Deconstructing Deviance: They’re all deviant except for you and me, and I’m not so sure about you.

The ATSA listserv recently occupied itself with defining ‘sexual deviance’, revealing a diversity of convictions and heuristics. I would guess that most of us have asked at one point or other ‘is that act deviant?’ In order to get to a full appreciation of the complexity of the issue, I will present first a brief history of the term and its relation to paraphilias, then how it is viewed by several schools of thought. Finally, I’ll suggest how we might help clarify our usage of the term, and ask several questions for further discussion.

A deviate by any other name...

A typical sexual behaviors were described as ‘deviant’ as early as Krafft-Ebing in the late 19th century (Malin & Saleh, 2007). The term sexual deviation was adopted in 1952 by the American Psychiatric Association (APA) to describe ‘sociopathic personality disturbances’ (italics in the text are mine, added for ease of definition comparison) that resulted in sexual conduct far removed from socially acceptable guidelines (see McNaula, 2006 for discussion). Originally termed perversions, these behaviors eventually became paraphilias, and were grouped with the sexual and sexual identity disorders. ‘Paraphilia’ was adopted to remove the stigma of ‘perversion’, but some report that the new terms associated with it (e.g., paraphilic, pedophile, predator) have acquired over time a sense of moral disgust equal to previous terms (Lynch, 2002; Malin & Saleh, 2007).

A paraphilia was defined in the Diagnostic and Statistical Manual (DSM) -III R as “an abnormal sexual urge that is recurrent and so intense that it has been acted upon and/or caused the person marked distress” (APA, 1987). The types of thoughts and behaviors currently included, i.e., sexual interest in inanimate objects, arousal to causing or receiving pain or
humiliation, and interest in children or other nonconsenting partners (APA, 2000), are considered deviant with respect to social or cultural norms (Kafka, 1996).

Many clinicians and theorists equate sexual deviance with paraphilias (e.g., Ward & Beech, 2008; Center for Sex Offender Management (CSOM), 1999), which makes sense, given the above timeline, and the adherence of the field to DSM criteria. This becomes problematic, however, in part because some harmful and/or socially unacceptable sexual behavior such as most rape is not encompassed in the paraphilias (see Abel & Rouleau, 1990 for an argument for rape as paraphilic). Other ‘paraphilic’ behavior (e.g., transvestism), while considered to be abnormal, atypical, or unusual, is no longer criminal (CSOM, 1999) or not harmful to others.

Much of sex offender ‘deviance’ literature (e.g., Laws & O’Donohue, 2008; Federoff, 1993) addresses treatment of all paraphilias and deviant behavior, whether related to criminal or harmful behavior or not. Some researchers have found evidence of multiple paraphilias to indicate higher recidivist risk (e.g., ‘indiscriminant offenders’ in Simons, Tyler, & Heil, 2005). Often, transvestism is cited in this literature related to violent offenses (Langevin, Ben-Aron, Wright, Marchese, & Handy, 1988; Langevin, Lang, Wright, Handy, & Majpruz, 1989), and efforts to find brain anomalies for transvestism and fetishism have yielded some results (see Joyal, Black, & Dassylva, 2007 for a brief review). This research is plagued by small samples, lack of replication, and interpretation problems (correlation as causation, correlations between transvestism and sadomasochism as indication of violent behavior, and failure to compare study results to frequency of violence in the general population). The past illegality of public crossdressing (thereby rendering it, in the broadest sense, a sexual offense), as well as is its proximal diagnostic classification with paraphilias more directly relevant to sexual assault may continue to influence this field’s handling of it. Other nontraditional gender expressions receive
similarly negative professional reactions (e.g., Maletzky, 1995). The field remains divided on how, if, and under what circumstances treatment for the ‘harmless’ paraphilias should occur. The recent trend is to distinguish paraphilic behavior from ‘disordered’ paraphilic behavior that negatively impacts the person’s life or causes harm to others (see Wheeler, Newring and Draper, 2008 for discussion). Precisely which deviant behavior varies among researchers, leading some to a possible assumption that all such interests elevate risk.

Recently, the nature of paraphilias has been questioned from many angles. Moser and Kleinplatz (2005) virtually dissected the category, arriving at a conclusion that paraphilias do not meet the criteria of mental disorder. Lehne and Money (2003) questioned the diagnosis of multiple paraphilias, preferring instead a common underlying paraphilia with variant expressions in the individual’s life. Also, as O’Donohue, et al (2000) pointed out, the sexual disorders, including the paraphilias, are unique in the DSM in that they alone were not field tested for validity and reliability of the diagnoses. I will leave the discussion of sexual interests as mental disorders to those with more knowledge and experience in this area than myself.

“I know it when I see it”

One temptation among clinicians is to adopt the statistical usage of ‘deviant’ when discussing sexual deviance. Thus, any uncommon sexual act is deviant. This runs into problems, however, because there is ample evidence that some of the main factors affecting sexual crimes, i.e., pedophilia, and rape interests, are unfortunately not uncommon. Studies of male community samples (e.g., university students and hospital staff) reveal that 10-25% of respondents admit to sexual offending (Hanson & Bussiere, 1998; Abbey, 2005). In one sample of male college students, not only did 21 percent disclosed some level of sexual attraction to children and 9 percent confessed to having fantasies of sex with a child (with over half this latter group having
masturbated to such fantasies), but 7 percent admitted that they might consider having sex with a child if they could escape detection (Briere & Runtz, 1989).

Similar findings regarding men and rape abound. The most recent example was the South African Medical Research Council’s report (Jewkes, Sikweyiya, Morrel, & Dunkle, 2009) revealing the shocking statistic that 27.6% of men interviewed anonymously admitted to raping a woman at least once in their lives. Men with high levels of sexual motivation respond to explicit stimuli of coercive sex with sexual arousal irrespective of offender status (Jannsen, Vorst, Finn, & Bancroft, 2002; Knight & Cerce, 1999; Knight & Prentky, 2002). Also, several studies have found no significant differences between rapists and non-sexual offenders in terms of deviant interests (e.g., Baxter, Marshall, Barbaree, Davidson, & Malcolm, 1984; Baxter, Barbaree, & Marshall, 1986; Looman & Marshall, 2005). In fact, rape attitudes and arousal are common in the general population (for a discussion, see Hudson & Ward, 2000).

Researchers in the sex offender field have developed numerous definitions of sexual deviance. One reason for the divergence is most researchers’ inclusion of additional variables along with atypical sexual interests or behaviors. Barbaree and Marshall (1988) conducted phallometric testing on child molesters as part of an early effort to define variables associated with recidivism. They defined deviant sexual interest as a significant penile response to sexually explicit photographs of children and pubescent juveniles. Their sexual deviance factor, however, included not only the quotient obtained from their laboratory results, but also encompassed degree of force used in one’s most violent offense, presence of genital intercourse (including rubbing of genitals on child’s leg, but not oral intercourse), and number of previous victims.

In their landmark meta-analysis, Hanson and Bussiere (1998) also concluded that sexual deviance was a significant factor in sexual recidivism. They report previous phallometric studies
indicating the link between deviant sexual histories and deviant sexual interests. The variables included under the meta-analysis factor ‘sexual deviancy’ vary based on type of recidivism studied. The general recidivism table’s sexual deviancy factor includes: phallometric assessment (children), classification as mentally disordered sex offender (MDSO), deviant attitudes toward sex (undefined), and MMPI masculinity-femininity score. For nonsexual violent recidivism, sexual deviancy includes only the MMPI M/F score and phallometrically assessed sexual interest in rape. Sexual deviancy variables listed in the sexual recidivism table include: phallometric assessment indicating sexual interest in children, boys specifically and rape, deviant sexual preference (undefined, but assessed by diverse methods. Note: in the article text, this variable is described as ‘deviant sexual interest’), deviant sexual attitudes, MDSO classification, and M-F scale MMPI scores. Of interest here is not which were significantly correlated with recidivism, but the lists that are reflective of the researchers’ implicit definitions of sexual deviance.

By 2000, Hanson, in the review of risk assessment available in the members-only section of the ATSA website, describes sexual deviance variables related to recidivism as follows: PPG sexual interest in children, any deviant sexual preference, prior sexual offenses, any stranger victims, early onset, any unrelated victims, any boy victims, and diverse sexual crimes. Several of these variables were previously included in other factors. By 2006, Hanson included deviant sexual interest (children, paraphilias), sexual preoccupations, attitudes tolerant of sexual assault, and intimacy deficits (lack of stable love relationship, emotional identification with children) under the heading ‘sexual deviance’. Thornton (2002) defined deviance as ‘the extent to which the offender’s functioning is dominated by the psychological factors that contribute to his offending’. The combination of factors, Sexual interests, distorted attitudes, socioaffective
functioning, and self-management, yielded one’s level of deviancy. The sexual interests Thornton looked at were sex with children and rape. In their assessment of deviant sexual interests for the Static-2002, Phenix, Doren, Helmus, Hanson, and Thornton address only illegal paraphilias, such as pedophilia, exhibitionism, and voyeurism. To maintain actuarial status, they are only concerned with successfully prosecuted behavioral expressions of these interests (offenses).

**Alternate lenses**

“A singular noun and a hint of science seem to promise a unified body of knowledge,” is one sociological description of deviance research (Downes & Rock, 2007). This research is related only by subject matter, and not by theoretical framework. From this perspective, deviant behavior is seen by the majority as social pathology, but the deviant actor can be interpreted as liberated from social control, a threat to social order, or an unrecognized buttress of it, depending on the observer’s ideological lens (Downes & Rock, 2007).

“There is no form of sexual activity that is not deviant at some time, in some social location, in some specified relationships, or with some partners. (Gagnon & Simon, 1968; the ‘sexual scripts’ guys)” Context alters the definition and recognition of deviance. Note the changing status of masturbation, homosexuality, oral sex and other practices across cultures and time. Conversely, even rape and pedophilia have been condoned in certain cultural settings. Take, for example, Victorian gentlemen’s practice of purchasing lower class preteen girls whom they drugged to enable penetration (Stone, 1979). In short, in this understanding, sexual deviance is interest and/or behavior related to socially proscribed sexual acts.

Gagnon and Simon’s (1968) suggested incidence in the population (our ‘statistically deviant’ definition), the presence of a specially developed social structure to facilitate the
deviance, and the intensity of the sanctions invoked as dimensions for discussing sexual deviance within a society. They added that individual deviant acts occurring with the lowest frequency provoke the most societal ire. These roughly correspond with current sex offender field definitions (rape and pedophilia, as opposed to prostitution), and are reflected in current laws governing sexual conduct. While noting a positive shift from viewing sexual deviants as morally defective to psychologically defective, Gagnon and Simon decried that treatments for these ‘illnesses’ can be more punitive than punishments.

In sociological deviance theories, and the related ‘monster’ theory, society defines as deviant and monstrous those acts that do not conform to social norms (Davis & Stasz, 1990; Depending on the theory, this can be seen as either an indictment of the ‘deviant’ individual or group, or of the ruling classes, who seek to control others by determining ‘acceptable’ behavior). The deviant individual, labeled ‘monster’ by society (which concurrently abhors and obsesses over him), can embrace the deviant act in part because it is denied legitimacy (Cohen, 1996). If they strongly reject societal norms and values, deviates then can adopt the deviant label as a form of identity (think NAMBLA). This has been facilitated recently through connection with others of similar interests on the internet. Those who continue to be social outcasts because of their deviance are at risk for increased aggressiveness, decreased emotional sensitivity, empathy, self-regulation, and intelligent thought (Baumeister, et al., 2007). When an act is endorsed by a critical mass of members of the society, it ceases to be deviant under this definition.

By the 1990’s, the ‘psychologically defective’ view of socially deviant sexual acts was widespread. Social constructionists criticized the trend as the medicalization of social control, noting the moral judgments involved in defining psychologically ‘healthy’ vs. ‘unhealthy’ acts (Victor, 1998). Victor (1998) further alleged that such proclamation by mental health experts
fanned the fires of the moral panic about ritual sexual abuse (e.g., the McMartin preschool trials) that spread worldwide. Such moral panics, in this view, can be responsible for new definitions and control of deviance, leading to emotion-based policy-making (Lynch, 2002). Note the re-emergence of the ‘offender as evil’ concept, and compare with current the Adam Walsh Act and related legislation.

One ‘unwitting buttress’ conceptualization of pedophilic sexual deviance suggests it is a ‘masculinising practice’ in the context of competing masculinities. Power and sexuality are inextricably entwined in the production of masculine identities and practices, and child sex offending ‘can be seen, both as an expression of a man’s socially sanctioned power over a child and an expression of his lack of power’ in relation to other men (Cossins, 2000).

**Conclusions**

Sexual deviance, because it has no fixed meaning among experts (researchers, theorists and clinicians), is vulnerable to infinite shading of definition and exemplification by its users’ cultural, scientific, religious, political, and experiential lenses. Psychology, social work, sociology, criminal justice, and those who practice the behaviors in question each bring a myriad of bias and insight to the subject. Further, the ethical model (e.g., positivism: universal, objective truths vs. constructivism: culture and perspective determine truth) one applies will alter the recommendations significantly. One result is that professionals can engage in a conversation on the subject and not be discussing the same constructs. This leads to additional imprecision in research and treatment, further confusing those in the trenches working with clients. Clients will tend to try to meld the clinician’s definition with their own. The end product may not resemble at all that used in the original recidivism studies. The worst case scenario is that those of us working with clients use our own moral compasses to determine deviance, unnecessarily
demonizing some behavior (for instance, the use of masturbatory aids), and occasionally clearing others (use of child pornography as offense prevention measure. Yes, it does happen.). The demonizing wastes precious therapy time and resources, the clearing implicitly condones the interest that causes problems, and either way the client does not receive the treatment he needs. As the defined outsider in this respect, he can accept the label and end up despising himself (what we call ‘monsterizing’ in our practice) or reveling in it. He can also attempt to bring himself in line with ‘normal’ interests. Most of us have seen men try to be interested in their version of normal, like the guys who complete a healthy sexual fantasy assignment with 10 pages of candlelight and violins, without any sex in sight.

Some suggestions are in order. It may be helpful to refrain from using the noun ‘deviance’, and instead employ the adjectival ‘deviant’ to refer to a set of interests, arousal, arousal patterns, preferences, or behaviors. If we are to continue using the construct at all, certain areas and terms will require standardized definitions: besides ‘deviant’ itself, interest, arousal, preference, and behavior, among others will need clarification.

Further, if we use the term ‘deviant’, it would be helpful to identify against what standard the act, interest, etc. is being measured. For instance, is it a moral, personal, ‘natural law’, or legal standard, and what level of culture are we using as normative: subculture, national, Western, or universal? This helps distinguish between harmful, antisocial acts and socially harmless ones (see Goldstein, Kant and Hartman, 1974, or Gray, 1993), and is generally the approach adopted by Ward, Laws, and Hudson in their 2002 volume on the subject. We have some evidence that some unusual sexual interests contribute to criminal action, but there are also large numbers of noncriminal people who like extremely unusual sex. Further, we may find that such interests affect specific groups or individuals in different ways.
Next, we may need to also consider percentage of ‘deviant’ or harmful behavior or interest in the context of total sexual behavior and interest. Sexually abusive behavior or interest that is small percentage of total sexual behavior presents different picture than one whose life is consumed by it (e.g., child molester vs. pedophile).

Finally, some questions about the nature of deviance. Is the disease/disorder model the best paradigm for examining the phenomenon? Is deviance (the noun) something one has or something one does? If one ‘has’ it, it can be akin to a disorder or a moral flaw, justifying for some the abjectification of the person. If it is something one does (“I thought about sex with a child”), then it is more open to alteration or discontinuance. Does its resistance to intervention indicate a trait or orientation, or simply that we have not yet approached it with the optimal perspective? I suggest we begin such a discussion for the good of the field, the public, and our clients.

References


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