Erotic target location errors are easy to mischaracterize: a reply to Moser.

Moser consistently has been critical of the idea that the paraphilias constitute valid psychiatric diagnoses. Therefore, I was not surprised to learn that he was critical of my review of the paraphilic dimension called erotic target location errors (ETLEs; Lawrence, 2009).

Much of Moser's recent academic writing has been devoted to condemning the concept of paraphilic sexual disorders (Moser, 2001, 2002, 2009b; Moser & Kleinplatz, 2002, 2005a, 2005b). The issue is obviously important to Moser, so much so that he considered it an "inexplicable omission" (Moser, 2009a, p. 384) that I did not address his arguments in my article. Admittedly, I could have done so, but to what useful purpose? In my opinion, Moser's critiques of the paraphilias rely on fallacious reasoning and are entirely unconvincing. Moser's views evidently enjoy little support among scholars: Other than his own articles, Moser did not cite-and presumably could not cite--any scholarly articles published during the last 20 years that agree with his position. Indeed, I consider it intellectually untenable to recognize that there can be genuine disorders of the mental mechanisms that facilitate cognition, communication, emotional regulation, etc., but to argue that there Can be no genuine disorders of the mental mechanisms that facilitate reproductive sexuality by directing erotic target preferences, sexual behavioral preferences, and the accurate location of erotic targets.

Mainstream psychiatry likewise has been unsympathetic to Moser's views: The paraphilias consistently have been included in past and current editions of both major diagnostic nomenclatures, the Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association [APA], 2000) and the International Classification of Diseases (ICD; World Health Organization, 1992). I have no doubt that they will be included in the next edition of the DSM (DSM-V; APA, 2008) as well. Moser is entitled to his opinions, but I stand by my decision not to devote attention to them in my review.

Many of Moser's criticisms of my article are premised on his wholesale rejection of the concept of paraphilic sexual disorders. I will not address these particular criticisms further, except to observe that they need not concern any clinicians or researchers who agree with the DSM and the ICD that the paraphilias are legitimate mental disorders.

Most of Moser's other criticisms of my article result from his having ignored or misinterpreted my statements, either inadvertently or for rhetorical purposes. For example, citing data from one of my previous articles (Lawrence, 2005), Moser suggested that some male-to-female (MtF) transsexuals report too few episodes of autogynephilic arousal to be consistent with the DSM's description of paraphilic arousal as "recurrent" (APA, 2000, p. 566). He conveniently ignored my explanation of the underreporting of autogynephilic arousal that is characteristic of male transvestites and MtF transsexuals (Lawrence, 2009, p. 199), which accounts for this supposed discrepancy. Moser's subsequent conclusion if some presumably autogynephilic MtF transsexuals do not meet full criteria for the diagnosis of a paraphilia, then this "contradicts her thesis that ETLEs are paraphilias" (Moser, 2009a, p. 384) is, in any case, a blatant non sequitur.

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In another example, Moser misinterpreted my conjecture that bodybuilding could be a symptom of erotic target identity inversion in some gay men (Lawrence, 2006), and also ignored my caveat that "this phenomenon, if it exists, would be difficult to differentiate from the desire to simply make one's body more attractive to potential male partners" (Lawrence, 2009, p. 204). He then inaccurately attributed to me--perhaps inadvertently, perhaps not--the idea that patients who were aroused by another person's physique, or who tried to develop such a physique themselves, ipso facto could be diagnosed with an ETLE. Moser correctly observed that such an unwarranted generalization would lead to ludicrous conclusions; but these would be wholly attributable to Moser's ludicrous misrepresentation of what I actually wrote.

Still others of Moser's criticisms derive from his failure to appreciate the distinction between unusual erotic target preferences and sexual behavioral preferences on the one hand, and the erroneous location of erotic targets on the other. For example, in an effort to portray the ETLE concept as regressive, Moser asserted that oral sex, anal sex, and masturbation were once pathologized as "sexual interests erroneously directed towards peripheral or inessential erotic targets" (i.e., ETLEs; Moser, 2009a, p. 383). Moser's account is a total misrepresentation: These activities historically were conceptualized as unusual (or perverse) sexual behaviors, not as ETLEs--especially given that the ETLE concept was not introduced until 1991. In yet another dubious assertion, Moser proposed that the ETLE concept could somehow be used to reintroduce homosexuality into the DSM. Evidently he chose to ignore my explanation that, in deciding whether an ETLE exists, a person's erotic target preference (e.g., his homosexuality or heterosexuality) is considered to be a given, and the only relevant consideration is whether or not the person locates his preferred erotic target accurately (Lawrence, 2009, p. 195).

Finally, Moser complained that the definitions and explanations I provided did not measure up to his standards of specificity and detail. For example, he criticized me for not having specified exactly which attributes of an erotic target qualify as "peripheral or inessential," even though I clearly stated that the former adjective refers to features such as hair or feet and the latter refers to features such as clothing (Lawrence, 2009, p. 196). Although Moser is a clinician, he seems curiously unaware of the concept of clinical judgment, as an alternative to trying to create exhaustive, black-and-white definitions for a complicated, shades-of-gray world. The standard that Moser would hold me to surely would require him to reject the DSM diagnoses of Schizophrenia and Major Depressive Disorder, too, because their diagnostic criteria do not include detailed definitions of concepts that are ordinarily left to clinical judgment, such as "grossly disorganized behavior" (APA, 2000, p. 312) or "excessive or inappropriate guilt" (APA, 2000, p. 356). Moser likewise objected to my not having identified the specific mental dysfunctions that underlie ETLEs. Apparently he believes that mental disorders are legitimate only if their pathophysiology is completely understood. If the standard that Moser would hold me to were generally applied, almost all current mental disorders would have to be removed from the DSM. Moser evidently is unwilling to let common sense get in his way when he is trying to make a rhetorical point.

Although I consider Moser's criticisms of my article to be unfounded and unreasonable, his letter does serve one important function: It provides a useful reminder to clinicians and researchers that the paraphilias, and our systems for classifying them, are easy to misunderstand and mischaracterize, either carelessly or intentionally.

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