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Peer Commentaries on Green (2002) and Schmidt (2002)

Pedophilia: When Is a Difference a Disorder?

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The spectrum of human sexuality is diverse. Thus, a visitor from a distant planet could easily observe that there are some adults here on earth who are strongly, and perhaps exclusively, attracted to other adults of the opposite gender. Such persons are said to have a heterosexual orientation. That visitor would also be able to note that there are others who are strongly attracted to adults of the same gender, and who are therefore said to have a homosexual orientation. Finally, he could observe that there are those who are strongly attracted to children, and who are therefore said to have a pedophilic orientation.

Each of the above-noted categories constitutes a different sexual phenomenology (i.e., a difference in sexual makeup). The label used to define each category conveys descriptive information about such differences, presumably devoid of any value judgments about their relative merits. The critical questions, then, are (1) When, if at all, does a difference in sexual makeup become a disorder? and (2) How is it that a label such as pedophilia intended to convey descriptive information can instead become a stigmatizing pejorative?

Our hypothetical visitor from another planet would also be able to observe a remarkable spectrum of other differences. For example, he would be able to identify and distinguish two clearly different biological processes, one of which he might label "cellular regeneration," and the other "rapid cellular proliferation." He could then further study each of these in its own right. However, our esteemed visitor might further discover that we here on earth consider certain forms of rapid cellular proliferation to be a disorder; a disorder that we call cancer. Even though at one level cellular regeneration and rapid cellular proliferation are nothing more than different biological processes, because the latter can both impair function and cause suffering, we have made a value judgment about it and chosen to label it a disorder. Calling something a disorder always involves making such a judgement. Sickle-cell anemia, considered to be a disorder because of its bad consequences, is nevertheless still protective against malaria in those parts of the world where it is endemic.

When can sexual orientation become a disorder? God or nature has put sexual drive into each and every one of us for a very important reason—the preservation of the human race. If a person stops eating, he will die. If we all stopped having sex, the human race would die. In a society in which sex between two adults was forbidden, how many of us would be able (or even willing) to maintain celibacy for a lifetime, particularly if confronted with a number of potentially acquiescent sexual partners?

Behaviors enacted in response to powerful biological appetites, be it for food or for sex, can become associated with some degree of volitional impairment. Consider that to diet successfully one needs only to eat a bit less each day. Yet, so many fail to succeed. When sexual drive becomes "aimed" in an unacceptable direction (e.g., towards children), it still recurrently craves satiation. Thus, in a society such as ours, which for good reasons feels that it must prohibit adult–child sexual interactions, at least some of those with a pedophilic sexual orientation (especially if it is directed exclusively towards children) may be in need of help. They may require assistance in the same way that alcoholics may need help in order to be able to successfully resist their unacceptable cravings. On the other hand, in a society permissive of adult–child sexual interactions, such persons might not be in need of help, and in that sort of a society their sexual orientation, although still different, might not be seen as disordered. Even in our society, in rare instances when confined to nondistressing fantasies, a pedophilic orientation might represent a benign condition not requiring treatment.

It is likely that no one would choose voluntarily to develop a pedophilic sexual orientation. Those with such an orientation have no more decided to have it than have

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any of us decided as children to be either heterosexual or homosexual. Men with pedophilia get erections when fantasizing about children. Heterosexual men get erections when fantasizing about women. In neither case is that so because the individual in question has somehow decided ahead of time to program his mind to work in such a fashion. Persons with pedophilia have simply not chosen to experience an alternative state of mind.

In our society, to have a pedophilic sexual orientation can create both psychological burdens and impairments. Thus, it seems reasonable to view pedophilia as a disorder. In doing so, perhaps we can learn more about how to prevent it. In addition, perhaps we can lighten that burden by finding ways to help such persons be better able to resist acting upon unacceptable cravings. One way of doing so may be through treatments that can pharmacologically suppress the intensity of sexual appetite.

Terms such as pedophilia are used as a way of conveying information. Such terms are intended to identify mental conditions in a way that can enhance our understanding of them and that can guide both future research and the development of effective treatments when needed. Schizophrenia, manic-depressive illness, and pedophilia are all bad things to have. However, they are afflictions that can develop within good people. If labeling them as disorders allows mental health professionals to be better able to help such people, then doing so can serve a useful purpose. Such labels should not be used as ostracizing pejoratives.

Finally, a word about children. When a person with pedophilia interacts with a child sexually, he has done wrong. He may, or may not, have caused harm. In 1999, the United States Congress condemned a study (Rind, Tromovitch, & Bauserman, 1998) that had documented that many children who had had such an experience had not suffered adverse psychological consequences. How many youngsters have been inadvertently hurt, treated as if they must inevitably have become "damaged goods," because of a failure to distinguish between having been wronged versus having been harmed?

Pedophilic Sexual Orientation: A Fuzzy Expression

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At first glance, the papers by Green and Schmidt have very different contradictory lines of arguing. On the one hand, Green has us believe that sexual interest in children is a widespread tendency, prevalent nearly in all cultures, at all times. Accordingly, it must be part of normal variation in sexual interest and may be evocable, occasionally, according to social rules or other furthering circumstances. On the other hand, Schmidt gives a clear-cut definition of pedophilia: Pedophiles are persons whose sexual wishes, desires for relationship bonds, and love are either primarily or exclusively focused on children who have not reached puberty. Nevertheless, this definition points to a heterogeneous phenomenon. The heterogeneity concerns not only the amount of interest (exclusively or only primarily), but also all qualities of these interests. Is there an interest originally focused only on social contact (closeness) with children, becoming "sexual" later on? Is it interest in a mutual erotic love relationship? Or, is it interest in an exclusively sexual endeavor, using the child more like a fetish than like a person?

Taking the variation of pedosexual interest into account, it is not surprising that Krafft-Ebing, in his early writings, understood pedophilia only as a reaction to unsatisfactory heterosexual contacts (inability to impress an adult woman) and disinhibitions in senile and in mentally ill persons, much in contrast to homosexuality, where the concept of a clear-cut orientation seemed much more convincing to him. Only later did he come to believe that a very small minority of persons with pedosexual interests had such an orientation since puberty, which he called "pedophilia erotica." He noted that these individuals could not feel sexually aroused by adults and cohabitated with adults only "faute de mieux" and without "psychological" satisfaction ("seelischer Befriedigung") and that their sexual activity with children consisted mainly in touching or masturbating them, rarely exhibiting themselves during that act (Krafft-Ebing, 1984, p. 417). In Krafft-Ebing's view, the supposed attraction of the prepubertal child was somewhat fuzzy, because it was unclear if the pedophile was attracted by the genitals of the child, other body parts, or by the child as a person.

There is a tendency today to stress a more secondary, let us say "reactive" type of pedophilia, where this interest is not caused exclusively by biological factors (as in Krafft-Ebing's concept), but by a lot of different circumstances. The child is a surrogate-partner, standing for a feared adult in these cases. This is especially true for authors concerned with "victims' work." Interesting, for instance, is Finkelhor's (1984) consideration of four factors responsible for the expression of pedosexual interests: (1) emotional congruence with children; (2) development of sexual arousal (e.g., alongside traumatic experiences or model-learning); (3) blockage of development of (teleophilic) heterosexual or homosexual interests; and (4) disinhibitions (e.g., senility, alcohol, etc.).

Those who are concerned with treatment also stress this reactive type. For example, Marshall, Anderson, and Fernandez (1999) showed convincingly that assertiveness training with a group of pedophilic men not only improved their self-esteem, but also changed their performance on phallometric testing (penile plethysmography). By the way, phallometric testing underlines one more argument against the fuzzy expression of a pedophilic sexual orientation. Nearly one-third (27.7%) of a comparison group of unselected young men (recruited through an advertisement), who were compared with homicidal and nonhomicidal child molesters, showed a positive pedophile index, indicating their principal arousability by visual pedosexual stimuli (Firestone, Bradford, Greenberg, & Nunes, 2000). Thus, it cannot be this arousability alone leading to real pedosexual interest.

The large number of cases where a reactive type of sexual interest in children is evident (e.g., senile or mentally disabled persons who look for a sexual partner and who easily can be convinced to participate in sexual activities) is a strong argument against pedosexual orientation as analogous to homosexual orientation. Therefore, it seems important to be careful with an assessment of a "dilemma" of pedosexual orientation. For establishing motivation for "treatment" or change, it seems much more productive to take developmental as well as sociocultural influences, and the reactive character of most forms of pedosexual interests, into consideration. No question, a minority of pedophilic people remains unable to establish sexual interests in accordance with societal demands for sexual self-determination and protection of children. Nevertheless, it seems questionable to me if the term "sexual orientation" has any explanatory value to them or can help them to find ways of adaptation with the demands of society.

Pedophilia and Sexual Harassment: Do They Have Similarities?

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Both Green and Schmidt raise important questions about pedophilia in their articles. Although Schmidt correctly defines pedophilia, distinguishing it from ephebophilia, in so doing, he narrows the discourse since, in spite of our attempts to be precise in definition, pedophilia in the popular mind has come to mean almost any intergenerational sex between an adult and a minor. It is this broader definition with which most of the public discourse is associated and which is the focus of this response.

Green is correct that adult sexual interactions with prepubescent and pubescent youth have been ubiquitous in many societies—in fact, probably in the majority of past societies. Before the revisions of the national law codes in Western countries in the nineteenth century, the age of consent ranged between 10 and 14; even with the revision, providing there was parental consent, marriages at earlier ages could be arranged. There have been numerous marriages or betrothals of young girls with older men. Both St. Augustine, the founder of western Christian theology, and Muhammad, the founder of Islam, took prepubescent girls as their betrothed. Many of those who entered into such relationships, such as Samuel de Champlain (d. 1635), the first governor of French Canada, agreed that they would not have sex with a 12-year-old bride until she was 14, as Champlain did unless he consulted with her family and received their permission to do so earlier. Apparently, he did.

The issue, however, is not what people did in the past, but what should be our standards today. Green deals with the problems of getting research samples and I am uncertain whether a study similar to that of Wilson and Cox (1983) could be conducted in the United States because of laws requiring therapists to report pedophiles under treatment. The fact that Wilson and Cox concluded that the pedophiles seemed to fall within normal ranges and, on the basis of the personality tests, could not be classified as pathological is, I believe, a key to how to deal with such individuals.

There is a vast range of behaviors in the past which are not sanctioned today, many of them sexual. The behavior most of interest to me, and the one to which I would like to set forth as an example, is sexual harassment. What constitutes sexual harassment might be somewhat debatable (as is pedophilia), but simply to be accused of engaging in it creates major problems to the individuals involved. What we have done in American society is engage in a massive reeducation program emphasizing the acceptable relationships between the sexes and, in many cases, enacted laws to severely punish violators. As a Dean in a major university system, I had to institute workshops on the topic and take action against those who violated the new norms. The point of the workshops was to emphasize that while behavior now defined as harassment might have been normative in the past, it is no longer. It was not pathological behavior, but rather socially not approved, which is a different thing.

Rather than demonize the pedophile for what he thinks is his natural inclination, we have to emphasize that what was normative in the past is no longer the case. This does not make the pedophile a sociopath, but rather a person with a maladjustment to new societal norms. The

pedophile can fantasize and I would encourage them to fantasize. It is the conduct that is unacceptable, not the fantasy. Helping a person adjust to acceptable norms becomes an educational problems rather than a psychiatric one, and to regard it in such a way removes its pathological overtones. In the process, I think it makes the problem of pedophilia easier to deal with.

Abnormal Erotosexual Preferences in Human Beings: The Nature of Pedophilia

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The paraphilias are bizarre and disturbing phenomena of abnormal human sexual preference. How is it that a small fraction of human beings, and most often men, can have erotosexual preferences for objects (such as shoes), for parts of the human body (such as the hair or feet), for inappropriate partners (such as animals or children), or for behavioral traits (such as sadism or lust-murder)? As a primatologist, I find the human paraphilias baffling. I can find no homologues for such behavior among the nonhuman primates. This is not to say that monkeys or apes never exhibit sexual arousal towards inappropriate partners or inanimate objects. However, those human beings afflicted with paraphilias show deep-seated and bizarre erotosexual preferences, which indicate that something has gone profoundly astray during their childhood or perhaps during adolescence, to inappropriately condition sexual arousal.

I understand Green's misgivings about whether pedophilia is a mental disorder rather than a behavioral disorder concerning erotosexual preference. But a disorder it most assuredly is. It does not matter how many tribes in New Guinea, or in other cultures throughout history, have allowed or encouraged sexual contact between adults and children. These cultural variations are not the equivalent of frank pedophilia. Pedophiles have a marked, and often exclusive, sexual preference for children as sex partners (whether in reality or fantasy), often coupled with an inability to form sexual relationships with adults. This is bizarre and abnormal; whether it is a "mental disorder" is debatable but it surely is a disorder of sexuality.

As both Green and Schmidt point out, a major problem with acceptance of pedophilia is that it cannot be truly "consensual," as in the case of sexual activity involving adults. The child is always at risk of being manipulated or disadvantaged by an adult in such relationships. Schmidt provides examples of how a pedophile can inappropriately interact with an unsuspecting child and set up an agenda for intimacy.

Both articles were very interesting and thought provoking. However, the major questions, which surround the paraphilias, including pedophilia, are not touched upon. What I should really like to know is what happens in childhood, or at adolescence, to tilt sexual preferences in such bizarre ways and why only some individuals become afflicted with these compulsions.

Understanding Pedophilia

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These articles make important contributions to understanding pedophilia—a topic that is hard for academics to broach in other than the most horrified tones. As part of a review symposium on the work of Rind and his colleagues, I once made the mistake of calling the article "Sexual Liberation's Last Frontier." My university president was bombarded with letters, phone calls, and e-mails calling for my dismissal and accusing the university of harboring a dangerous pedophile.

Green and Schmidt follow the admirable but dangerous path of seeking understanding before judgement. Green is concerned with the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) and argues that pedophilia should be removed as a category. He uses four arguments. First, what we call pedophilia exists in many cultures and historical time periods. Green asks if all those who engage in the practice are pedophiles. Secondly, he notes that except for symptoms that might be effect rather than cause, pedophiles do not differ from others on personality tests. Green's third argument is that many men in our culture find children sexually arousing. To call them all pedophiles would indict about one-fifth of all men. Finally, many pedophiles do not fit the *DSM*'s own criteria that the sufferer be dysfunctional or at least distressed.

Schmidt is concerned with pedophiles' civil rights, which he balances with the civil rights of children. He defines the term "pedophile," unlike Green, as "men whose sexual wishes and desires for relationship bonds and love are either primarily or exclusively on children who have not yet reached puberty." Thus, he excludes many of those Green considers.

Schmidt describes two discussions about pedophilia in our society. The first is "the child molester discourse," that is, the existing strong cultural assumption that all children suffer greatly and permanently from sexual contact

with adults. The second type is "consensus morality," that whatever two or more actors freely agree to is acceptable, which Schmidt considers to be the most useful basis for a civil society. Sexual acts between adults and children become problematic because of power imbalances. Children cannot freely consent to anything sexual. Schmidt notes that some pedophiles argue that they only want what the child wants, but points out that the powerful can manipulate desire and can never truly understand the desires of the less powerful. For Schmidt, in a society where sexual self-determination is the norm, pedophilia cannot be acceptable regardless of whether its defenders can produce evidence that it does not harm children. Schmidt asks us not to condemn the pedophile, but to view him with sympathy since he is subject to innate desires that may not be realized.

The positions advanced by Green and Schmidt are problematic, but in different ways. Green uses a straw man argument. The *DSM* is not an acultural, ahistorical set of definitions. Normality is culturally and historically specific. Normal acts in other cultures, which we would label pedophilic, tell us nothing about our normality. Various cultures institutionalize many things, which we would consider as a manifestation of mental illness (believing oneself to be a God is one example). We can only decide what is pathological with reference to the social and political. Gay persons did not become normal because the *DSM* so declared them but because of decades of political struggle. And the battle is not yet won as the persistence of homophobia testifies. Furthermore, I assume the same lack of differentiation on personality tests applies to many *DSM* groups. The same criticisms about the *DSM* apply to Green's other arguments.

I sympathize with Schmidt's conclusion that when mutual consent is required in sexual relations, child–adult sex becomes problematic. However, I have less sympathy than he has with those who harbor such sexual desires. First, I find his sexual category, "pedophile," problematic. The process by which some persons who desire children come to so label themselves is complex, as with all sexual identities. I doubt it is coterminous with Schmidt's definition. Some men who also desire adults, or have done so in their lives, will label themselves as pedophiles as a result of experience. Others whose desires focus on children may avoid the label pedophile because of its stigma. Furthermore, Schmidt assumes that sexual object choice is innate and unchanging.

More important than who the pedophile is and what rights he should have is the question of why so many men are erotically attracted to children. Cross-cultural data show us that objects of sexual desire are socially created. Pedophilia is demonized in this culture, but the fact that many men have such sexual interests is ignored. Such is the abhorrence that abused children learn their families do not want to know about the "monster" in their midst because to acknowledge it would bring shame on the entire family. This is why Megan's Law passed without a single dissenting vote in the House or the Senate, even though civil liberties groups opposed it. As data from national surveys show, many people, especially women, report sexual contact with adults while children. These figures are certainly underestimates, but they point to the existence of many American men who approach children sexually. Most are never penalized.

It should come as no surprise that men are sexually attracted to children, particularly to girls. In our culture, little girls are frequently eroticized from children's beauty pageants to the practice of using underdeveloped teens to model adult women's clothes.

Sexual discourse is a discourse around forbidden pleasures. Its forbidden nature is what makes sex exciting. Sex is about the right of the powerful over the powerless. This appears in "normal" gendered relations, in rape, and in the ultimate forbidden fantasy—sex with children. To treat the pedophile as a special category of person who can be held up to scrutiny is to miss an opportunity for understanding. The widespread sexual activity and desire on the part of men towards children tells us much about the nature of society itself.

Pedophilia: More Than A Moral Dilemma

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A difficulty that is often encountered in discussing the issue of pedophilia is that of language. Both professionals and nonprofessionals use terms such as pedophile, incest offender, and child molester interchangeably. This can lead to a great deal of confusion in the discussion of this issue. An incest offender may or may not be a pedophile. Child molester is a pejorative term applied to both the pedophile and incest offender. One cannot be diagnosed as an incest offender or child molester.

Another problem often encountered is whether or not a sexual act with a child was consensual. Schmidt posits the question whether or not sexual acts between adults and children can ever be consensual. I say no. Consent implies that the individual is of legal age according to the jurisdiction in which they live. The age of consent is quite varied from one jurisdiction to the next. For an overview, one only has to visit the website www.ageofconsent.com. In a clinical setting, a client may state that they did not

"force" or "coerce" the child into the sexual act. The client equates the lack of force and coercion as consent on the part of the child. What the client is actually referring to is that the sexual act was mutual.

Are all mutual sexual acts with children harmful? Most pedophiles believe it is society that is wrong. In order to justify their behavior, they engage in cognitive distortions. They believe their sexual activity to be a positive experience for the child. It is true that the sexual orientation of the pedophile is deeply rooted and often poses a dilemma for the individual. What is implied is that all pedophiles act on their sexual attraction. There does exist a subgroup among pedophiles made up of individuals who do not act on their attraction with a child.

Schmidt rightly states that the harm caused to a child who is sexually abused is greatly debated among professionals. To say that all children are harmed in the same way, with the same impact, is similar to saying that all men who molest children do so for the same motivation. If molesting children causes them no harm, why do we spend so many resources in the treatment of men who sexually behave with children? What are we who work with sex offenders trying to accomplish if it is not in some way to prevent another child from being victimized?

Pedophilia: Morality and Psychopathology

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Schmidt perceptively observes that behavioral expression of the need that some men have for sexual relationships with children always involves an unequal relationship between partners. Consensual morality is, therefore, not possible. Schmidt illustrates this with an example of a man who invites a 10-year-old boy to play with electric trains. He shows that the subjective meaning of the narrative that follows is likely to be quite different from the child's perspective in comparison to the adult's. He observes that denial and deception may well be part of the motivation of adults involved in sexual activity with children. Schmidt cites Gagnon and Simon (1973), who emphasized that sexual activity has different meanings for adults and children.

Let me elaborate upon this last point. The image of blissful, unrestricted sexuality is basically a romantic one. People who embrace this may be drawn to the idea that if only we human beings could stop being so puritanical, we could all live like frisky, happy bonobos. The idealistic construction—"natural man"—has had no shortage of advocates, but is problematic. Rousseau, for example, generally considered the father of Romanticism, thought that the "heart" should be more important than the mind in influencing human affairs and he idealized the "noble savage." Bertrand Russell (1945, p. 694) remarked that

> the heart says different things to different people. Some savages are persuaded by the 'natural light' that it is their duty to eat people, and even Voltaire's savages who are led by the voice of reason to hold that one should only eat Jesuits, are not wholly satisfactory.

In order to bring alive the fact that sexual transactions are embedded in psychosocial context, one has only to imagine the range of sexual situations depicted in literature (e.g., Shakespeare's plays). Think of an 8-year-old child "freely" negotiating about entering a sexual relationship with Richard III or Othello. The issue of terminating relationships must, of course, also be considered. What about a child "freely" deciding to dump Henry VIII? In fact, sexual motivations of adults are often embedded in a wide range of virtues and vices, including loving and caring, but also treachery, duplicity, deceit, the desire to control, dominate and inflict suffering, the need for revenge, and so on. Children are not capable of coping with the often mixed motivations of adults. Many adults, despite much life experience and far greater abstract reasoning capacity, fund of knowledge, and skills than children have, stumble over sexual negotiations.

Schmidt also discusses the issue of trauma to the child. Much has been made of the meta-analytic study of Rind et al. (1998; see, e.g., Dallam et al., 2001; Ondersma et al., 2001). As Schmidt correctly points out, this review included many investigations in which definitions of sexual abuse varied, often being quite global. In fact, subpopulations of vulnerable people have certainly been traumatized by childhood sexual abuse (Beitchman et al., 1992, Davies & Frawley, 1994). The fact that trauma may occur as a result of inequalities that are inherent in sexual activity between adults and children is an important reason that the acts are, in Schmidt's view and mine, morally unacceptable. The notion that such activity must necessarily be injurious in every case is not necessary in order to reach this conclusion.

Issues of vulnerability and questions about free choice are illustrated in a brief clinical vignette.

> A gay man in his 50s was seduced during childhood by a beloved woman teacher. He freely entered into the sexual relationship, which continued for years. The woman was admired, was helpful in furthering his development as a musician, and he desperately sought her approval. Although his genital organs fully responded during this sexual activity (his first with another person), it felt "unnatural" for reasons he was not aware of. Years later, he realized that one crucial reason that this was so was that he

> was gay. In fact, the traumatic consequences of apparently freely chosen sexual activity, with a person who seemed to experience herself as loving and caring, contributed to his self-hatred at being gay. It was this self-hatred that led him to seek psychotherapy.

Although this example comes from the clinical domain, and happens to have involved a female pedophile, the issues raised seem relevant to Schmidt's discussion.

Schmidt is also on moral high ground, however, in his concern that society not demonize people who are drawn to sexual activity with children. As he perceptively observes, the sexual desires of the pedophile can be a burden that leads to suffering, and people who experience these desires should certainly not be responded to with contempt or discriminated against.

Green's paper addresses somewhat different issues. Green argues that pedophilia should rightfully be considered a moral and legal problem but not a psychiatric one. He points out that the age of consent in England, "a nation that for six centuries was already graduating students from Oxford and Cambridge," was 10 until the late nineteenth century. Presumably, many people who engaged in sexual activity with children and purchased the services of child prostitutes were well educated. Education, however, seems to be but a modest influence on the moral development of we humans. For example, in the early nineteenth century America, many slaveholders were also quite well educated. To return to Green's point, the very notion of childhood as we understand it today has emerged relatively recently. The rights of children, whether to be free of any type of labor exploitation, sexual or otherwise, must be understood in historical context.

There can be little doubt that assessment of much past behavior from the vantage point of the present can lead to a sense of unreality, as if one were Alice in Wonderland. Did people as recently as the nineteenth century actually believe that masturbation produced physical and psychological illness? Throughout history, physicians and surgeons have responded to the needs of ill people with well-intentioned interventions. Very frequently these ministrations had little empirical support. Indeed, the notion that therapy should be buttressed by "scientific knowledge" is also quite a recent one. Nonetheless, knowledge, as existed at any given phase of history, was codified at periodic intervals. Codified manuals then provided guidelines for "therapy." The early editions of the *DSM* of the American Psychiatric Association were such compendia. In thinking about these editions of the *DSM*, it is humbling to recall what was known and not known about natural and psychological phenomena generally. I was born in 1941 and although I am not sure how I would react had I been transported back to 1952 (when *DSM-I* was published), I know that, in 1952, had someone described cyberspace to me, I would have been certain that he had escaped from Wonderland. The past seems quite primitive, even the recent past that occurred during my own childhood.

Let me turn to *DSM-IV* (American Psychiatric Association, 2000). Although Green limits his critical observations to pedophilia, they really apply to many of the paraphilias. For example, exhibitionism, frotteurism, sexual sadism, and voyeurism share with pedophilia the common features of recurrent, intense sexually arousing fantasies, and sexual activity, or marked distress or interpersonal difficulty because of the fantasies. There is also a category for additional paraphilias not otherwise specified. Should paraphilias that meet these criteria be considered mental disorders? Should mental health professionals turn away people requesting treatment for these conditions and instead refer them to the legal system?

It seems to me that this is a practical question. A response in the negative would mean that mental health services should not be provided such individuals. Since "treatment" would not be carried out, outcome studies would also be curtailed. A dual frame of reference—medical and legal—is certainly untidy and far from ideal. It might, however, be a better way of thinking about the paraphilias than any alternative. Despite the limitations in the present state of knowledge about pedophilia, and the other paraphilias as well, it seems to be more helpful than harmful to consider them psychiatric disorders at this particular point in history.

Pedophilia as a Sexual Orientation?

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Green and Schmidt state the case that adult–child sex should be controlled by the penal system. Both, however, present arguments for conceptualizing pedophilia in a different way. Currently, adult–child sexual behavior is considered both illegal and a form of mental disorder. It appears that the goal of Green and Schmidt is to bring about a logical discussion of this form of sexual behavior, using terms that evoke less emotional responding, so that we can actually discuss the issues at hand.

Green is not the first to critique both the general definition of a mental disorder found in the *DSM* (American Psychiatric Association, 2000) and the description or specific diagnostic criteria for pedophilia to demonstrate that there is a logical disconnect between the two (see Laws & O'Donohue, 1997; Marshall, 1997; Suppe, 1984). He is, however, the first to do so with the most current revision

of the *DSM* and the only writer that I have come across to support his position with examples from the extant historical, cross-cultural, and clinical literatures. He reports that the process of reviewing such literatures was the same one that he and his colleagues used in the 1970s in their ultimately successful battle to have homosexuality removed from the *DSM*. One distinction that Green makes, however, between pedophilia and homosexuality is that adult–child sexuality should not be equated with mutually consenting adult–adult homosexuality, as the former involves children who cannot be considered consensual partners in sexual activities (a point echoing the central thesis of Schmidt's paper). Thus, a logical conclusion to Green's paper is that pedophilia should be removed from the *DSM* classification system in the same way that homosexuality was. If pedophilia should not be conceptualized as mental disorder, how should we view it, and what are the implications of adopting such a view?

One possible conceptualization of pedophilia is that it is a sexual orientation. This point of view appears to be consistent with Schmidt's reasoning. Although most researchers have tended to discuss sexual orientation in terms of the sexes or gender identities of the individuals involved (most likely assuming that the individual to whom one is attracted is of consenting age), there have been a growing number of researchers who have defined sexual orientation in much broader terms, which include pedophilia (e.g., Barbaree, Bogaert, & Seto, 1995; Berlin, 2000; Feierman, 1990; Laws & O'Donohue, 1997; Suppe, 1984). Barbaree et al. (1995), for instance, stated that "sexual orientation is defined by (1) the ability of a certain class of stimuli to evoke sexual arousal and desire in the individual, (2) the persons or objects toward which sexual behavior and activity are directed by the individual, and (3) the persons or objects depicted in fantasies and cognitions" (p. 358). Pedophilia certainly fits within this definition of sexual orientation. Furthermore, clinical evidence suggests that, similar to homosexual or heterosexual orientations, a pedophilic sexual orientation typically begins by early adolescence, tends to be lifelong, and is resistant to change (Abel & Osborn, 1995; Marshall, 1997), for as Schmidt states, it is part of the person's identity.

There are some who believe that, although pedophilia may represent a sexual orientation, it should still be classified as a mental disorder (Berlin, 2000; Laws & O'Donohue, 1997). At present, this might be the best policy. For instance, consider the fact that most comprehensive treatment programs for pedophiles currently involve some work on changing sexual responses to reduce sexual interest in children and/or increase sexual interest in adults, i.e., changing the pedophile's sexual orientation (Barbaree et al., 1995; McAnulty, Adams, & Dillon, 2001; Marshall, 1997). It is possible that such practice could come under attack, if pedophilia was removed from the *DSM*. Basing their statements on reparative or conversion therapies for changing homosexual orientations, clinicians such as Haldeman (1994) have opined that it is unethical to treat a condition that is not considered to be an illness. A number of professional organizations, such as the American Academy of Pediatrics, the American Psychiatric Association, and the National Association of Social Workers, have also passed resolutions or adopted policy or position statements regarding treatments aimed at changing sexual orientations, which echo these sentiments. The American Psychiatric Association ("Position Statement," 1999, p. 1131), for instance, published a position statement on psychiatric treatment and sexual orientation, which concluded by stating

> Therefore, APA opposes any psychiatric treatment, such as "reparative" or "conversion" therapy, that is based on the assumption that homosexuality per se is a mental disorder or is based on the a priori assumption that the patient should change his or her homosexual orientation.

A similar statement was issued a year later ("Position Statement," 2000). We can be sure that there are many who would say that such statements could and logically should be applied to pedophilia if it is removed from the *DSM*.

Another possible implication of removing pedophilia from the *DSM* would be the effects it would have on research. Funding from agencies such as the National Institute of Mental Health would potentially become even more difficult to obtain. Clinical researchers would potentially not have access to research participants or may no longer conduct research in areas such as epidemiology and treatment of pedophilia.

I would like to conclude by stating that I believe that adopting a view of pedophilia as a sexual orientation can be very helpful in encouraging more scholarly discussion on this form of sexual behavior. I am, by no means, advocating that we retain pedophilia in the *DSM* because of the possible implications that I have outlined above. I merely believe that these issues should be considered before making a movement in that direction.

A Favorable View of the *DSM-IV* Diagnosis of Pedophilia and Empathy for the Pedophile

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We disagree with much of what Green sets forth as reasoning, which allows him to conclude that pedophilia is not a mental disorder. First, the acceptance of man–boy sexual relations in other cultures or at other historical times does not mean that pedophilia may not be considered to be a mental disorder. Alcohol dependence, schizophrenia, obsessive-compulsive disorder, and other mental disorders have all existed in various cultures over time, but have not been identified as mental disorders until recognized and categorized as such. Second, his description of the occurrence of adult–infant sexual relations in bonobos could also be argued as illustrating that a model for such behavior exists in primates. Third, it is well known that there are few, if any, psychopathological or other variables that differentiate individuals with pedophilia or paraphilias from those without, and any such distinction would support the consideration of such individuals as constituting a separate group. Finally, the demonstration of sexual arousal to children or the self-reported sexual interest in children cited are in samples who have not reported pedophilic behavior and thus who would not be considered pedophiles.

In the *DSM-IV* (American Psychiatric Association, 2000), "each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom" (p. xxxi). The newly modified criteria for pedophilia that "the person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty" (p. 572) seems to us a valid and appropriate way of diagnosing pedophilia and of limiting its diagnosis.

Many individuals with pedophilia, or others with paraphilias, including exhibitionism, voyeurism, or frotteurism, require acting out on such fantasies or urges in order to develop dysfunction or require the intervention of the legal system to set conditions to create an awareness and acknowledgment of wrongdoing and to motivate individuals for continued treatment. Others will experience interpersonal difficulty (inability to develop or maintain romantic relationships) or dysfunction (loss of income or jobs because of time involved with the activity). If an individual with pedophilic arousal has not acted on his or her arousal, has no interpersonal difficulty, or is not distressed by it, then we would not consider that individual to have pedophilia and not consider him or her to be in need of treatment. In our combined 40 years of experience in treating such populations, we have, however, yet to encounter such an individual. Something has to bring an individual in for evaluation and treatment; otherwise, they are not seen.

The questions raised by Green are even more crystallized by the suggestion of the entity "hypersexual disorder" for the *DSM* by Stein, Black, and Pienaar (2000) with the following diagnostic criteria: (1) the existence of recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors that persist over a period of at least 6 months and do not fall under the definition of paraphilia; (2) the fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning; (3) the symptoms are not better accounted for by another Axis I disorder (e.g., manic episode, delusional disorder, erotomanic subtype); (4) the symptoms are not due to the direct physiologic effects of a substance (e.g., a drug of abuse or a medication) or a general medical condition. A similar concept of "sexual addiction" was considered in the *DSM-IV* Sourcebook (Wise & Schmidt, 1996) but was not felt to be appropriate for inclusion. However, this newly proposed entity seems more neutral and is not encumbered by the term "addiction" and it seems to meet a need that we have found for individuals presenting with complaints of compulsive masturbation, compulsive engagement in the use of internet pornography, and/or compulsive telephone sex (sometimes 10 or 12 hr per day). Here, the nature and aim of an individual's sexual interest pattern are conventional but the acting out of this sexual behavior pattern has become excessive, dysfunctional, and a source of distress.

Paradoxically, if one examines the history of the development of the concept of disease in the field of drug dependence, it has been a long struggle to have society and medicine conceptualize drug dependence as being a disorder or disease, rather than a moral or criminal problem, and this conceptualization has led to the development of more understanding and tolerance, better criteria for the development of research, and a search for more effective treatments (Acker, 1993). It would be our hope that similar results could attend to the use of the pedophilic and paraphilic diagnostic entities in the *DSM-IV*.

Regarding Schmidt's article, we would like to state that we are in agreement with his eloquent presentation of the moral dilemma and tragedy of the pedophile. Unfortunately, some of the effective pharmacotherapeutic treatments available at this time involve a suppression of total sexual interest and do not differentially target sexual interest towards children, thus limiting solutions to this dilemma (Rosler & Wiztum, 2000). Overall, we have found that individuals who are pedophiles have been, and continue to be, subject to great condemnation and discrimination by society, and any work that would enhance

understanding, treatment, and tolerance of them is most welcome.

Yes, Virginia, There Are Real Pedophiles: A Need to Revise and Supervise, Not Eliminate, *DSM*

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Green concluded that pedophilia is not a mental illness "unless we declare a lot of people in many cultures and in much of the past to be mentally ill. And certainly not by the criteria of *DSM*."

I disagree with Green for two main reasons. First, *DSM* should be revised, not eliminated, from consideration in addressing the definition and criteria for pedophilia. Green notes the inadequacies of the *DSM* criteria for pedophilia as have others (O'Donohue, Regev, & Hagstrom, 2000). Of course, *DSM* never claimed to be more than a guide for clinical, educational, and research purposes and specifically warns about treating its contents as a cookbook (American Psychiatric Association, 2000). The expectation of its developers is that it will evolve with time and new information. Behind Green's attack on *DSM* is a more fundamental question: What is a mental disorder? *DSM* does not provide even a clear definition of the main theme of their classification system, acknowledging that "No definition adequately specifies precise boundaries for the concept of 'mental disorder.' The concept of mental disorder, like many other concepts in medicine and science, lacks a consistent operational definition that covers all situations" (American Psychiatric Association, 2000, p. xxi).

DSM has been particularly dismissive of mental disorders that have a neurological, endocrine, or other physical basis. For example, it dropped Organic Personality Syndrome in *DSM-IV*. It frequently has as exclusion criteria "Due to a medical condition" and the terms endocrine, neurologic, and genetic do not even appear in the *DSM-IV* index. Based on the current logic of *DSM*, one may expect that were a physical basis for schizophrenia found, this diagnosis would no longer appear in *DSM*. In short, *DSM* tends to dismiss an area of knowledge wherein the etiology of sexual disorders, including pedophilia, as well as many other mental health problems, may lie. Psychoses and neuroses are not at the heart of sexual disorders. Even unreliably diagnosed personality disorders are not key. However, endocrine (Bain et al., 1988; Gaffney & Berlin, 1984) and neurological findings (Hucker, Langevin, Wortzman, Bain, & Handy, 1986) seem to be the logical avenue to explore in understanding the etiology of pedophilia and the persistence of this sexual preference pattern throughout the life span. *DSM* should be focused more on describing mental symptoms and conditions associated with physical conditions that play a major role in the mental manifestations of the disorders rather than eliminating them. The false compartmentalization of knowledge between professions, such as neurology, endocrinology, and psychiatry, has led to ignoring the interface of mental and physical conditions in sexual disorders as well as in other areas, such as diabetes, thyroid disorders, and brain damage and insult.

A second reason for disagreeing with Green is his overgeneralization of our Western society's view of pedophilia to other cultures. His "many cultures" and "much of the past" is presented in terms of a few examples. He does not tell us that 10% or 50% or 80% of cultures allowed the practice of pedophilia as we know it. Moreover, it is important not to take examples from other cultures and times out of context as Green has done. He provides examples of adult–child contacts at other times and in other cultures without a full description of context. One senses that there are conditions in his examples (noted by my italics) that may not parallel the contemporary definition of pedophilia as an enduring sexual preference for children.

Green notes, "Among the Aranda aborigines of Central Australia for example men *who are fully initiated but not yet married*, takes a boy of 10 or 12 . . . and Captain Cook (1773) . . . reported copulation *in public* in Hawaii between an adult male and a female estimated to be 11 or 12 . . ." As an example, without doing any reading of cultural anthropology, I wonder what the life expectancy was in 1773; it certainly was not the 75–80 years an individual in Western society can expect today. Did the youth marry at 15 and were they dead by 30? Did the public copulation have religious, social, or political significance that separated it from rape or sexual assault? And most important, can you show that the examples reflect the current meaning of pedophilia as a sexual preference for minors over adults? For example, did the men carrying out this public copulation have a life long sexual preference for children? Would they be allowed to copulate with 11- or 12-year-old girls at any time in their life or only at times of rites of passage? Would they copulate with female minors in preference to adult females? Given the examples, these questions may be unanswerable, but they illustrate the difficulty of generalizing to other cultures and other times.

Even if we assume that there is an exact parallel between adult–child sexual contacts in other cultures and our own, does that make it acceptable? Cultural relativism can

be carried too far and there should be some cultural universals that we can strive for. One of these is basic human rights and the protection of children. A number of war-torn countries in the twentieth century have given 10-year-olds guns to wage battle. Should we endorse 10-year-olds going to war because some other cultures do it? Similarly, we need to protect children from sexual exploitation and allow them to mature at their own rate and in their own way.

Green also uses the poor example of Briere and Runtz's (1989) study of 193 university male students to suggest that 21% reported some sexual attraction to small children and 7% indicated that they might have sex with a child if not caught. The Briere and Runtz study is an abuse of statistics that distorts the typical psychological scale to arrive at their results, which were as follows:

Sexual Attraction to Some Small Children

Completely True	1	2	3	4	5	6	7	Completely False
	1%	1%	2%	3%	2%	12%	79%	

On this type of response scale, a 4 is usually an undecided midpoint, 1–3 have some degree of acceptance, and 5–7 indicate that it is unacceptable. Briere and Runtz add together categories 1–6 to get 21%, which misrepresents the actual responses of the students. Similarly, they have distorted the hypothetical likelihood of acting out with children at 7% which is, at best, 1% and represents 2 students of the total 193 respondents.

Finally, Green confounds the incidence of pedophilia with the reliability of phallometric testing in diagnosing this sexual disorder. There are problems with the widely used circumference device that leads to some misdiagnosis of pedophilia and have little to do with the respondent (cf. Kuban, Barbaree, & Blanchard, 1999). Moreover, when dealing with any psychological test, there will be limitations of reliability and validity and phallometry is no exception, albeit it is one of the best measures of sexual preference available.

In conclusion, various professional organizations, such as the International Academy of Sex Research, the Association for the Treatment of Sexual Abusers, and the IATSO should work to improve *DSM* criteria for defining pedophilia, not removing it. It would be valuable to have experts in the area of sexual disorders on the working group deciding criteria. In the new *DSM-IV-TR*, there is little change. Of the four committee members and chairperson, not one has published an empirical study on sexual disorders in the past 5 years, as indicated in PsychInfo. A change in future committee membership for *DSM-V* sexual disorders may improve the definitions we have to work with on a daily basis.

Pedophilia: A Psychosexual Disorder

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Green raises the question of whether pedophilia can be considered a mental disorder. In general, Green argues that pedophilia, or sexual interest in children, cannot be deemed a mental illness because it is present in "normal" populations and has been socially sanctioned in many cultures. He also describes the criteria for pedophilia across the various versions of the *DSM*, noting the inconsistencies in definition and problems with the definition of disability in the most recent edition (American Psychiatric Association, 2000).

Green, while presenting an interesting case for not classifying pedophilia as a mental disorder, fails to consider the similarities between pedophilia and impulse control disorders, which also are not necessarily defined by the nature of the fantasy or urges, but on the failure to refrain from acting on socially sanctioned or intrusive behaviors (American Psychiatric Association, 2000). In *DSM-IV*, the "essential feature of Impulse-Control Disorders is the failure to resist an impulse, drive, or temptation to perform an act that is harmful to the person or to others" (American Psychiatric Association, 2000, p. 663). This is rather similar to the definition of Pedophilia, which requires "recurrent, intense sexually arousing sexual fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child . . ." which are acted upon or the "fantasies cause marked distress or interpersonal difficulty" (American Psychiatric Association, 2000, p. 572). While it is true that Criterion B for Pedophilia is not met simply by the individual being upset by the legal sanctions imposed for his/her behavior, it may be that the failure to resist the urges, in spite of the significant sanctions for such action, constitutes an impulse-control problem. In many ways, the failure to resist the urges to engage in sexual behavior with children, in a society that sanctions such behavior, is not much different than Pathological Gambling, Kleptomania, or Pyromania. All of these disorders are characterized by a failure to resist urges to engage in self-destructive or socially sanctioned behavior.

Green indicated that pedophilia could not be a mental disorder because many "normal" individuals report sexual

fantasies or sexual arousal to prepubescent children. Again, this situation is not inconsistent with other mental disorders defined in the *DSM*. Pathological Gambling is a behavior that is engaged in by many individuals without negative consequences. It is when the behavior becomes preoccupying, escalates, and results in negative consequences that it is considered a mental illness. The same can be said for substance use disorders. Many individuals use a variety of substances, both legal and illegal. The use of drugs and/or alcohol becomes problematic, and thus meets criteria for a mental disorder, when its recurrent use results in (1) ". . . a failure to fulfill major role obligations at work, school, or home"; (2) the substances are used "in situations in which it is physically hazardous"; (3) the individual experiences "recurrent . . . legal problems" due to their substance use; and/or (4) there is "continued substance use despite having persistent or recurrent social or interpersonal problems" (American Psychiatric Association, 2000, p. 199).

In the case of Substance Use Disorders, it is not the use of substances or even the heavy use of substances that results in the diagnosis. Rather, it is the use of substances, coupled with problems associated with their use. The same can be said for pedophilia. The *DSM* not only requires that an individual have recurrent sexual fantasies, urges, and behavior, but that these fantasies, urges, and/or behaviors result in clinically significant problems. Certainly, legal problems are not necessary and sufficient to be considered "clinically significant"; however, contact with the criminal justice system generally results in such "clinically significant" consequences as loss of jobs, disruption in marriages and relationships, and financial hardships. Additionally, the negative sequelae of pedophilia does not require contact with the criminal justice system. Many men with a recurrent pattern of sexual interest and behavior with children experience social isolation resulting from their failure to develop primary interpersonal relationships, their estrangement from peers, and a deep sense of shame related to their pedophilic interests. These factors may result in significantly debilitating affective and/or mood states (Raymond, Coleman, Ohlerking, Christenson, & Miner, 1999), as well as an inability to engage in appropriate major role obligations such as remaining gainfully employed and/or successfully attending school or other training programs.

Thus, while Green raises some interesting issues, many of his concerns are consistent across the *DSM*, not inconsistent, as is his contention. Pedophilia, like the impulse-control disorders, appears to be characterized by acting on urges in spite of the threat of social sanctions and other significantly negative consequences. Like the substance use disorders, pedophilia is the persistence of urges, fantasies, and behaviors despite experiencing numerous, significant negative consequences. The fact that men in Polynesia in the eighteenth century engaged in sexual behavior with children does not mean that pedophilia should not be defined as a mental disorder. Pedophilia may be thought of as the extreme manifestation of a behavior that many "normal" people experience, which is, for the most part, the defining characteristic of many, if not all, mental disorders.

Are Any of the Paraphilias in *DSM* Mental Disorders?[1]

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Three decades ago, Green (1972) argued that homosexuality did not meet the definition of a mental disorder and, by implication, should not be listed in the *DSM*. Now, he continues this line of reasoning by suggesting that pedophilia also does not meet the criteria for a mental disorder. My comments are meant to expand upon his point.

The assumption that certain strong, sexual interests are mental disorders has pervaded the *DSM* since its inception and has been promulgated from edition to edition without serious review. I ask the obvious questions: Are any of the paraphilias mental disorders? Do the paraphilias meet the *DSM* definition of a mental disorder? Are there data to support the inclusion of any paraphilia diagnosis in the *DSM*? Do we need to argue separately about the removal of each paraphilia from the *DSM*? I believe the answers to all these questions is "No!"

The *DSM-IV-TR* (American Psychiatric Association, 2000) purports to be both culturally sensitive and supported by an extensive empirical foundation. However, in the case of the paraphilias, both of these are in doubt. The assumption that the paraphilias constitute psychopathology is erroneous and is not supported by objective research. On the contrary, any sexual interest can be healthy and life-enhancing. Historically and cross-culturally, there are numerous examples of sexual interests that were proscribed and are now accepted and interests that were accepted and are now proscribed. This supports the view that sexual interests occur in cultural context and are judged relative to the prevailing social norms. We could view the individual who cannot accept the nontraditional lifestyle choices of others as having a mental disorder, rather than

[1]I would like to thank Peggy J. Kleinplatz for her comments and editorial assistance.

blaming the "cause" of their discomfort. The sociopolitical context in which the diagnostic process occurs should not be ignored, nor its consequences.

Any sexual interest, even a "normophilic" interest (i.e., the supposedly healthy ideal), can be an appropriate focus for a mental health intervention. The clinician should first assess whether there is a problem. If so, is the sexual interest actually the cause of the problem? The "paraphilia" could be unrelated to the problem or it may be the reaction of others that is problematic. A diagnostic paradigm that classifies specific, sexual interests as pathological implies the interests per se are the cause of problems and that eliminating these interests will resolve the problems. Such a paradigm equates the sexual interest with the disorder, even when the sexuality is experienced as life-enhancing and does not cause distress or disability.

The presence of paraphilias as a category of mental disorders in the *DSM* has unintended political and social implications. Individuals lose jobs, security clearances, child custody, and other rights on the basis of being branded with a psychiatric diagnosis. One's career, self-esteem, and relationships can be affected negatively by a stigmatizing diagnosis. Trying to live a "normophilic" lifestyle is difficult and problematic for both those with unusual sexual interests and their partners. Attempts at transforming their unusual sexual interests to conventional ones are hindered by a dearth of effective treatments. Despite the beliefs of some therapists, there is a paucity of data to suggest that psychotherapy or just plain will power can alter the character of any sexual interest. Medical interventions (e.g., SSRI's and anti-androgens) can decrease unusual sexual desires, but often result in hypoactive sexual desire or sexual arousal disorders. To paraphrase from Schmidt's article, those who have unusual sexual interests and must deny themselves the experience of love and sexuality deserve our respect, rather than our contempt.

Even when distress or disability is related to the interest itself, eradicating the interest may not be the appropriate therapeutic goal. The death of a parent may trigger an episode of clinical depression, but not everyone who loses a parent will become clinically depressed. Although some depressive symptoms may be common, they are not present in all individuals who lose a parent. In short, depression is the diagnosis, rather than the loss of the parent. Treatment may focus on the loss of the parent, but will necessarily target other issues. The intended outcome will be an individual without depression who has suffered a parent's death. Trying to eradicate the patient's feelings for the deceased parent is obviously inappropriate. The intended treatment outcome with a "paraphilic" patient will be an individual with an atypical sexual interest, who is no longer distressed or dysfunctional.

Therapists and physicians commonly attempt to help normophilic individuals enrich their sexual lives. Medical, surgical, and psychotherapeutic treatments of sexual dysfunctions are common, targeting the distress and difficulties these individuals experience. The same consideration should be given to unusual sexual interests; their repression also can affect one's quality of life adversely. I am not advocating the change of any law or acceptance of inappropriate sexual behavior; society clearly has the right and obligation to protect its citizens from unwanted or predatory sexual advances. People who break laws are criminals, not necessarily mentally disordered.

Sexuality can be a source of tremendous satisfaction in our lives. We should help our patients reach their sexual potential, not limit it by pathologizing individuals a priori, based only on the nature of their desires. A rational and compassionate approach requires that we stop viewing unconventional sexual expression as pathological. The paraphilia section of the *DSM* should be removed and replaced with a generic diagnosis that does not identify the specific behavior (for one such proposal, see Moser, 2001).

Pedophilia from the Chinese Perspective

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In traditional Chinese medicine, there has never been a mental disease akin to, or called, pedophilia or homosexuality or most of the so-called sexual variations for that matter. Depiction of "child romance" in ancient or modern Chinese literature is not difficult to find. It includes passages on joyous heterosexual or homosexual activities by children as young as 12–13-years-old with one another or with adults. Children are usually described as natural sexual beings and erotic stimulation and sex play is viewed as beneficial to their healthy development (Chen, 2000).

In China, the current minimum legal age for sexual intercourse is 18 for both sexes. For marriage, it is 22 for males and 20 for females (Ruan & Lau, 1997). But in ancient China, when population control was not a concern, the age was much lower. In a large part of Chinese history, the minimum marriage age suggested by the government ranged between 12 and 16, and it was not legally binding, especially in the wealthy class or some minority ethnic groups. Until the first half of the last century, there was still the practice of child bridegrooms in, but not restricted to, the Hubei region of China (Lou, 1970). A male child of any age, even before birth, could by parental arrangement

get an adult woman as a wife. The purpose could be to consolidate family status and relationships or simply to have someone to help take care of the child. After marriage, the couple slept in one bed like all other husbands and wives. No one would pay concern to what type of sexual relationship they might have and when. In the normal course of events, they would begin with the sex play that they were capable of and wanted, until one day, when the child was old enough to desire and do it, they had coitus. After the son grew older, he usually took a second wife closer to his age, but he would continue to keep, love, and respect the first wife.

Schmidt challenged vehemently the capacity of children to give valid consent to sexual activity with adults. Despite his sound arguments, to the Chinese, who are particularly conscious of the importance and priority of social (and hence, adult) values, to single out for discussion the child consent issue in pedophilic activities is blatantly irrelevant and hypocritical. Even in Western culture, where individual human rights are strongly emphasized, how often do the adults try to ascertain valid consent from their children before getting them to do most things? Have the adults sought valid consent from their children before baptizing them soon after birth? Or, when their children express by words or action that they do not want to eat, sleep, play games with adults, or go to school at certain times, do the adults not use reward, threat, punishment, persuasion, luring, seduction, deception, or any other workable means to manipulate them back to the "right track"? Have the adults ever explored and studied the "trauma" that may be caused by forcing all those "good" things on to their children without their valid consent? There are certain occasions when the adults do respect the children's wishes and ask for their consent, but only when the choices given to them are within the adult acceptable range.

Hence, the seemingly righteous and humanitarian debate on child self-determination and consent in sex is just another game adults play to impose their own values on children. For most of the everyday adult assigned children activities on which the adults hold no discrepant values, debates on child consent are taken as irrelevant and best to be forgotten for parental conveniences. Yet, for child sexual activity, the debate is raised only because not all adults hold the same value judgment. Despite what the debaters on each side may say, it does not follow that any of them are actually more concerned with children welfare and rights than the others. Both sides are only fishing out and exploiting the children's rights issue to support their own preconceptions or needs on child sexuality.

My commentary is not meant to discourage debates on children's sexual rights. Such debates will continue to give insight to the kind of sexual politics adults can play and elucidate the true meaning of children's sexual rights and their capability to give consent. People just have to be reminded that the debates by themselves will not alleviate any moral discomfort they might have on child autonomy, no matter which side they take on pedophilia.

Muddy Waters

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I will confine my comments to the article by Schmidt. Green's paper seems to me so level-headed that any controversy surrounding it should be worthy of close sociological scrutiny. (To be sure, I am not a great fan of mental illness diagnoses much beyond those for schizophrenia, manic-depressive illness, major depression, and obsessive-compulsive disorder, so perhaps I am simply blinded by science.)

Schmidt's paper, despite its admirably humane instincts, highlights the massive difficulties presented to anyone wishing to study or even discuss pedophilia. At the outset, Schmidt rightly attempts to distinguish questions of wrongfulness from those of harmfulness. These concepts have become hopelessly entwined in the discourse on pedosexuality, probably as a consequence of the guiding secular morality of our time—utilitarianism. That is, in a pluralistic society bereft of a single all-powerful deity upon whose dicta all can agree, one tends to look for (or even require) harmfulness in order to rationalize judgments of wrongfulness (Okami, 1999). Or, as McConaghy (1998) put it, "Child–adult sexual activity should be opposed as an infringement of children's rights rather than requiring a false belief that it is invariably harmful" (p. 252).

Unfortunately, after affirming the distinction between wrongfulness and harmfulness, Schmidt muddies the waters by positing that pedophilia is wrong because an "imbalance of power" between an adult and a child endangers or overwhelms the child's sexual self-determination (I have observed that when you write about pedophilia you must condemn it explicitly to be taken seriously and not be suspected of being a pedophile yourself.). History and modern life, though, are replete with examples of power-discrepant relationships that support and maintain sexual self-determination—a professor and student marry, for example, and live happily ever after.

More to the point, at least some people claim that their childhood sexual experiences with adults have advanced

their sexual self-determination, not overwhelmed it. I've interviewed such people (Okami, 1991). So what do we do with these claims? I do not believe we can accuse the claims-makers of false consciousness. And shall we decry all the marriages of adult men to adolescent girls throughout history? Not a single one of us walking the earth would be alive were it not for the "power discrepant" relationships of our ancestors.

The problem with the "balance of power" argument is that dyadic power can be in constant flux within a relationship and, in any event, is always multidimensional. Who has the greater power in a relationship? A black man or his white wife? A smart, beautiful, well-heeled female medical student or her somewhat dim-witted, cab-driver boyfriend (who is built like Arnold Schwarzenegger)? A teacher who is desperately in love with her 15-year-old former student or the 15-year-old who doesn't much care one way or the other and could imprison the teacher for a hefty stretch with a few words? One simply cannot say which type of power is more significant socially or more important to the partners themselves—race versus sex, physical strength versus intelligence and wealth, age versus degree of "wanting" the relationship (being in love), social versus dyadic. Nor can one accurately measure degrees of power (police person vs. congressperson) or changes in power over time. (By way of example, a woman may have more power to effect her will at 19 than after menopause because of the factor of attractiveness, but by the time she is menopausal, she may be wealthier or more savvy and possess the type of power such attributes bring. Of course, certain statements regarding power can be made fairly unequivocally—guards walking a death row prisoner to the electric chair have more power than the prisoner; corporate executives, if viewed one-dimensionally as a class, have more power than underclass crackheads (if viewed one-dimensionally as a class). But we are dealing here with individuals, not classes, and the situation is not one-dimensional.

Moreover, there is nothing logically intrinsic in power discrepancy that violates principles of justice or fairness in sexual relationships or that is necessarily harmful to the "less powerful" participant, unless one views sexual relationships as similar to hand-to-hand combat (e.g., heavyweight vs. flyweight contestant). The instability and multidimensionality of dyadic power and the fact that a "power-balanced" relationship is clearly mythological (in the sense that it can never be logically ascertained) lay to rest as useless the "power imbalance" argument. At best, this argument is a fine example of late twentieth century cultural-feminist silliness.

Schmidt then proceeds to use a hypothetical adult–child sexual interaction (the back rub incident) to buttress his argument that pedosexual experiences always violate principles of "intimate citizenship" because the adult and child have different things in mind. This is a straw man argument. Schmidt implies that because the child is unaware that the adult has sex on his mind at the outset of the interaction, there can be no consensus regarding sex at any time in the relationship. However, eventually, the child will necessarily know that sex is an issue, i.e., when it is overtly introduced by the adult. At that point, at least barring coercive situations, the child may reach a "consensus" (Schmidt's term) with the adult to engage in sex or not.

Schmidt's demand that "everyone involved is acting in the same play" is absurd because it would not fit any relationship where one partner seeks to satisfy one type of need, while the other partner seeks to satisfy another. Nor would it fit any interaction where one person only gradually comes to be aware of their own sexual interest in another person, whereas the other person entered the interaction already interested. Schmidt *a priori* assumes the existence of a world where sexual partners (at least those in morally acceptable relationships) are all "on the same page," but nowhere has it been shown that this world exists. As Nehring (2001) puts it, "What relationship . . . is ever perceived in precisely the same way by two different, thinking individuals?" (Indeed, a case could be made that a male and female are rarely, if ever, on the same page.)

From his "same play, same page" argument, Schmidt then concludes that he "finds it difficult to imagine consensual sex between adults and children," but immediately proceeds to back-peddle by exempting a whole class of boys, i.e., those who are entering puberty, have masturbated, and thus might "know the score." The process of puberty that climaxes with spermarche and menarche, however, begins with adrenarche, a process that peaks at about age 10 (Herdt & McClintock, 2000). Given that a very sizeable portion of boys who become involved sexually with men are 10 or older (Holmes & Slap, 1998), what exactly is Schmidt talking about when he says that sex between adults and children cannot be consensual? Only those relationships involving boys younger than 10? What about boys who have been masturbating since infancy—presumably a substantial number (Langfeldt, 1990)? Do they know the score? Moreover, conspicuously and strangely absent from Schmidt's discussion is any mention of girls, who overwhelmingly are preferred by adult men over boys (Laumann, Gagnon, Michael, & Michaels, 1994). One cannot adequately discuss the morality of pedosexuality without discussing female children. Schmidt exempts boys who have entered puberty from the imbalance of power problem. Girls too?

It seems to me that clarity regarding the pedophilia problem can only be obtained by taking very seriously the first part of one of Schmidt's closing thoughts: "Apart from such reflections on the issue of traumatizing effects, however, it is quite clear that pedophilia in contemporary Western societies represents a form of sexuality that cannot be lived out." Schmidt attributes this state of affairs to an intrinsic conflict of pedophilia "with a central social covenant based upon sexual self-determination and consensual sexuality," beliefs which I doubt are shared (or even comprehended) by a great many human beings outside of academic and feminist circles. The real reason that pedophilia cannot be lived out is that it is detested, *a priori*, apparently by the larger portion of humanity and for a much longer time than people have been concerned about "intimate citizenship," whatever that may be. People hate pedophilia and child molestation and will continue to come up with reasons to explain their hatred—none of which strike me as capturing the true origin of this profound distaste.

What is the true origin? I suspect that it is multiply-determined, but the Western version probably has origins in the sexual heritage of St. Paul and St. Augustine, which characterizes sex as dangerous, dirty, sinful, ugly, destructive, and so forth (Rubin, 1984). This heritage intersects with a "surge of sentiment" that has emerged over the past two or three centuries and which regards children as "priceless, lovable, vulnerable innocents" (Shorter, cited in Best, 1990, pp. 3–4), if not as sacred (Zelizer, 1985). This is a neat reversal from earlier characterizations of children as sinful heathens who need the devil beat out of them. The end result is a powerful desire to save priceless, loveable, sacred, innocents from something dangerous, dirty, disgusting, and sinful. In the case of adult–child sexual contact between a man and a girl, there are reproductive issues as well. There is the potential for disruption of the girl's rights of reproductive self-determination (something that is comprehended by the mass of humanity), and hence, reproductive success (she may be seen as "damaged goods," she may be injured in premature intercourse and become sterile, she may become turned off to marital sexuality, etc.). Thus, it is unlikely that pedosexual relationships will ever be acceptable to the majority of human beings.

Finally, Schmidt claims that the "naturalistic" view of childhood is "antiquated" and has been since the work of Gagnon and Simon, carried forward by Weeks, Plummer, and others. It is my impression that the ideas of such poststructuralists, influenced as they are by odd French philosophical and literary movements, are so marginal in the scientific world that large numbers of working scientists studying human and nonhuman primates are not even aware of their existence. The "naturalistic child," with all her flaws, is a far more vibrant entity than the "intimate citizen."

Random Musings on the Inscrutable World of Pedophilia

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Schmidt's essay revisits the boundary lines of morality and social custom with regard to the proper age of onset of human sexuality. As Schmidt points out, although there are identifiable "outside limits" to what is not permissible (e.g., the presence of coercion or violence), discourse generally focuses on the moral gray zone, where customs, attitudes, and mores shift over time and across cultures. Schmidt focuses on two central questions within this moral gray zone: (1) How young is too young to make an informed, competent decision to be sexual with a partner; (2) What are boundary lines for manipulation and grooming relative to the age of the partner (i.e., what is grooming for young adolescents may appear to be flirting for adults)?

The role of society in defining what is "normative" and what is "deviant" is perhaps more evident with paraphilias such as voyeurism or exhibitionism than with pedophilia. For most paraphilias, we estimate the base rates for given sexual behaviors. If relatively few people "do it," then "it" can be classified as deviant, which is to say non-normative. Pedophilia, however, poses a more difficult problem. Base rates cannot be inferred until we decide where to impose age cut-offs (i.e., precisely when is pedophilia "present"). From any perspective—anthropological, developmental, legal, or religious—there appears to be no consensus when it comes to such questions as the minimum age for consenting sexual activity or marriage, a point clearly made by Green.

The second question about manipulation and grooming is merely a partial operationalization of Schmidt's "sexual self-determination." It is, of course, not merely an imbalance of power that threatens sexual self-determination but an abuse of power as well. There are untold instances of emotionally and physically abusive men effectively nullifying their partner's sexual self-determination.

All discourse on sexuality would appear to be inherently tainted by our attitudes and emotional responses to sexuality. I am not nearly as sanguine as Schmidt about the "enlightened, democratic discourse on morality that

prevails today." Such discourse would appear to prevail only in a few morally enlightened countries. Otherwise, we can rely on the dictum that societies with the most conservative, strict adherence to the tenets of religion are the most sexually repressive and, conversely, societies that are more lax in their observance of and devotion to religion tend to be the most permissive with respect to sexuality. Thus, degree of "enlightenment" may simply be a function of degree of secularity. One unobtrusive measure of our degree of enlightenment around human sexuality would seem to be the quality and quantity of our scholarship with respect to normative sexual behavior in childhood and adolescence. This bears rather importantly, after all, on the subject of Schmidt's article. I find it noteworthy that, other than the exceptional work of Friedrich and colleagues (Friedrich et al., 1992, 2001; Friedrich, Fisher, Broughton, Houston, & Shafran, 1998; Friedrich, Grambsch, Broughton, Kuiper, & Beilke, 1991), there is virtually no empirical research on normative sexual behavior in children and adolescents.

The foregoing observations notwithstanding, I believe that we could summon a general consensus around markedly age-discordant sexual activity (i.e., between adults and young children). For the same reasons that children are neither expected nor permitted to engage in a host of different activities, from operating motor vehicles to casting ballots in elections, we do not permit (by law) or condone (by social custom) developmentally inappropriate sexual activity. In all instances, the rationale centers around the child's immaturity. In the case of sexual activity, the child's immaturity precludes any ability to give valid consent to such activity. Although there is most certainly consensus around this cardinal principle that children cannot ethically or legally give valid consent to sexual activity with adults, the waters remain muddy. When, after all, is a child no longer a child? In England, as Green pointed out, the magic age was 10 until about 100 years ago. We will forever be stymied by the fact that, unlike the onset of physical maturity, the age of emotional maturity is highly variable, leaving us with the dubious conclusion that there undoubtedly are some 12-year-olds who are mature enough to make decisions about sexual activity and there are many more 18-year-olds who are too immature to be making such decisions.

The nosological question posed by Green is whether in any context—legal, psychiatric, biological, cultural—pedophilia can be classified as a mental disorder. Twenty-five years ago, Spitzer, a prominent neo-Kraepelinian, provided criteria for classifying mental disorder. Spitzer and Wilson (1975) decreed that mental disorders are conditions (1) which "are primarily psychological and involve alteration in behavior," (2) which, in their "full blown state are regularly and intrinsically associated with subjective distress, generalized impairment in social effectiveness or functioning, or voluntary behavior that the subject wishes he could stop . . .," and (3) that are "distinct from other conditions in terms of the clinical picture and, ideally, follow-up, family studies, and response to treatment" (p. 829). It is historically noteworthy that Spitzer's attempts at formulating criteria for mental disorder coincided with, and were at least in part prompted by, the swirling controversy of the day over whether homosexuality was classifiable as a mental disorder. Spitzer (1973) argued that homosexuality could not be classified as a mental disorder, because it failed to meet the second criterion noted above. If the client did indeed experience "subjective distress" over his or her same-sex sexual attraction, then presumably that individual could be classified as having a mental disorder. Since the *DSM-III-R* and *DSM-IV* no longer included Ego-Dystonic Homosexuality as a diagnosis, as did the *DSM-III*, the distressed individual would most likely have to be classified with an anxiety disorder or Sexual Disorder Not Otherwise Specified.

Applying those same criteria to pedophilia, we encounter a similar problem with the second criterion, as Green clearly pointed out. Although there are many pedophiles who evidence "generalized impairment in social effectiveness or functioning," and still other pedophiles who experience true "subjective distress," there are many pedophiles who experience no distress, their sexual interest in children is ego-syntonic, and their social functioning and effectiveness is not demonstrably impaired. One solution, of course, would be to classify, de facto, all individuals who do not sustain co-habiting relationships with same-age partners as impaired in social effectiveness or functioning. Such blanket categorization, however, would inevitably yield many false positives. A dramatic, and admittedly atypical, example is Charles Lutwidge Dodgson (Lewis Carroll). Throughout his entire life, marriage was never a consideration and the only objects of his love were young girls. Despite his clear pedophilic orientation, he taught mathematics at Oxford for almost 30 years, was an ordained deacon in the Church of England, and a prominent member of the Tory Party. Another equally dramatic example is James Matthew Barrie. Barrie was the lord rector of St. Andrews University, appointed to the Order of Merit, elected president of the Society of Authors, served as chancellor of Edinburgh University and was made a baronet. Despite these remarkable accomplishments, the only objects of his love were young boys, two of whom inspired the early tales of Peter Pan. Although Dodgson and Barrie clearly were pedophiles, it is questionable whether their extraordinary life accomplishments and their positions of considerable responsibility in

an adult world would permit us to conclude that there was evidence of "generalized impairment in social effectiveness or functioning."

Green reserved his harshest criticism for the sophistical reasoning in the *DSM* that an individual must have acted on his pedophilic urges or be markedly distressed by them in order to be classified as a pedophile. Hence, an individual can masturbate exclusively to thoughts of children and, as long as he is not distressed by his masturbatory thoughts, he "does not have a mental illness without more." The "without more" refers to the language "acted on" in the *DSM*, language that is never defined. Although one could argue that masturbation qualifies as "acting on" one's urges, the intent of the language more likely refers to seeking out a potential victim. Although downloading child pornography would probably not apply, falling in the same category as masturbation, leaving your computer and traveling to meet a child that you encountered in a chat room presumably would apply. Ultimately, the distinction that the *DSM* seems to be making is one of self-control. This is the same distinction that legislators make in crafting civil commitment statutes, referred to in that context as volitional impairment. This distinction is also fundamental to the principle in criminal law that every crime consists of two elements or components: *actus reus* (the physical act or behavior associated with the crime) and *mens rea* (the mental state, or degree of intent, associated with the crime). The acted on language in the *DSM* seems to suggest that, absent evidence of the first component (*actus reus*) and absent "distress," an individual cannot be classified as a pedophile.

Green concluded that this state of taxonomic affairs is "logically incoherent" and that the *DSM* has left us in Wonderland. Wonderland is appropriate, I suppose, given my earlier reference to Lewis Carroll but unsatisfying from any epistemological perspective. Although admittedly nihilistic, it appears to me that the black box hiding the secrets of pedophilia remains impenetrable, and that we have little more credible, empirically corroborated knowledge about the origins of pedophilia today than we did a 100 years ago. Given that state of affairs, the *DSM* could not be expected to do much better (although I agree with Green that it makes no sense to yoke psychiatric criteria to the statutory requirements of criminal law).

The Problem with Consensus Morality

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In his essay on pedophilia, Schmidt argues that adult–child sex is a problem apart from the issue of harm and damage. The problem is, he maintains, that adult–child sex violates "consensus morality" because it does not occur between equals. In this moral system, which is based on a post-1960's liberal feminist perspective that has effectively supplanted the more traditional moral system based on religious values, equality between partners in sexual relations and only equality allows "respect for the autonomy of the other," achieving intimacy based on the "needs, wishes, and limits of others." Proponents of this perspective seem to assume that it accurately reflects basic properties of human nature. As a proponent, Schmidt asserts that there is an inherent conflict in adult–child sex because of an "imbalance in power," which "endangers the child's capacity for sexual self-determination, threatening to overpower it completely." He tests this deduction first by asking: Can there be sexual consensus at all between adults and children? His conclusion is never and his evidence is a hypothetical case of a 10-year-old boy who sees a back rub as friendly assistance, whereas the man he is with sees it as a prelude to sex. Schmidt argues that the two are not "on the same page." They have different scenarios, which the man must maintain through deception to keep the plot moving. This disparity of scenarios and the essential deception, Schmidt finishes, demonstrate lack of true consent—for this hypothetical case and for all real cases as well.

Moralists have too easy a job. They tap into conventional values, deduce therefrom what must be, cite a hypothetical illustration (or a carefully selected real one), and proclaim universality. Thus, socially constructed morals become immutable laws of nature. This is the problem with Schmidt's thesis. Consider these specific weaknesses in his argument. First, he improperly buffers his moral system with lofty, even self-congratulatory, characterizations that discourage critical examination of its tenets and claims. He describes this system as "enlightened," "democratic," and "radically pluralistic," the implication being that one must be unreasonable (unenlightened, undemocratic, radically exclusionary) to question it. Second, his hypothetical case no more proves the universality of his proposition than an imaginary smart redhead proves that all real redheads are smart. Third, why should one assume *a priori* that a power imbalance in sexual relations is by nature unacceptable or deleterious? Such assumptions are not made in other adult–child interactions, such as wrestling, tickling, hugging, mentoring, disciplining, or preaching, which clearly involve power imbalances. No one objects that the child's athletic, tactile, affectional, intellectual, behavioral, or religious self-determination will be overpowered. Moreover, numerous societies have

endorsed sexual relationships between men and boys precisely because of the power imbalance, seeing the relationships as serving pedagogic and growth functions (Ford & Beach, 1951; Herdt, 1987). Many primatologists have noted protective and bonding functions that appear to be operating in analogous relations in monkeys and apes (Ford & Beach, 1951; Vasey, 1995). In short, it is false to assume *a priori* that sexual power imbalance is by nature problematic.

The assumption of the overpowering of sexual self-determination deserves further elaboration. Finkelhor (1979, 1984) many years ago already articulated the positions Schmidt is currently espousing. But the weakness of his articulation is instructive, as it points to the problem of trying to be a scientist and a moralist simultaneously. Like Schmidt, Finkelhor argued that harm is not needed to establish the immorality and unacceptability of adult–child sex. Instead, Finkelhor continued, the unacceptability is based on the child's inability to consent, because he does not know what he is getting into and he cannot say no. A critic then complained that, if it is true that children cannot make judgments about sex, how can they judge among rival claims of the various religious sects (e.g., agree with an adult to be taken to one church rather than another or none at all)?. Finkelhor responded that it is different with sex, because sex is more likely to be harmful. His argument is circular–the issue falls back to harm, even though harm is claimed to be unessential to the point.

Most objectionable from a scientific and philosophy of logic perspective is Schmidt's willingness to test a universal proposition with a single confirming hypothetical case. Appropriate testing would consist of determining whether disconfirming empirical cases can be found. I provide such cases. These are based on a sampling of interviews I recently conducted on individuals who learned about me from publicity surrounding my publications and contacted me to tell their stories. These cases, involving five men who had sex as boys around age 10 with men, dispute Schmidt's claim that there can never be sexual consensus between prepubescents and adults. The cases are cross-national, coming from Australia, Canada, England, France, and the United States. The first three men are homosexual and the last two are heterosexual. All names have been altered to preserve confidentiality.

> *Case 1.* Nathan, a 45-year-old Brit, began being intensely curious about adult male genitalia when he was 8. At this age, in attempt to satisfy this curiosity, he surreptitiously went into the room of his household's sleeping man servant and fondled him under his bed covers. By age 10, his curiosity had turned into sexual arousal. He unsuccessfully tried to solicit sex from men in locker rooms. At age 11, he met a neighbor man, whom he worked on over many visits in attempt to initiate sex. Eventually, he succeeded. In his many repeats with the man over the next 2 years, Nathan reported that he was the "conductor"—he controlled the sexual interactions. While still a boy, he had several other sexual relations with men, all of which he viewed as very positive. He thinks the sex helped his sexual self-confidence: as he matured, he knew exactly what he wanted in sex, while his peers were still searching.
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> *Case 2.* James, a 23-year-old Canadian, first felt sexually aroused by other males at age 6 and had his first sex at 8 with a peer. At 11, he befriended a neighbor man, to whom he gave many signals, hoping for sex to occur. Eventually, it did, which made him feel proud and closer to the man. Over the next 3 years, he visited the man regularly, often secretly to avoid the possibility of his parents ending the relationship. He saw the relationship as very positive and said it built his personality (e.g., greater self-confidence) and influenced many of his tastes (e.g., an appreciation for literature).
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> *Case 3.* Daniel, a 33-year-old Frenchman, was physically affectionate with his father starting at age 6. By 8, he became sexually attracted to him. At 10, he initiated sexual fondling with him, which the father accepted. In the sexual relationship, which lasted 4 years, Daniel always initiated the sex. In retrospect, he cherished the intimacy and described the relationship as "beautiful, pure, security, confidence, and love." He said it built his sexual self-confidence.
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> *Case 4.* At age 8, Dennis, a 21-year-old American, initiated sexual contact with a man friendly with his family, whom he suspected of being involved with his older brother. Sex occurred between them for the next 2 years. He said he usually initiated the encounters because he was always ready for sex. He described the relationship as the most positive he has ever had. He saw himself as having the upper hand, because he felt he had control over the man, who went to great lengths to fulfill his wishes. He felt that his adolescent and adult sexual relations went more smoothly because of the competence he got from these early experiences. Asked how a heterosexual male could have enjoyed homosexual relations, he answered that he was attracted to sex back then, not females or males per se.
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> *Case 5.* John, a 22-year-old Australian, first realized his sexual arousal to girls at age 8. By 9, he felt lonely and was bullied by older boys, when he met a male neighbor in his late teens. They quickly became friends, and John spent a lot of time at his house. The young man eventually initiated masturbatory sex with him. John was at first apprehensive that others would find out, but became comfortable with the sex once he felt safe from this concern. The relationship lasted 3 years. He was proud to be seen with the older male, saw him as his protector, and saw the intimacy they had as the highlight of his life. Asked if the relationship was consenting, he said yes, because he wanted it, the young man wanted it, he loved the young man, so consent meant, "Yes, do it."

These cases contradict Schmidt's claims that the scenarios between adults and prepubescents are always

different and that the adults require deception to move the relationship along. In each case, the boy was already knowledgeable about sex; in four cases, the boy actually initiated it. These cases contradict the claim that power imbalances by nature overpower sexual self-determination: all subjects felt they had control in their sexual interactions and felt their needs and wishes were being respected and attended to. Rather than impeding their development, the relationships served pedagogic and other growth functions. In this sense, they are consistent with cross-cultural and cross-species data, from which researchers have often inferred similar functions. Parenthetically, the very presumption that adults necessarily have greater power is questionable, as these cases illustrate. Moreover, one accusatory word from a child is currently without peer in our society in its potential to overpower completely an adult's self-determination in life, liberty, and estate, which seems to give the child enormous power. These cases were self-selected and occurred in cultures extremely antagonistic toward this type of relationship. Thus, they may well be anomalous perforce. Nevertheless, because reports from cultures that permit or encourage these relations (rather than investing them with guilt and enforcing sexual ignorance) indicate that positive reactions are common (Williams, 1996), these cases cannot be dismissed as flukes. In fact, the cross-cultural data suggest the universal potential of boys under but approaching puberty to respond "on the same page" as older males (Herdt, 1987; Williams, 1996). Schmidt's morally-derived universal proposition of invariant nonconsensus fails empirically.

To be sure, sexual consensus is absent from many sexual encounters between 10-year-olds and adults in our society. The important point, however, is that there is variation (sometimes it does not occur, sometimes it does, and in varying degrees) and this variation is moderated by certain factors (e.g., individual differences, culture). These data-driven conclusions are not reachable from the consensus morality paradigm, which is ideological and sees for the adherent what must be rather than guiding him or her to see what is. A motto for this moral system might be "Gleichheit macht frei" (equality makes free), because this system deifies sexual equality as liberating while demonizing sexual inequality as enslaving. Even though a liberal system, it shares with the conservative authoritarian personality (Adorno, Frenkel-Brunswik, Levinson, & Sanford, 1950) an all-consuming focus on power in relationships at the expense of other factors that may be more relevant. As such, consensus morality hinders scientific examination of adult–minor sex, acting like a Procrustean bed by forcing all data and interpretation to fit the contours of this ideology.

Precisely Defining Pedophilia

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Green argues that pedophilia is not a mental disorder, focusing his criticisms on logical problems he detects in the diagnostic criteria of the *DSM* (American Psychiatric Association, 2000). His major points can be summarized as follows: (1) Using puberty as the defining limit for age of preferred partners is arbitrary; (2) sexual fantasies involving children are reported by community volunteers in survey studies; (3) there is historical and cross-cultural evidence of adult–child sex being accepted, at least in some circumstances; and (4) sexual arousal to stimuli depicting children is exhibited in phallometric studies by a significant minority of community volunteers.

Although there may indeed be logical problems with the diagnostic criteria in *DSM-IV*, pedophilia can be considered a mental disorder when it is precisely defined using biologically relevant criteria. I have previously suggested that the term pedophilia should be restricted to the preference for prepubescent children over adults as sexual partners, rather than more liberally applied to any sexual attraction to children (Seto, 1999). A pedophilic preference is indicated by a higher frequency of sexual fantasies about children than about adults, greater sexual arousal to children than to adults, and/or repeated sexual behavior involving children even when adult partners are available.

Restricting the definition of pedophilia to a preference for prepubertal children is meaningful because puberty is a biological event that is observable and nonarbitrary. More importantly, the onset of puberty provides information about a person's reproductive status. From a Darwinian perspective, a preference for sexually immature, non-reproductive persons is anomalous, while a preference for sexually mature, potentially reproductive persons, even if they are below the socially or legally prescribed age of sexual availability, is not (see Quinsey & Lalumière, 1995). Given the adaptive significance of sexual partner choice, a sexual preference for prepubescent children would meet Wakefield's (1992a) explanatory criterion for psychopathology: "the condition results from the inability of some mental mechanism to perform its natural function, wherein a natural function is an effect that is part of the evolutionary explanation of the existence and structure of the mental mechanism" (p. 384). In this case, the putative evolved mental mechanism is a sexual preference for sexually mature individuals. Thus, the suggested definition's emphasis on puberty as an age

boundary addresses some of the concerns raised by Green: it is not affected by historical or cross-cultural variation in the acceptance of sex with children, variation in the social or legal definitions of childhood, or even variation in the age of onset of puberty. The mental development of a particular child and the ability (or inability) of that child to give informed consent is irrelevant in this definition.

The definition of pedophilia suggested here would require more than an occasional sexual fantasy about children for the diagnosis to be made. Nine percent of the 193 male respondents in Briere and Runtz (1989) admitted to ever fantasizing about sex with children, 5% admitted ever masturbating to fantasies about sex with children, and 3% admitted some likelihood of having sex with a child if they were sure they would not be detected or punished. This survey does not tell us, however, how many of the respondents would prefer to have sex with children even when adult partners were equally available, or how many would experience more gratification from sex with a child than with an adult (see also Crepeault & Couture, 1980; Templeman & Stinnett, 1991).

Similarly, Green observes that many community volunteers show some sexual arousal to stimuli depicting children when they are assessed phallometrically. One must note, however, that the large majority of volunteers still show a preference for adults; they respond more to stimuli depicting adults, and it is relative responses that are most informative with regard to the discriminative or predictive validity of phallometric assessment (see Seto, 2001). Some volunteers do respond more to children than to adults (e.g., Hall, Hirschman, & Oliver, 1995; Seto & Lalumière, 2001). Possible explanations for this finding include the imperfect validity of all measurement methods, including phallometric assessment, and the inclusion of some individuals with true, but previously undetected, pedophilic sexual interests.

The suggested definition would also require more than a sexual interaction with a young girl or boy for the diagnosis to be made, because engaging in a sexual behavior does not necessarily indicate a preference for that behavior. For example, a recent *Details* magazine survey of approximately 2,000 college students found that 30% of men and 24% of women had tried spanking during sex and 27% of men and 24% of women had tried bondage (Elliott & Brantley, 1997). This does not mean that these college students would meet the diagnostic criteria for Sexual Sadism or Sexual Masochism. The *Details* survey results can be compared to a survey by Moser and Levitt (1987) of subscribers to a sadomasochistic magazine or members of a sadomasochistic organization. They found that 95% of the 178 respondents reported that sadomasochistic activities were as satisfying or more satisfying than conventional sexual intercourse and 30% reported that sadomasochistic activity was essential for their sexual gratification.

Not all sex offenders with child victims are pedophiles, at least in terms of their sexual arousal to children relative to adults (Seto & Lalumière, 2001) and not all pedophiles have engaged in sexual behavior with children. The critical question is, given the choice, which would the person prefer?

Why Pedophilia Is a Disorder of Sexual Attraction—At Least Sometimes

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In the context of recent efforts to normalize pedophilia, Green asks "Is pedophilia a mental disorder?" Remarkably, he never defines either term but clearly answers the question with a resounding "No." We will use the term pedophilia the way that we believe most clinicians and researchers use it, i.e., to refer to a sustained pattern of recurrent intense sexual attraction to prepubertal children. We ask: Are there any forms of pedophilia that are best conceptualized as a mental disorder?

What is a mental disorder? The essence of both the intuitive and professional concept of mental or physical disorder is that some mechanism, process, or structure inside the organism is not working properly, i.e., it is failing to adequately perform its biologically "designed" (naturally selected) function. In addition, the failure of function (dysfunction) causes significant harm to the individual or others. For example, a heart disorder occurs when the heart's function of circulating blood is impaired. Depressive disorders involve the failure of unknown but inferred brain mechanisms to perform their function of regulating affects. Both of these (and most) dysfunctions cause harm. This definition of mental disorder is elaborated and defended in Wakefield's "harmful dysfunction" analysis of the concept of both physical and mental disorder (Spitzer & Wakefield, 1999; Wakefield, 1992a, 1992b, 1999) and is implicit in the definition of mental disorder in the *DSM-IV* (American Psychiatric Association, 2000).

One does not need knowledge of evolutionary theory to recognize that the function of sexual attraction is to facilitate selection of fertile mates and behavior that leads to reproduction. Individuals with this function not

working properly are less likely to reproduce and pass on their genes to their progeny than individuals whose sexual attraction function is working properly. Consequently, strong, enduring sexual attraction to very young children (i.e., several years prepubescent) is *prima facie* a puzzle that needs to be explained. For Green, there is nothing to be explained. He apparently regards all forms of pedophilia as normal variants of sexual development. He never even considers the possibility that certain forms of pedophilia could be due to a dysfunction of attraction mechanisms or, perhaps, a dysfunction of inhibitory mechanisms that block adult–child sexual attraction. We argue that a pattern of exclusive or highly preferential adult–child attraction, where adult–adult attraction is impaired, is *prima facie* evidence of a dysfunction in at least some, if not all cases. Other possible explanations for such atypical behavior—cultural encouragement or other kinds of learned or opportunistic behavior—may be plausible for some but certainly not for all of cases of pedophilia.

It must be granted that because we know little about the nature of sexual attraction mechanisms, inferences of dysfunction are fallible; however, in some cases, such as early-onset exclusive pedophilic attraction, the inference of the existence of some failure of sexual attraction mechanisms cannot be avoided. Other cases, such as males who are sexually attracted to close-to-adolescent girls, might be more plausibly explained in terms of normal learning and the use of a normal capacity for pleasure.

One might wonder whether this analysis of pedophilia as a disorder necessarily implies that homosexuality is likewise a disorder. A similar argument can be made that at least in some cases it represents a dysfunction in some sexual attraction mechanism; however, one could also argue that, as Green himself suggests, unlike the case of pedophilia in which harm is assumed (see Schmidt, 2002), homosexuality does not necessarily involve harm to self or others and thus cannot be classified as a disorder.

Throughout his paper, Green equates pedophilia with any adult–child sexual contact or capacity for arousal and thus ignores the critical distinction between dysfunction and nondysfunction. He makes no distinction, for example, between cultural practices that involve approved transient adult–child sexual behavior (which one would expect not to necessarily involve dysfunction) and sexual attraction to children that seem to be internally motivated and highly resistant to change despite harsh negative societal sanctions against adult–child sexual behavior. What Green has demonstrated with his cross-cultural examples is that many adults have the potential capacity to engage in sexual behavior with children and that some cultures make use of this capacity. Green asks why adult–child sexual contact that is part of socially sanctioned cultural or religious practices is not a disorder. The answer is simply that in such cases there is no implied dysfunction of sexual attraction.

Green notes that a significant number of people in the general population (e.g., college students, military personnel) either report some sexual interest in children or respond physiologically with arousal to pictures of children; however, he presents no evidence that any of these people have a persistent pattern of intense sexual arousal to children—the hallmark of pedophilia.

Green presents evidence that pedophiles, as compared to various control groups, have no more personality disturbance or other psychopathology. This may well be the case, but it is irrelevant to the disorder status of pedophilia. Many physical and mental disorders involve focal dysfunctions of a particular mechanism and have no other associated pathology.

Green ends his paper by asserting that if pedophilia is a disorder, then it is common in many cultures and in the past. In fact, pedophilia as a mental disorder, as defined here and as clinicians use the diagnosis, is certainly not common. Furthermore, whether a condition is common or rare has little bearing on whether it is a normal variant or a disorder (e.g., gingivitis is relatively common, blue eyes are relatively rare).

We conclude that, on balance, and admitting that we do not yet understand the mechanisms of sexual attraction, the dysfunction explanation remains more compelling than alternative explanations for at least some forms of pedophilia. Assuming that pedophilic attraction is harmful (either frustrating if not acted on, or potentially harmful to the child if acted on), some forms of pedophilia are best conceptualized as a mental disorder.

Associated Features Are Irrelevant in Deciding Whether or Not Pedophilia Is a Mental Disorder

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Green reviewed some data on associated personality characteristics and the presence of *other* (my emphasis) mental disorders in pedophilic men. Green's read of these data is that either they do not really distinguish pedophilic men in a particularly meaningful way or that the direction-of-effect is arguable (e.g., a higher rate of depression or anxiety might be an understandable reaction in a person who engages in a sexual behavior pattern condemned by society rather than as inherently associated with pedophilia itself).

In my view, associated features are associated features. They are irrelevant to the debate on whether or not pedophilia per se is a mental disorder. On this point, one must rely on the "rules of the game," i.e., whether or not pedophilia conforms to the *DSM* definition of a mental disorder (Spitzer & Endicott, 1978; Wakefield, 1992a, 1992b).

There is, however, an extremely interesting historical precedent to Green's consideration of associated features. One prominent factor in the removal of homosexuality per se from the *DSM-II* in 1973 was the emerging empirical database that homosexual adults were no more or less likely than heterosexual adults to have associated psychopathology (see Bayer, 1981). A series of studies on non-patient homosexual and heterosexual subjects was particularly influential in this regard (e.g., Saghir & Robins, 1973; Siegelman, 1972, 1974). Green seems to want to run with this same pattern with regard to pedophilia.

Thirty years later, it is odd that associated features played such an important role in the debate over the delisting of homosexuality. If, for example, homosexual men have a higher rate of major depressive disorder or if lesbian women have a higher rate of alcohol abuse, this should not bear on the question of whether or not homosexuality per se is a mental disorder. If it did, then homosexuality would have to be reinstated into the *DSM* because recent epidemiological studies have identified higher rates of mental disorders in both homosexual men and women (e.g., Cochran, 2001; Sandfort, de Graaf, Bijl, & Schnabel, 2001). It is clear, however, that this will not happen because associated features are just associated features. Elevated rates of mental disorders in homosexual men and women are open to a wide variety of interpretations and explanations, but have nothing to do with defining the nature of mental disorder. It is likely that the data on associated features played such an important role 30 years ago because, in the earlier editions of *DSM* (American Psychiatric Association, 1952, 1968), homosexuality was conceptualized as a personality disorder. Thus, in historical context, demonstrating that homosexuality per se was not necessarily associated with "other" psychopathology was important. In my view, this argument will not fly with regard to the debate on pedophilia as mental disorder.

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