

Accepting Sexual Interest in Children as Unchangeable: One Claim Fits for All?
Comments on Grundmann, Krupp, Scherner, Amelung, and Beier's (2016) "Stability
of Self-Reported Arousal to Sexual Fantasies Involving Children in a Clinical Sample
of Pedophiles and Hebephiles"

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Within the Berlin Dissexuality Therapy Program (Berlin Institute of Sexology & Sexual Medicine, 2013), clients are supported in accepting their sexual interest in children as unchangeable and in integrating it into their self-concept. The primary goal is controlling sexual desires related to children in order to impede potential sexual offending behavior (Beier et al., 2009).

Especially concerning the main outcome measures in Grundmann, Krupp, Scherner, Amelung, and Beier (2016), it can be assumed that this therapeutic strategy is supposed to have an impact on the clients' perception of the stability of their sexual interest in children, on their expectations regarding changes in their sexual interest in children, and, consequently, on their behavioral motivation to change it (for details, see Tozdan & Briken, 2015a).

Defining a disorder as an unchangeable personal trait strengthens its expected immutability and consequently may also hinder remission (Briken, Fedoroff, & Bradford, 2014). This means that attributing oneself with a sexual interest in children that cannot be changed may have negative effects on self-efficacy beliefs and therefore may impede the possibility to actually change behaviors and interests (Tozdan & Briken, 2015a). This may be even more important since the DSM-5 criteria (American Psychiatric Association, 2013) do not only include the exclusive but also the nonexclusive and incest types of pedophilia and diagnosis can also be made in non-admitting persons on the basis of criminal behavior. However, the DSM-5, as well as other constructs of immutability, does not consider these different types of pedophilia according to formulations about immutability. While there are definitely individuals who report no changes in an exclusive pedophilic interest over time, from our clinical experience others claim they firstly recognized their interest later in life, for example when they saw child pornography. From a clinical standpoint, on the one hand, it may waste resources trying to help clients change their sexual interest if it is

extremely fixed. It may lead to disappointment, frustration, and negative affects motivating clients to change something they cannot influence at all. In such a situation, it may be more helpful to address other factors like sexual preoccupation or self-control to reduce a possible risk of sexual offending behavior—if there is a risk. On the other hand, it may be counterproductive to tell clients in a suggestive way that an interest that has not dominated their sexual fantasies over time is unchangeable.

In addition, research on labeling theory (e.g., Link, Struening, Cullen, Shrout, & Dohrenwend, 1989), the self-labeling process (e.g., alters, 2002), and the consequences of a self-stigma (Pasman, 2011) may even question why diagnosing clients with an unchangeable sexual preference for children should have positive results both on the progress of treatment and on the client's quality of life. Clients might label themselves with the implied characteristics of this diagnosis leading to a self-efficacy impaired by the belief that they are not able to change their sexual interest in children. The risk of this self-stigma in becoming a self-fulfilling prophecy can rightly be considered as realistic (Tozdan & Briken, 2015a). As a result and in accordance with the findings of Grundmann et al. (2016), these clients report a certain stability of their sexual interest in children, probably because they do not believe that they can change their sexual interest in children, are not motivated to show behavioral patterns required to change their sexual interest in children, and thus remain in their current position.

Recent research suggested (Tozdan & Briken, 2015a) and investigated (Tozdan & Briken, 2015b; Tozdan, Jakob, Schuhmann, Budde, & Briken, 2015) a construct called Specific Self-Efficacy for Modifying a Sexual Interest in Children, defined as the “individual's conviction of being able to influence and change their sexual interest in children” (SSIC; Tozdan & Briken, 2015a, p. 108). So far, research on this topic can provide preliminary evidence that (1) at least certain individuals with a sexual

interest in children respond sensitively to the information that pedophilia is an unchangeable trait, namely those who do not have a criminal history of sexual offenses against children, are not registered by the judicial system for sexual offenses against children, and are voluntarily in treatment in order to cope with their sexual interest in children (Tozdan et al., 2016a), i.e., individuals who could be very similar to those in Grundmann et al. (2016); (2) the more clients believe they are able to influence their sexual interest in children, i.e., having a high self-efficacy (SSIC), the less strong they perceive their sexual interest in children (Tozdan, Kalt, Keller, & Briken, 2016b) and vice versa; and (3) an increase in the SSIC over time is associated with a decrease in the sexual interest in children and vice versa (Tozdan et al., 2016b).

The assumption of self-efficacy beliefs that can influence treatment progress and developmental course of sexual interest in children seems important, especially for the non-exclusive or incest pedophilic individuals according to the DSM-5 criteria (American Psychiatric Association, 2013) since their sexual interest in children may only constitute a relatively small part of their sexual interest and therefore might be only temporary. With regard to the interpretation of results and also the methods used, in our opinion there are some issues that could also be viewed differently or which are not mentioned sufficiently as limitations.

In Study1, Grundmann et al. (2016) aimed to retrospectively investigate “the onset of sexual arousal to prepubescent and early pubescent children, and the duration of self-reported pedo-/hebephilic interest over the lifespan.” Grundmann et al. assessed one variable, that is, the age of onset of the sexual interest in children concerning six categories: prepubescent females, prepubescent males, early pubescent females, early pubescent males, adult females, and adult males. They formed two groups for each of these six categories: puberty onset and later onset

presented in tabular form. Within the result section, Grundmann et al. presented this variable—the age of onset—as two outcome measures: age of onset and retrospective stability of sexual arousal over lifetime. In our view, this approach has its problems. The age of onset of a sexual interest in children does not include information about its stability. A 30-year-old client who is aware of the pedophilic interest since the age of 19, i.e., for 11 years, either can be continuously attracted to children throughout these 11 years which would imply a certain stability of his sexual interest in children or can be attracted to children only in certain periods within these 11 years which would imply a certain flexibility of his sexual interest in children. Whether the sexual interest in children remained stable or was more or less flexible during the years of awareness was not reported. Therefore, the assumption or conclusion concerning the stability of a sexual interest seems to be premature.

Furthermore, based on the descriptive table, Grundmann et al. (2016) concluded that “the results provided support for the hypothesis of an early onset.” We consider this inadmissible since Grundmann et al. reported absolute and relative cases instead of testing for an unequal distribution among the two groups (early, i.e., pubertal onset and later onset). To make such statement, Grundmann et al. should have conducted a (one-sample) chi-square test of independence (also called a test for equality of proportions). In addition, for the categories prepubescent females and early pubescent females, the distribution of cases seems to be rather equal than unequal (59.4 vs. 40.6; 58.2 vs. 41.8%) which speaks against the hypothesis of a majority early, i.e., pubertal onset of sexual interest in children.

In Study 2, Grundmann et al. (2016) aimed to prospectively test the stability and variability of pedo-/hebephilic arousal in a longitudinal sample. Grundmann et al. demonstrated changes in sexual arousal scores to prepubescent and early pubescent children between the first point of assessment (T_0) and the latest

subsequent assessment (T^*). These change scores ranged from -4 (change from maximum arousal at T_0 to no arousal at T^*) to +4 (change from no arousal at T_0 to maximum arousal at T^*) and were presented as a bar chart (Fig. 1) and absolute/relative cases (Table 4). Within Table 4, the two change score categories 0 and ± 1 were added together as one change score category. We think that it has to be questioned why Grundmann et al. decided to do this. Even a change of ± 1 is a change and should be taken into account separately. In fact, Fig. 1 shows that approximately 75 clients (62%) reported no change (i.e., a change score of 0) from T_0 to T^* , whereas approximately 46 clients (38 %) reported changes ranging from ± 1 to ± 4 . We consider 38% as a substantial proportion of the sample and wonder why this result did not receive an attention.

Study 2 also included the examination of self-reported arousal to children in the course of treatment over three assessments (T_0 – T_{pre} – T_{post}). The rank-order stability of the three subsequent assessments was displayed by Spearman's rho correlation coefficients. Even if Grundmann et al. (2016) mentioned this aspect in their limitations, it could be stated more clearly that correlation coefficients only describe the average stability of a variable within the present sample, not within the individual participant (Asendorpf & Neyer, 2012). That is, correlation coefficients cannot be interpreted as a stability measure in the sense of a continuous sexual interest in children among an individual participant. Therefore, Grundmann et al. further tested for significant changes from T_0 to T_{pre} and from T_{pre} to T_{post} . Grundmann et al. found one significant change from T_0 to T_{pre} for the category prepubescent males ($z = -2.41$, $p \leq .05$) which, in our view, is one of the most important results not addressed sufficiently in the Discussion section. We were also wondering why Grundmann et al. did not test for significant changes from T_0 to T_{post} since the average time between the subsequent assessments (T_0 – T_{pre} : 10.9 months; T_{pre} – T_{post} : 13.8 months) might be too

short to expect measureable changes in sexual arousal. At the least, the short average times could have been noted as limiting the study results.

The overall conclusion of Grundmann et al. (2016) is “Our findings support a nosological perspective on pedophilia, according to which pedophilic arousal can be understood as a highly stable personality trait comparable to sexual gender orientation.” Again, we respectfully consider this statement as scientifically premature and clinically problematic. Taking together the recent findings (Tozdan & Briken, 2015a, b; Tozdan et al., 2015, 2016a, b), we assume that the sample of Grundmann et al. could also be biased by a treatment program conveying that a sexual interest in children is immutable. The results could also be interpreted as an indicator that more than half of the clients perceive their sexual interest in children as relatively stable when participating in a treatment program that conceptualizes sexual interest in children as stable.

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