

Editor:

In a recent Journal article, Fedoroff makes the argument that the pathology of pedophilia “is not that the person feels affection toward children; it is that the person is sexually aroused by children” (Ref. 1, p 148). Neither of those is necessarily “pathological,” however, if the individual experiencing such feelings is capable of resisting the urge to enact them improperly.

According to Fedoroff, “when the view that variations in orientation should not be treated is applied to pedophilia, the result is a failure to offer potentially beneficial treatment . . .” (Ref. 1, p 148). Few have argued, however, that treatment should not be offered when needed. Appreciating pedophilia as an orientation may help destigmatize persons who experience such attractions, perhaps encouraging some to seek out mental health assistance.

Fedoroff differentiates sexual drive from sexual orientation, the latter involving “feelings of affection” and “love.” Pedophilic attractions often do involve yearnings for companionship and affection, accompanied by a desire to express such yearnings in a sexually intimate manner.² The same is true of other sexual orientations.

Fedoroff contends that the field of sexology now accepts the concept of “sexual fluidity.”¹ In supporting sexual fluidity, he makes reference to gay men who engage in sexual relations with women. Bisexual men can be interested in sex with both men and woman.³ Some men are exclusively heterosexual, and others exclusively homosexual, with little evidence of sexual fluidity in such instances.³

Fedoroff expresses concern that pedophilia may be seen “as an orientation which is as undeserving of treatment as homosexuality” (Ref. 1, p 146). Homosexuality is not undeserving of treatment. It simply does not require treatment. It is an orientation whose expression is associated with consensual adult relationships.

Psychiatry values science and research. As a profession, it must also make value judgments when necessary, and it has an obligation to protect children. The importance of providing treatment for a pedophilic disorder is based, at least in part, upon making that value judgment.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, distinguishes between a paraphilia and a paraphilic disorder.⁴ It does not suggest that persons require psychiatric treatment because they have a sexual orientation that differs from the norm. For a difference in sexual makeup (i.e., a paraphilia) to become a disorder, it must be associated with either impairment (e.g., a decreased capacity to maintain sexual self-control) or with distress.⁴

Persons who experience sexual attractions toward children have not chosen to do so.⁵ Who would choose to do that? Instead, as with other orientations, they have discovered what sorts of individuals are sexually appealing to them.

Pedophilia is just one of many documented variations of human sexuality.⁶ In that regard, it can be thought of as an orientation. Its existence should not lead to societal scorn or psychiatric indifference. Persons manifesting a pedophilic disorder should not be treated as “second-class” psychiatric patients. As an orientation, pedophilia should be distinguished in forensic contexts from acts of child molestation, acts that potentially can be prevented with effective treatment of a pedophilic disorder.

References

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