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Pragmatic and Darwinian Views of the Paraphilias

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Abstract In this article, I discuss the question of the pathological nature of various sexual orientations and paraphilias and provide arguments for and against the inclusion of various paraphilias in future versions of the DSM. Practically, it is proposed that most of the paraphilias can be usefully conceptualized as involving sexual behaviors directed toward non-consenting individuals. From a Darwinian standpoint, it seems clear that at least some of the paraphilias should not be considered to be pathological because they are potentially associated with enhanced fitness.

Keywords Paraphilias · DSM · Darwinian · Pathology · Sexual orientation

Introduction

From a Darwinian perspective, all sexual behavior is ultimately reproductive, meaning that the sexual interests underlying these behaviors have been shaped by their effects on relative reproductive success over evolutionary time. Within the lifetime of individuals, however, these interests result from various proximal genetic, hormonal, and experiential mechanisms that operate at different times during development. There are, therefore, many opportunities for things to go wrong. “Wrong” in a Darwinian sense means that an adaptation does not perform the function for which it was designed by natural selection—in the case of sexual behavior, to produce viable offspring.

There are, however, several considerations that add complexity. The first is provided by the inclusive nature of fitness.

Individuals' inclusive fitness is their personal reproductive success plus the reproductive success of their relatives, weighted by the degree of their genetic relationship to the focal individual. Individuals may assist their genetic relatives and thus facilitate the transmission of copies of their genes without producing offspring themselves. An example is provided by the Samoan *Fa'afafine* who interact sexually with other men while providing avuncular investment (Vasey & VanderLaan, 2010). From a gene's point of view, such men may do a great job of reproduction even though they sire no offspring themselves.

The second complication involves conflict between the sexes. Sexual conflict occurs when the reproductive interests of opposite-sexed individuals are opposed. The most obvious behavioral manifestation of sexual conflict is sexual coercion of women by men and cuckoldry of men by women: In both of these cases, one sex interferes with the preferred reproductive strategy of the other. More generally, conflict between the sexes is caused by sexually dimorphic reproductive strategies: Dimorphic because the principal factors limiting reproductive success differ for the two sexes. The principal (but not the only) factor limiting human male reproductive success is number of partners, whereas that for women is the amount of investment that can be secured for their offspring. Because women invest more in their offspring than do men and because men benefit reproductively to a greater extent than women from having more partners, men compete among themselves for access to women more than women compete for access to men. This in turn leads to greater variance in male than female fitness and, consequently, a greater acceptance of risk and more mating effort (effort spent acquiring mateships) among men.

At the genetic level, conflicts between the sexes are reflected by sexually antagonistic alleles—those that confer a benefit to one sex and a cost to the other (e.g., facial hair and a narrow pelvis). Because these genes are carried in the bodies of both sexes, there are a variety of mechanisms to limit their expression

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to the appropriate sex. However, because many genes are involved, some are expressed to varying degrees in the wrong sex. In the end, a gene has to provide a fitness benefit averaged over both sexes in order to spread in the population. In this context, it is important to bear in mind that, because the average fitness of males and females is identical, the winners and losers of sexual conflicts are specific alleles, not one of the sexes themselves.

A Pragmatic View of the Paraphilias

The paraphilias in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000) are characterized as recurrent and intense sexual urges or sexually arousing fantasies generally involving either non-human objects, suffering or humiliation, children, or nonconsenting partners. The paraphilias are included as mental disorders in DSM-IV because they are thought to constitute a behavioral or psychological dysfunction entailing significant distress or disability. They are conceived not as merely an ordinary response to common stressors and losses or a culturally determined response to a particular kind of event or conflict but rather as reflecting a psychobiological dysfunction.

There are eight specific DSM-IV paraphilias in addition to a not “otherwise specified” category: *Exhibitionism* (exposing one’s genitals to an unsuspecting person or performing sexual acts that can be watched by others), *fetishism* (use of inanimate objects to gain sexual excitement), *frotteurism* (touching or rubbing against a nonconsenting person), *pedophilia* (sexual preference for prepubescent children or engaging in child sexual abuse), *sexual masochism* (wanting to be humiliated, beaten, bound, or otherwise made to suffer for sexual pleasure), *sexual sadism* (in which the pain or humiliation of a person is sexually exciting), *transvestic fetishism* (arousal from clothing associated with members of the opposite sex), and *voyeurism* (urges to observe an unsuspecting person who is naked, disrobing, or engaging in sexual activities, or in activities usually considered to be of a private nature).

An important and perhaps primary feature of most of the paraphilias is that the sexual behaviors involve a nonconsenting person: most obviously, exhibitionism, frotteurism, and voyeurism. Exotic dancers, for example, are not ordinarily considered to be exhibitionists but rather sex trade workers, regardless of whether they enjoy their work. Viewing nudity or being viewed nude is a normal part of sexual behavior involving consenting partners, not voyeurism or exhibitionism. Parenthetically, because exhibitionists like to surprise their victims and voyeurs like to covertly spy on their victims, exhibitionists and voyeurs would make less than ideal bedfellows. Similarly, touching and rubbing are ordinary parts of consenting sexual activity, not frotteurism. Sexual masochism and sadism are not uncommonly part of consenting sexual activity (Krueger, 2010). Even

pedophilia can be construed as falling into a similar pattern if it is argued that children cannot meaningfully consent to sexual behaviors with adults. From a practical point of view, therefore, the DSM-IV paraphilias might best be characterized simply as the desire to coercively involve someone in sexual activities. Adopting coercion as one of the defining criteria of paraphilias would run nicely parallel to the provisions of criminal law in most jurisdictions. The only exceptions to the nonconsent criterion appears to be fetishism and transvestic fetishism because both involve inanimate objects.

An advantage of the coercive/non-consent way of viewing the paraphilias is that the state and clinicians are kept out of the “bedrooms of the nation.” In this scheme, homosexuality and kinky sorts of consenting sex are excluded from the paraphilias in a non-problematic manner. Coercive paraphilic disorder, on the other hand, fits naturally into this utilitarian scheme of the paraphilias although it is not currently classified as one.

Up to this point, I have been speaking in pragmatic—i.e., clinical, legal, and social policy—terms. The question of the theoretical/scientific status of the paraphilias as pathologies is quite a different matter. A behavior can be illegal, immoral, and undesirable or cause distress, yet not be an expression of an underlying mental disorder. Something more is required to decide which, if any, of the paraphilias are best conceptualized as psychopathologies.

A Darwinian View of the Paraphilias

The “something more” according to the DSM is an underlying psychobiological dysfunction. A Darwinian approach facilitates a theoretical unpacking of the concept of dysfunction. Wakefield (1992) proposed that in order for a condition to be considered a mental disorder, the condition must represent the failure of some mental mechanism to perform the function for which it was designed by natural selection and the condition must cause some deprivation of benefit (defined in terms of the society within which the affected individual lives). Thus, the first criterion for determining whether something is a mental disorder is scientific and the second is one of values.

With respect to the paraphilias, a Darwinian interpretation characterizes the potential deprivation of benefit as fitness penalties (that would have occurred in the environments of evolutionary adaptation) and the value criterion involves distress caused by the condition itself or by societal reaction to it in contemporary society. Parenthetically, one might want to alter the value criterion in connection with the paraphilias because most people considered to be paraphilic are not distressed by their condition and many are untroubled by societal opinion (although most are troubled by the attendant legal difficulties). It might be better to amend the value criterion in this instance to include “distress to those to whom the paraphilic behaviors are directed,” particularly if coercion or nonconsent were viewed as central to the definition of paraphilia.

Because the ultimate function of sexual behavior is reproduction, those paraphilias that interfere with reproduction meet the scientific criterion for mental disorder. Pedophilia is the only paraphilia that clearly meets this criterion because the targets of pedophilic behaviors are pre-reproductive individuals (Quinsey & Lalumière, 1995). Even in this case, one must exclude sexual contact with a child as a long-term strategy for obtaining an adult partner (for an interesting historical example, see Marks, 2009) or as a result of simple antisociality, misapprehension of age, drunken propinquity to children, and so forth. These exclusions can often be accomplished by determining that the individual prefers children to adults as sexual stimuli using phallometric assessment (e.g., Freund & Blanchard, 1989; Harris, Rice, Quinsey, Chaplin, & Earls, 1992). The proposed pedohebephilia category (Blanchard, 2010) is different from pedophilia because the age and body shape of the preferred partner is closer to a reproductively appropriate target. If non-preferential, pedohebephilia could reflect a lack of precision in age or body shape discrimination or, more likely, a strategy for securing a partner who will shortly become fertile. If preferential, it could reflect an overemphasis on reproductive value as opposed to current fertility (i.e., pubertal girls have the potential to have many offspring in their lifetime because they are at the beginning of their reproductive careers). Note, that to be successful, a preference for reproductive value must involve a long-term mating strategy. Nevertheless, a clear preference for pre-reproductive but pubescent individuals could, like pedophilia, have negative fitness consequences.

The (proposed) paraphilia that most clearly does not meet the scientific criterion is coercive paraphilic disorder because of the positive reproductive consequences for perpetrators of rape (for discussion of this point, see Quinsey, 2010). Scientific evidence and Darwinian theory suggest that rape is one manifestation of pervasive and multi-faceted sexual conflict in which members of one sex sometimes interfere with the preferred reproductive strategies of the other. Rape interferes with female mate choice whereas, from the female side, cuckoldry causes a man to misdirect his paternal investment (Camilleri & Quinsey, 2009). In the interests of gender equity and theoretical consistency, one might think that if there is a coercive paraphilic disorder afflicting men, there ought to be a heterosexual female psychiatric condition, Cuckolding Paraphilic Disorder, that could be defined in parallel fashion as a recurrent and intense urge or sexually arousing fantasy to have sex with someone other than one's partner without that partner's consent. Obviously, neither of these "disorders" meet the Darwinian criterion of pathology—cuckolding paraphilic disorder, like paraphilic coercive disorder, does not ordinarily involve fitness costs to the focal individual but rather potential benefits.

Whether other paraphilias, such as frotteurism, voyeurism, and exhibitionism, meet the scientific criterion is less clear. The answer is determined by whether the particular paraphilia reduces the individual's fitness by diminishing the likelihood of

that person having sex with a reproductively viable individual of the opposite sex. An instructive example is provided by masturbation. No one thinks any more that masturbators cause themselves to go blind or become feeble in body and mind. Masturbation is usually thought of as a healthful activity (in the case of men, for example, lessening the likelihood of developing prostate cancer, improving mood, developing sexual interests, and perhaps even ridding oneself of tired sperm!). Should masturbation be thought of as a paraphilia? Not from a practical point of view, because there is no issue of consent (although with multiple personalities the idea does provide some opportunities for humor). From a Darwinian viewpoint, the key once again is whether masturbation significantly reduces the likelihood of an individual having sex with reproductively appropriate others. The answer here, again appears to be negative (except in the very short term for men).

Conclusions

If we assume that the value criterion for a paraphilic disorder is met by non-consent, then exhibitionism, voyeurism, frotteurism, sadism (if coercive), coercive paraphilic disorder, and (by argument) pedophilia qualify but fetishism, transvestic fetishism, and masochism do not. With respect to the Darwinian requirement of a fitness penalty, coercive paraphilic disorder certainly does not qualify but pedophilia likely does. The statuses of the remaining paraphilias remain unclear, awaiting further empirical investigation.

Whether the paraphilias are considered to be diagnosable pathologies or simply individual differences in sexual interest like homosexuality, their etiology is of great scientific interest. Our ultimate goal is a theoretical understanding of variations in sexual interest. Most of the paraphilias appear to involve amplifications of parts of normal courtship activities, an idea first advanced many years ago by Freund (1988, 1990) in an ethological context. This theory is worth reconsidering now given the remarkable advances in evolutionary developmental biology (the *evo devo* revolution). Evolutionary developmental biology compares the development of different species in order to understand the ancestral relationships between these species and the developmental mechanisms that cause evolutionary change (for introductions, see Carroll, 2005 and Coen, 1999). A mechanistic understanding how sexual preferences and behaviors develop within individuals and across species can provide deep insights into the causes of individual variations in human sexual interest.

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