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Can the Medicalization of Sexual Deviance ever be Therapeutic?

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Making compassionate mental health care available for MAPs and promoting and disseminating accurate information about them are important goals. In this presentation, I argue that the diagnosis of Pedophilia can probably never accomplish these pragmatic goals, and thus build on my previous work (Hinderliter, 2010) arguing for the declassification of the paraphilias.

First, the DSM's clinical significance criteria for pedophila says that a pedophilic orientation is a disorder only if the person acts on it or is distressed because of it. Using this as the basis for research on pedophilia (or hebephilia) systematically excludes well-adjusted, law-abiding individuals, thereby promoting research that reinforces negative stereotypes. The alternative is recruiting from MAP organizations (i.e. websites), and would require gaining member's trust, a serious challenge for mental health professionals, given that they—along with journalists—are seen as the two main groups in promoting negative stereotypes about MAPs (B4U-ACT, 2011). An illuminating example from fall 2010 will be discussed, which suggests that individuals on these sites would likely be *extremely* hostile to anyone trying to research them from a psychopathological perspective.

Second, as a branch of medicine, psychiatry should be fundamentally committed to the well-being of patients, and not a branch of the criminal justice system masquerading as medicine. To be a disorder, something must involve something negatively valued ("harm"). When the relevant "harm" is primarily toward the individual, the focus of treatment is their well-being; when it is harm to others (real or imagined), the well-being of the individual is too easily sacrificed in the name of "protecting society."

In DSM-III-R, the paraphilias were mental disorders if the individual was distressed about their sexual interest *or had acted on it*, with this second part being inconsistent with the DSM's claim that sexual deviance is not a mental disorder (Gert, 1992). If it is only a disorder if it causes distress, then the diagnosis is, in practice, restricted to individuals wanting clinical help. "Or acted on it" enables diagnosis in the context of sex-offender treatment and SVP commitment regardless of whether the individuals wants it or not, making it medical coercion permitted in a context where the individual is mentally capable of giving/withholding informed consent (if necessary information is given).

In DSM-IV, the paraphilias were made consistent with the DSM's definition of mental disorder (Gert & Culver, 2009), by making them disorders only when they causes distress or disability, although this was an accident (First & Halon, 2008). Many people/groups opposed to the declassification of homosexuality used this change in DSM-IV to raise panic, and the APA caved to political pressure changing the account of (some) paraphilias in DSM-IV-TR. This reaction was not caused by concern for the well-being of MAPs but to promote a narrative that the declassification of homosexuality inevitably leads to acceptance of child-molesting, showing that one of the primary reasons that pedophilia is now a mental disorder is that it inspires feelings of repulsion and disgust, a basis fundamentally inconsistent with the role of physicians as healers.

References

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