

Response to Dr. Kenneth Zucker – The Paraphilias
by Susan Wright
NCSF Spokesperson

Chairman Kenneth J. Zucker states in "Reports from the DSM-V Work Group on Sexual and Gender Identity Disorders" published in Archives of Sexual Behavior, 2009, that the Paraphilias Subworkgroup will be retaining the paraphilias diagnoses unlike Denmark (1995), Sweden (2009) and Norway (2010) which have abolished the diagnoses.

What purpose do these diagnoses serve? As of now, it appears that aside from a very small number of people, most of whom are found in forensic populations (sex offenders), the greatest impact of the DSM is that it stigmatizes sexual minorities.

In particular, under the DSM-TR-IV, the measurement of distress and impairment makes it very difficult for a therapist to be sure that the sexual behavior or interest is the cause of the distress and impairment. The distress/impairment criterion is the same for all the paraphilias in the DSM-IV-TR: "Fantasies, behaviors, or objects are paraphilic only when they lead to clinically significant distress or impairment (e.g., are **obligatory, result in sexual dysfunction, require participation of nonconsenting individuals, lead to legal complications, interfere in social relationships**). (p. 568)

NCSF often consults with individuals who suffer distress and impairment in their social and occupational lives (ie. interpersonal difficulties) because their desires conflict with current societal standards. These standards stem in a large part from the DSM itself: pathologizing unusual sexual interests has led to more discrimination and discouraged individuals from seeking treatment for physical and mental health problems. This codification of "cultural aversion" was the same reason that ego-dystonic homosexuality was included in the DSM, and then removed when it was finally recognized as such by the APA.

It is not scientifically sound to confuse societal standards with the basis by which a disorder is determined. Exactly how does the dysfunction associated with the Paraphilias manifest? It needs to be different from other diagnostic categories or the other diagnoses would be more appropriate, such as Impulse Control Disorders.

In addition, if someone is no longer distressed or impaired (they get a new job, they find a sexually compatible partner, they come to self-acceptance through psychotherapy and community support groups, etc.) does that mean that the diagnosis is removed? Paraphilia diagnoses have been misused in criminal and civil proceedings as an indication that individuals cannot control their behavior. Once labeled, an individual can never be considered in any other light than having a mental disorder.

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