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Mark A. Levand
Widener University

Renee Roy
Saskatchewan Health Authority

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Mark A. Levand[*], Renee Roy[+]

[*] Center for Human Sexuality Studies, Widener University
[+] Community Adult Mental Health Services, Saskatchewan Health Authority

Abstract

Popular media, public discourse, and many clinicians are often unclear about the difference between paraphilias and paraphilic disorders. Education about paraphilias and diagnostic criteria is scarce in human sexuality education. Many clinicians are poorly educated about non-normative sexual interests. After a brief history about paraphilias and a background on the need for this information, we supply a lesson plan about paraphilias and paraphilic disorders using diagnostic criteria from the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM 5). Major concepts included in this lesson are the distinction between paraphilias and paraphilic disorders and the difference between having a paraphilia and acting on it. We offer a section for further reading as well as a resource about paraphilic disorders adapted from the DSM 5.

I INTRODUCTION

When teaching about topics of sexuality, no matter the discipline, people tend to be fascinated by paraphilias and fetishes. Paraphilias are a broad category of sexual interests that deviate from what society sees as normative sexual desires, which are themselves influenced by cultural standards and messages around sexuality (Money, 1988). The topic of paraphilias and differences in sexual interest is fascinating enough to grab American society's attention in media such as the television show, *Strange Sex* (Sirens Media, 2010). However, there are aspects of paraphilias that are often left out of the national pop-culture dialogue. Popular media often misappropriates types of paraphilias in popular dialogue. For example, in the Fox sit-com show *The Mindy Project*, the main character, Mindy, often identifies people who she sees as creepy or uncomfortable as "pedos"—a shortened name for pedophiles (Schleicher, 2014). These instances of the clinically inaccurate slang usage of pedophilia is a symptom of the misconceptions that exist in the broader culture about paraphilias.

Many people have strong emotional reactions when discussing paraphilias, and it can be a difficult topic to both teach and learn about. Ideas about appropriate sexual behavior, moral codes regarding sexuality, and personal experiences with sexual interests unlike the norm all influence feelings that go into social dialogue around this topic. Resources such as lessons on paraphilias and paraphilic disorders are scarce for sexuality or psychology educators. Few medical students, for example, are taught about paraphilic disorders, even though the majority have access to a sexual disorders course (Parish & Clayton, 2007). This lesson plan is designed for late adolescent or young adult learners to explore the concept of paraphilias and where it falls in the larger realm of sexual desires and behaviors. The introduction will briefly describe the historical journey of the word 'paraphilia' and how it is used today. We will then include important rationale supporting the need for this lesson on paraphilias and paraphilic disorders.

II HISTORY

The term 'paraphilia' first originated as an alternative to the orthodox terms *perversions* or *sexual deviance* used to describe differing sexual interests in the 19th and early 20th century (Cooper, 1991; Janssen, 2014). The term *paraphilia* debuted to act as a less judgmental term (Money & Lamacz, 1989) though did not enter the medical nomenclature until the publishing of the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) (American Psychiatric Association [APA], 1980). The word was then popularized by the philosopher-psychologist, John Money (1984). Paraphilic sexual desires, or desires/love beyond the usual (Money, 1984) is often contrasted with normophilic sexual desires, which Money (1988) describes as "ideologically defined by those with ideological authority as sexuoerotically normal and acceptable" (p. 127). A distinction that is currently used in the DSM-5 (APA, 2013, p. 685).

The DSM was created by psychiatrists for the diagnosis of mental disorders and is widely considered the gold standard for this purpose (Khoury et al., 2014). The paraphilias category has undergone significant changes in the DSM-5 from previous iterations, but sexual deviation has been included since its inception (Sorrentino, 2016). In the first DSM, sexual deviations were assumed to be criminal acts and included in psychopathic personality disorders. With the publication of DSM-II, sexual deviations—including homosexuality along with others including pedophilia, fetishism, and masochism—were moved to the category of "personality disorders and certain other nonpsychotic mental disorders" (Sorrentino, 2016, p. 1).

As noted previously, the publication of the DSM-III introduced the word *paraphilia* to describe "psychosexual disorders" (Sorrentino, 2016, p. 1), and the DSM-IV maintained this category. The DSM-IV-TR reclassified *transvestism* from a disorder of gender identity to the paraphilia of *transvestic fetishism*, but otherwise remained similar to the DSM-III and DSM-IV in its description of paraphilias (Sorrentino, 2016). The current edition of the DSM at the writing of this lesson plan, the DSM-5, has included more clarifying statutes on what constitutes a paraphilia and a paraphilic disorder. The DSM-5 is the first iteration to include the word 'disorder' to

differentiate between a paraphilia that is simply a non-normative sexual interest and a paraphilic disorder, which causes distress or impairment to the individual or nonconsensual harm to another person (APA, 2013; Sorrentino, 2016).

III CURRENT STATUS

The changes that have been made to the paraphilias category in the DSM-5 were designed to help clinicians distinguish between clinically significant, problematic sexual deviance and paraphilias that may be statistically unusual but not harmful (Sorrentino, 2016). However, lack of education and training continue to create problems in this area for mental health practitioners and their clients with non-normative sexual interests (Diambra et al., 2016; Sansone & Wiederman, 2000; Sorrentino, 2016). Psychiatrists in training often have few rotations in sexuality in general, and even fewer in paraphilic disorders (Sansone & Wiederman, 2000; Wise, 2010). Wise (2010) noted the importance of a comprehensive understanding of paraphilias so that clinicians can more comfortably and thoroughly assess sexual behavior causing patient distress. Joyal and Carpenter (2016) reported that many of the listed paraphilias in the DSM-5 are neither rare nor unusual—a finding consistent with other research on sexual fantasy and behavior (Lehmiller, 2018; Wismeijer & van Assen, 2013). This data suggests that clinicians are likely to come across individuals with paraphilic sexual interests even in non-clinical settings. Education in paraphilias and paraphilic disorders, as well as in sexuality more broadly, may increase the comfort of clinicians in navigating these conversations (Balon & Morreale, 2010; Diambra et al., 2016) and decrease the risk of stigmatizing or further shaming of those individuals with paraphilic sexual interests by clinicians due to unconsidered personal bias (Parish & Clayton, 2007). This lesson plan is designed to help bridge the gap in the sexual education of clinicians at an introductory level regarding the topic of paraphilias and paraphilic disorders as described in the DSM-5.

IV SAMPLE LESSON CONSTRUCTION

The sample lesson below (Appendix A) is constructed to fill some of these pedagogical gaps with updated information on paraphilias and paraphilic disorders from the DSM-5. Clinicians are likely to interact with patients who have a variety of sexual interests (Joyal & Carpentier, 2016; Sorrentino, 2016; Wise, 2010). This lesson on paraphilias and paraphilic disorders will enable clinicians to better engage in conversations and decision-making with these patients regarding possible treatment (Balon & Morreale, 2010; Diambra et al., 2016). A clearer understanding of the nuances of sexual interests will help clinicians obtain the important skill of better distinguishing those that are healthy from those that are harmful (Joyal, 2015; Sorrentino, 2016). Many of the paraphilias listed in the DSM-5 are endorsed by members of the general population as common sexual fantasies (Joyal & Carpentier, 2016). This lesson plan is designed to help clinicians begin to differentiate between those sexual interests and behaviors that may be non-normative but are not harmful, and sexual interests that are disordered; that is, cause significant distress or include a non-consenting partner (APA, 2013; Sorrentino, 2016). This distinction will help clinicians make decisions regarding when and what kinds of interventions are needed when supporting patients with non-normative sexual interests (Tucker et al., 2010).

The lesson below first engages in a formative check to assess students' current knowledge of the terms related to paraphilias. This allows facilitators to check what their students already know and offer a foundational understanding for any words that are new to learners (Wrench et al., 2009). The lesson then examines students' perceptions of four scenarios presented in a forced-choice format. In this activity, students identify if a fictional character has sexual interests that would constitute a paraphilic disorder. In the processing of this activity, students will identify the different criteria they each used in deciding whether or not the scenario had the presence of a paraphilic disorder. Many students may discuss their beliefs about why they chose "yes" or "no" in the activity, noting the personal assessment and value nature of how people typically discuss paraphilic disorders. Some students may discuss how they did not

have enough information in this activity and express frustration in the processing portion. We chose the forced-choice activity because it demonstrates that choices may seem forced with no good options (Hedgepeth & Helmich, 1996)—an experience that could be mirrored in the intersection of their values and professional roles. It may become clear in the discussion that most people do not know the diagnostic criteria for paraphilic disorders, leading to the next part of the lesson.

The direct instruction part of the lesson is meant to offer an anticipatory set of information, motivating learners to interact with the subsequent parts of the lesson (Estes et al., 2011). The content in this part of the lesson is meant to inform students of the diagnostic criteria as well as the conceptual difference between "normative" sexual interests, paraphilias, and paraphilic disorders. Notes and procedural steps in the lesson below will guide the facilitator in the description of these concepts, supplemented with notes about why these distinctions are historically important. The slides (Appendix D) and figures 1, 2, and 3 are visuals to help students understand the conceptual difference between these topics and how they relate to each other.

The next portion of the lesson involves a think-pair-share activity that allows each small group to apply the knowledge from previous parts of the lesson in small groups for more effective learning (Bristol & Kyarsgaard, 2012). The "share" part of this activity will combine the learning from their small groups with learning from other groups and the instructor as well (Estes et al., 2011). As they go through the activity defining the paraphilic disorder assigned to their group, students are engaged in an empathy exercise to understand the desirable or distressing factors of the assigned paraphilic disorder. The pressure to come up with answers to the prompts of 'what can be appealing about a behavior' and 'what can cause distress' is diffused by sharing it among the other small group participants. Reducing this pressure allows the threat level to be low, in order to enhance brainstorming suggestions and collaborative learning (Rogers, 1969). While students share their group answers to the prompts for their assigned paraphilic disorder, the facilitator can add points during this "share" portion of the activity before moving on to other groups. Notes on particularly sensitive issues are outlined in the lesson plan below.

The discussion is wrapped up with points about the diversity of sexual interests and how sexual interests are often prone to stigmatization. Through the series of activities, students can see that our values around sexuality can influence how we partake in the stigmatizing process—knowing this distinction will be important in clinical work with paraphilias and paraphilic disorders (see National Coalition for Sexual Freedom, 2014). Optional summative assessment activities are included for individual use.

V CONCLUSION

With the way societies may colloquially use clinical terms such as pedophile, sadist, masochist, there can be confusion about what these terms mean in clinical settings when professionals are not adequately educated about the topic. The recent shift in DSM language allows for a variation in sexual interest without immediately considering those variations problematic. This insight brings a nuance to clinical practice that can open the discussion to the diversity of sexual interest that does not qualify as a disorder, and to the important difference between a sexual interest and behavior. The included lesson plan addresses some of the pedagogical gaps in how clinicians are educated about paraphilias and paraphilic disorders to better equip them with the language, tools, and schema they need to offer the most current clinical interventions.

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Appendix A. Sample Lesson

A Audience

Clinical students who will use the DSM as a tool for diagnosis or clinicians in training. This lesson can also be used in introductory human sexuality classes to more clearly understand the difference between diverse sexual interest and paraphilic disorders.

B Goal

To ensure clinicians gain a greater understanding of paraphilias understood through a diagnostic lens

Rationale: Clinicians are likely to interact with patients who have non-normative sexual interests in both forensic and non-forensic settings (Joyal & Carpentier, 2016; Sorrentino, 2016; Wise, 2010). Education regarding paraphilias and paraphilic disorders is necessary to enable clinicians to better engage in conversations and decision-making with these patients regarding possible treatment (Balon & Morreale, 2010; Diambra et al., 2016).

C Objectives

By the end of this lesson, students will be able to:

1. Describe the difference between a paraphilia and paraphilic disorder.
2. List the criteria for diagnosis.
3. Discuss the complexity of sexual desires and how it intersects with stigmatization via a large group discussion.

Rationale: Better understanding of the nuances regarding sexual interests and behaviors is important for clinicians to distinguish those that are healthy from those that are harmful; a necessary distinction for best practice with patients (Joyal, 2015; Sorrentino, 2016). Discussion of material as a class and with peers can help learners engage with the material in a way that enhances learning (Ausubel, 1963; Bandura, 1977; Vygotsky, 1978).

D Major Concepts

- Every paraphilia is not a paraphilic disorder
- People have many different desires and they are not inherently bad, wrong, or harmful
- There is a difference having a paraphilias or paraphilic disorder and acting on these desires

Rationale: Many of the paraphilias listed in the DSM-5 are endorsed by members of the general population as common sexual fantasies (Joyal & Carpentier, 2016). This lesson plan is designed to help clinicians begin to differentiate between those sexual interests and behaviors that may be non-normative but are not harmful, and sexual interests that are disordered; that is, cause significant distress or include a non-consenting partner (APA, 2013; Sorrentino, 2016). This distinction will help clinicians make decisions regarding when and what kinds of interventions are needed when supporting patients with non-normative sexual interests (Tucker et al., 2010).

E Background of the Presenter

The facilitator should understand the diverse nature of sexuality and sexual desires. They should have a clear understanding of paraphilias and fetishes as a diversity in sexual interests. Facilitators should be formally trained in the diversity of sexual behavior because paraphilias and paraphilic disorders can be a difficult topic to navigate. Facilitators who have been exposed

to advanced sexual attitude reassessments (SARs) or similar affective learning experiences would likely be well-equipped to navigate these sensitive conversations (Barker, 2005; Pillai-Friedman et al., 2014; Stayton, 1998). Among the goals of a SAR pertinent to facilitators of this lesson include: increasing one's awareness that (1) a wide variety of sexual problems exist, (2) one needs more than their own personal experience and opinions to help others, (3) that one's own personal taboos, biases, and overactions to sexual information and stimuli may impair their judgment, making one more tolerant of the wide spectrum of "normal" human sexual responses (Stayton, 1998).

Presenters should have an idea of the history of paraphilias (addressed above) and the difference between desires/arousal and behavior (for more information and theoretical discussion on this difference, see Beech et al., 2016; Wakefield, 2011). They should also have a clear understanding of the role of diagnosis in the mental health field, how it impacts access to services and treatment, and that diagnosis can be useful when utilized appropriately.

F Materials Needed

- Forced choice sheet (Appendix B)
- DSM 5 info Sheet (Appendix C)
- Presentation medium (chalk board, white board, smart board, etc.)
- Writing utensil necessary for presentation medium (chalk, dry erase markers, etc.)
- PowerPoint Presentation if desired (Appendix D)
- Index cards/half sheet of paper for evaluation

G Room Preparation

Students should be seated in a semi-circle, U-shape, or other collaborative classroom setup to promote dialogue. If moving of desks or tables is required, the instructor should arrive early to arrange seats in a semi-circle or U-shape.

Rationale: Semi-circles and U-shaped seating arrangements are conducive to discussions and the sharing of information (Estes et al., 2011). Due to the nature of this lesson, both discussion and the sharing of information will happen. Through concept development and think-pair-share models (Estes et al., 2011), learners will learn from others as well as the instructor. For a majority of this lesson, learners will be moving around the room either in the front of the class or with collaboration partners. This desk space will allow movement easily.

H Preparation

- Printed instructor materials (Appendix B) for instructor use.
- Printed handouts (Appendix C) enough to distribute one for each participant.
- Writing utensils and display medium (whiteboard, smartboard, etc.).
- If desired, PowerPoint (Appendix D) and way to display the slides.
- Instructors should arrive to the class 10 minutes early to arrange the room seating in a style that promotes collaborative learning such as a U shape or semicircle.

I Participants

Designed for a group of 16-24 learners

Rationale: While students can learn much from peers in group work (Bandura, 1977), groups that are too large may not facilitate in-depth learning as much as a smaller group may (Bristol & Kyarsgaard, 2012). When breaking into small groups with each of the paraphilic disorders, more than three people per group may be impede learning.

J Time

65-85 minutes

Introductions *(3-10 mins)*

Introduction to topic *(5-7 mins)*

Forced Choice Activity *(15 mins)*

Difference between Paraphilia and Paraphilic Disorder *(10 mins)*

Think-Pair-Share *(15 mins)*

Large Group Discussion *(15 mins)*

Closing *(2-5 mins)*

K Procedure

A. Arrival

- Write ***YES*** on one side of the board and write ***NO*** on the other end.
    - Put a line of masking tape in the middle of the floor for more clear delineation of opposite sides. (Alternative: mark a clear distinction between the yes and no sides that does not cause a tripping hazard.)

B. Introduction (3-10 mins)

- If this is a new group of people, the instructor introduces themself to the class including name and credentials while welcoming the students.
- For more classroom familiarity, allow students to introduce themselves. Introductions can be started with a student closest to the instructor and moved around the room.

C. Introduction to the Topic (5-7 mins)

- Write/display the following seven paraphilias on the board (voyeurism, exhibitionism, sadism, masochism, pedophilia, fetishism, frotteurism).
    - Alternatively, display slide 2 in Appendix D
- Pose the words to the class, gathering general definitions of each word from the class.
    - Ask: "What do these words mean? Can someone give a general idea of what one of these words means?"
    - Continue through the list until every word has been described *generally*. General definitions of each of these words can be found in Appendix C.
        - NOTE: specific definitions are not required. Be sure to include the core tenet of each paraphilia as they apply (target population, specific behavior, coercion, etc.).
        - If participants cannot define them or have not heard the word before, offer a general definition, and ask if these concepts sound familiar. Some participants will likely nod. If no one nods, or participants have not heard of these words or concepts before, thank them for being present as they will learn about them today.

D. Forced Choice (10 mins)

- Introduce the activity
    - Say: "In the front of the room are two options: Yes and No. I will read four scenarios, and you will move to the side of the room to answer the question.

This is a forced choice activity, meaning there are no 'maybe' answers. Pick a side, and we will discuss each scenario."
    - Check for understandings about the instructions. Offer clarity if needed.
    - If using the slides as a placeholder, display slide 3 in Appendix D
- Ask participants to move to the area of the room with the clear delineation between yes and no.
- Begin reading the scenarios on the forced choice sheet (Appendix B)
- Read each scenario and allow participants to move to the side of the room that communicates "yes" or "no."
    - NOTE: For students with mobility concerns, see Accommodations section below.
- Once participants are done moving, give them 1-2 minutes to discuss with others in their area why they chose this answer.
- Ask participants to share aloud with the larger group why they chose to stand in either the "yes" or "no" area.
    - NOTE: Listen to their rationale, being sure not to offer any additional information to the scenario. There are many possible answers. The point of this activity is to get the students to process their reasoning why they would or would not classify a person as this paraphilic identity (i.e., as a voyeur, as an exhibitionist, etc.). There are no right or wrong answers in this activity with the way the scenarios are written. Rather, the exercise is for participants to articulate their reasoning. Some students may ask for further clarification—the ambiguity is intentional, and can be answered with "with the information you have, would you identify this person this way?"
    - NOTE: this will be the groundwork for information you can come back to when identifying the diagnostic criteria or processing the next activities.
- Repeat this for each of the four scenarios. After approximately ten minutes of the activity or when complete, thank learners for their participation and ask them to return to their seats.

E. Process (5 mins)

- In a large group processing, ask the group:
    - What was that activity like for you?
        - Possible answers include: fun, hard, difficult, interesting, weird, uncomfortable, enjoyable, etc.
    - What was difficult? What was easy?
        - Possible answers include: some were easy and some were unclear, they were very easy—people are freaks, they were all very difficult because there was not enough information, etc.
    - What questions came up?
        - NOTE: If participants said they needed more information, ask them "Why was it important you knew the answers to those questions?"
    - For additional processing, ask participants "What criteria were you using to decide your answers?"
        - Possible answers include: what I've heard before, my past learning from previous classes, images from the media, what I personally felt, etc.
- To bridge to the next section, say: "These scenarios were meant to get us thinking about how we have heard about or think about paraphilias in our every day lives. Because a paraphilic disorder is a clinical diagnosis, most people do not know the diagnostic criteria. The DSM 5 also tells us that a paraphilia is not the same as a paraphilic disorder."

F. Difference between Paraphilia and Paraphilic Disorder (10 mins)

- Say: "There are important distinctions between a paraphilia and a paraphilic disorder. Generally speaking, a paraphilia is categorized by intense and persistent feelings of

desire. A disorder requires (1) persistence of at least 6 months, (2) causing distress to oneself/others or (3) involving a non-consenting partner."

- Write/display these three criteria.
  - If using the slides provided, display slide 4 in Appendix D
- NOTE: be sure to include that for something to be a paraphilic disorder, it must include (1) and either (2) or (3). Both criteria (2) and (3) can be present, but must be present in addition to (1). The presence of either (2) or (3) without (1) is insufficient for diagnosis.

- This can be depicted on the board by drawing the following diagram in three parts (or by displaying slides 5-7 in Appendix D):
  - Draw a large circle (or display slide 5 in Appendix D). Explain that this circle represents all sexual interests. Say, "The broadest category is sexual interests (or desires). People are attracted to many things. Scholars note a distinction between normophilic and paraphilic sexual desires. *Norm* referring to the average for a given culture, and *para* meaning alongside of, next to, or beyond the norm. This circle encompasses ALL these sexual interests." (see Figure 1)

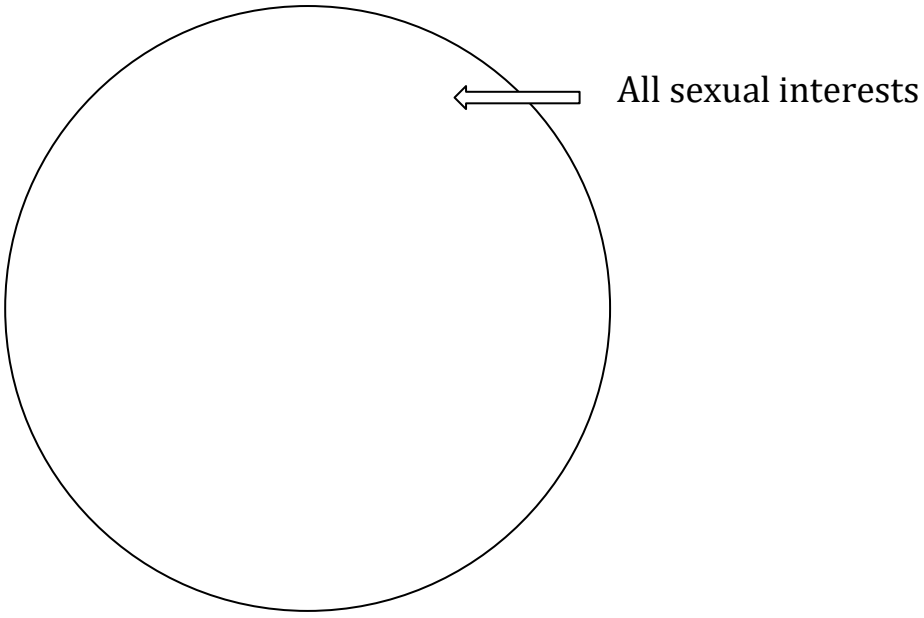


Figure 1: An area representing all sexual interests.

  - Draw a smaller circle inside the first (or display slide 6 in Appendix D). Explain that this circle represents paraphilias as a whole, subset of sexual interest. Say, "These are sexual interests that have been historically considered 'outside of the norm.' They may be considered deviant by some but are not necessarily harmful or worthy of clinical intervention."

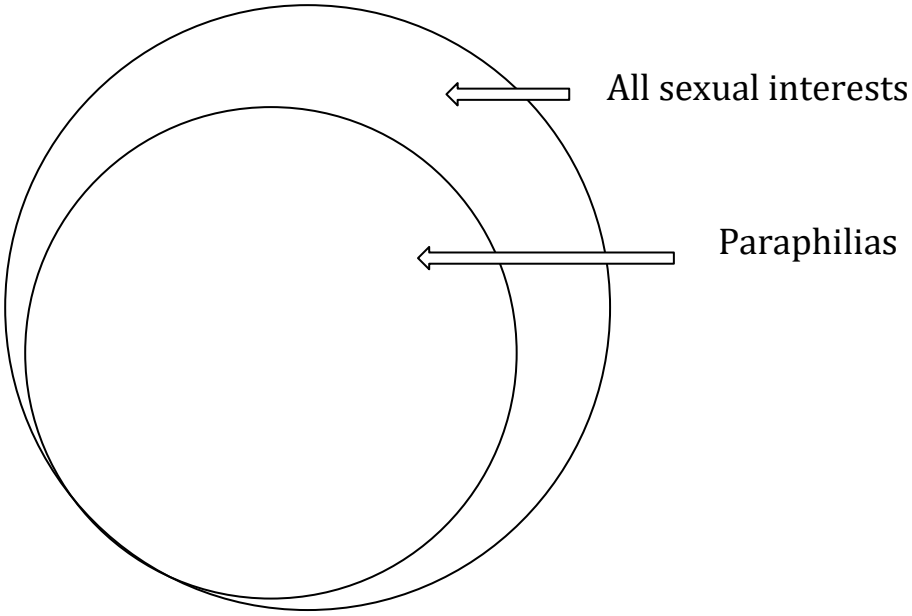


Figure 2: Paraphilias depicted as being within, or a subset of sexual interests.

- Draw a smaller circle inside the second circle (or display slide 7 in Appendix D). Explain that this circle represents paraphilic disorders. Say, "There are then paraphilic disorders—or paraphilias that meet the three criteria listed in the DSM. These disorders must be persistent for at least six months, and cause either significant and persistent distress in the individual or involve of a non-consenting partner. Note that this circle is a small portion of the larger realm of sexual interests. The DSM-5 in particular has made it clear that many paraphilias are common and not necessarily clinically relevant."

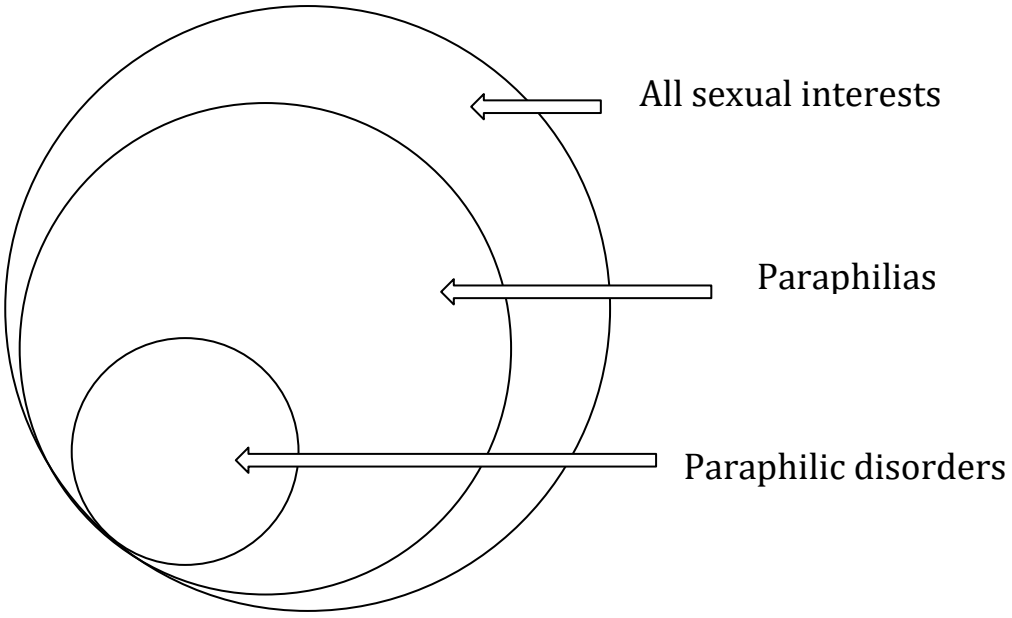


Figure 3: Paraphilic disorders being depicted as an even smaller subset of paraphilias, creating a distinction between the two.

- NOTE: the previous iterations of the DSM did not include this paraphilia v. paraphilic distinction. This is particularly important for the final goal of the activity—normalizing various sexual interests/sexual diversity. This distinction was not in the DSM IV-TR (e.g., sexual sadist v. sexual sadism disorder) which

allows for diverse sexual interests to be de-pathologized while also delineating other as clinically distressing or problematic (i.e., involving non-consenting partners).

- Ask for any questions on the material. Answer any questions that arise.
    - NOTE: for more information, see the introductory material as well as the further reading section of this lesson plan.

G. Think-Pair-Share (15 mins)

- Introduce the next activity. Say "We will now get into groups and discuss each paraphilic disorder a little more in-depth."
- Group the participants into eight groups of 2-3 students each.
    - NOTE: For groups less than 16, pair students and prioritize giving students the terms voyeuristic disorder, exhibitionistic disorder, sexual sadism disorder, sexual masochism disorder, and frotteuristic disorder over pedophilic disorder and transvestic disorder and fetishistic disorder. For groups larger than 24, have a couple groups cover the same terms.
- Instruct participants: "We will now begin to examine the specific disorders identified in the DSM-5. Each group will get a word, and you will have about 5 minutes to discuss with your group what the paraphilic disorder is, brainstorm at least 2 reasons about what might be appealing about the behavior, and why it might cause distress. I'm going to challenge you to empathize with a person in this position. Why might they be drawn to do the behavior assigned to your group? Take 5 minutes now."
- Assign each group one paraphilic disorder: (1) voyeuristic disorder, (2) exhibitionistic disorder, (3) frotteuristic disorder, (4) sexual masochism disorder, (5) sexual sadism disorder, (6) pedophilic disorder, (7) fetishistic disorder, (8) transvestic disorder
- After participants have gathered into groups and have been assigned a paraphilic disorder, give the instructions: "In your groups, for the next 3-4 minutes, discuss with each other what the paraphilic disorder is—it's characteristics or defining factors, two reasons why the behavior might be appealing to someone with that paraphilic disorder, and why it might cause distress to an individual with this diagnosis."
    - NOTE: If you have the DSM 5 or some other book that has current definitions for each paraphilic disorder, participants may use those in group work. Otherwise, offer the DSM 5 handout (Appendix C) as a resource for this activity.
    - For ease of learner recall, write on the board (or display slide 8 in Appendix D):
        - What it is?
        - What might be appealing about the behavior? (2 reasons)
        - Why might it cause distress to a diagnosed individual?
- Ask if further clarification is needed. Instruct the learners to begin working in small groups.
    - NOTE: participants may feel the need to research a "right answer" to the questions "what might be appealing" and "why might it cause distress." Assure participants that this is not a researching activity, but a thought and empathy activity.
- Be mindful if groups are finishing up earlier or need more time. After about 3-4 minutes, gather group attention by saying "Let's begin discussing with the larger group the defining factors of these paraphilic disorders, reasons someone might find the behavior appealing, and why they might cause distress."

H. Large Group Discussion (15 mins)

- Gather group attention and process each group's discussion, answering any questions that may arise.

- Give each group 1-2 minutes to share their answers with the class. Facilitator may add information and clear up any misunderstandings or misinformation.
    - NOTE: During the discussion of sexual sadism and masochism disorder, learners may inquire about the difference between "being kinky" and having a paraphilic disorder. Be sure to point out criteria (2) and (3) from above: causing distress to an individual or involving a non-consenting partner. For more information, see pamphlet *Kinky is Not a Diagnosis* (National Coalition for Sexual Freedom, 2014).
    - NOTE: When discussing transvestic disorder, note that there has been a long history of parsing out sexual orientation, gender identity, and paraphilias (for an historical view about this with sexual orientation, see Chauncey (1982). For a discussion of this with transgender identities, see Beemyn (n.d.)). Be sure to identify the defining criteria of transvestic disorder as sexual arousal which separates this from transgender identities or gender dysphoria.
    - NOTE: When discussing pedophilia, address that some people may have this interest but do not act on it. Mention "groups like VIRPED (virtuous pedophiles) and B4Uact are set up as supports for people who are sexually attracted to minors (also called minor attracted persons). Contrary to what most popular media suggests, experiencing attraction to minors is *not* the same as sexually offending." For more information on this matter, see *This American Life* podcast by Malone (n.d.), b4uact.org (2020), and clinical research/practice articles (Grady et al., 2019; Levenson, 2019; Levenson & Grady, 2018).
- Say: "All of these examples are what we might call disordered desires. What do you think this tells us about sexual desires/interests?"
    - Possible responses may include: that desires are diverse, that there is an ordered way of having desires, that some people are into some weird things, etc.
        - NOTE: For a longer lesson, allow members to engage in dialogue about other paraphilias by asking "What are some examples of desires not listed here?"
- Ask "What are some examples of these desires being stigmatized? Where do we see this in our society today?"
    - Possible answers may include: in media (television shows, movies), in friend groups, political/legal discourse, etc.
        - Probe further asking how they are stigmatized in each of these settings.
- Say "In abnormal psychology, many things are discussed as normal thoughts or feelings at abnormal levels. And sexual desires can exist within a wide range of possibilities. The presence of the desire, in and of itself, is not inherently wrong or bad. And having a sexual desire or interest that would involve a non-consenting partner is different than acting on a desire to have a non-consenting partner. People are sexually interested in a variety of things—and this is a reality about the diversity of human sexuality. The important concept here is that at times, sexual desire can lead to thoughts or behaviors that impede our lives or the lives of others. In such cases, seeking treatment can be helpful, but not all "non-normative" desires can cause distress to oneself or others. Be mindful of the way we encourage stigma and incur shame on individuals based on a sexual desire that they may have—as it is a complex process and quite pervasive in our society."

I. Closing (2-5 mins)

- Close the activity by thanking the participants for participating.
- For evaluation: ask learners to write on a half sheet of paper or index card (1) the difference between paraphilia and paraphilic disorder and (2) the 3 diagnostic criteria for a paraphilic disorder. For ease of learner recall, write on the board (or display slide 10 in Appendix D):
    - What is the difference between paraphilias and paraphilic disorders?

    - What are the three diagnostic criteria for a paraphilic disorder?
- For added value: ask what the learners what they might have learned/what they will take away from this session.

L Assessment and Evaluation

Throughout the activities, the instructor will be assessing the knowledge of the group through diagnostic assessment (Angelo & Cross, 1993; Wilson, 2004). Because this is an introductory lesson, it is assumed most students do not have a clear understanding of the difference between diagnostic criteria for a paraphilic disorder and popular culture reference. Learner understanding of this difference as well as diagnostic criteria will be assessed through an exit ticket after the lesson.

Facilitators can give summative or evaluative assessments in the form of a written quiz or more creative outlet such as a brief skit or presentation on what questions they would ask a client to help ascertain information necessary for a diagnosis. This presentation would serve as an assessment of knowledge about paraphilic disorder diagnostic criteria (Estes et al., 2011). The information gathered here can serve to adjust the lesson as needed to spend more or less time on various topics (Hedgepeth & Helmich, 1996). Part of the evaluation may include learning about which content participants had the most questions. Facilitators can include more information in these content areas through doing supplemental research (in the Further Reading section below) and more time for that discussion during the next implementation of this lesson.

M Accommodations

This lesson involves a number of activities with which learners may have difficulty or may not be able to do (i.e., move to different parts of the room, see the terms displayed at the front of class). For the forced choice activity, if a participant has mobility concerns, the facilitator can offer the participant the following suggestions: (1) remaining in one place and pointing to the side of the room with the answer they choose for each scenario, (2) have a friend or other student act a proxy to represent the participant with mobility concerns, (3) toss a crumpled piece of paper to the side of the room that represents their choice of answer, or (4) some other creative or negotiated option that works for the participant and class. With the words displayed at the front of room, the facilitator should read the words aloud for those with visual impairments. The small group activity allows for handouts to be accessible to those with visual impairments. Electronic resource accommodations can be made for participants with other perception difficulties.

N Further Reading

For further reading on theoretical background, diagnosis, and training, see:

Balon, R. (2013). Controversies in the diagnosis and treatment of paraphilias. *Journal of Sex & Marital Therapy, 39*(1), 7-20. https://doi.org/10.1080/0092623X.2012.709219

Barker, M. (2005). Experience of SM awareness training. *Lesbian and Gay Psychology Review, 6*(3), 268-273.

Beech, A.R., Miner, M.H., & Thornton, D. (2016). Paraphilias in the DSM-5. *Annual Review of Clinical Psychology, 12*(1), 383-406. https://doi.org/10.1146/annurev-clinpsy-021815-093330

National Coalition for Sexual Freedom. (2014). Kinky is not a diagnosis. *NCSFreedom.org*. Retrieved from https://secureservercdn.net/198.71.233.68/9xj.1d5.myftpupload.com/wp-content/uploads/2019/12/NCSF_Not_A_Diagnosis.pdf.

Wakefield, J.C. (2011). DSM-5 proposed diagnostic criteria for sexual paraphilias: Tensions between diagnostic validity and forensic utility. *International Journal of Law and Psychiatry, 34*(3), 195-209. https://doi.org/10.1016/j.ijlp.2011.04.012

Appendix B. Forced Choice Sheet

Directions: Read the scenario aloud and allow participants to move to either side of the room (YES or NO) to answer the question. Allow them time to discuss amongst themselves why they chose their answer. The facilitator should not answer any clarifying questions asked by participants, but simply encourage them to make the best choice they can with the information provided and discuss their rationale with their peers.

Do not read the *Rationale* section aloud. The rationale is for facilitator reference in how the answer may or may not be paraphilic/disordered. This may be referred to during the sharing portion of the small group work.

This activity serves as an informal assessment and knowledge check of the groups understanding of paraphilias and paraphilic disorders.

Scenario 1:	Reese gets excited for Sundays because his girlfriend lets him watch her shower. Is Reese a voyeur?
Scenario 2:	Ashley likes to get bitten and slapped during sex. Is Ashley a masochist?
Scenario 3:	Paul finds himself sexually aroused by his co-workers' Italian loafers. Is Paul a shoe fetishist?
Scenario 4:	Jean and Jen often have sex in the office because of the thrill of getting caught. Are they exhibitionists?
Rationale:	Many people assume sexual excitement is sufficient for a paraphilic disorder diagnosis. The discussion that will ensue in their small groups and larger group about their decisions will make evident the reasons and values they associate with paraphilias. This activity will allow participants to articulate the cultural narratives they have heard about paraphilias before learning about the current diagnostic criteria.

Appendix C

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 partners.	
Diagnostic Criteria for Paraphilic Disorder: 1. persistence for at least 6 months 2. causing distress to oneself or others 3. involving a non-consenting partner * To be a paraphilic disorder, criteria must meet: (1) AND (2) or (3).	
Voyeuristic Disorder	Spying on others in private activities
Exhibitionistic Disorder	Exposing the genitals
Frotteuristic Disorder	Touching or rubbing against a nonconsenting individual
Sexual Masochism Disorder	Undergoing humiliation, bondage, or suffering
Sexual Sadism Disorder	Inflicting humiliation, bondage, or suffering
Pedophilic Disorder	Sexual focus on pre-pubescent children (~age 13 and under)
Fetishistic Disorder	Using nonliving objects or having a highly specific focus on non-genital body parts
Transvestic Disorder	Engaging in sexually arousing cross-dressing

There are many more paraphilias that exist. In diagnosis, there are ways that people identify these other paraphilias:

Other Specified Paraphilic Disorder: A paraphilic disorder that causes significant distress but is different than any of those described in the diagnostic class above. Things like necrophilia, urophilia, coprophilia, zoophilia, and many more may be named under this category.
Unspecified Paraphilic Disorder: This diagnosis is used when a clinician does not want to specify the reason for the paraphilic disorder diagnosis or when there is not enough information.

Adapted from American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed., pp. 685-705). Washington D.C.: American Psychiatric Publishing.

Appendix D


Paraphilias
Teaching with the DSM 5
1


Voyeurism
Exhibitionism
Frotteurism
Sexual Masochism
Sexual Sadism
Pedophilia
Fetishism
2

Activity:
Forced Choice

3

Paraphilias

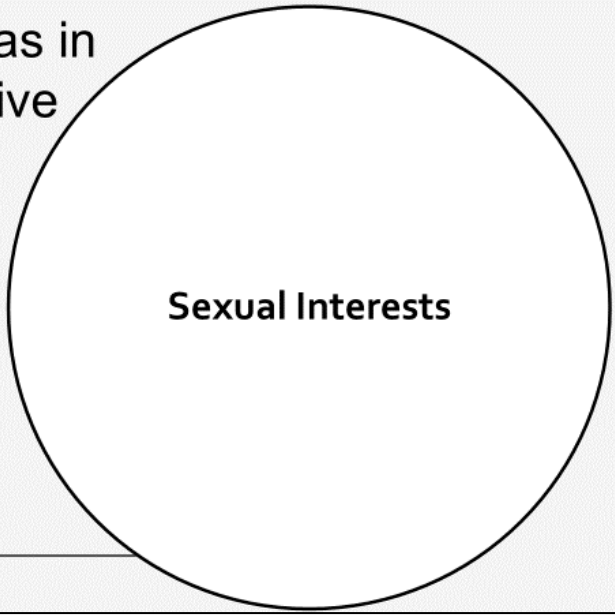
Generally categorized by **intense** and **persistent** feelings of desire.

Disorder

Requires
(1) persistence for **at least 6 months**
(2) **Causing distress** to oneself/others
(3) involving a **non-consenting** partner

4

Paraphilias in Perspective



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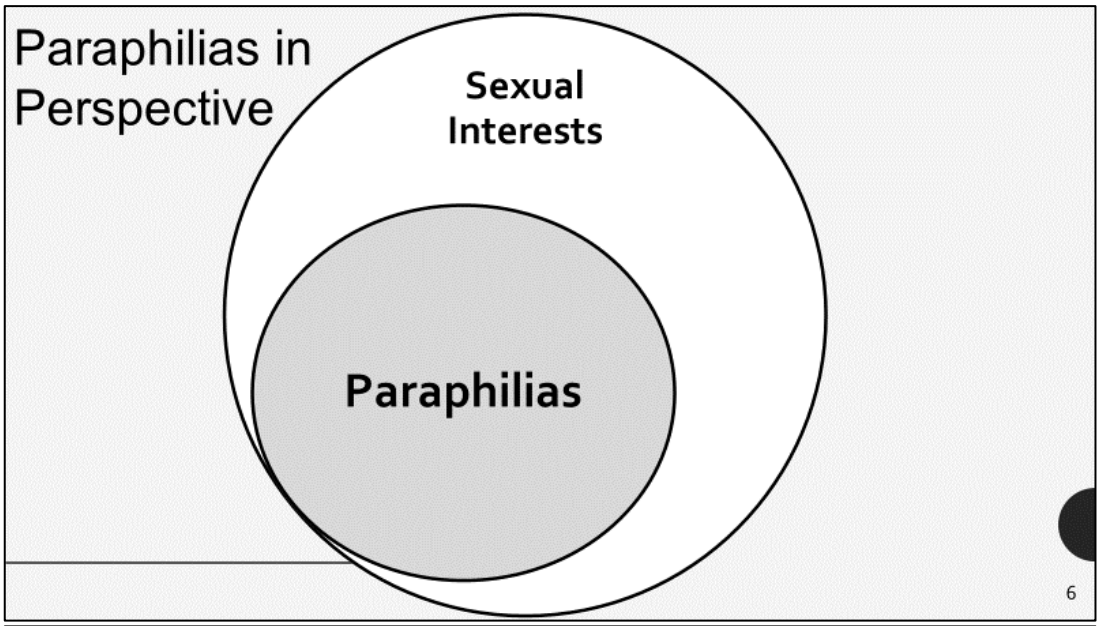
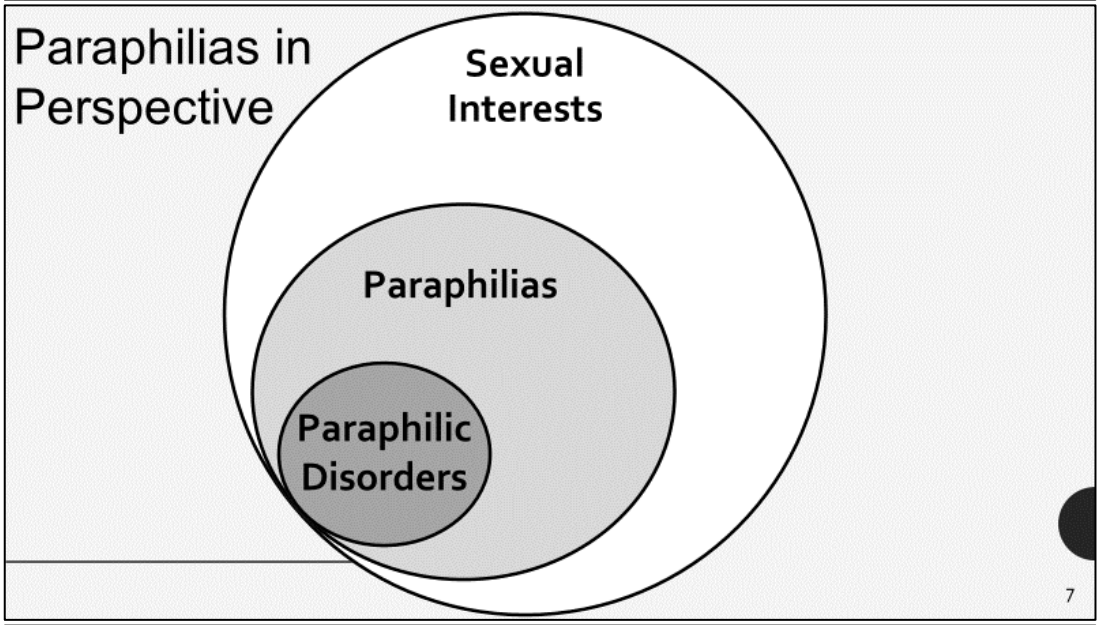
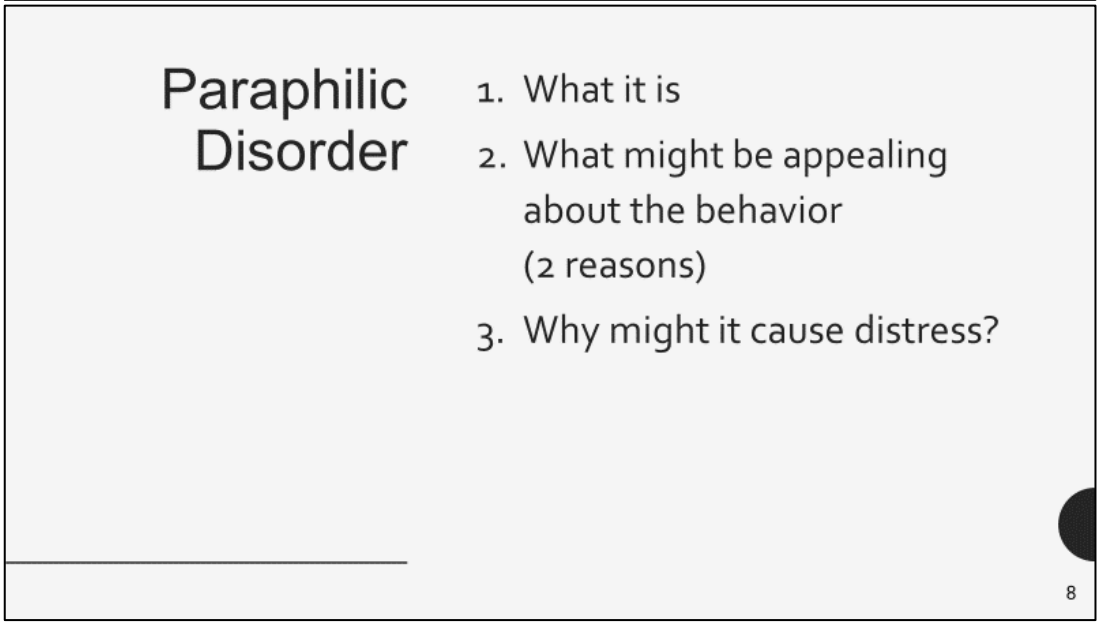
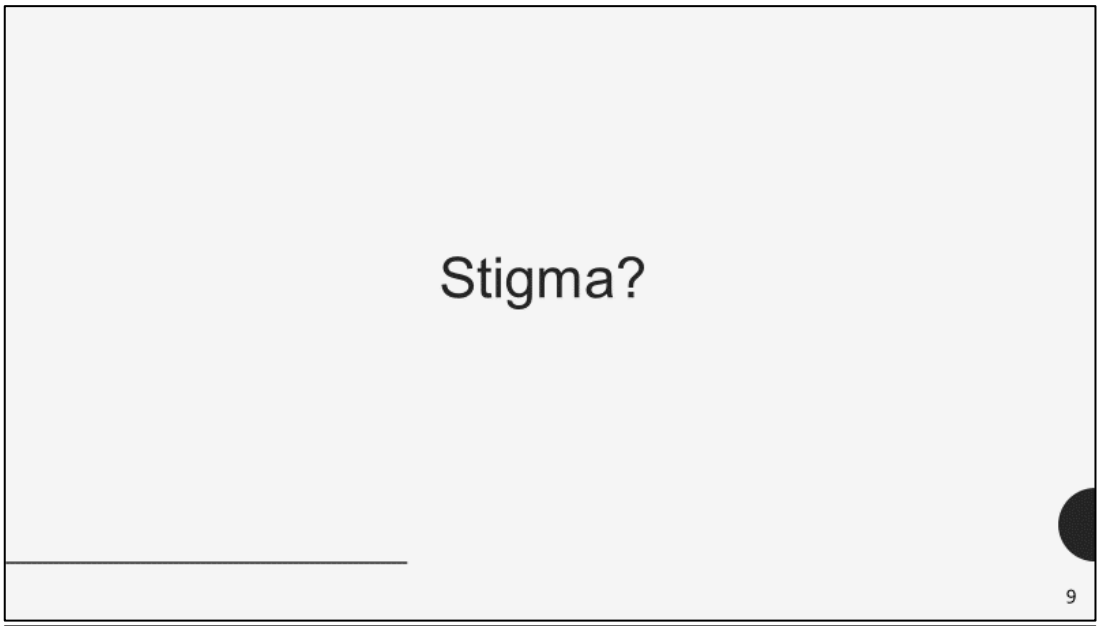
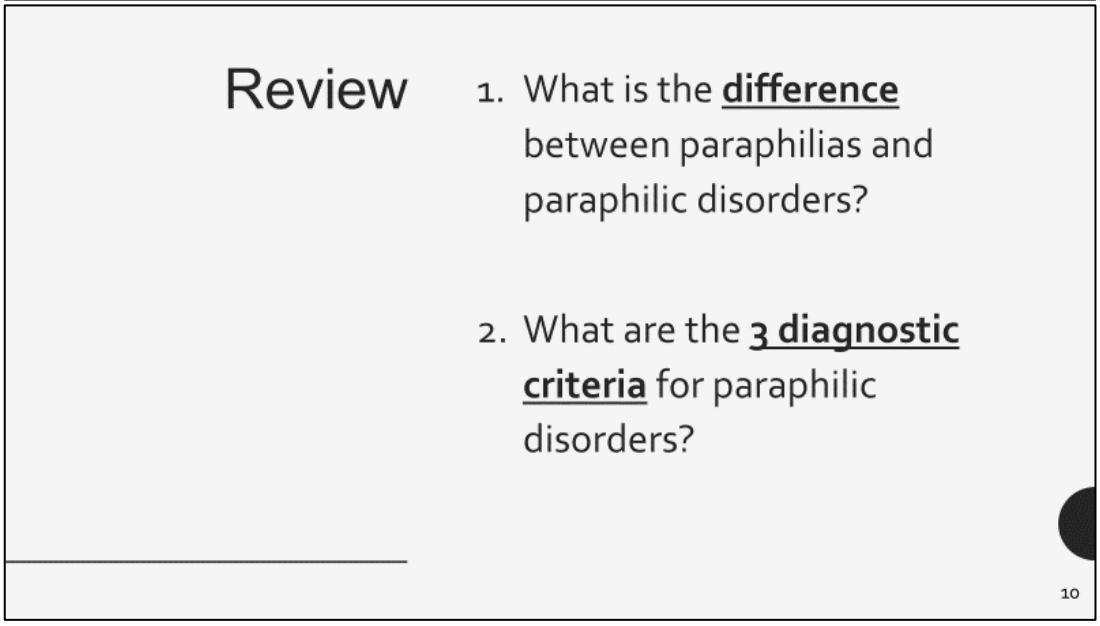

Paraphilias in Perspective
Sexual Interests
Paraphilias
6


Paraphilias in Perspective
Sexual Interests
Paraphilias
Paraphilic Disorders
7


Paraphilic Disorder
1. What it is
2. What might be appealing about the behavior (2 reasons)
3. Why might it cause distress?
8


Stigma?
9


Review
1. What is the **difference** between paraphilias and paraphilic disorders?
2. What are the **3 diagnostic criteria** for paraphilic disorders?
10