



Review Article

Portrayal of Paraphilia in History

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Abstract

Normalcy and aberrance in sexual behaviour, is greatly influenced by societal norms and culture of a time and our perception of paraphilia is shaped by them. These conditions have transcended eras from Greek and Roman civilizations to modern medicine, finding mentions in the Bible, the Kamasutra, as well as in the 18th and 19th century works. With the efforts of Krafft Ebing and co-workers, paraphilia and paraphilic disorders now occupy an important niche in medicine. Treatment modalities have also evolved greatly- from radical means to medication and psychotherapy. Therefore our understanding of paraphilia is incomplete without delving into its history.

Keywords: Paraphilia, History, Modern Medicine, Culture

Date Received: 29th October 2019

Date Accepted: 15th December 2019

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Introduction

The term 'paraphilia' (Greek: para- beside, philos- love) has served as a broad term for a range of sexual thoughts and behaviour and as an alternative to derogatory terms like 'deviancy' and 'perversion'. Since the fine line between normal and abnormal sexuality is largely influenced by existent societal perception and culture, the exact

idea of what constitutes paraphilia has been a matter of significant debate meriting a brief discussion of the historical aspects.

According to the DSM-5, the term paraphilia denotes "*any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal,*

physically mature, consenting human partner" (American Psychiatric Association, 2013). Because a wide range of sexual behaviour could be considered paraphilic as per the above definition, a clear distinction is made between a paraphilic disorder and a paraphilia indicating that only the former requires attention of a treating professional. Thus, a paraphilic disorder is *"a paraphilia that is currently causing distress or impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others"* (American Psychiatric Association, 2013). DSM-5 also suggests a 'two-pronged approach' to the diagnosis, outlined in the criterion A, the qualitative aspect and criterion B, the negative impacts of paraphilia.

Eight paraphilic disorders of relative commonness and forensic significance have been described in DSM 5, as mentioned in Table-1. Their classification is depicted in Figure-1. All paraphilic behaviour outside of this classification is described under 'Other Specified Paraphilic Disorder', - a category for which an exhaustive list cannot be drawn owing to patient-based variations.

According to the ICD-11, paraphilic disorders are characterized by *"persistent and intense patterns of atypical sexual arousal...by which the patient is markedly distressed"* (ICD-11-Mortality and Morbidity Statistics, Version : 04 / 2019). The Working Group on the Classification of Sexual Disorders and Sexual Health (WGSDSH) suggested preserving exhibitionism, frotteurism, pedophilia, and voyeurism as mental disorders, renamed them as exhibitionistic, frotteuristic, pedophilic, and voyeuristic disorders respectively (Krueger et al., 2017). They also suggested adding 'Coercive Sexual Sadism Disorder', 'Other Paraphilic Disorder Involving Non-Consenting Individuals', and 'Paraphilic Disorder Involving Solitary Behaviour or Consenting Individuals' (PDISBCI).

A person may have more than one paraphilia which may be coincidental or associated with anomalies in psychosexual development, often resulting in other problems and difficulty in maintaining normal social and sexual relationships. Paraphilia tend to become highly idiosyncratic and ritualized.

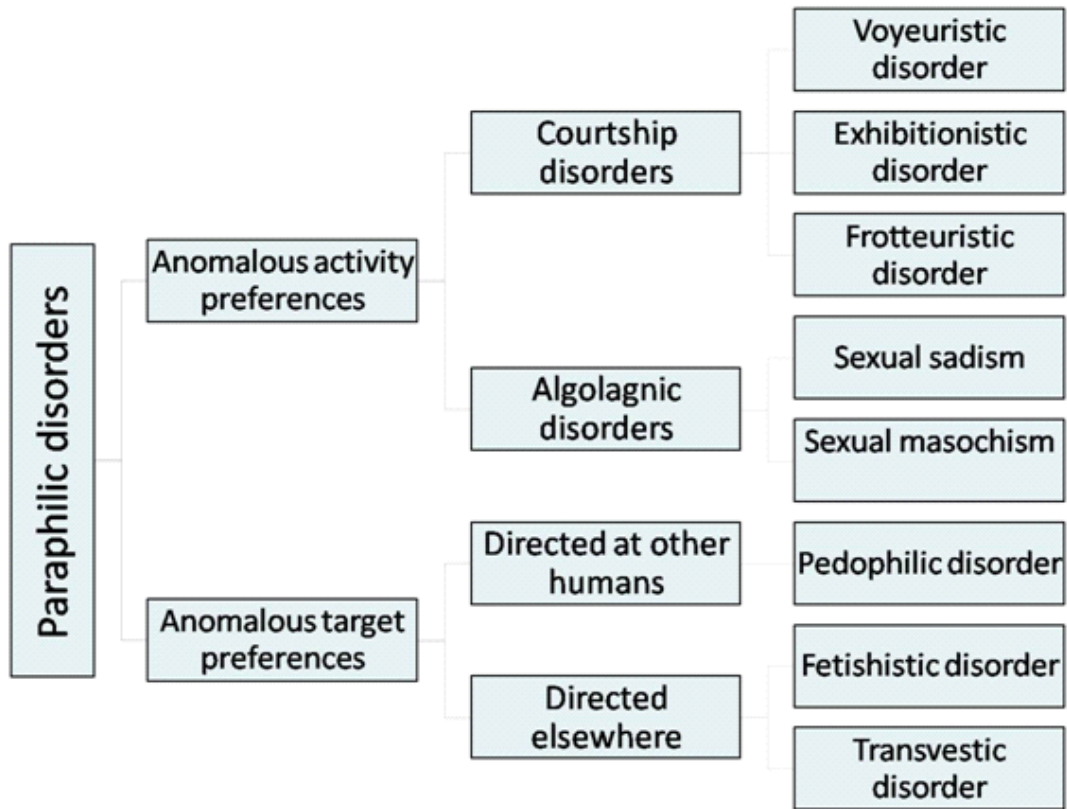


Figure-1: Classification schemes of paraphilic disorders

Paraphilic Disorder	Cause of sexual arousal (as per DSM-5 Criterion A for diagnosis of each disorder)
Voyeuristic Disorder	Observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity
Exhibitionistic Disorder	Exposure of one’s genitalia to an unsuspecting person
Frotteuristic Disorder	Touching or rubbing against a non-consenting person
Sexual Sadism Disorder	Physical or psychological suffering of another person
Sexual Masochism Disorder	Act of being humiliated, beaten, bound or otherwise made to suffer
Pedophilic Disorder	Prepubescent child or children (usually aged 13 years or less)
Fetishistic Disorder	Use of non-living objects or a highly specific focus on non-genital body part(s)
Transvestic Disorder	Cross-dressing

Table-1: Types of paraphilic disorders (DSM-5)

Epidemiology

Epidemiological data on paraphilia is scant, as they occur rarely and are further less often diagnosed, apart from being inadequately studied. Moreover, their definitions and diagnostic criteria are debatable and constantly changing.

Apart from sexual masochism which is the most common

paraphilia in females, paraphilia are found almost exclusively in males.

Different studies have reported as few as 1.7% and as many as 62.4% subjects showing at least some paraphilia related patterns.

The prevalence data given in DSM 5 is represented in Table 2.

Paraphilic Disorder	Prevalence Data (as per DSM-5) (highest possible population prevalence unless specified otherwise)
Voyeuristic Disorder	Males: 12% Females: 4%, clinically uncommon
Exhibitionistic Disorder	Males: 2% to 4% Females: uncertain but lesser
Frotteuristic Disorder	Males: 30%, clinically 10% -14% Females: lesser
Sexual Masochism Disorder	Males:2% Females: 1.3%
Sexual Sadism Disorder	2% to 30% 37 to 75% in cases of sexually motivated homicide
Pedophilic Disorder	Males:3% to 5% Females: uncertain but lesser
Fetishistic Disorder	Not reported in females
Transvestic Disorder	Males: less than 3% Females: extremely rare

Table-2: Prevalence of paraphilic disorders according to DSM-5

Paraphilia- historic mentions

Some of the oldest mentions of paraphilic behaviour are found in the Bible (Metzl, 2004). Several such acts (voyeurism, bestiality,

necrophilia and exhibitionism) are described as socially unacceptable or forbidden. Pedophilia and hebephilia were practiced by ancient Greeks and Romans as part

of preacher-pupil relationships for allegedly wholesome mentoring (Balon, 2016).

The term 'paraphilia' was first used by Austrian ethnologist Friedrich Solomon Krauss in 1903 as 'abnormal erotic instinct', but was popularized in the psychiatric domain by the Vienna-born psychotherapist William Stekel. In his book 'Sexual Aberrations' (1930), Stekel highlighted the difference between 'paraphilia' (neurosis), paralogia (psychosis) and paraphilia (perversion), thus separating paraphilia from the other categories of mental disorders (Giami, 2015).

Extensive documentation of these disorders or related behaviour is not found due to the associated stigmatization, however few mentions are found in various texts and legends. The history of the major paraphilic disorders is discussed here.

1. Voyeuristic disorder

The term voyeurism comes from 'voir' (French: to see). The common term 'peeping tom' used for this disorder arises from the English legend of Lady Godiva, (c.1066-86), who rode covering herself only with her long hair, protesting against oppressive taxation by her husband, Earl of Mercia, when a man named Thomas was struck

blind (or dead) for privately watching her ride such (Janssen, 2018).

People were known to pay well to look through peepholes especially in Parisian brothels as early as 1857, but formal recognition to voyeurism appeared in the 1890s (Janssen, 2018).

In 1945, psychoanalyst Otto Fenichel described the case of a 'voyeur', renting a room in a bordello to look through a peephole at another couple having intercourse.

Society has used the term voyeur broadly to describe anyone who views the intimate lives of others, even outside any sexual context. But in terms of psychiatry, voyeurism as a condition is rooted in the abnormal oedipal development, particularly the castration crisis. Sandor Lorand and Henry Schneer wrote in 'The Comprehensive Textbook of Psychiatry' that a voyeur's *"adult sexuality is supplanted by infantile sexuality"* (Voyeurism, 2019). Although considered purely criminal initially, 'voyeurism' appeared in Reader's Guide to Periodical Literature, in 1979, and in The New York Times from 1950 to 1980 and gradually came to be seen more like a mental illness rather than just as an illegal act (Hugh-

Jones, Gough, & Littlewood, 2005). A recent term today is 'digital voyeurism'- the viewing of people's personal lives from the sidelines or recordings for pathological satisfaction (Metzl, 2004).

2. Exhibitionistic disorders

Exhibitionism has existed ever since the mentions of Adam and Eve, because with the development of concepts like 'civility', acts of undressing in public were seen as depraved and often linked to madness (Hugh-Jones et al., 2005). The Bible also mentions a jubilant David engaging in such exhibitionistic behaviour (Aggrawal, 2009).

Exhibitionism was first described as a disorder by Charles Lasègue in 1877. It was understood largely from studies on exhibitionists who were criminally penalized (Dandescu and Wolfe, 2003). In the case of women, the drive for exhibitionistic acts relate to attention-seeking behaviour and low self-esteem, as proposed by Hollander et al (1977). Various theories of biochemical imbalance and cortical disinhibition came up around 1980-1990 (including Fedors et al., 1986, Flor et al., 1988, Zohar et al., 1994) as the pathogenesis of the disorder.

3. Frotteuristic Disorder

This disorder involves a behaviour

called 'frottage' (from the French verb 'frotter', meaning 'to rub'), i.e., recurrent touching and rubbing against non-consenting individuals to gain sexual pleasure. Underlying this is the fantasy of a caring, exclusive relationship with the person (Frotteurism, 2019).

In 1887 and later in 1890, in the Study of Three Acts of Frottage by Valentin Magnan, these acts were considered signs of mental disorder. It was Clifford Allen, who in 1969, coined the term 'frotteurism' in his 'Textbook of Sexual Disorders'. Eventually, the word was incorporated in 'Psychopathia Sexualis' and popularized by Richard von Kraft-Ebing.

Until the third edition of DSM (DSM III-R) this condition was called 'frottage', but the name was changed to frotteurism in its 4th edition. Now DSM-5 employs the term 'frotteuristic disorder' (Mc Manus et al., 2013).

4. Sadism

The term 'sadism', though given by Krafft-Ebing, originated in fictional literature, with the 'deviant' sexual behaviour practised and described by Marquis Donatien Alphonse Francois de Sade, a French nobleman. In his work 'Les prospérités du vice', 1797 de Sade wrote:

"How delightful are the pleasures of the imagination! In those delectable moments, the whole world is ours; not a single creature resists us, we devastate the world, we repopulate it with new objects which, in turn, we immolate. The means to every crime is ours, and we employ them all, we multiply the horror a hundredfold" (Balon, 2016).

5. Masochism

Masochism is named after the Austrian baron Leopold von Sacher-Masoch who engaged in paraphilic behaviour and described masochism in his story of 'Venus in Furs'.

*"Shiny, shiny, shiny boots of leather,
Whiplash girl child in the dark,
Sever in, your servant comes in bells, please don't forsake him,
Strike, dear mistress, and cure his heart"*. - Venus in Furs, The Velvet Underground (1967)

Krafft-Ebing again, in *Psychopathia Sexualis*, is credited for bringing the term into medical parlance (Krafft-Ebing, 1922).

The first theory of masochism was given by the German physician Johann Heinrich Meibom, who in his 'Treatise on the Use of Flogging in Medicine and Venery' (1639) stated that *"flogging a man's back*

increases sexual arousal by making semen flow down into his testicles" (Mintz, n.d.). Jean-Jacques Rousseau spoke bravely of the masochistic sexual pleasure he derived from being beaten in childhood in his 'Confessions' (1782).

6. Sadomasochism

Though terms sadism and masochism were coined only in the 19th century, they describe behaviours dating back to the 2nd century. Consensual erotic slapping finds its place in Vatsayana's Kamasutra. Giovanni Pico della Mirandola, a Renaissance philosopher also described a man who required flogging to get aroused.

Krafft-Ebing, credited with introduction of the terms as disorders, considered sadism and masochism as arising from different sexual and erotic logics. But in 1905, Sigmund Freud in his 'Three Papers on Sexual Theory' rendered the observation that both often occur together, therefore combined the terms as Sado-masochism (The Psychology of Sadomasochism, 2014). Referring to them as the most common and important of all perversions, Freud also theorized that *"sadism is a distortion of the aggressive component of the male sexual instinct, and masochism is a form of*

sadism against the self-and a graver aberration than simple sadism".

In 'Studies in the Psychology of Sex' (1900), British physician Havelock Ellis considers both as being differentiated finely from each other and relates sadomasochism to eroticism rather than cruelty. The French philosopher Gilles Deleuze, in the essay 'Coldness and Cruelty' (1967), also contended that sadomasochism is an artificial term, and sadism and masochism are separate phenomena.

7. BDSM- A different perspective

Here, however, BDSM needs special mention. It includes a variety of erotic practices and role-playing involving B-Bondage and Discipline, D-Domination and Submission, S-Sadism and M-Masochism (DEFINITIONS OF BDSM TERMS, 2019).

Though, the term was first recorded in a Usenet post from 1991, however, these practices have survived from antiquity. They were associated with the worship of Goddess Inanna in ancient cuneiform writings describing cross-dressing, transformation and beating practices (Nomis, 2013). In the 9th century BC, Spartans practiced the whipping of young men and priests. Kamasutra

describes four different kinds of hitting during love-making (Mallanaga, 2002).

In Indian culture, apart from mentions in Kamasutra and mural paintings, no significant data is available. Indian law takes no clear stand with consensual practices being otherwise legal except in cases of complaints under section 377.

8. Pedophilia

Incidences defined today under pedophilia are believed to have occurred throughout history, but formal recognition was deferred until the 19th century.

The ancient Greeks are often depicted enshrining pedophilia, in attempts to establish a quasi-mentoring relationship with young students (Pedophilia, 2019). The society was naturally displeased and Solon passed strict laws against children being taken as lovers. Plato pleaded ban on pedophilia in 'The Laws' (4th century BC).

Elite European households in the 15th and 16th centuries sometimes treated young children as sexual playthings, a striking example involving the future King of France, Louis XIII, being the subject (Kinsey, Pomeroy, Martin, &

Gebhard, 1998). Krafft-Ebing elucidated this formally by coining the term 'Pedophilia erotica' in an article in 1886 but inclusion in 'Psychopathia Sexualis' was done in its 10th German edition (Krafft-Ebing, 1922).

Freud in his 1905 work 'Three Essays...' described the same in a section titled 'The Sexually Immature and Animals as Sexual Objects' (Pedophilia, 2019).

In 1908, Swiss psychiatrist Auguste Forel described the behaviour as 'Pederosis', the 'Sexual Appetite for Children'.

In his landmark study of female sexual behaviour, published in 1953, Alfred Kinsey reported rampant sexual abuse of under-14 children (Pedophilia, 2019).

The term pedophilia saw wide spread adoption medically in the 20th century, appearing in the 5th Edition of Stedman's Medical Dictionary in 1918. Pedophilia was included in the DSM I and later in the DSM II, placed under 'Sexual Deviation', but diagnostic criteria were missing. These criteria were provided by DSM III in 1980 and further expanded in DSM III R in 1987 (Pedophilia, 2019).

9. Fetishism

The term 'fetishism' originates from

the Portuguese 'feitico' meaning 'obsessive fascination'. Non genital body parts may also be arousing for some without it being a cause for concern. A fetish is considered abnormal only when social and sexual function is impaired by it, or when it becomes an absolute necessity for sexual arousal (Fetishistic Disorder, 2019).

Fétichisme (fetishism) as a term was brought to erotic considerations by Alfred Binet in 1887. He put forward a theory of pathological result of associations, where residual attachment remains after a possibly emotionally rousing experience linked with the fetish object in childhood. Krafft-Ebing and Havelock Ellis also agreed to this theory of associations, but without specifications.

In 1920, Magnus Hirschfeld pointed out that everyone can have a healthy level of fetishism. But how much is too much?

In 1951, Donald Winnicott presented another theory of transitional objects and phenomena, where an object closely associated with the growing up child eventually becomes sexualized (Sexual fetishism, 2019).

10. Transvestism

Transvestism, known in common parlance as cross-dressing, refers

to dressing that in general agreement of society is in close consonance with the opposite gender. Cross-dressing is seen in varying degrees in paraphilias like dual role transvestism, fetishism and trans-sexualism.

Transvestism was prohibited in the Bible; Deuteronomy, the Fifth Book of Moses says: "*The woman shall not wear that which pertaineth unto a man, neither shall a man put on a woman's garment*"(Aggrawal, 2009).

Later in the 20th century, transvestism was distinguished from cross-dressing, the former done for sexual excitement, which became known as transvestic disorder, a recognized mental condition.

Paraphilia- inclusion in medical literature

The inclusion of paraphilic disorders in recognized texts, the ICD and DSM reflects the prevalent social concepts of the normal sexuality and serves to categorise its pathologic variants.

Paraphilia first appeared in the ICD-6 in 1948, which included for the first time a large section for mental disorders, not as they are defined today, but as disorders and problems related to sexuality called

'sexual deviation', under the sub-category of 'pathogenic personality', closely influenced by the works of Kraft-Ebing and Ellis. It regrouped a number of non-reproductive sexual behaviours including exhibitionism, fetishism, homosexuality, pathologic sexuality, and sadism, and differentiated them from 'disorders of sexual function' which were categorized as 'psychogenic reactions affecting the genitourinary system'.

This was carried forward in the ICD-7 (1955) and in ICD-8 (1965). ICD-9 (1990) introduced the terms 'disorders of sexual preferences' and 'paraphilia', following similar perspectives developed in the DSM-III in 1980.

Theorists of the 20th century deemed it necessary to include personal distress and the desire to hate or harm oneself or a criminal dimension to help understand the 'deviant sexual behaviours'.

DSM III introduced 'paraphilia' under the heading 'psychosexual disorders', while in DSM III-R (1987) the term was renewed and now comprised exhibitionism, fetishism, frotteurism, pedophilia, sexual sadism, sexual masochism, and atypical paraphilia.

In ICD-10, paraphilia is featured in

F60-F69, 'Disorders of Adult Personality and Behaviour' and excluded homosexuality.

The term 'paraphilic disorders' was coined during DSM-5 task force in 2009 and 2010.

In ICD-11, it was proposed to change 'Disorders of Sexual Preference' to 'Paraphilic Disorders'. They also advocated for the removal of fetishism, fetishistic transvestism, and sadomasochism categories "*as inconsistent with human rights principles endorsed by the UN and WHO*" (Drew et al., 2011).

In ICD-11, Krueger proposed that paraphilic disorders be classified by the absence of consent, distress felt by an individual and the hurt or the harm caused to the partner or oneself.

Significance of the history of paraphilia

History forms the basis of understanding paraphilia and its conceptual evolution, helping in understanding how it could be managed more effectively. It is clear that paraphilias have transcended centuries and is directly or indirectly described in the scriptures, mythologies, manuscripts, inscriptions and murals, prehistoric caves and monuments.

History of management

Being heinous and unforgivable in public view, paraphilic behaviour was often penalised with death in many cultures and faiths including the Islamic and Sharia laws, Christian tenets and Hindu scriptures.

Surgical castration was thought of as the only management till the 20th century for such 'perverts'.

Initially, when medical therapy commenced, due to the psychological belief of improving such patients and reducing the chances of their recidivism, the mainstay of treatment was psychotherapy wherein, pharmacotherapy was later added. An ideal treatment having components for reducing the distress of the patient, abolishing repeated thoughts and fantasies, having no/minimal side effects and preventing them from acting out and victimizing others, is currently unavailable.

Individual paraphilic disorders may receive different therapies based on individual symptoms, therapeutic goals and patient's response.

Conclusion

It is essential to realize and appreciate that what is moral

regarding normal sexuality heavily depends on and is as transient as the culture and public opinion of that time (Giambi, 2015).

Intimately intertwined, sexuality and culture influence each other profoundly. Kinsey, Pomeroy and Martin remarked quite aptly, *"the ancient religious codes are still the prime sources of the attitudes, the ideas, the ideals, and the rationalizations by which most individuals pattern their sexual lives"* (Kinsey et al., 1998).

Therefore, to understand sexual perversions, their roots in history need careful examination.

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