Paraphilias

Cornelia Pinnell, Ph.D.
Argosy University/Phoenix
Lecture Outline

- Definitions
- Epidemiology
- Etiology
- Diagnostic features
- Course and prognosis
- Treatment issues
Krafft-Ebbing described sexual cravings in his classic "Psychopathia Sexualis" (1886)
Paraphilias

Characterized by recurrent, intense sexual urges, fantasies or behaviors involving unusual objects, activities or situations and cause clinically significant distress or impairment in social, occupational or other important areas of functioning (sexual arousal occurs almost exclusively in relationship to inappropriate objects, individuals or situations) - may interfere with the capacity for reciprocal, affectionate sexual arousal.
Epidemiology of paraphilias

- Paraphilias are rarely diagnosed in general clinical facilities (most likely they are underdiagnosed)

- Clinical studies of paraphilia are rare
Epidemiology of paraphilias

- The most common presenting problems are: pedophilia, voyeurism, and exhibitionism

- The majority of paraphilias are diagnosed in males

- More likely to occur in societies with high male dominance

- Anthropologists tend to agree that most standard paraphilias are unique to Western societies
Etiology of paraphilias

Abnormal biological findings:

- 74% with abnormal hormonal levels
- 27% with chromozomal abnormalities
- 9% with seizures
- 9% with dyslexia
- 4% with major mental disorders
Etiology of paraphilias

**Behavioral/Social Learning Models:**

- Accidental classic conditioning at a young age.
- Molestation & early experiences of abuse often result in the development of an eroticized child
Etiology of paraphilias

**Classic Psychoanalytic Model:**
- People who fail to complete normal developmental process toward heterosexual adjustment
- Failure to resolve the oedipal crisis by identifying with the father aggressor (for boys) or mother-aggressor (for girls)
Diagnostic features of paraphilias

- The intense sexually arousing fantasies, sexual urges, or behaviors involve inappropriate objects such as:
  1. Nonhuman objects
  2. The suffering or humiliating of oneself or one’s partner
  3. Children or other nonconsenting persons
Diagnosis of paraphilias

- **Criterion A**: Over a period of at least 6 months, recurrent intense sexually arousing fantasies, sexual urges, or behaviors involving ...

- **Criterion B**: The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
Certain fantasies and behaviors associated with paraphilias may begin in childhood or early adolescence, and become better defined over time through lifelong elaborations.
Course and prognosis

*Poor prognosis* when:

- Early onset
- High frequency acts
- Accompanied by substance abuse
- There is no guilt or shame about the act(s)
Paraphilias

- 302.4 Exhibitionism
- 302.81 Fetishism
- 302.89 Frotteurism
- 302.2 Pedophilia -
- 302.83 Sexual Masochism
- 302.84 Sexual Sadism
- 302.3 Transvestic Fetishism
- 302.82 Voyeurism
- 302.9 Paraphilia NOS
Paraphilias – ‘ad infinitum’

- **302.4 Exhibitionism**: genital exposure to unsuspecting strangers
- **302.89 Frotteurism**: touching/rubbing against nonconsenting persons
- **302.83 Sexual masochism**: made to suffer, feel humiliated, beaten, bound – 30% also have sadistic fantasies
- **302.84 Sexual sadism**: physical or psychological suffering inflicted on the victim
Paraphilias – ‘ad infinitum’

- **302.81 Fetishism**: intense sexually arousing fantasies and behaviors involving the use of nonliving objects (e.g., female undergarment)
The presence of the fetish is *always preferred* and *may be required* for the individual to become sexually aroused (more likely in societies that restrict sexuality of young people & with high male dominance - in large urban areas, crowded public transportation vehicles)
302.3 Transvestic fetishism: cross-dressing in a hetero-sexual male as a means of arousal and as adjunct to masturbation or coitus. Can be graded on a continuum from solitary, depressed, guilt-ridden dressing, to ego-syntonic social membership in a transvestite culture
Paraphilias – ‘ad infinitum’

- **302.82 Voyeurism**: observing another person naked, disrobing, during sex

- **Paraphilia NOS**:
  - Telephone and computer scatologia
  - Necrophilia
  - Partialism (body parts)
  - Zoophilia, coprophilia (feces), klismaphilia (enemas), urophilia (urine), hypoxiphilia, etc.
Pedophilia

No society condones or regularly practices coitus with prepubescent children!!!

Castillo, 1997
302.2 Pedophilia

302.2 Pedophilia: sexual activity with a prepubescent child. Pedophilia is a paraphilia in which the affected individual (an adult over the age of 16) experiences recurrent, intense sexual urges and sexually arousing fantasies toward prepubescent children.
302.2 Pedophilia

- There is variability in sexual behavior and phenomenology – some have disturbing fantasies but do not act out their impulses.

- Grooming & secrecy are frequent.
302.2 Pedophilia – a continuum

Pedophilic behavior ranges between:

- *Fixated/immature* - unable to relate to adult peers and to develop satisfying interpersonal relationships; sexually comfortable only with children

- *Regressed* - able to relate to peer adults; turns to sexual behaviors with children (who are less threatening) under stress or following rejection/conflict
Characteristics of ‘fixated’ pedophiles

- If married, mainly to gain access to children

- Often attracted to children of a particular age range & gender – typically young age, prepubescent, often males; tend to stop as the child ages (fixated pedophiles)
Characteristics of ‘fixated’ pedophiles

- May attract children in elaborate ways, generous gifts, attention or may use threats
Pedophile sexual activities

- Masturbation while looking at a naked child (or pornographic pictures of children)
- Exposure
- Touching and fondling
- Cunnilingus/fellatio
- Intercourse/penetration into mouth, anus, vagina
Characteristics of ‘regressed’ pedophiles

- Pedophile sexual activity tends to occur following a psychosocial stressor, which is experienced as a ‘narcissistic injury’

- Commonly abused as a child
Characteristics of ‘regressed’ pedophiles

- Shame/guilt cycle
- Feeling ‘out of control’
- Tendency to incest
Pedophile’s rationalizations

Rationalizations/cognitive distortions:

- “Child was sexually provocative”
- “Child derives pleasure”
- “It is educational”
Treatment of pedophilia

Pedophilia is not curable, but it is treatable!

- **Group therapy** – confrontation of denial and rationalizations (cognitive distortions); supportive milieu conducive to frank discussions; relapse-prevention strategies; ongoing problem-solving. Development of family- and community-based support system
Treatment of pedophilia

- **Behavior therapy**: aversive methods (electrical shock & nausea associated to inappropriate sexual stimuli) for *covert sensitization* & *orgasmic reorientation* (assumption that erotic arousal patterns can be altered). Short-term changes in arousal patterns have been achieved in the laboratory (i.e., erection measured by *penile plethysmograph*).
Treatment of pedophilia

- **Cognitive therapy** - cognitive restructuring

- **Social skills training** - assertiveness training
Treatment of pedophilia

- **Pharmacological treatment** - antiandrogenic drugs (‘sex-drive lowering’) to lower testosterone levels (associated with lower rates of recidivism)

- **Surgical interventions** used to lower testosterone levels (i.e., surgical removal of testes) have been associated with low rates of recidivism – 3%.
REFERENCES


REFERENCES