Paraphilias: Phenomenology and Classification*

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DSM-III incorrectly designates the majority of paraphilias as atypical. Only eight are named, and those because of their forensic history, rather than their pathology and therapeutic need. In this paper, thirty-odd paraphilias are subdivided into six categories on the basis of their phenomenological dynamics. The new concept of the developmental lovemap is introduced for the first time. A new treatment originated by the author in 1966 combines an androgen agonist with counseling therapy.

LOVEMAPS

The most conclusive evidence concerning the importance of sexual rehearsal play in human childhood comes from the study of tribal people whose ancient tribal ways have not been overly Westernized.¹–⁴ In some cases, the tribal tradition of childrearing does not require that children be punished when they engage in sexual rehearsal play, which they do from time to time, though without being obtrusive about it. Because anthropologists themselves have typically been too prudishly Victorian to have recorded sexual rehearsal play in children, there is not as much evidence as one would like. However, from the evidence available, the conclusion is that heterosexual rehearsal play in childhood lays the foundation for uncomplicated heterosexuality in adulthood.

Children get their native language by practicing it. Similarly, they get a native lovemap by engaging in sexual rehearsal play. When their play is not interfered with, the basic geography of the lovemap develops typically as heterosexual. At puberty and thereafter, when the lovemap is heterosexual, the erotic fantasies, daydreams, and nightdreams are heterosexual. So also is the fantasy of the ideal love affair and the ideal lover.

The features and requirements of the ideal lover may be fairly generalized and nonspecific, or they may be very detailed and personalized, so that only relatively few people in everyday life will qualify as perfectly matching

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the specifications of the lovemap. For example, the lovemap may specify
that the ideal lover be a stand-in for a childhood sweetheart, or a popular hero
or heroine, idolized in the early years.

It goes without saying that, in the human species as in any other species,
most individuals in each generation have an inbuilt determinant to have
young ones, and so to replace themselves with a new generation. This
built-in determinant is phyletically programed. That is to say, it exists
simply because an individual is a member of the species. Like a cluster of
wild mushrooms that can push through the paving of an asphalt court, it
cannot easily be sealed over. However, it can encounter abuses that interfere
with its normal expression. The normal heterosexual play of childhood, for
example, may be hampered by too much prohibition, prevention, and
punishment. In that case the standard heterosexual lovemap does not
develop properly in the brain.

In consequence, the lovemap may become defaced in such a way that parts
are missing, thus impairing in adulthood the functioning of the sex organs in
genital intercourse. This is the hypophilic solution. By contrast, the hyper-
philic solution is one in which the lovemap defies defacement, so that the sex
organs, in adulthood, are used with exaggerated defiance, frequency, and
compulsiveness, and/or with great multiplicity of partners, in pairs or in
groups.

There is a third solution in which the lovemap is not completely defaced,
but redesigned with detours that include either new elements, or relocations
of original ones. In some, if not all instances, the new elements or relocations
may derive from a history of atypical sexual rehearsal play and/or erotosexual
experience in childhood. Or they may derive from some other childhood
encounter or series of encounters in which the sexual organs become
stimulated, for instance, receiving an enema, or a whipping. Whatever the
reason, overt or covert, the further development of the lovemap becomes
compromised and distorted, perhaps to the extent of being changed almost
beyond recognition.

A lovemap carries the program of a person's erotic fantasies and their
concerning practices. Distortions, therefore, get carried over into fantasies and practices. A teenage boy's erotic murder/suicide is an example of
what can happen when a lovemap is programed to end in disaster and
self-destruction. In such a case, the penalty written into the boy's lovemap is
that forbidden lust must be followed by the supreme sacrifice, death.

This deadly sequence illustrates the basic formula of both a distorted
lovemap, and also of the paraphilia* for which it is responsible. Two terms

*An erotosexual condition of being recurrently responsive to, and obsessively dependent on,
an unusual or unacceptable stimulus, perceptual or in fantasy, in order to have a state of erotic
arousal initiated or maintained, and in order to achieve or facilitate orgasm. For examples, see
Table 1.
of the formula, love and lust are irreconcilable, and the solution is to find a third term, which in the present instance is sacrifice, with which to reconcile them.

Love is undefiled and saintly. Lust is defiling and sinful. The sinful act of lust, therefore, defiles those who participate in it. It turns the saint into a sinner—the madonna into a whore, and the provider into a playboy.

In the joint sacrifice of suicide/murder, both partners are victims of a paraphilic act of atonement for the degenerate sin of carnal lust.

PARAPHILIAS

The erotic fantasies and their practices or animations that are programed in distorted lovemaps are popularly known as kinky or bizarre. In law and the criminal justice system, they are known as perversions. In science and medicine, perversions are today known as paraphilias.\(^5\)\(^4\) Paraphilia means love (philia) beyond the usual (para). There are about thirty different paraphilias, the exact count depending on whether overlapping ones are separated or not (Table I). Each paraphilia has its own lovemap.

A paraphilic lovemap may not unfold itself fully at puberty, although it commonly does. Instead, the complete extent of its imagery may remain in hiding for some years, until eventually it reveals itself from beginning to end as a complete fantasy. It may first appear as a wet dream or as a masturbation fantasy. Or it may be a copulation fantasy, without which the penis will not erect (or the vagina lubricate), and the orgasm will not occur. The fantasy may be played or replayed silently in the imagination, or enacted as a paraphilic practice.

The lovemaps of the paraphilias can be understood in terms of six strategies. Each strategy, in its own roundabout way, is a certificate of permission to enter what would otherwise be the inaccessible city of lust and ecstasy. The price of the certificate is that the saint is sold into sin. The six strategies comprise, by type, the sacrificial paraphilias, the predatory paraphilias, the mercantile paraphilias, the fetish paraphilias, the eligibility paraphilias, and the allurement paraphilias.

In individual cases, a paraphilia of one type may share characteristics of another type. It is rare, however, for a person to have more than one paraphilia, or to change from one to another. A lovemap, once it has formed, is rather uniquely personalized. It tends to be remarkably stable throughout life—quite the opposite of what degeneracy theory\(^6\) would lead one to believe.

According to the evidence available today, paraphilias occur more often and in more varieties in boys and men than they do in girls and women. This inequality may derive from the fact that nature has designed males more than females to be dependent on their eyes for erotic turn on, and females to be more dependent than males on skin feelings. Lovemaps get into the brain
Table 1 Paraphilias

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<thead>
<tr>
<th>Acrotomophilia* (Amputee Partner)</th>
<th>Mysophilia (Filth)</th>
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<tbody>
<tr>
<td>Apotemnophilia* (Self-Amputee)</td>
<td>Narratophilia (Erotic Talk)</td>
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<tr>
<td>Asphyxiophilia (Self-Strangulation)</td>
<td>Necrophilia (Corpse)</td>
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<td>Autagonistophilia* (on Stage)</td>
<td>Pedophilia (Child)</td>
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<td>Autassasinophilia (Own Murder Staged)</td>
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<td>Autonepiophilia* (Diaperism)</td>
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<tr>
<td>Coprophilia (Feces)</td>
<td>Rape or Biastophilia* (Violent Assault)</td>
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<td>Epehboophilia (Youth Murder)</td>
<td>Sadism</td>
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<td>Erotophonophilia* (Lust Murder)</td>
<td>Scoptophilia (Watching Coitus)</td>
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<td>Fetishism</td>
<td>Somnophilia (Sleeper)</td>
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<td>Frotteurism (Rub against Stranger)</td>
<td>Stigmatophilia* (Piercing; Tattoo)</td>
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<td>Gerontophilia (Elder)</td>
<td>Symphorophilia* (Disaster)</td>
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<td>Hypheophilia (Fabrics)</td>
<td>Telephone Scatophilia (Lewdness)</td>
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<td>Kleptophilia (Stealing)</td>
<td>Troilism (Couple + One)</td>
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<td>Klismaphilia (Enema)</td>
<td>Urophilia or Undinism (Urine)</td>
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<td>Masochism</td>
<td>Voyeurism or Peeping-tomism</td>
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<td>Zoophilia (Animal)</td>
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*New term formed from Greek root (in collaboration with Diskin Clay, Professor of Greek, Johns Hopkins University).

Mostly through the eyes, in contrast with language, which gets in through the ears.

More boys than girls have difficulty in getting their native language, and in learning to read it. It appears that they also have more difficulty in getting their love maps. It is easier for misprints to occur. In some boys it may be easier than others. Their brains may be geared in such a way that they are more vulnerable to misprint errors. Vulnerable or not, the brain does not program a misprint into its love map without getting instructions coming into it from the eyes and ears and the other senses. These instructions come in during the critical map-making years of early childhood. These are the years when sexual degeneracy theory, outmoded but still socially influential, lurks in a child's life like a polluted smog in biological warfare and sabotages the love map instructions that the brain receives. Consequently, the love map program gets misprinted, and the misprinting may turn out to be a paraphilia.
The same paraphilic misprintings may occur regardless of whether the partner relationship will prove to be, over the long term, homosexual, or heterosexual, or bisexual. The programing of the part of the sexual brain that governs the sexual matching of the partnership is another story, most of the details of which remain to be discovered—including the details that might relate to the covert influence of degeneracy theory.

Some of the paraphilias are playful and harmless. Some are an unwelcome nuisance to a partner who does not share their fantasy content. Some are dangerous and destructive, even to a consenting partner. Some of those that are legally classified as sex offenses are violently dangerous, and some, like exhibitionism are harmless offenses against modesty.

The Sacrificial Paraphilias

The sacrificial paraphilias are those in which one or both of the partners must atone for the wicked and degenerate acts of defiling the saint with ecstatic lust by undergoing an act of penance or sacrifice. The penalty ranges from humiliation and hurt to a blood sacrifice and death. Self-sacrifice is masochism; partner-sacrifice is sadism. Either may be consenting or enforced.

Masochistic death may be autoerotic (masturbatory) suicide, or the finale of a self-staged murder of oneself enacted in collaboration with a sadistic partner. Sadistic death, in all probability, is rarely invited. More likely, it is violent and imposed without forewarning. The victim may be either spouse, companion, or stranger. There may be many victims. Multiple lust murder is the most gruesome of the paraphilias, and the one that provokes the most public outrage, and the most severe criminal punishment.

The repertory of sadomasochistic sacrifice varies in degree of harmfulness and playfulness. At one extreme are the acts of a merciless Dracula: horror, shock, assault, brutality, and torture. At the other extreme are the acts of a velvet dragon: games of humiliation, bondage, punishment, and discipline. At either extreme the participants may have been previously acquainted or not. They may participate by mutual consent. There is one sadistic scenario, however, in which it must be an unsuspecting partner or stranger who is subjected to unprovoked outrage, suffering, and abuse.

The sadomasochistic sacrifice is not, of necessity, directed at the sex organs. Either the sadist or the masochist may find erotic arousal from other afflictions of the body, and of the mind. But there are some instances of direct mutilation of the sex organs, some of them by consent of the victim. The sex organs may be bound, beaten, squeezed, stretched, penetrated, pierced, or cut.

In some, if not all cases of erotic masochism, the first pain that a procedure produces fades and becomes transformed into sensuous ecstasy.
In religious and penitential masochism, such as flagellation and being harnessed to flesh hooks, a similar transformation may also be experienced.

Sadomasochistic partner matching is difficult to achieve, as it requires that the fantasies of the two people match hand-in-glove. There is an insufficiency of sadistic women to match up with the excess of men who may be brokers of immense political, business or industrial power by day, and submissive masochists begging for erotic punishment and humiliation by night.

A special form of sacrificial paraphilia, for which a suitable name is symphorophilia (being erotically turned on by accidents or catastrophes), culminates in an arranged disaster, such as an automobile crash. Like a game of Russian roulette, it may end in death—alone or with the partner. However, flirting with disaster, rather than suicide and murder is the trigger responsible for erotic arousal and excitement. Being the daredevil who will live to risk a love-death again is an essential part of this paraphilia.

As a photographic print is the positive made from its negative, so also the positive of self-crashing is arranging for a disaster to occur on the highway, and then watching the carnage from a preselected observation post. Disasters other than on the highway may be arranged—catastrophic fires, for example. For those members of the general public who have a touch of sadomasochism in them, disaster as an unrehearsed event is often a large part of the appeal of entertainment stunts and sports, from the circus to stock-car racing.

The Predatory Paraphilias

The predatory paraphilias are those in which the wicked and degenerate ecstasy of the sinful act of lust is so defiling that it can be indulged only if it is stolen, or taken from the saint by force. The person experiencing one of this group of paraphilias may have the fantasy of being either predator or prey. Though it is not known for sure, it is probably fairly rare for predator and prey to match up with one another, except by setting themselves up in mutually consenting playacting.

The most notorious of the predatory paraphilias is biastophilic rapism or raptophilia. The biastophilic lovemap prescribes that the partner, typically a stranger, should be unsuspecting of what is about to happen, and should be maximally terror-stricken and resistant, until the fantasy enactment has run its course.

Biastophilia may include breaking and entering, and stealing things as well as stealing sexual intercourse by force. The things stolen may be of value, or they may be more in the nature of tokens. In some cases, stealing alone takes place as a substitute for genital intercourse.

In the “sleeping-princess syndrome” (somnophilia), the sexual approach
is a gentle and nonviolent stealing of caresses after breaking and entering, not necessarily followed by genital intercourse. Of course, it is generally mistaken for rape.

Stealing as a paraphilia may also manifest itself as kidnapping or elopement. Though wholly unprepared for the event, the victim may become devotedly bonded to the abductor in a way that totally bewilders those unacquainted with this paradoxical phenomenon.

The Mercantile Paraphilias

In the mercantile paraphilias the wicked and degenerate ecstasy of the sinful act of lust is the social vice practiced only by whores and hustlers for pay. Saintly people do not defile themselves with lust. Therefore, if a saint does become sexual from time to time, the act is equated with taking on the role of a sinful whore or hustler, or of one of their customers. The mercantile paraphilia is not necessarily actual prostitution, for it may be the impersonation of prostitution with an orthodox partner in a conventional home life.

In some mercantile paraphilic fantasies, there are elaborate ruses and pretenses of prostitution. In troilism for example, it is a third person, maybe a stranger, whose role is to create an illusion of prostitution. Thus a husband leaves a phone number and invitation in a public place for another man to have intercourse with his wife. He watches, and while watching is enabled to get an erection. Then he achieves penetration and orgasm, which is not possible except that his wife play the role of a whore.

In a related paraphilia, a man is able to have the same success if he talks to his partner as if she were a whore, and if she responds in character. A woman, by contrast, may have the fantasy that her husband is a casual pickup, or gigolo. The enactment of this fantasy may in either partner include paying, or having money demanded.

Another prostitution fantasy that has widespread male appeal is that of two women involved in wicked and degenerate lust together. Not only is the stimulus in duplicate, but the two Jezebels cry out for rescue from themselves, and he of course is the male who can do it.

The Fetish Paraphilias

The fetish paraphilias are those in which a compromise is made with the saintliness of chastity and abstinence not by trafficking with prostitution, but by including in the sexual act a token that symbolizes the wickedness and degeneracy of the sinful act of ecstatic lust. The token symbolically permits the partner to remain as if saintly, pure, and undefiled. The token is a fetish, and it is the fetish which is the sinful agent of erotic and sexual excitement and arousal. For example, undergarments, especially brassieres and panties or garter belt and stockings, are a fetishistic turn on for countless American
males. In some cases they are stolen from laundry lines. Erotically, they may be more important than the woman who wears them. In the case of the transvestite male, they must be worn by the man, himself, before he can perform genitally. If his partner objects, then he must fantasize that he is wearing them in order to perform successfully.

Fetishistic inclusion objects are, with great frequency, sexy because of their texture (hyphephilia; the feely fetishes) or their smell. A rubber fetish combines feel and smell. Its origin is almost certainly traceable, at least in part, to the rubber training pants formerly popular for infants. Plastic will presumably take the place of rubber in the future. A diaper fetish (autone-piophilia) has a similar early origin, presumably, and so has an enema fetish (klismaphilia).

Like the sexual act itself, many fetishes are related to the tabooed parts of the body and their functions—crotch smells, for example, and soiled underclothing or articles of menstrual hygiene; and the products of elimination that are ingested and smeared in urophilia and coprophilia.

The Eligibility Paraphilies

The eligibility paraphilies are those in which self-abandonment to the wicked and degenerate ecstasy of the sinful act of lust can be achieved only if the partner qualifies as eligible by reason of being beyond the pale, that is, beyond the limits, privileges, and protection of being saintly and undefilable. By some criterion or other, the partner must qualify as an erotic heathen, not at all resembling the likes of one's own parents who, in the proverbial wisdom of many children, would never do anything so dirty as genital intercourse. The criterion may quite literally be that of belonging to another religious faith.

Interfaith marriage, by itself alone, need not be a paraphilia, for one of the yardsticks by which a paraphilia is measured is that it is addictively repetitious and compulsive. This same yardstick applies to all of the eligibility paraphilies.

Instead of religious affiliation, the criterion of being an outsider may be that of racial or nationality type and color. The specifications of what the partner should look like may be extremely detailed—blue-eyed and blond, facially lopsided with a crooked smile, or with a wash-board furrowed brow, and so on.

The entire physique may be involved, as when the specification requires that the partner be diminutive or towering in stature; fat or skinny; disfigured, deformed or crippled, and so on. The ultimate extreme of erotic eligibility distancing is in necrophilia: the partner must be dead.

Social or occupational status, rather than physique, may be the criterion that establishes an erotic eligibility distance between oneself and a partner. The eligibility status that is probably the most prevalent in this type of
paraphilia is that of paramour. A paramour relationship exists outside the institution of marriage, and is legally defined as adultery or fornication. It may be long term or short term, living together or living apart. Only a thin line divides this type of relationship from a paid one with a courtesan or gigolo, especially if, in both instances, the relationship is a continuing one with one person. Marriage ruins such a relationship, because it endows it with respectability, and robs it of the ecstasy of lust which is stigmatized as defiling, naughty, and illicit, as well as wicked and degenerate.

Rough and sweaty labor as compared with cultured and perfumed leisure is another example: occupational and social-class disparity serve to establish an erotic eligibility distance between the self and partner. Uniforms as insignia of occupation may play an important, almost fetishistic ancillary role.

Along with, or in place of a uniform, body tattoos may be insignia of tough occupational status. For some people, the eroticizing of tattoo is accompanied by erotic piercing (stigmatophilia), and the wearing of gold rings and rods in the nipples and genitals, as well as in other parts of the body.

In some paraphilies alterations of the body go far beyond tattoo and piercing and involve mutilation and/or surgical amputation, amateur or professional, of the genitalia or limbs. In the paraphilia of acrotomophilia, erotic eligibility requires that the partner be an amputee, or a person born with a birth defect of missing limbs. Erotic turn-on is to the stump. The counterpart is apotemnophilia, a paraphilic compulsion to get oneself amputated. In some cases the person stage-manages an injury, by means of a planned hunting accident, for example, so as to ensure a professional amputation in a hospital.

Surgical alteration applies in some instances not to the limbs but the genital organs. In males only rarely is genital amputation not associated also with a more pervasive transposition of gender status, namely, the compulsion to be reassigned to live as a member of the other sex. In either sex, surgical and hormonal reassignment completes a male/female or female/male transposition of erotic eligibility. Some individuals are highly responsive to a sex-reassigned partner, more so than they are to a nonreassigned man or woman. In the same vein, among men, there are some whose ideal fantasy is fulfilled by a lady with a penis, that is, a surgically unreassigned transsexual who takes female hormones to feminize the body from male to female, and who lives full time as a woman.

Age matching, like male/female matching, is a routine social norm of erotic eligibility. Discrepancies, when they exist, are yet another circumvention of the conventional norm. They effect a social distancing that serves to circumvent the wickedness-depravity conception of lust and to preserve its
ecstasy. The age-discrepancy paraphilias are gerontophilia, ephebophilia, and pedophilia.

In gerontophilia, a young adult is inwardly compelled always to seek a partner old enough to be either a parent or, in some instances, a grandparent. In ephebophilia, an older person is inwardly compelled always to have a partner who is in the adolescent age range. In pedophilia, an adolescent or adult is inwardly compelled to have a partner who is pubertal or juvenile. The mathematician, Charles L. Dodgson (1832–1898), better known as Lewis Carroll, author of *Alice's Adventures in Wonderland*, and other books for juveniles, was a pedophilic lover of prepubertal girls. Sir James Barrie (1860–1937), author of *Peter Pan*, was a pedophilic lover of prepubertal boys.

The pedophile is a Peter Pan whose erotic age does not advance with birthday age. Likewise the age of the partner stays always in childhood, so that the relationship is a mixture of parent-child and lover-lover bonding. Often the adult pedophile had, in childhood, a relationship with an older partner. A pedophile relationship wanes and breaks up when the younger partner gets to be adolescent. Similarly, an ephebophile relationship may wane and break up, as adolescence advances into the maturity of young adulthood. Some divorces occur on this account, if one or both of the partners is an ephebophile.Erotically, they are unable to advance in age together, for the ephebophile is compulsively driven to have a new partner of nubile age.

A pedophile and ephebophile relationship within the family, even when there is no blood relationship, is a particularly disruptive double-bind. The sanctions of the incest taboo are so threatening and devastating that those involved are almost inevitably damned if they do, and damned if they don’t disclose the existence of the relationship and try to leave it.

All the foregoing specifications and provisos that dictate a degree of erotic distancing between the self and an eligible partner apply to human beings. In zoophilia, the distance that separates is the distance between species. Pets are for petting, and so are lovers. No one knows the prevalence of genital-genital contact between species, but it is not restricted to human-animal contacts. It may happen between other species also.10 Among human beings, especially the erotically isolated, nonpenetrating stimulation of the crotch by a pet may be a more prevalent comfort than is generally believed.

*The Allurement Paraphilias*

The allurement paraphilias are displacement paraphilias, whereas those in the foregoing five categories are inclusion paraphilias. The inclusion is some more or less extraneous ritual, participant, or artifact not typically a
component of heterosexual mating practices. A displacement paraphilia is one that involves a segment of the preparatory phase of an erotic and sexual activity before genital intercourse begins. This is the phase of eye-talk and finger-talk, when the partners give signals or invitations to one another. They flirt, coquet, woo, or lure one another. It is sometimes known as the phase of courtship or, in animals, of the mating dance or display.

In a displacement paraphilia, some part of the preparatory or courtship phase pushes its way onto center field, instead of remaining on the sidelines. It displaces the main event, which is genital intercourse, and steals the spotlight. In this way, the wicked and degenerate ecstasy of the sinful act of lust is disconnected from the sacred act of genital union, and displaced onto a substitute act. The saint is thus redeemed from defilement. This strategy of disconnection is a rather sneaky one, for the build-up of ecstatic lust can be brought back to the marriage bed and used to power the sexual organs into a successful performance. Without this auxiliary power, they might fail. Exhibitionism is an example.

The paraphilia of exhibitionism has its origins in the primate courtship or allurement ritual of displaying the genitalia as an invitation to copulation. The paraphilic male exhibitionist is compulsively driven to display his penis (peideiktophilia) in erection so as to elicit from a stranger a startle response ranging from curiosity or surprise to alarm or panic. A neutral response, for example, telling him that his penis should be covered in public, will bring the episode to a docile end.

In some instances, it is possible to retrieve and authenticate information of early childhood erotic pleasure associated with showing the penis in erection, and maybe of defiance in response to being chastised for doing so. In adulthood, the peak intensity of ecstatic feeling associated with exhibitionism, even without ejaculation, surpasses that of orgasm in sexual intercourse. Punishment and imprisonment do not prevent recurrence. It is extremely rare for exhibitionism to include any other activity than display of the penis, even though many people fear that it will lead to an attempt at genital intercourse, perhaps by coercion.

The opposite of showing is looking, which in paraphilic terms means voyeurism or being a Peeping Tom. The voyeur learns from experience where he is likely to find lighted and uncurtained windows, and where, at night, he may glimpse a female occupant undressing. His erotic excitement is in the forbidden act of looking at her. It is rare that he will attempt to meet with or communicate with her. He may make noise that attracts attention to his loitering and gets him arrested. If a woman sees him through the window and continues to appear naked, he may exhibit his penis, and masturbate, though it is not usual for one person to be both an exhibitionist and a voyeur.

The erotic distancing achieved in both exhibitionism and peeping is
achieved also in explicitly erotic telephone calling. The recipient may be a stranger, or a consenting listener. Professional consenting listeners, trained to take part in erotic telephone fantasies, make a charge for their play-acting role on the telephone.

The erotic telephone caller has counterparts in those whose primary sexual turn-on is not genital sex with a partner but erotic narrations or readings. Similarly there are those who look at erotic burlesque shows, picture books or movies, and those who take erotic pictures, videotapes or movies of themselves (autogonistophilia). All of these entertainments when they are paraphilias, occupy center stage instead of being preliminaries. When shared with a partner, they augment arousal and genital performance. The contents of the entertainments do not necessarily match what happens with the partner. In one case, for example, a man’s maximum turn-on was from sermons, from which he could ejaculate, without masturbating, in church.

Erotic distancing is achieved despite body contact in frotteurism. This is the paraphilia in which erotic arousal, and maybe orgasm also are achieved anonymously by rubbing and pressing against a stranger in a crowded public place, like a subway car or bus. The stranger sometimes may reciprocate.

TRAGEDY INTO TRIUMPH

The fantasies of paraphilia are not socially contagious. They are not preferences borrowed from movies, books, or other people. They are not voluntary choices. They cannot be controlled by will power. Punishment does not prevent them, and persecution does not eradicate them, but feeds them and strengthens them. They are an addiction, or the equivalent of an addiction, and they are defiantly persistent. They are theatrical and showy; their vanity leads to self-incrimination. The paraphilic person is a survivor of catastrophe who repeatedly goes on camera or stage, so to speak, to tell the story of how he turned tragedy into the triumph of survival. The tragedy that deprived the paraphiliac of heterosexual normality was the neglect and/or abuse of the rehearsal play and development of early life, and the paraphilic substitute that took its place. The triumph was that lust and its arousal was saved from total wreckage or extinction by being transferred to some other less prevented and at the time less censored, but paraphilic rehearsal. It was a hollow triumph, alas, for in later years, it would bring more tragedy, as paraphilia so often does.

Knowing the developmental history of a paraphilia is not the same as knowing the whole explanation of its cause. There is no final certainty as to how one particular paraphilic fantasy instead of another gets personalized, though it seems to be related at least in part to a personalized experience of early genital arousal. For example, it is often possible to pin down an early history of too much fussing with enemas in the infancy of those who as adults
have klismaphilia—an obsession with getting an enema as a substitute for genital intercourse.

Apart from the issue of the personalization of a particular paraphilia, there is the larger question of why there should be as many as there are, and no more. The brain may be species-limited as to how many paraphilias it can invent. That is to say, there may be a limit to how many types of behavior not specific to the reproductive act can become attached to erotic arousal.

Once a paraphilia gets lodged in the brain, it is like an addiction that firmly resists dislodging. It is additionally like an addiction in that it needs a new "fix" or repetition, every so often. In between fixes, an outsider would not even suspect its existence. But when it is in action, then it may put the person who has it into what resembles a spell, or a trancelike state, making him do things that he normally would not. As aforementioned, in the case of an exhibitionist flashing his penis to a stranger, if the woman, instead of being startled or scared, would tell him that this was no place to have his penis showing, and that it should be in his pants, then the spell would be broken, and the compulsion to exhibit would cease for the time being.

Many paraphilic men are able to have several ejaculations, as many as ten, on a daily basis. To do so, they must either carry out, or replay in imagination, while masturbating or having genital intercourse, the personalized scenario of the paraphilic fantasy.

Paraphilic fantasies and behavior are not caused by social contagion. A person who does not have klismaphilia can look at five, fifty, or five hundred enema movies of someone getting erotically and genitally turned on by getting an enema, and never be able to get turned on that way himself or herself. Klismaphilic movies are a turn-on only for people who have klismaphilia. For other people they are a curiosity, though to see more than one is uninteresting and a chore.

TREATMENT OF PARAPHILIC SEX OFFENDERS

The most prevalent treatment of the paraphilias that are legislatively defined as sex offenses is penal incarceration and, in some instances, the death sentence. The rationale for defining paraphilias as crimes instead of illnesses derives from the philosophy of the Inquisition and demon possession, for which offenders were burned at the stake. In the eighteenth century, demon-possession theory was replaced by degeneracy theory. This theory, first published by Tissot in 1758, was used to explain both social and individual ills on the basis of personal responsibility, for the cause of degeneracy was attributed to loss of vital fluid in masturbation, and also to indulgence in concupiscent thoughts and fantasies. After the advent of germ theory in the 1870s, degeneracy theory rapidly became outmoded in most branches of medicine, except in sexual medicine. It is still resorted to
as an explanation of why explicit depictions of erotic sexuality, for education or for entertainment, are dangerous to the individual and society. It surfaces in the media when a paraphilic sex offender is stigmatized as a sexual degenerate, and his degeneracy is attributed to the influence of pornography. Degeneracy theory thus allows the paraphilic offender to be held responsible for his condition, and for his offense, since he is held responsible for having exposed himself to the explicit sexual depictions of pornography. In consequence, punishment as a treatment is held justified.

Castration as a punishment for the male sex offender, though historically vindictive in nature, carried also the implication of asexualization as a way of preventing further offenses. Despite the lack of outcome studies, castration treatment did sow the seeds of the idea that sex offenders might be treated by other than penal methods. By and large, however, medicine, including psychiatry, in the 20th century directed only desultory attention to the treatment of paraphilias. In the recent past, the practitioners of behavior modification have staked out a claim to effective treatment, but they have promised more than they have presently proved. Practitioners of the new sex therapy have not included paraphilias in the catalogue of sexual dysfunctions for which they offer treatment.

In the mid-1960s, the new synthetic steroid hormone, cyproterone acetate, was first used at the Hamburg Institute for Sex Research, West Germany, for the treatment of offenders. Cyproterone acetate, having not been approved for use in the United States, an alternative hormone, medroxyprogesterone acetate, was used when the first patient was treated. This patient was successfully relieved of sex-offending behavior for which he would otherwise have been given a long prison sentence. He has maintained his nonoffending status until the present.

In males, medroxyprogesterone acetate, injected in its long-acting form, Upjohn's Depo-Provera® is an androgen-depleting antiandrogen. It is probably also an erotic tranquilizer that has a direct effect on erotosexual pathways in the limbic brain. Its hyposexual effects are reversible upon discontinuance of treatment, except that the paraphilic fantasy and the behavior it dictates no longer have the same tyrannical, addictive quality.

Antiandrogenic hormonal therapy has increased effectiveness, if it is given jointly with counseling therapy, and preferably couple-counseling therapy. The combination enhances the possibility of a successful realignment not only of sexual life, but also of all those other aspects of occupational and domestic life and relationships that are affected by the time-consuming and tyrannical pathology of the paraphilia.

SUMMARY

In biomedical usage, the perversions are now known as the paraphilias. A paraphilia exists in imagery as a fantasy and, animated, as an erotosexual
practice. Developmentally, paraphilic imagery constitutes a lovemap that goes awry during the juvenile period of erotosexual rehearsal play by either the inclusion of new elements, or the displacement of original elements. Each paraphilia has its own paths on the mental lovemap which is a strategy for circumventing the individually encountered incompatibility of the saint and the sinner, the sacred and the profane, in erotosexualism. There are six strategies of circumvention according to which the paraphilias may be classified as the sacrificial, predatory, mercantile, fetish, eligibility, and allurement paraphilias, respectively. Knowing the developmental history of a paraphilia does not explain its etiology in the brain; nor does it explain its existence as an addiction, its phenomenology as a fuguelike syndrome, and its sometimes evident association with central nervous system pathology. The prevalence and variety of paraphilias is greater in males than females. In males, paraphilia is often associated with hyperorgasmia, and its mental representation is typically a prerequisite of orgasm and/or erection. Paraphilias are not socially contagious. Therapeutically, they have a history of being resistant to traditional treatments. Since 1966, an innovative form of treatment combines counseling therapy with hormonal therapy. The hormone is medroxyprogesterone acetate (in Europe, cyproterone acetate) which is a synthetic progestin steroid. It resembles progesterone, the biological precursor of testosterone. Unlike testosterone, it is biologically relatively inert. It diminishes the subjective experience of sex drive and, in addition, may have a direct erotically tranquilizing action on erotosexual pathways in the brain. Its effects are reversible. It has value for the treatment of paraphiliacs who are harassed by their paraphilia, or who, by following the medical route, are able to avoid the penal route.

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