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Telephone scatologia Comorbidity with other paraphilias and paraphilia-related disorders

Marilyn Price^{a,b,*}, Martin Kafka^a, Michael L. Commons^{a,b},
Thomas G. Gutheil^{a,b}, William Simpson^b

^a*Department of Psychiatry, Harvard Medical School, Boston MA, USA*

^b*Program in Psychiatry and the Law, Massachusetts Mental Health Center, Boston MA, USA*

1. Introduction

The term scatologia is derived from the Greek word, skato, for dung and logos for speech (Gayford, 1997). Thus, telephone scatologia, also referred to as telephone scatophilia and telephonicophilia, is a paraphilia (PA) characterized by a pattern of sexual arousal associated with exposing an unsuspecting victim to sexual and obscene material over the phone (Milner & Dopke, 1997; Schewe, 1997). Telephone scatologia remains classified as a PA not otherwise specified (NOS) in the DSM-IV, because there has been insufficient description of the disorder in the literature to merit a separate category (American Psychiatric Association, 1994).

Although specific PAs are distinguished by a characteristic paraphilic focus, all PAs feature recurrent, socially deviant, highly arousing sexual fantasies, urges, and activities that have a duration of at least 6 months and cause clinically significant distress or impairment (American Psychiatric Association, 1994). These latter diagnostic criteria would distinguish true telephone scatologists (TS) from telephone callers who just make a few obscene calls as a prank.

Obscene telephone calling is a common behavior with more than 22,000 obscene phone call complaints filed in the Washington, DC area alone in 1989. This is particularly impressive considering that only 7–20% of sexually provocative calls are actually reported to the telephone company (Herold, Mantle, & Zemitis, 1979; Smith & Morra, 1994). Surveys

* Corresponding author. Program in Psychiatry and the Law, Massachusetts Mental Health Center, 74 Fenwood Road, Boston MA 02115, USA. Tel.: +1-617-626-9659; fax: +1-617-738-1736.

offer some perspective on the percentage of people who admit either to being victimized or to placing these calls. As many as 6.2% of male students recruited from a student placement center and 14.3% of paid male volunteers recruited from a Canada Employment Center admitted having made obscene phone calls (Freund & Watson, 1990). Over 83.2% of Canadian working women had received obscene or threatening telephone calls (Smith & Morra, 1994). Forty-seven to 61% of female college students and 11% of male undergraduates had received obscene phone calls (Herold et al., 1979; Murray, 1967; Murray & Beran, 1968).

Even if one assumes that the majority of the callers would not meet the criteria for the diagnosis of telephone scatologia, these data would still suggest that telephone scatologia could be a common disorder. Inasmuch as obscene telephone calling is such a frequent behavior and one that is less likely to result in apprehension by the police, one may speculate that telephone scatologia represents a milder, more benign form of PA that occurs alone. Abel 1988, however, found only one subject out of 19 TS whose paraphilic behavior was limited to obscene telephone calling, thus, challenging the notion that telephone scatologia occurs commonly as a solitary disorder. In fact, the TS in Abel's study admitted to an average of 5.1 identified paraphilic disorders, while the average number of different PAs for all 561 subjects ranged between 3 and 5 (Abel, Becker, Cunningham-Rather, Mittleman, & Rouleau, 1988).

Telephone scatologia has remained a relatively neglected PA possibly because of this faulty perception that it is a benign and nonaggressive disorder that most often occurs alone. In fact, the largest samples of TS are not derived from research focusing on telephone scatologia. Rather, the largest samples may be extracted from Abel's (1988) and Bradford 1992 studies exploring the comorbidity of the PAs. Abel studied 561 nonincarcerated paraphiliacs seeking voluntary evaluation. His subjects were assured of confidentiality, as the material was gathered under a certificate of confidentiality that would prevent any federal, state, or city agency from accessing the data. About a third of the subjects were referred through mental health channels, a third from legal or forensic routes, and a third from other sources. Only 3% of the sample (19 subjects) were given the diagnosis of telephone scatologia.

Bradford 1992 studied 274 adult males who were consecutively admitted to a sexual behaviors clinic for forensic evaluation of suitability for a treatment program. A much higher percentage of Bradford's sample, 21%, admitted making obscene telephone calls and 14% (37 patients) were given diagnosis of telephone scatologia as their primary PA. Almost all of the subjects had some contact with the legal system; 67% were pretrial and 33% were posttrial. Because of this legal involvement and because there was no assurance of confidentiality as in the study of Abel et al. (1988), there was likely an underestimation of the admitted deviant acts. Yet, despite the variability in the distribution of the types of PAs, the assurance of confidentiality, and source of the subjects, both these studies were surprisingly consistent in showing that TS report multiple associated PAs, especially exhibitionism and voyeurism.

The current study was designed to evaluate whether there are any demographic variables or comorbid sexual disorders that distinguish TS from subjects with other PAs and paraphilia-related disorders (PRDs). PRDs were operationally defined as intensely arousing fantasies,

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