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LETTER TO THE EDITOR

Sexual Preference for 14-Year-Olds as a Mental Disorder: You Can't Be Serious!!

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This letter addresses two papers by the DSM-V Sexual and Gender Identity Disorders Workgroup member Ray Blanchard published in this Journal (Blanchard, 2009; Blanchard et al., 2009).

Having been active in the 1970s struggle to remove homosexuality from the DSM (Green, 1972), a success that cured millions of their mental disorder, I am appalled that the ranks of the disordered may swell, once more in consequence of sexual orientation.

As a psychiatry professor and graduate of Yale Law School, I hope I understand the domain of both disciplines. The DSM proposal trespasses their boundary.

Concern is expressed that "the current definition of pedophilia is excluding from specific diagnosis a considerable proportion of men who have a persistent preference for humans at an incomplete stage of physical development" (Blanchard et al., 2009). Whence the 11th commandment, Thou shalt not have sex with those not fully mature? The Commandment could have been carved: Thou shalt not have sex with those before reproductive capacity. This would permit sex with some 13-year-olds.

In several European countries, the age of legal consent to have sex falls within the range proposed for the DSM as signifying mental disorder for the older participant. The age of consent is 14 in Albania, Austria, Bulgaria, Croatia, Estonia, Germany, Hungary, Italy, Lithuania, and Serbia and 13 in Spain (www.avert.org). If the general culture is accepting of participation by the younger party, but psychiatry pathologizes participation by the older party, then the mental health profession pronounces a moralistic standard and, if successful, becomes an agent of social control (Moser & Kleinplatz, 2005).

The American Psychiatric Association (APA) is an organization representing a profession still striving for scientific respectability. The parody of science masquerading as democracy made a laughing stock of psychiatry and the APA when it held a popular vote by its membership on whether homosexuality should remain a mental disorder (Bayer, 1981). Decreeing in a few years time that 19-year-olds who prefer sex with 14-year-olds (5 years their junior) have a mental disorder, as proposed for DSM-V (Blanchard, 2009), will not enhance psychiatry's scientific credibility.

A series of biased terms or logically frail arguments are provided for including hebephilia as a mental disorder. First, the terminology stamped on younger participants in sexual interactions loads the dice in favor of criminalizing (though not pathologizing) sex with early teens. "The modal age of victims of sexual offences in the United States is 14 years; therefore, the modal age of victims falls within the time frame of puberty" (Blanchard, 2009). What constitutes victimhood? Is a victim a person who experienced trauma consequent to a sexual interaction or a willing participant who did not experience an untoward reaction but could not consent legally?

Logical slippage is demonstrated: "In anonymous surveys of social organizations of persons who acknowledge having an erotic interest in children, attraction to children of pubescent ages is more frequently reported than is attraction to those of prepubescent ages" (Blanchard, 2009) So? This does not show that the attraction is a mental disorder. Further, "In samples of sexual offenders recruited from clinics and correctional facilities, men whose offense histories or assessment results suggest erotic interests in pubescents sometimes outnumber those whose data suggest erotic interest in prepubertal children" (Blanchard, 2009). So? This, too, does not show that the attractions or interactions reflect mental disorder, though contact is a

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crime. And, "…large scale surveys that sampled individuals from the general population included questions regarding sexual experiences with older persons when the respondent was underage…a substantial proportion…reported ages of occurrence… within the normal time frame of puberty. The data therefore indicate that hebephilia may be as great a clinical problem as pedophilia" (Blanchard, 2009). Why must it be a clinical problem?

Another argument proposed for DSM inclusion of hebephilia engages sexual predator law: "…practitioners evaluating patients for civil commitment under sexually violent predator statutes typically diagnose such patients with "Paraphilia NOS (Hebephilia)"" (Blanchard, 2009). Again, a law/psychiatry blur. Thankfully, not every hebephile is a sexually violent predator. Those who are could be chained indefinitely by the penal system. Thwarted suicide bombers who continue to pose a public threat can be caged without terrorism entering the DSM.

A cornerstone of the argument for bundling hebephilia with pedophilia is the overlap between interest in prepubertals and pubertals. What of the overlap between hebephiles and teleiophiles (adultophiles)? What of the 50% hebephile/50% teleiophile?

The proposed diagnosis may not attach short of sexual contact with a pubescent person, even when there is intense attraction. If diagnosis requires action (Blanchard, 2009), then psychiatry, the scientific/medical discipline of the emotions and thought, is turned on its head. No matter how mad the thought, it is not a disorder unless acted upon.

Protecting people from unwanted, unwilling, or uncomprehended sexual interaction is commendable. So legislatures enact rape laws to protect older persons and age of consent laws to protect the younger. But categorizing rape as a mental disorder should not be necessary for further protection.

I agree that it is of theoretical and research interest if there is a population of humans attracted equally or primarily to humans in mid-stage puberty to be compared to those attracted to 5-year-olds or 80-year-olds, or those of a similar adult age as themselves. But their study does not require inclusion in the DSM.

The international social and political significance of decisions by the APA and its DSM work group on sexual and gender identity disorders are easily underestimated. In three countries in Europe, there has already been delisting of some paraphilias from that country's version of the WHO's list of sexual disorders (ICD-10) because of stigma attaching to diagnosis (www.revisef65.org). In consequence of its impact in controversial areas of sexual expression, APA/DSM must avoid both the rock and the hard place: 19th century compulsive listing of nearly every pattern of sexual expression as psychopathic sexuality (Krafft-Ebing, 1886) and the condemnation of nearly all patterns with a modern repackaging of 4th century sin (Augustine, 398).

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