

The DSM Diagnostic Criteria for Paraphilia Not Otherwise Specified

Martin P. Kafka

© American Psychiatric Association 2009

Abstract The category of “Not Otherwise Specified” (NOS) for DSM-based psychiatric diagnosis has typically retained diagnoses whose rarity, empirical criterion validation or symptomatic expression has been insufficient to be codified. This article reviews the literature on Telephone Scatologia, Necrophilia, Zoophilia, Urophilia, Coprophilia, and Partialism. Based on extant data, no changes are suggested except for the status of Partialism. Partialism, sexual arousal characterized by “an exclusive focus on part of the body,” had historically been subsumed as a type of Fetishism until the advent of DSM-III-R. The rationale for considering the removal of Partialism from Paraphilia NOS and its reintegration as a specifier for Fetishism is discussed here and in a companion review on the DSM diagnostic criteria for fetishism (Kafka, 2009). In the DSM-IV and DSM-IV-TR, the essential features of a Paraphilia are recurrent, intense sexually arousing fantasies, sexual urges or behaviors generally involving nonhuman objects, the suffering or humiliation of oneself or one’s partner, or children or other nonconsenting persons that occur over a period of at least 6 months (Criterion A). Given consideration for the erotic focus of Partialism and Autoerotic Asphyxia, amending the operational criteria for Paraphilia should be considered to include an atypical focus involving human subjects (self or others).

Keywords DSM-V · Coprophilia · Necrophilia · Partialism · Telephone scatologia · Urophilia · Zoophilia

Introduction

Prior to an informed discussion of the residual category for paraphilic disorders, Paraphilia Not Otherwise Specified (PA-NOS), it is important to briefly review the diagnostic criteria for a categorical diagnosis of paraphilic disorders as well as the types of conditions reserved for the NOS designation.

The diagnostic criteria for paraphilic disorders have been modified during the publication of the *Diagnostic and Statistical Manuals* of the American Psychiatric Association. In the latest edition, DSM-IV-TR (American Psychiatric Association, 2000), a paraphilic disorder must meet two essential criteria. The essential features of a Paraphilia are recurrent, intense sexually arousing fantasies, sexual urges or behaviors generally involving (1) nonhuman objects, (2) the suffering or humiliation of oneself or one’s partner, or (3) children or other nonconsenting persons that occur over a period of at least 6 months (Criterion A). The diagnosis is made if the behavior, sexual urges, or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criterion B).

For paraphilic disorders typically associated with sexual offending, additional caveats are included: For Pedophilia, Voyeurism, Exhibitionism, and Frotteurism, the diagnosis is made if the person has acted on those urges or the urges or sexual fantasies cause marked distress or interpersonal difficulty. For Sexual Sadism, the diagnosis is made if the person has acted on these urges with a nonconsenting person or the urges, sexual fantasies or behaviors cause marked distress or interpersonal difficulties.

In the fourth edition of the DSM (American Psychiatric Association, 1994) and well as in the text revision of DSM-IV (American Psychiatric Association, 2000, p. 4), the NOS categories are described as applicable to four situations: (1) The presentation conforms to the general guidelines for a mental disorder in the diagnostic class, but the symptomatic picture

M. P. Kafka (✉)
Department of Psychiatry, McLean Hospital, 115 Mill Street,
Belmont, MA 02478, USA
e-mail: mpkafka@rcn.com

does not meet the criteria for any of the specific disorders. This would occur either when the symptoms are below the diagnostic threshold for one of the specific disorders or when there is an atypical or mixed presentation; (2) the presentation conforms to a symptom pattern that has not been included in the DSM-IV classification but causes clinically significant distress or impairment. Research criteria for some of these symptoms patterns have been included in Appendix B (“Criteria Sets and Axes Provided for Further Study”), in which case a page reference to the suggested research criteria set in Appendix B is provided; (3) there is uncertainty about etiology (i.e., whether the disorder is due to a general medical condition, is substance-induced or is primary); and (4) there is insufficient opportunity for complete data collection (e.g., in emergency situations) or inconsistent or contradictory information, but there is enough information to place it within a particular diagnostic class (e.g., the clinician determines that the individual has psychotic symptoms but does not have enough information to diagnose a specific Psychotic Disorder).

In the specific case of Paraphilic Disorders, there are no Appendix B Criteria Sets provided for further study. In DSM-IV and in DSM-IV-TR, the Paraphilia NOS category (diagnostic code 302.9) states: “This category is included for coding Paraphilias that do not meet the criteria for any of the specific categories. Examples include, but are not limited to, telephone scatologia (obscene phone calls), necrophilia (corpses), partialism (exclusive focus on parts of the body), zoophilia (animals), coprophilia (feces), klismaphilia (enemas), and urophilia (urine)” (American Psychiatric Association, 1994, p. 532).

Methodology

I performed an Internet-based literature search using the terms “Paraphilia Not Otherwise Specified,” “telephone scatologia,” “necrophilia,” “partialism,” “zoophilia,” “bestiality,” “coprophilia,” “coprolagnia,” “klismaphilia,” “urophilia,” “urolagnia,” and “undinism,” utilizing both PubMed (1948–2008) and PsycINFO (1872–2008) databases. Inasmuch as DSM-IV was published in 1994 and its revision was published in 2000 without any designated changes in the status of Paraphilia NOS disorders, I emphasized empirical data published since 1990, primarily in the English language with sample sizes of more than 20 subjects. I reviewed contemporary sexuality book chapters, the Internet, and other primary sources whenever possible to search for other paraphilic disorders that might now qualify as distinct paraphilic diagnosis based on more empirical and clinical data. In relevant publications, I reviewed referenced articles as well as those that did not appear during a computerized search. I reviewed articles and books through October 2008. This review does not include new data on autoerotic asphyxia (hypoxiphilia) or paraphilic rapism (paraphilic coercive disorder).

Telephone Scatologia

Telephone Scatologia, a paraphilic disorder characterized by repetitive telephone calls to unsuspecting victims during which they are exposed to covert or overt sexual or obscene content, has been recognized in association with other paraphilic disorders, most notably Exhibitionism (Abel, Becker, Cunningham-Rathner, Mittelman, & Rouleau, 1988) and Voyeurism (Bradford, Boulet, & Pawlak, 1992). Abel et al.’s sample of 561 non-incarcerated paraphiliacs included 19 subjects (3.3% of the sample) who acknowledged telephone scatologia and Bradford et al.’s sample of 37 men (8.3%) were extracted from a non-incarcerated sample of 443 men being evaluated at a specialized forensic center.

Price, Kafka, Commons, Gutheil, and Simpson (2002) examined an outpatient sample of 206 men with paraphilias and paraphilia-related disorders (Kafka & Hennen, 1999) and identified 20 men (9.7% of the sample) with a lifetime diagnosis of Telephone Scatologia. They reported a significant comorbidity between Telephone Scatologia and Voyeurism, compulsive masturbation, telephone sex dependence, and a trend association with Exhibitionism ($p = .06$). The Telephone Scatologia subgroup had a greater number of lifetime paraphilias and paraphilia-related disorders in comparison with other paraphiliacs. The particular finding of multiple paraphilias in men with Telephone Scatologia was also reported by Abel et al. (1988). Although this paper does add to the clinical literature on Telephone Scatologia, I find insufficient justification to remove telephone scatologia from the Paraphilia NOS category.

Necrophilia

Apart from the sample accrued by Rosman and Resnick (1989; 122 cases: 88 from the world literature and 34 unpublished cases), there are no new substantial data on Necrophilia. In their review, Rosman and Resnick noted that the primary motivation associated with Necrophilia was the “possession of an unre-sisting and unrejecting partner.” Necrophilia could be considered as a fetish variant as the sexualized object of desire is “nonliving” but, in my opinion, there are insufficient data to empirically support this change to include Necrophilia as a subtype of Fetishism. Necrophilia can be accompanied by “sadistic acts” and sexually motivated murder, certainly not behaviors associated with Fetishism as it has been currently defined. Rosman and Resnick also reported that 57% of their sample were employed in a profession that gave them access to dead bodies (e.g., morgue attendant, hospital workers, cemetery employee).

Clearly, Necrophilia is a very dangerous paraphilic affliction but the paucity of systematically reported data and the rarity of this important disorder are limitations that, in my opinion, will maintain Necrophilia as a Paraphilia NOS disorder for DSM-V.

Zoophilia

There are several sources of new data regarding Zoophilia, recurrent intense sexual fantasies, urges and sexual activities with non-human animals. In addition, there is an excellent contemporary review of this paraphilia (Milner, Dopke, & Crouch, 2008). Zoophilia has been noted historically since biblical times (Taylor, 1996). The most recent data regarding zoophilia have been gathered from non-clinical samples, particularly via the Internet (Beetz, 2000; Miletski, 2000, 2002; Williams & Weinberg, 2003). These aforementioned samples (Williams and Weinberg, $n = 114$; Miletski, $n = 93$; Beetz, $n = 32$) all reported that men and women who self-identified as zoophiles were drawn to animals out of a desire for affection, a sexual attraction toward, and a love for animals. Many of the subjects preferred sexual relations with non-human animals, prompting Miletski to suggest that Zoophilia is an alternative sexual orientation. Persons who self-identified as zoophiles made a distinction between themselves and others who used animals as sex objects without emotional attachment (bestialists) (Miletski, 2000, 2002). In all the samples, the most commonly preferred animals were either dogs or horses. These data, while extensive, were gathered from non-clinical samples. Hence, they affirm that Zoophilia can be ascertained through survey and Internet methodologies but they do not specifically or systematically report on the qualities of “clinically significant distress or impairment in social, occupational or other important areas of functioning” (Criterion B for the diagnosis of a paraphilic disorder). Thus, there are more contemporary data on self-identified zoophiles but I see no justification or advantage for changing this clinically uncommon paraphilia from its current designation in the Paraphilia NOS category.

Coprophilia, Klismaphilia, and Urophilia

I was not able to gather sufficient new data, apart from some isolated case reports on the Paraphilia NOS categories of Coprophilia, Klismaphilia or Urophilia.

Partialism

Partialism, a paraphilia NOS characterized as sexually arousing fantasies, urges and sexual behaviors with an “exclusive focus on part of the (human) body,” was historically included as part of a broader definition of Fetishism by the 19th century French psychologist Binet (1887), well as the prominent European sexologists, such as Krafft-Ebing (1965), Ellis (1906), Hirschfeld (1956), and Freud (1928). In their seminal writings, all of the aforementioned sexologists used the terms “fetish” and “fetishism” to specifically describe an intense eroticization of either non-living objects and/or specific body parts that were symbolically associated with a person. Fetishes could be either

non-clinical manifestations of a normal spectrum of eroticization or clinical disorders causing significant interpersonal difficulties.

Partialism as an entity distinct from Fetishism was endorsed by Gebhard, Gagnon, Pomeroy, and Christenson (1965). In contemporary psychiatry, Partialism was separated from Fetishism as a distinct paraphilic category with the advent of DSM-III-R (American Psychiatric Association, 1987). I have discussed Partialism, its current psychiatric status, recent clinical and community-based ascertainment data, and its historical relationship to Fetishism in greater detail in another review paper on Fetishism (Kafka, 2009). I will summarize my findings here as well.

A contemporary literature review of “partialism” reveals no new empirical data retrieved with that search term although the diagnosis is mentioned in several texts (Cantor, Blanchard, & Barbaree, 2009; Davis, 1950; Gebhard et al., 1965; McWilliams, 2006; Milner & Dopke, 1997; Milner et al., 2008).

In reviewing the psychiatric literature associated with Fetishism, however, it is noteworthy that in clinical, community samples, and Internet-based surveys, Partialism (search-retrieved as “fetishism”) and Fetishism overlap significantly. For example, a male with a single fetish may have multiple fetishes, including preferential sexual arousal to both body parts as well non-living objects (Chalkley & Powell, 1983; Scorolli, Ghirlanda, Enquist, Zattoni, & Jannini, 2007; Weinberg, Williams, & Calhan, 1994). In both Weinberg et al.’s sample of homosexual and bisexual male foot fetishists ($n = 262$) derived from the Foot Fraternity, an organization of men who acknowledge sexual arousal to feet and objects associated with feet, as well as Scorolli et al.’s Internet-based survey of Yahoo-based fetish interest groups (estimated $n = >5000$), there was significant overlap between men’s expressed fetishistic interest in body parts as well as non-living objects.

As long as an exclusive sexual interest in a body part is accompanied by clinically significant distress or psychosocial role impairment as described by Criterion B for all paraphilic diagnoses, there seems to be inadequate evidence to maintain a distinction between Fetishism and Partialism, two diagnostic entities that appear to be more on a continuum than as distinct clinical entities. When Partialism was originally cleaved from Fetishism in DSM-III-R, clinically significant impairment was not inherent for a diagnosis of paraphilic disorders as is now the case.

For these reasons, I recommend that Partialism be removed from the Paraphilia NOS category and be included as a subtype or specifier for Fetishism (Kafka, 2009).

The Paraphilia Not Otherwise Specified Disorders and the Operational Definition of Paraphilia

In reviewing the Paraphilia NOS disorders, it became apparent that some of these conditions, such as Partialism and autoerotic asphyxia/hypoxiphilia, do not fulfill Criterion A for the operational definition of a Paraphilia as delineated in DSM-IV and

DSM-IV-TR. Partialism, an “exclusive focus on part of the body,” or autoerotic asphyxia (hypoxiphilia), characterized by intensified “sexual arousal by oxygen deprivation” that is typically self-administered (American Psychiatric Association, 2000), are intrinsically characterized by “an atypical focus involving human subjects (self or others)” (Milner & Dopke, 1997; Milner et al., 2008). If we are to enhance the specificity and boundaries for the DSM-V definition for paraphilic disorders by building on its immediately precedent DSM-based operational definition, then I would recommend that we consider revising Criterion A for a Paraphilic Disorder to read: The essential features of a Paraphilia are recurrent, intense sexually arousing fantasies, sexual urges or behaviors generally involving (1) nonhuman objects, (2) the suffering or humiliation of oneself or one’s partner, (3) children or other nonconsenting persons, or (4) *an atypical focus involving human subjects (self or others)* that occur over a period of at least 6 months (Criterion A) (my emphasis).

Acknowledgments The author is a member of the DSM-V Workgroup on Sexual and Gender Identity Disorders (Chair, Kenneth J. Zucker, Ph.D.). I wish to acknowledge the valuable input I received from members of my Paraphilias subworkgroup (Ray Blanchard, Richard Krueger, and Niklas Långström) and Kenneth J. Zucker. Reprinted with permission from the *Diagnostic and Statistical Manual of Mental Disorders V Workgroup Reports* (Copyright 2009), American Psychiatric Association.

References

- Abel, G. G., Becker, J. V., Cunningham-Rathner, J., Mittelman, M., & Rouleau, J. L. (1988). Multiple paraphilic diagnoses among sex offenders. *Bulletin of the American Academy of Psychiatry and the Law*, 16, 153–168.
- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Beetz, A. M. (2000, June 29–July 2). *Human sexual contact with animals: New insights from current research*. Paper presented at the 5th Congress of the European Federation of Sexology, Berlin.
- Binet, A. (1887). Le fétichisme dans l’amour. *Revue Philosophique*, 24, 143–167, 252–274.
- Bradford, J. M. W., Boulet, J., & Pawlak, A. (1992). The paraphilias: A multiplicity of deviant behaviors. *Canadian Journal of Psychiatry*, 37, 104–108.
- Cantor, J. M., Blanchard, R., & Barbaree, H. (2009). Sexual disorders. In P. H. Blaney & T. Millon (Eds.), *Oxford textbook of psychopathology* (2nd ed., pp. 527–550). New York: Oxford University Press.
- Chakley, A. J., & Powell, G. (1983). The clinical description of forty eight cases of sexual fetishism. *British Journal of Psychiatry*, 142, 292–295.
- Davis, P. (1950). Miscellaneous sexual perversions. In *Sex perversion and the law* (Vol. 2, pp. 53–60). New York: Banner Books (Mental Health Press).
- Ellis, H. (1906). Erotic symbolism. In *Studies in the psychology of sex* (Vol. II, pp. 1–114). New York: Random House.
- Freud, S. (1928). Fetishism. *International Journal of Psycho-Analysis*, 9, 161–166.
- Gebhard, P. H., Gagnon, J., Pomeroy, W., & Christenson, C. (1965). *Sex offenders: An analysis of types*. New York: Harper & Row.
- Hirschfeld, M. (1956). *Sexual anomalies: The origins, nature and treatment of sexual disorders* (2nd ed.). New York: Emerson Books.
- Kafka, M. P. (2009). The DSM diagnostic criteria for fetishism. *Archives of Sexual Behavior*. doi:10.1007/s10508-009-9558-7
- Kafka, M. P., & Hennen, J. (1999). The paraphilia-related disorders: An empirical investigation of nonparaphilic hypersexuality disorders in 206 outpatient males. *Journal of Sex and Marital Therapy*, 25, 305–319.
- Krafft-Ebing, R. (1965). *Psychopathia sexualis*. New York: G. P. Putnam’s Sons (Original work published 1886).
- McWilliams, T. (2006). Partialism and the sex offender: The fascination with lactation. In E. W. Hickey (Ed.), *Sex crimes and paraphilia* (pp. 143–146). Upper Saddle River, NJ: Pearson/Prentice Hall.
- Miletski, H. (2000). Bestiality and zoophilia: An exploratory study. *Scandinavian Journal of Sexology*, 3, 149–150.
- Miletski, H. (2002). *Understanding bestiality and zoophilia*. Germantown, MD: Ima Tek Inc.
- Milner, J. S., & Dopke, C. A. (1997). Paraphilia not otherwise specified: Psychopathology and theory. In D. R. Laws & W. O’Donohue (Eds.), *Sexual deviance: Theory, assessment, and treatment* (pp. 393–423). New York: Guilford Press.
- Milner, J. S., Dopke, C. A., & Crouch, J. L. (2008). Paraphilia not otherwise specified: Psychopathology and theory. In D. R. Laws & W. O’Donohue (Eds.), *Sexual deviance: Theory, assessment, and treatment* (2nd ed., pp. 384–418). New York: Guilford Press.
- Price, M., Kafka, M., Commons, M. L., Gutheil, T. G., & Simpson, W. (2002). Telephone scatologia: Comorbidity with other paraphilias and paraphilia-related disorders. *International Journal of Law and Psychiatry*, 25, 37–49.
- Rosman, J. P., & Resnick, R. J. (1989). Sexual attraction to corpses: A psychiatric review of necrophilia. *Bulletin of the American Academy of Psychiatry and the Law*, 17, 153–163.
- Scorolli, C., Ghirlanda, S., Enquist, M., Zattoni, S., & Jannini, E. A. (2007). Relative prevalence of different fetishes. *International Journal of Impotence Research*, 19, 432–437.
- Taylor, T. (1996). *The prehistory of sex*. New York: Bantam Books.
- Weinberg, M. S., Williams, C. J., & Calhan, C. (1994). Homosexual foot fetishism. *Archives of Sexual Behavior*, 23, 611–626.
- Williams, C. J., & Weinberg, M. S. (2003). Zoophilia in men: A study of sexual interest in animals. *Archives of Sexual Behavior*, 32, 523–535.