "taste".

Disorders of Sexual Preference are stigmatizing for people with unusual or non-normative interests.

Need to distinguish more carefully between the increase or pursuit of sexual pleasure and anything that interferes with psychosexual functioning.

DSM-V

2013



The Diagnostic and Statistical Manual of Mental Disorders - 5 adds terminology distinguishes between the two cases, stating that "paraphilias" are not, *ipso facto*, Psychiatric Disorders, "and defines a paraphilic disorder as" a paraphilia that causes distress or impairment to the individual or harm to others." This wording was chosen to make a clear difference between a healthy person with non-normative sexual behavior, and a person with a psychopathological non-normative behavior.



A similar position was said to justify the removal of homosexuality in the Diagnostic and Statistical Manual of Mental Disorders III (1973) and kept "Ego-dystonic homosexuality." The disorders related to homosexuality were finally completely removed from the Diagnostic and Statistical Manual of Mental Disorders-IV. Though vestiges of the "ego-dystonic homosexuality" can still be seen in the Diagnostic and Statistical Manual of Mental Disorders IV (1994) "Sexual disorders not otherwise specified."

DSM -V

The review panel suggested the need to make a distinction between paraphilia and paraphilic disorder. "A paraphilia by itself would not justify or require psychiatric intervention automatically. A paraphilic disorder is a paraphilia that causes distress or impairment to the individual or harm to others. One can define a paraphilias (according to the nature of desires, fantasies, or behaviors) but diagnose a paraphilic disorder (on the basis of distress and damage). So conceiving, having a paraphilia would be a necessary, but not sufficient to have a paraphilic disorder "(APA, 2010).

Removal of Disorders of Sexual Preference(F65)

Denmark and Sweden recently got rid of some of the national codes F65 versions of its International Classification of Diseases. The review of the literature regarding these diagnoses did not lead to the justification for the inclusion of such diagnoses

Denmark

In 1995, Denmark removed sadomasochism from their Classification of Diseases (Revised F65, 2010b)

Sweden



- Effective January 1st 2009, the Swedish National Board of Health and Welfare decided to eliminate the following diagnostic criteria from the Swedish version of WHO's ICD-10, KSH 97:
 - F64.1 Dual-role transvestism
 - F64.2 Gender identity disorder of childhood
 - F65.0 Fetishism
 - F65.1 Fetishistic transvestism
 - F65.5 Sadomasochism
 - F65.6 Multiple disorders of sexual preference
- They retained transsexualism in order to preserve medical and psychological treatment for this condition (Pink News, 2008).

Norway

As of February 1, 2010, Norway's Health Board has removed the same diagnoses as Sweden from their classification of diseases (ReviseF65, 2010a).

F65.1 Transvestic Fetishism



The wearing of clothing of the opposite sex, primarily for sexual excitement and to create the appearance of a person of the opposite sex.

Unnecessary stigmatizing behavior of “cross” gender behavior. Conduct designed to emphasize the excitement / sexual pleasure should not be pathologized

Proposed Revision of the International Classification of Diseases (ICD) (2017)

The paraphilic disorders are more limited to sexual response patterns involving non-willing individuals, or non-consent.

The fact that a pattern of sexual response of the individual to deviate from social or cultural norms is not sufficient basis for diagnosing paraphilic disorder.

Must be acted upon (not just fantasizing) or be notoriously troublesome for the individual.

ICD - 11



- Paraphilic disorders are characterized by persistent and intense patterns of atypical sexual arousal, manifested by sexual thoughts, fantasies, urges, or behaviours, the focus of which involves others whose age or status renders them unwilling or unable to consent and on which the person has acted or by which he or she is markedly distressed. Paraphilic disorders may include arousal patterns involving solitary behaviours or consenting individuals only when these are associated with marked distress that is not simply a result of rejection or feared rejection of the arousal pattern by others or with significant risk of injury or death.

International Classification of Diseases– 11 (2017)



- ~~Fetishism~~
- ~~Fetishistic Transvestism~~
- ~~Exhibitionism (Exhibitionistic Disorder)~~
- ~~Voyeurism (Voyeuristic Disorder)~~
- Paedophilia (Pedophilic Disorder)
- ~~Sadomasochism (Coercive Sexual Sadism Disorder)~~
- (Frotteuristic Disorder)
- ~~Multiple Disorders of Sexual Preference~~
- Other (Paraphilic Disorders of Sexual Preference involving non-consenting individuals)
- ~~Disorders of Sexual Preference Unspecified~~
- (Paraphilic disorder involving solitary behaviour or consenting individuals)

Compulsive Sexual Behavior Disorder???

- Compulsive sexual behaviour disorder is characterized by the presence of intense, repetitive sexual impulses or urges that are experienced as irresistible or uncontrollable, leading to repetitive sexual behaviour. The individual experiences increased tension or affective arousal immediately before the sexual activity, and relief or dissipation of tension as a function of the sexual behaviour. If the sexual behaviour occurs within the context of a manic episode, Compulsive sexual behaviour disorder should not be diagnosed separately

Now what is abnormal?



Before – non-normative

Now:

Coercive

Non-consensual

Can involve solo or consensual but must involve marked distress

- Not sufficient to cross expectations of gender, orientation, cultural norms, religious influence.

We are progressing!!!

Heteronormativity is dying

Social ostracism of diversity is diminishing

Sexual variation is recognized

**Stigma and prejudice are seen as the demons,
not the diversity of human sexual expression**

Implications for Treatment

Focus on less pathologization of diversity of sexual expression

Work to help people integrate non-normative sexual behaviors (paraphilias) into their lives and relationships without shame

Using more psychotropic medications to treat paraphilic Disorders along with psychotherapy