

# "Paraphilia": Acultural or Anti-Anthropological?

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## Abstract

*Forensic sexology has long faced the problem of having to hold up its key notions, including "paraphilia" and "cognitive distortions," to the cardinal Western dichotomy of (human) nature and culture. A quick appraisal of this problem, focused on sex offender treatment literature and psychiatric taxonomies, shows that naturalistic conceptions of "sexual perversion" appear to be not so much acultural as anti-anthropological in scope. Related terms, in other words, appear anthropologically eventful precisely where their invocation, postulating some neurological impairment, bars a humanization of perversion. This reading has implications for thoughts about cultural sensitivity in the field. Concepts intended to impose cultural logic and to respect if not tighten the blindfolds of Lady Justice should not be expected to become able to accommodate cultural sensitivity or to facilitate insight into the anthropological predicament of defendants.*

*Keywords: sex offender treatment, anthropology, cross-cultural approaches, cultural psychiatry, review*

There have long been calls for culture-sensitive approaches in sex offender treatment (S.O.T.) literature (e.g. Lewis, 1999). This relates in the first instance to the most basic of legal and medical definitions. Authoritative definitions of "sexual abuse" adapted at the WHO level are dubiously drafted to include all sexual liaisons that can be said to "violate the laws or social taboos of society" (WHO, 1999, p. 15). The International Association for the Treatment of Sexual Offenders takes note of "great discrepancy throughout the world as to what constitutes a sexual offense", and in its definition has *paraphilia* pertain to erotic receptivity to stimuli considered "unusual or socially unacceptable" (Coleman et al., 2000, pp. 13-14).

Yet it is easy to find contemporary S.O.T. handbooks that have little to say about the dimension of culture beyond single-sentence complaints that available literature is "almost exclusively focused on mainstream western societies" (Jackie Craissati, in Beech, Craig & Browne, eds., 2009, p. 14). As in other specialty fields not known for their intellectual proximity to anthropology, in S.O.T. literature the notion of culture often remains obscure. It is often used as a demographic shorthand for ethnicity in ethnically diverse contexts, for non-majority language speakers, or, in international comparisons, for nationality. "Culture" may figure abstractly in theoretical observations on evolution (e.g., Ward & Fisher, 2006). Elsewhere there may be focus on "professional culture", crime (e.g. rape) culture, criminal "subcultures," or overarching socio-political shifts in "penal culture". Many of these angles have been useful in showing broad shifts in the Western landscape of crime and crime management. Still, "culture" remains a decidedly second-order concern, a state of affairs in fact true for post-1980s Anglophone sexology generally.

Already in the mid-1970s, feminist and psychohistorical attention to child sexual abuse firmly established that the issue was centrally about society and societies about patriarchies and cultures of silence. The core claim to any anthropological perspective on this claim will have to wrestle with the following conjecture: As sexuality in its broadest modern sense, notions of victimhood and

offender status function as *metonyms* for the surrounding and interlocking politics of gender, kinship and civilization. Containment of sex crime, real or phantasmagoric, provides a theater like no other for the definition and redefinition of these core dimensions of social life. Their peculiarly hypertensive dramaturgy lies *always also* outside medicolegal questions of innocence, culpability, or criminal capacity. Allusions to cultural relativity at the same time encompass the very script of, *and* as offensive to, this play of absolutized stakes and meanings. There is, in short, a core, *precisely cultural* problem of decorum and sensibility that bars cultural perspectives from the scene of sex crime and from the field of sex criminology. Another way of saying this is that *approaches to sex offences cannot be made culture-sensitive, insofar as they already are the frontispiece of cultural sensitivities*.

Still, one might have expected that major shifts, at least on the Western stage of sexual politics since the mid- through late 1970s, would in time allow for a more reflexive, more critical, and more prioritized interest in notions of culture as they relate to the varying degrees of medicalization associated with (in particular) rape and child sexual abuse. Updates to authoritative psychiatric classifications pertinent to this problem are increasingly recognized as the cultural events that they are (see various contributions to Paris & Phillips, eds., 2013). On closer inspection, however, very little seems to have changed in how such pervasive and fundamental purviews as *culture*, *meaning*, and *social contextuality* are applied to sex and to sex crime in society at large and indeed in S.O.T. literature.

Below I briefly opine that S.O.T. is an irreducibly anthropological endeavor, as it trades in key cultural figurations concerning humanity, society, and personhood. The question is how, against this light, one is to understand culturally intuitive and ubiquitous metaphors such as "cognitive distortion" and "mental disorder". Have these metaphors hardened primarily as answers to cultural imperatives of arguing with offenders over pressing ethical dilemmas? If so, it will add little to discussions to accuse these concepts of being unscientific or acultural. In line with this consideration, it requires pondering that key mobilizing notions, including "paraphilia," are currently operationalized precisely to bar anthropological inquiry into these imperatives and dilemmas. A brief appraisal of this problem is ventured as an invitation to the as yet limited anthropological inquiry into S.O.T.

## The Humanizing Face of Sex Offender Treatment

If, anthropologically speaking, "freedom and creativity in sexuality is especially human" (*sic*; Herdt, 1999), so are the interdiction and unique scandalization of the sex offence. Sex offenders and S.O.T. workers find themselves meeting daily on this cardinal metaphoric plane of distinguishing Man from Beast, Model Citizen from Monster. Anthropologists, in any case, have had ample opportunity to observe that contemporary Anglo-American containment of sex "predators" is widely metaphorized, even legally hardcoded, as a humanizing endeavor. Ironically, for some two decades, sex offender policy in the Anglo-American sphere has been offered up as scandalous exemplar of neoliberal encroachment on the humanity of the offender (e.g., Lancaster, 2011; Spencer, 2009). Comparable allegations are heard widely across interlocking, critical descriptions of "risk society," "penal populism," "punitive governance," "culture of fear," and "medicalization of sexuality."

How the field of forensic sexology chooses to engage with these antipodal characterizations seems critical to its future. In any case, if there is a burgeoning empirical interest in dehumanization (Bain, Vaes & Leyens, Eds., 2014; Gambrill, 2014; Haslam & Loughnan, 2014), its relevance to S.O.T. is not to be missed. Empirical study connects dehumanization to rehabilitation rationales and quality (Viki et al., 2012). Research highlights connections between dehumanization, rhetorical allusions to disgust, and elementary cultural notions of sexual purity and innocence (Bastian, Denson & Haslam,

2012). There are clear anthropological implications to these correlates. Any mobilization around sex crime will have to negotiate longstanding sociological associations of "taboo", "witch hunts", "folk devils" and "demonization," "mass hysteria," "moral panic," and "sex panic." Figurations of monstrosity are said to impact substantially, even critically, on rehabilitation services (Douard & Schultz, 2013). Social theorists point out that kindred notions of *social order*, of the *sacred/pure*, of *pollution* and *contagion*, and dynamics of *scapegoating* centrally inform the status of the sex offender (e.g., Janssen, 2013, pp. 1-3), and thus centrally implicate the scene of sex offender rehabilitation.

S.O.T. is an anthropological endeavor: it partakes in culturally ubiquitous constructions and narrativization of what constitutes the human, as opposed to the beastly or mentally alienated, subject. Since the mid-19th century, sexual proclivities have attained remarkably potent emblematic significance in these culturally ubiquitous operations. Where homosexuality has evolved into a trump card in the definition of Western tolerance against barbaric disregard for human rights, pedophilia, in particular, has been offered up as exemplary Western sensibility in similar but studiously inverted juxtapositions. This global, black-and-white "emblematics" of sexual variants and deviants burdens the latter's intramural treatment with an acute imprimatur of cultural politics. It could be ventured that Society arises importantly at the manifold symbolic deathbeds (the stigmatization, the banishment, the confinement, the scientific naming and anatomizing) of the purported Monster. The Monster has a lot of weight on his shoulders. Critical observers of the S.O.T. field have never had much trouble considering that the political economy of the emblem may come to eclipse or outweigh the humanity of the emblemized at any time. Suicide, in any case, makes increasing *cultural* sense, quite irrespective of whether one can posthumously diagnose suicidants' goodbye notes in tried forensic terms of "denial," "minimization" or "rationalization" (Hoffer & Shelton, 2013). Deprived of the rituals of punishment and registration, it seems, society will still claim its feast of psychiatric dissection.

The absolutism of *humanity* is ideally to be coordinated not only with due process but also with due sympathies for *culture*. Central in this coordination of stakes is the production and deployment of expert knowledge. Law- and jurisprudence-driven sciences such as S.O.T. find themselves, in practice if not in essence, haunted by inter-jurisdictional disparities and by philosophical implications of "cultural defense". The question of how *laws* are greeted with *facts*, in these sciences, opens out onto a whole *anthropology of science*. Consider that the formulaic predicament of the incest committer in societies with no written or empirical forensic sexology is often strikingly comparable to that of the heavily brain-researched and psychoanalyzed child molester in the West. Relatedly, how is one to understand the rule that science only ever happens to confirm the intuitions and traumas of the victim, and only ever happens to find that the offender rather loses himself in a thousand lies and "cognitive distortions"? Is science or culture at work in these agreements and disagreements? Must one insist there is a clear difference? Anthropologists will be open to the suggestion that sexology impresses as much as an *effect* or translation of cultural sensitivities, as it does as a potential *corrective* of or defense against these.

How notions of culture are factored in or out of this scene of expert knowledge-making thus itself makes for a central anthropological question. Thinking about culture happens to touch upon basic elements of the post-*DSM-III* conceptual toolkit of S.O.T. A seminal paper on "cognitive distortions" in child sex offenders argued that if an account of such offences does not honor "accepted standards" obtaining in their society, it is "simply a cognitive distortion" (Abel et al., 1984, p. 100). In many subsequent psychometric approaches to such alleged distortions, references to "other cultures" in forensic contexts are specifically labeled instances of exculpatory "rationalizations" or as pillars of dysfunctional "implicit theories". Recent texts agree that

beliefs can be considered to be thinking errors only in light of the surrounding culture or subculture. Beliefs *become* thinking errors because they are out of sync with that culture and, more to the point, are judged by the culture to be out of sync. (Rich, 2011, p. 325, italics in original)

This frank but arguable equation between cultural "sync" and fact seems used to cut short and medicalize any contextualizing frame for sex offences that might be construed as contrary to S.O.T. objectives. Ethnographic observation here shrivels into "excuse": it becomes a symptom of the "disorder" said to "underlie" offenders' deviation from culturally accepted truisms (for a critical review see Janssen, 2012).

This is not a trivial problem. On a wider historical plane, mid-1970s through 1980s literature on child sex offending was quintessentially driven by a programmatic focus on challenging precisely all the intractable lies and cultural "myths" that would separate victims from justice. There was a castigating of anthropological approaches to "incest taboos" judged to have been too invested in "patriarchal" explanations or folk models of taboo to appreciate the incidence and damage of "actual" incest (La Fontaine, 1987, p. 267; Meigs & Barlow, 2002). Without getting too deep into this problem, one witnesses an important confusion of tongues here. To the anti-abuse movement, myth was clearly to denote not the binding ground of collective ur-wisdoms of anthropological repute, but an untruth or lack of informed sympathy that society must eradicate to be true to its constituents. As Freud, anthropologists themselves were accused accordingly of intellectual complicity with "cultures of silence and cover-up". Here again, figurations of culture and critiques of theories of culture historically underlie core representations of the plight of sexual victimhood and psychosocial theories of offender mentality.

A recent book by anthropologist James B. Waldram (2012) as well as a dated but delightful undercover study by critical theorist Sylvère Lotringer (1988) illustrate how, amidst these culture wars, sense-making takes place in North-American S.O.T. practice. As a compliment and invitation to anthropological studies of sex offender services, below I present a very brief assessment of the representation of the notion of culture in literature on "paraphilia". Observations suggest that working definitions of "paraphilia" not only systematically escape but are programmatically set against anthropological modes of interpretation. This "anti-anthropological" dimension of Western modernity's consecutive notions of *perversion*, *paraphilia* and *paraphilic disorder* may be precisely what has rendered them culturally and morally effective. To dismiss them as "acultural" misses the point: it overlooks precisely their cultural leverage.

## "Paraphilia": An Anti-Anthropological Concept

How notions of culture enter or escape expert discussions of sex should be seen as itself a fundamental articulation of sexual culture. Current engagement with this elementary anthropological question in professional literature will hardly impress the average anthropologist, less still the cultural theorist. In turn, the word *paraphilia* (regularized only from 1980), along with any of its cognates, is hardly ever encountered in anthropology-identified outlets.[1] Except for a report on (largely futile) attempts to inject cultural caveats into *DSM-IV* by Davis (1998), next to no discussion of the subject is encountered across journals such as *Transcultural Psychiatry* (Sage), *Journal of Cross-Cultural Psychology* (Sage), *Culture & Psychology* (Sage), *International Journal of Culture and Mental Health* (Taylor & Francis), *Culture, Medicine, and Psychiatry* (Springer), *World Psychiatry* (World Psychiatric Association), and *World Cultural Psychiatry Research Review* (World

Association of Cultural Psychiatry). Textbooks and handbooks in these fields (I have examined about 25) typically offer little of substance. On the whole, then, both the terminology and the conceptual apparatus of "perversion/paraphilia" have made very little waves where one, judging from the weight and ubiquity of critical sexuality studies today, might expect especially big ones.

In this assessment I have obeyed a split (ratified by the APA since the 7th printing of its *DSM-II* and by the WHO since its 1992 *ICD-10*, though already well-established in the West-European 1890s) between homosexuality ("sexual inversion") and perversion. About the former subject one encounters endless cross-cultural reflection; about the latter, very little. Illustratively, the "Cross-Cultural Issues" chapter of a 2008 *Handbook of Sexual and Gender Identity Disorders* (Nanda, 2008) fashionably blurs all the gender binaries but it ignores the so-called paraphilias. The names for flagship Western paraphilias, including pedophilia, too, have only gained cultural ubiquity since the late 1970s, and very few commentaries on it by anthropologists go beyond equations of it with "child sexual abuse". Illustratively, comparative sociologists in the late 1980s briefly adopted their own typological demarcations of *age-structured homosexuality* (attested from 1986), *age-graded homosexuality* (1987), *transgenerational homosexuality* (1988), and *age-stratified homosexuality* (1992) but had largely abandoned these terms by the mid-1990s.

Little is known about the psychiatricization of "paraphilias", including "pedophilia", worldwide. The current Chinese Classification and Diagnostic Criteria of Mental Disorders (CCMD-3: Chinese Society of Psychiatry, 2001) was remarkably drafted both to "fit in with Chinese cultural background and tradition" and to "match ICD and DSM systems." It was in fact meticulously styled after the *DSM-IV* and *ICD-10*. CCMD-3 recognizes a number of "disorders of sexual preference" (it does not use the term *paraphilia*) but not pedophilia. It did retain the notion of ego-dystonic homosexuality and bisexuality from earlier revisions.

The few direct attempts to submit "paraphilia" to a cross-cultural appraisal (Bhugra, 2000; Bhugra & de Silva, 2007; Bhugra, Popelyuk & McMullen, 2010; Castillo, 1997, pp. 113-147; Davis, 1996, pp. 191-193; 1998; Munroe & Gauvain, 2001) often closely identify with the basic medical tenets of this notion, though many of the references cited herein allow for more fundamental interpretative gestures. Discussions inevitably touch upon the problem of how and to what extent variables related to Weltanschauung, social organization, or ethnotheories of the mind-body relation spoil the fun in solving the familiar puzzles of etiology, epidemiology, classification, and therapy. One is invited to be on several planes at once. On the one hand, culture (if at all) *defines* paraphilia. On the other, culture *causes* paraphilia. On yet another, culture *gets in the way* of "recognizing" paraphilia. Paying attention to the anthropologist would in any case produce better diagnoses, optimized hypotheses, improved treatments. Culture, accordingly, is a "major barrier across processes of assessment, treatment and reintegration with [*sic*] offenders" (Tamatea, Webb & Boer, 2011, p. 313). If only one could overcome that barrier.

Another line of argument adopts the premise that what is at root "cultural" or "culturally variable" cannot also inform or amount to "science". Where things ought to be "scientific", showing they are in fact tainted with varying meanings or meaning systems would dismiss them from the sterile and noble pursuit of naturalistic classifications. Here, authors remain even more resolutely within the empirical mindset of sex science and the grand project of ending up with an objective taxonomy of things in the brain, genome, or blood.

Illustratively, in a recent wave of criticism apropos "hebephilia" (spearheaded by *DSM*-veterans Allen Frances, Michael B. First, and Richard Green) as well as a longer legacy of criticism apropos "pedophilia" (e.g., by Green [2002] and Thomas Szasz, among others), many commentators have refuted diagnostic categorization through recourse to inferences about cross-cultural commonality,

purported "adaptiveness", or apparent lack of biomarkers. In line with this epidemiological stance, most of the more elaborate science-minded commentaries seemed to reduce "cultures" to places where the natural substrate of "nonnormative erotic orientation" may or may not be attested. In these texts, neither the normative occasion of the debate nor the conceptual toolkit for its discussion receives anthropological pondering. Culture is taken as the cumulative effect of having to deal with naturally occurring paraphilias: culture is taken to provide *evidence for or against* paraphilia's naturalness.

A third, more anthropologically engaging line of research contends itself with studying "folk" or "lay" understandings of "paraphilia", its "etiology" and its "cure" that is, precisely with assessing the extent one can attest these biomedical figurations of disease in and across diverse populations (e.g., Furnham & Haraldsen, 1998; Twohig & Furnham, 1998; Giosan, Glover & Haslam, 2001). Sadly, few of these studies actually look closely, or at all, across diverse populations.

They do tie in nicely with medical historical questions about paraphilia. Where, when and how did the concept emerge onto the scientific and popular scene? The term *Paraphilie* was notably coined in 1903 by Vienna-based folklorist and ethnographer Friedrich Salomon Krauss as a purported, anthropologically suitable alternative to the damning verdicts of *sexual pathology* and *perversion* (Janssen, 2014). Its utility as a mere word was doubted early on but it resurfaced without attribution in *DSM-III Drafts* (Task Force on Nomenclature and Statistics of the American Psychiatric Association, 1978, L-8) and the eventual *DSM-III*, at the apparent cue of American clinician John Money, a Member of the DSM-III Psychosexual Disorders Advisory Committee.[2]

It has been a defining mark of internationally used, post-WW-II classification systems including the *DSM* and the *ICD* that they have never located the "paraphilias" within the purview of "culture-bound syndromes." [3] Here, "culture" is at the same time imagined integral to *and* distinct from psychiatric entities. A curious form of double-speak ensued. The first *DSM* listed "Sexual Deviations" under the header of "Sociopathic Personality Disturbances" admitting that people in this category are "ill primarily in terms of society and of conformity with the prevailing cultural milieu" (APA, 1952, p. 38). Yet such "reactive" illness would have the clinician search for "underlying disturbances." Then again, "diagnosis" effectively meant a specification of "the type of the pathologic behavior" (p. 39) suggesting that without "behavior", the question of diagnosis would not arise.

(At this historical point, the sense of "deviation from sexual mores" notably already animated comparative anthropological literature. Brown (1952), for instance, documented that "illness" and "madness" were commonly seen as projected corollaries of transgressions against sexual mores. To what extent the *DSM-1* sense of "underlying disturbance" or the *DSM-III* notion of "paraphilia" has non-Western equivalents has, fascinatingly, never been systematically surveyed or reviewed.)

The 1994 *DSM-IV* is the first edition to specify the diagnostic salience of culture in relation to the paraphilias. It offers a single but revealing sentence:

The diagnosis of Paraphilias across cultures or religions is complicated by the fact that what is considered deviant in one cultural setting may be more acceptable in another setting. (APA, 1994, p. 524)

The sentence is repeated verbatim in the later *Text Revision* (APA, 2000, p. 568). "Culture" here is strictly considered a potential obstructing element on the road to diagnosis, coterminous with

"variations in the presentation of the disorder that may be attributable to the individual's cultural setting" (1994, p. 9). The "disorder" itself is culturally unproblematic: it is its presentation that suffers "complication."

A 1991 APA conference and 1996 book on this issue did specify anthropological objections to para- and pedophilia (Davis, 1996). Illustratively, however, a single-sentence anthropological annotation ad *pedophilia* proposed by Gilbert Herdt for inclusion in the *DSM-IV* never made it into the final revision (for discussions see Davis & Herdt, 1997; Davis, 1996, 1998; Grubin, 1992; Kramer, 2011).

The 1977 *ICD-9* also included a single-sentence, and rather awkwardly phrased, disclaimer where discussing its "sexual deviations and disorders" rubric.

The limits and features of normal sexual inclination and behaviour have not been stated absolutely in different societies and cultures but are broadly such as serve approved social and biological purposes. (*sic*; WHO, 1977, I, p. 196)

No such acknowledgment can be found in the *ICD-10* or online *ICD-11 Beta Draft*, however. An expectedly bolder, but still only single-sentence, caveat is found in the 1996 *Psychodynamic Diagnostic Manual*:

In contrast to categorizing specific [sexual] *acts* as inherently pathological, irrespective of context and meaning, we recommend a thoughtful assessment of subjective factors, meanings, and contexts of variant sexualities. (PDM Task Force, 2006, p. 126, italics in original)

The *DSM-5* generously admits that psychiatric diagnosis is a cultural matter (2013, pp. 14-15). Yet its Paraphilic Disorders chapter (pp. 685-705) admits to nothing of the sort. It rather refers to "human courtship" as the purported universal backdrop to "normophilia". This echoes the anthropologically frivolous theoretical notion of "human courtship disorder" conceptualized in the late 1970s by Kurt Freund. Intriguingly, the *DSM-5* does repeatedly probe into the subject of "sexual orientation" in its Cultural Formulation Interview (pp. 753, 756). Quite similarly, the World Federation of Societies of Biological Psychiatry's discussion of its guidelines for the biological treatment of paraphilias (Thibaut et al., 2010) admits fully to the socio-cultural origins and evolution of concepts of sexual deviancy (p. 604). Yet it then refrains from considering the 19th century "medicalization of sexual deviance" (p. 605) it briefly surveys as anything other than the due victory of biological science.

These minimal and strained allusions to cultural meaning in Anglo-American psychiatry must be contrasted with the grey literature on sexual psychopathy. Ethnographic data centrally animated work by a score of pioneering sexologists—especially Krauss, Magnus Hirschfeld, Havelock Ellis, Iwan Bloch, and Ferdinand Karsch-Haack—and it is here that one finds expressed the first explicit doubts regarding the medical circumscription of some of the freshly coined sexual perversions. The mid-20th century glossary definition of the word perversion in Ford and Beach's classic comparative companion study to the Kinsey tomes, published in the same year as the first DSM, already evidences a radical anthropological stance:

A term without scientific meaning. It refers to any form of sexual activity which a given social group regards as unnatural and abnormal. Activities that are classified as perversions by one society may be considered normal in another. (1952, p. 283, cf. 4, 163)

It is interesting to observe that this urgency to deny *perversion* a scientific utility (an urgency apparently not felt with the then equally anachronistic and moralistic entries of *sodomy* and *onanism*) precedes the anthropological task of saying what it actually means to the people who use it and how it has been used. Some important observations are foreclosed when anthropologists dismiss culturally ubiquitous terms as unscientific on the basis of their being precisely culturally variable!

One further recalls that the 19th century naming of distinct sexual orientations and perversions included direct reference to ancient mythology, language, culture and mores (*Urnings* and *Dionings*, in 1864; *Pädophilie* and *éphébophilie*, both in 1896); to concepts actually borrowed from anthropology (*fétichisme amoureux*, in 1888); and to literary utopists (*sadisme*; *Masochismus* in 1890). Terminology based on the names of notorious sex offenders, in comparison, rarely caught on (examples include *Zastrow* as popular alternative to *Urning*, in 1869; *Dippoldismus* as a popular synonym for "schoolmaster's flagellantism", in 1903). The notion of *perversion*, and its distinction from that of moral *perversity*, was introduced in the first half of the 19th century by French alienists, but had extensive religious connotations (*perversio* being contrasted with *conversio* to God/truth in Christianity). This also pertains to key medicolegal concepts of the day such as *Schändung* (German for desecration or violation). It were philology, anthropology and religion, in short, that provided the very vocabulary kick-starting 19th century European forensic sexology.

## Discussion

Paraphilias are arguably "culture-bound" depending on whether one considers their purview "limited to specific societies or culture areas [and as resonating with] localized, folk, diagnostic categories that frame coherent meanings for certain repetitive, patterned, and troubling sets of experiences and observations" (APA, 2000, pp. xxxiii-xxxiv, 897-903).[4] That the APA has not drawn this conclusion matches the Anglo-American legal system, in which culture rarely figures as exculpatory. The problem with culture is that it precedes any question of culture. Culture the plane of enculturated and interlocking meanings may be so obviously hardcoded in law and clinical routine, that to hold it up to interpretive or comparative scrutiny is already dangerously close to questioning the entire social order with which it is coextensive. Paraphilia, then, is hardly a culturally insensitive concept, nor can it become one. Rather, the term is integral to a way of defining and imposing an order of cultural sense. The clearly strained and evasive ways in which the more official texts discussed above grapple with "culture" reflect this core intrigue. The fate of entire careers depends on it.

That the parameters of scientific controversy over paraphilia consequently come lie within the scope of potential neurodevelopmental and apparent neuroanatomical correlates, must also lie in the simple fact that such an culture-free scope makes it culturally viable and preferable. Neurological explanations encrypt a sense of social imperative into a technical knowledge of and care for opaquely malfunctioning brains. Medicalization is felt to be out of place where societal retaliation is already on firm grounds and experiences little doubt, guilt or counter-arguments ("raptophilia"). It achieves remarkable ingenuity where, one ventures, this is not the case ("pedophilia").

Anthropologists know the scenario of medicalization comes very close to that of taboo-handling in



societies that lack anything that would today qualify as sex research. Here, etiological, diagnostic and prognostic inferences about sexual transgression range from supernatural temptation or retribution, "bad luck" and disease to failing crops. In some New Guinean tribes, "Ghosts [ ] look after aspects of sexual morality. They punish incest or intercourse with close affines by sickness and death. Recovery is possible only if the guilty person confesses his sin and arranges a sacrifice to the outraged ghosts" (Strathern, 1968). Among Navajo, "Incest with a true sibling or a matrilineal parallel cousin (a clan sibling) is thought to be the major cause of generalized seizures. Like cancer in modern American society, this is the dread disease of the Navajo" (Levy, Neutra & Parker, 1979). On the Pacific island of Ponape, comparably,

The parties to incest, especially the forms involving closer relatives, are thought to be subject to a "supernatural doom" (riah-la), which may lead to death, sterility, sickness (including asthma, a common complaint, according to one informant), or other ill fortune. (Fischer, Ward, & Ward, 1976, p. 205)

In these and countless other examples, one feels sympathy for the anthropologist looking for the context, meaning and functions of this idiom of sickness, death, and survival. If he would be commenting on taboos in the Western world, however, the anthropologist will have only enemies. Can't he see that incest *actually* makes one sick, that it *really* accomplishes the death of childhood, that culprits must have some *true* mental disturbance to have done what they did?

Quite irrespective of its pertinence to this or that scientific model, one readily observes that such a realist scope on the whole quietly resonates with legal and moral solutions to problems of social organization. These solutions, on the whole, bar hints at cultural relativity. Since the 1970s, this has resulted in an at times aggressive marginalization of anthropological discourse. These developments can and must themselves be placed in their historical, and anthropological, context. This would allow, indeed require, the posing of questions precisely evaded by entrenched legal and medical definitions of paraphilia. It must be considered there is a critical cultural *purpose* to forensic routines in dealing with issues of intimacy where they disallow any historical or anthropological focus that does not congratulate laws banning whole classes of intimacy (including same-sex intimacy, in many places around the world) and the moral maxims that encode them.

Anthropologists have actively tried to evade harassment but they could hardly expect to succeed except by avoiding the language of paraphilia. In the celebrated work by anthropologist Gilbert Herdt and comparative sociologist Stephen O. Murray, illustratively, we not only find no use for the term *pedophilia* but a specific advice against such use (Herdt & Stoller, 1989, pp. 32, 33; Herdt, 1991, pp. 13-14). This lexical abnegation may have been necessary for anthropologists to be at all able to tell certain tales from the field to an American audience eager to "diagnose" in a timeframe (late 1970s and 1980s) where "diagnosis" of sexual abuse became a mass cultural preoccupation.

(Around 1990 Herdt also discarded the term *homosexuality* where looking back on the "boy insemination rituals" he observed in the mid-1970s New Guinean Highlands. In fifty years from now, who knows whether anthropologists, or clinicians, still have words left to tell tales that make one wonder before one diagnoses.)

## Conclusion

Culture is an inevitable and integral dimension of all scientific formulation. This anthropological axiom has direct purchase on forensic sexology if one agrees that the field is supposed to give

voice to the irreducibly cultural, and distinctly historical, Y-junction of rules, laws and facts. Notions of paraphilia are wedded to modern modes of governance and administration, which stipulates that they privilege compliance to extant law over moral pluralism or culture critique. It seems inevitable that workers in the field own up to this priority, and have little regard for culture beyond the immediate logistics and semantics of rehabilitation goals. Their task is less to arbitrate in than to cater to moral condemnation and legal prohibition to the degree these happen to obtain. Historically and enduringly, their use of the metaphor of disease and concomitant appeal to naturalistic, typically neuropsychoneuroendocrinological, modes of expression can only be read as deriving from legal and moral circumstance. Deprived of such circumstance, questions of etiology and of neurological correlates would fade into technical irrelevance and cultural incongruity, as the historical case of homosexuality may suggest.

It is probably too much to ask, at this historical juncture, to do with "paraphilia" as Beier does with his neologism of "dissexuality" to squarely define it as "a sexual expression of a failure to conform to social norms" (Beier, 1998, p. 134) and thus to acknowledge that the sex offence is simply a banal battle between a resourceful conspiracy of social conformists ("society") and the incidental erotic dissidents it loves to hate. Although entertained by anthropologists for decades (Gayle Rubin is one), such an honest admittance will be resisted by most people who derive a career and a daily wage from the formulaic convention that they are working with sick (not just ill-fitting) people. Developments have been strikingly uneven among the "paraphilias." Differences between the reputability of "S/M lifestyles" and that of "pedophilia" are too obvious to Western readers to require elaboration. What bothers people in being confronted with a "paraphile" is never his "mental disorder", however. Rather, what really bothers people the crisis of categories that arises from a failure to replicate the required social codes is also what renders its quarantining and vilification through the metaphor of mental disease enduringly compelling. Again, one is not being insensitive to culture. The issue is rather that culture is too sensitive a matter to be abandoned to the anthropologist.

## Notes

[1] Corpus analysis can readily be done using databases such as JSTOR (listing 1,138 anthropology titles), eHRAF World Cultures, AnthroSource, and abstracts of the Anthropological Index Online.

[2] Money himself coined paraphilias by the dozens. He christened paraphilia's antonym as *normophilia*. He also wavered erratically between medicalizing and demedicalizing paraphilias. How he handled cultural considerations can be gleaned from two papers he co-authored in 1986 and 1987, where he ventures the notion of "transcultural sexology". If one can indeed speak of a specialty here, it (despite Money) has had little use for psychiatric nomenclature.

[3] The small canon of recognized "cultural concepts of distress" (*DSM-5*) or "culture-specific disorders" (*ICD-10*) featuring sexual or genital themes including *Dhat*, *koro*, and *grisi siknis* covers not "paraphilic" but psychotic, phobic, or hypochondriac symptoms.

[4] As evidenced in late 1860s pamphlets by early sexual reformer Karl Heinrich Ulrichs, in the absence of a scientific outline or name for "pedophilia" there was indeed already a "localized, folk" tendency to qualify it as "morbid." Many sources today, to complicate matters, speak of pedophilia as a "cultural" morbidity. Yet others speak rather of a societal "obsession" with sex crime. Clearly, the lingo of medicine is not owned by clinicians but importantly claimed by whomever wants to make a moral point. This should be kept in mind by those who mine texts like the *DSM-5* for cultural clues.

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