

ARGUING WITH THE INCEST TABOO? THE CASE OF “DISTORTED COGNITIONS” ABOUT CHILD SEXUALITY

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Abstract.

This paper seeks to open up critical reflection on the notion of “cognitive distortion” (CD), as applied to child sex offenders, to a broader anthropological account of children’s sexual agency, namely the arguable revitalisation and extension of incest taboos through the post-1970s rubric of child sexual abuse. Sixteen scales that purport to measure CD (1984-2009) are listed, and their gist briefly appreciated against this interpretative background. Pitting social structure against the deconstructive and disloyal crime of perversion, the pronouncement of CD shows a deep complicity to the moral status quo, namely the faithful recitation and procedural accreditation of essentially regulatory rubrics, fixtures, and truisms (“sexuality”, “sexual trauma”, “harm”, “consent”). It thus paraphrases the anthropologically expected collapse of nuance between immoral and illogical ideas at the site of social taboos, especially taboos’ contemporary predicament of ever more argumentative perverts and ever more decontextualised, and thus erratic, scientific probing. In the end, the perverts are those who, in all nuances of the expression, “don’t get it.” Circumscribing the “rationalisations, distortions, and blame shifting” of the paraphile remains the - increasingly awkward and panicked - occasion for entrenching society’s.

Keywords: *cognitive distortions, child sex offenders, childhood sexuality, incest taboo*

INTRODUCTION: AFTER TABOO.

This article sets out to trace the remainder, or afterlife, of incest taboos in societies marked by pervasive psychological and medical rationalization. This is too broad a question to be pursued in full here, although critical outlines of its stakes are being written (Harkins, 2009; Janssen, 2010). Ranked among the few human universalia, incest taboos frequently feature verdicts on the health of culprits and victims, if not the entirety of their social environs, often through an elaborate metaphoric of trauma, scarring, contagion, and barely survived death. In the modern West and specifically late capitalism, the twin rubrics of childhood innocence and child sexual abuse have come to attract the mood of ultimate calamity that in kin-centric contexts is known to emanate from stipulations to avoid sexual or social intercourse between specified classes of kin. Across the postcolonial world and especially since the 1960s, cardinal taboos including that of incest have thus drifted away from kinship and gender and contracted around

generationality, the latter increasingly understood as harbouring a residual sense of social structure, as a core parameter, witness to major crises in what is to be considered to structure sociality.

Medicalised or not, in large parts of the world incest remains the ultimate insult to social sensibility. A note by Niehaus (2010) on the rumour of mother-son incest in fatherless households of the South African Lowveld hints at such elements of crisis and concern for generational structure. Across the West incest became “a type of child abuse”, and as such it names the new “universal” interdiction uniting proponents of family values and women’s and child rights the world over. Supernatural and scriptural invocations of order, decency, and divine purpose cross-faded with increasingly naturalistic and civil claims to health impairment and survivorship. And if, as Ian Hacking observed already twenty years ago, “the medicalization and ‘societization’ of incest as child abuse makes it possible for society to deal with a ‘problem’”, it did so by “radically extending” incest’s scope, and by medicalising it as a sacred species of concern—“only in that ancient sense of medicine which is associated with witchcraft” (1991: 280).

That the sexual mobility of the young is burdened with remarkable symbolic potency at this point is widely recognised in Anglophone critical psychology and the humanities (see Janssen, 2012). A recent historical account traces how the conjunction of childhood and sexuality, throughout modernity, has proved “a vector for the preoccupations about social order and disorder”, constituting “a metaphorical repository for the expression of wider social anxieties” (Egan & Hawkes, 2010: 151). Anthropologist Roger Lancaster concurs that American notions of the sexually informed child have come to serve as “a metaphor for other conditions of injury in the [U.S.] body politic” (2011: 2). Much the same conclusion is being had from historical studies of age-of-consent legislation, which has been “shaped and reshaped to act as a symbol of various American cultural anxieties” (Cocca, 2004: 3).

If such a metaphoric vitality invariably arises in talk of crisis and trauma, sexual transgressions involving children are paradigmatic occasions for studying such symbolic invocations of social order, cohesion and decency, and their epochal translation into the lingo of mental health. The medicalised vista of sex crimes, accordingly, is perhaps that scene in which *proper* invocations of the tropes (Harkins, 2009: cf xix, 4) of abuse and trauma are validated and where talk disloyal to these conventions is met by formalised disqualifications, respectively at the site of the harmed child and that of the adult offender. If so, the mainstreamed notion of “cognitive distortions”, meant to flag fundamentally “incorrect” assumptions about childhood sexuality in offenders, might hold important historical clues to how this differential diagnosis, not quite all the way but a long way “from badness to sickness” (Conrad & Schneider, 1992), is accomplished. The anthropological nag fleshed out below, then, entails two components: What do we mean to say is *distorted*, when we say offenders’ cognitions are? And equally: what do we mean to say is *betrayed, hurt, and damaged forever* when we say the “sexualised” child is?

RE-ANTHROPOLOGISING TABOO.

According to structuralist appraisals, incest taboos regulate affiliations between kin-based social units (families, clans, moieties) as well as potential for disruptive rivalries within them. As such, they are understood as foundational to - indeed coextensive with - those social units as culturally accredited solutions to divergence between male and

female reproductive interests. If the political pitting of family and “community” life against each and any diversion from their hegemony (after incest and homosexuality, now paedophilia) bears perennial and explicit testimony to this, in the West one may consider that (1) a typology of “sexualities” arose, in the 19th century, specifically to pronounce *some* intimacies as conducive to family life and all others as corrosive, dangerous, and debilitating; and that more specifically but centrally (2) a “developmental sexuality” was being projected onto co-residing young specifically to downplay, or modulate, their sexual mobility for the sake of family harmony (preventing intra-domestic sexual rivalry). Virtually all of the progressive scientific delineation of “sexual development” seems loyal to this overarching and distinctly human imperative to desexualise the household (as the public sphere in general), an imperative long considered a primary functional purview of incest taboos. Pronouncements on “psychic functioning” constitute a way of articulating, congratulating, and inscribing the competitive edge and institutional standing of social units, their values wars, and their political profile - Family, Community, Nation, finally the imaginary of Human Rights. A regulatory imperative is thus being conceptualised as the normal habitus, or “health”, of those regulated. Transgressors must have been “degenerated”, “sick in the head”, or somehow spiritually distracted to depart from the noble, divinely sanctioned model of the family, and they should be cared for as such. And if children are “vulnerable”, they are vulnerable to these same distractions (“homosexual recruitment”; “paedophilic grooming”) - and to be watched accordingly.

Incest and taboo became anthropological *idées fixes* together with the Victorian sexological elaboration of family life, and have merited reflection ever since, particularly now their figuration and validation across the psychological disciplines. What remained of the generative proviso of incest in an age of therapy, contraception, genetic transparency, “consenting adults”, and the perennially lamented “decline” and “crisis” of the concentric ordering of sociality - family, kinship, heterosexual society? Apropos taboo’s predicament in the aftermath of what is known as the Western world’s sexual revolution: have psychoanalysis, modern sexology, and anthropological structuralism thoroughly demystified cardinal sexual interdictions such as that of incest, or does coalitional, “interdisciplinary” alignment at the site of sex crimes rather amount to taboo’s modern disciplinary face (eg Foucault, 1978)? *After taboo*, and now *after sexuality’s revolution*, is it not precisely the same (marital and familial) intimacies that are being accredited, and is it not enduringly some “paraphilic” deviation from that exalted norm that is to be destroyed, or cured, for the common good?

The “radical extension” of incest can thus be understood as a notable vignette of a wider scientification and psychologisation of socio-sexual regulation across the Western world, articulating “universal” stakes but cross-cut by local and historical stakes. Genealogical aspects of resultant science wars in South Africa, for instance, can be appreciated in work by Bowman (2006, 2010). The evidentiary and litigious drift accompanying these wars increasingly trivialised such anthropological debates about whether or not incest taboos arose from a direct awareness by primordial humans of the deleterious effects of familial inbreeding (eg Burton, 1973) - and indeed about how deleterious such effects are. The anthropological idea of taboo took hold in Victorian anthropology specifically to account for at first glance often bizarre, community-wide superstitions and tendentious belief systems. Where taboo violations were defined strictly as thought to invoke third party (supernatural) retributions and/or defective offspring, in the modern West sexual transgressions came to be said to directly and uniquely wreak havoc on the mental apparatus. Disease and illness informing causal

and genetic accounts of incest taboos are thus echoed in functional models and folk psychiatries that animate these taboos (e.g. Frayser, 1985) - as the integrally moral accountancy of human action (e.g. Haslam, 2005) - with notions of mental derailment. "Sexual trauma" in the late modern context of child abuse is supposed to amount to a patterned, but occasional, set of harms and stresses, threats to "personal integrity", and developmental risks that in fact would replace many of the traditional *raison-d'être* of the incest interdiction in contexts where kinship is increasingly contracted into nuclear households.

As argued, one way of engaging here is to observe that incest prohibitions (stipulating avoidance of kin categories, and thus coextensive with kinship structure) and the post-1970s science wars over "sexual abuse" (stipulating age stratification) overlap at the functional purview of incriminating potential for intra-domestic sexual rivalries, with the distinction that "sexual abuse", as Hacking (1991) notes, extended both the regulatory and the explanatory scope of impractical desires beyond the sphere of domestic intimacies, at the level of the administrative category "child". In *abuse* and *incest* alike, both offender and victim are made to carry the evidentiary burden of an inevitable, ultimate, collective, and irreparable harm. "Pedophilia", accordingly, names an intricate scapegoating scenario, as highlighted by Kincaid (1998) and many others since. Both categories personify the idiomatic and metaphoric ambiance of danger, lesions, scars, disorder, and collective survival, providing discrete occasions for the dramatisation of social order. *Incest* names a suspicion and warning against all family men, *paedophilia* names a suspicion and warning against all men.

Incest's feminist and conservative, and soon etiological and epidemiological, turns since the late 1970s effectively inaugurated a new industry both of victim reconvalescence and offender rehabilitation. Transgression was increasingly dramatised as occasion to grasp, and salute, a new take on reality, a new concern for the true position of taboo's stakeholders. This dramatisation will be examined below, as it shows a strained reliance on empirical claims. Consider that laws and taboos alike operate on an ambient level of opportune professionalism, threatened reputations, stigma, bad advertisement, scandal, and generalised apprehension, from which neither the occasion of transgression nor negotiations over what constitutes "negative outcome" - in other words: what is supposed to be the *meaning and relevance of transgression as event* - can be methodologically isolated. Effects of highly circumscribed events must be expected to importantly spring from this coordinated circumscription: events refer to the social situation that propels them into an acute eventuality and consequentiality, saturates them with meaning, accrediting some preferred and foreclosing all other interpretations. Ominous correlations between transgression and outcome, then, are said to inform *the need for* taboo but they can only ever indicate what is already *the effect*, indeed *the success*, of the taboo.

Taboo derives from and feeds back into an elaborate system of commonsense. Sex crimes are those encounters marked as violating an integral and spectral sense of congruity, good form, due respect, or social "grammaticality". A therapeutic cadre scrambles to make the most of such a marking, a circumscription on which careers, professions, and finally entire moral vistas come to depend; makeshift idioms of incident management become a way of applauding social order. The imposition of order is not on trial, and so what must consequently impress as an endless onslaught of "disorder", is all the more. The pinpointing of offender guilt and irrationality renders everybody else caring and rational: it assumes an ecumenical character. The

“recognizing” and theoretical outlining of disorder becomes sociality’s finest hour, its defining moment, finally - and tragically - its most pronounced articulation. Whether unleashing upon itself diagnosis or justice (typically both), a sex offense is staged as an occasion for understanding what has gone wrong with someone’s “sexuality” - a revolutionary compassion for a “damaged” victim, a scientific sympathy for an “impaired” offender. But perhaps its dramaturgy is that of a desperate occasioning of the moral status quo, not so much the stage of a confirmed suspicion *of*, as a nomination *as*, alarming eventualities and individualities.

A comprehensively anthropological reading of this scenario in the context of “child sexual abuse”, a context that has largely and indeed explicitly marginalised anthropological notions such as taboo, remains to be written. There is need of a re-anthropologisation of debates long marked by a fascinatingly militant psychologisation and medicalisation. Anatomizing taboos, such gestures will go against the grain of much intuition and sentiment, against most mainstream research, even against much critical commentary on that research. This has to do with the way modern science is supposed to have already delivered the final critique: to have rendered empirical, and thus to have definitively demystified and surpassed, the “irrational” sphere of taboos it attested in “primitive” cultures. At the same time science has evidently been *extending* the regulatory scope and disciplinary effects of those taboos.

Michel Foucault’s work in the mid-1970s familiarised the world with this intrigue at the site of incest taboos. In modern science an “analytics of sexuality” was being superimposed onto a “symbolics of blood” (Foucault, 1978: 148), a gradual re-articulation of familial intimacies and solidarities through a new idiomatic, explanatory, and confessional vista of sexual identity, development, and deviation. Both old and new orders purported to take stock of the world as it is, although, Foucault suggested, much of their efficacy is *discursive* - constitutive of the categories claimed to be merely recognised. The diagnostic frenzy and reparative work seen both in that alien context called *taboo* and that familiar, evermore ubiquitous scene of *therapy*, bring about a culturally pervasive pondering and forewarning of pending doom. Both *dispositifs* prescribe a “moral dyspepsia” (Royzman, Leeman & Sabini, 2008) that collapses personal (one’s own child), classificatory (“childhood”; anyone’s child), and representational planes (“computer-generated images of *what appears to be a minor*”, as targeted in current porn laws).

This collapse is clear enough at a moment in circum-Atlantic history where the genealogical child (*my child, your child*) becomes an administrative abstraction (“the minor”), and where private possession of mere cartoon images of what *seems* to be a child is construed as illegal. What would simply constitute a reckoning with inevitable facts thus assumes a deep and pervasive repository of prognostications, omens, and validated correlations. Knowledge regimes importantly *stipulate*, or *figure forth*, what is then claimed to be merely *encountered* in the world. This produces an intricate entanglement of what is, triumphantly and heroically, attested as being the case and what, by stern implication, ought to be the case. A fundamental circularity is evident, as both in taboo and science one sees a forensics of facts said to inform and underlie rules held to be essential for social harmony, at the same time that “recognition” of such facts transparently derives from and is authorised by those rules. At the very least, major problems arise with the pinpointing of cognition, including those pertaining to direction of causality, causal pathway, and type of causality (cf Coyne, 1982).

This problem is pertinent in pondering facticity (*what gets taken to be the alarming facts*) in the context of cardinal taboos, motivating at least the anthropologist confronted with the once defining irrationality of taboos in other cultures. Are the sponsored effects of taboo - a generalised mood of apprehension, trauma, and survival - endlessly offered up as a reason for it? Apropos: is culture—a system of campaigned and shared meanings - to blame or the transgressor who *doesn't get it*? Answering such questions becomes acutely delicate when the taboos of the anthropologist's own tribe are up for consideration. Mainstream science denies its constitutive agency by claiming a strictly epidemiological role, and thus the culture of science is never on trial: it is the incident (the idiopathic paraphile) that is said to stand between the good community and its realisation.

The concomitant forensics of transgressions derives its legitimacy from the much more general and cross-culturally attested declaration of sex as “harmful to minors” (always either too early, too fast, too much, too explicit, too “deviant”, and so on, and so forth), an always curiously formulaic truism the empirical testing of which is either straightjacketed or barred altogether by that declaration. This leaves one to see the erratically codified and punitive retaliation against “paedophilia” in the tentative, broader light of a “radically extended” incest taboo. Consider that the narrative of child sexual abuse remains ubiquitously a narrative of parental angst, outrage, and revenge; of family resolve, resilience, and “survival”; of family disclosures, resources, dysfunctions, and stakes. The superimposition of a *politics of blood* by an *analytics of sexuality* Foucault signalled, we may want to verify, remains acutely visible as such.

The remainder of this article chronicles and contextualises what it argues must be considered a specific outcome of this superimposition, namely the pathologisation of offender rationalisations, in the context of child sexual abuse, that goes by the clinical verdict of “cognitive distortions”. It is understood to beg for an anthropological reading of hardened psychological precepts, while also observing that anthropology has been largely marginalised in this debate, or more precisely, that anthropological arguments on taboo have come to largely capitulate to reigning psychological articulations of taboo (consider Meigs & Barlow, 2002). All this is to say that both anthropology and psychology might claim to *reflect on* or to have definitively *interpreted* taboo but are also, beyond mere *genueflections* to its grip, modern taboo's approved *handmaidens*.

In what follows, I will briefly dwell on this purported passage from sexual - in particular incest - taboos to transgressions, and the concomitant production and progressive hardening of the rubrics of child sexual abuse and paedophilia since the late 1970s. I will then zoom in on the historical emergence of a specific medicalisation of offenders' rationalizations (“cognitions”) seen as betraying what I will consider, following Foucault, to be cardinal disciplinary functions inhering in the idea of children's *sexual development*. Concomitant therapeutic figurations of the child and invasive concerns for its nascent “sexuality” become a way of naming and accomplishing objectives of social order, particularly the downplaying of potential for sexual rivalries within social units, especially the nuclear (bi-generational and co-residing) family.

REASONABLE TABOOS.

Rehabilitating not the offender but the anthropological notion of *taboo* provides a background for understanding the late modern juxtaposition of rational society and irrational criminal. This specifies, but also provides an interpretative basis for, more

general rejections of the medicalization of paedophilia (eg Szasz, 2002, 2007). It also extends the reflexive basis for extant critical commentary both on today's clinical intuition of offenders' *cognitive distortions* (Brown, 2002; Auburn & Lea, 2003; Maruna, 2004; Auburn, 2005, 2010; MacMartin & LeBaron, 2007; Waldram, 2010, 2012; Friestad, 2012) and more generally on the contemporary history of "child sexual abuse".

Incest taboo theories notably gravitate onto universalist positions, whether motivated by recessive alleles, the unconscious, or biosocial appeals to family harmony. One observes that such universalism is part and parcel too of the child sexual abuse movement, which has had an extraordinary internationalist drive and appeal to human rights. Indeed, universalism seems to be much better at home with *sexual abuse* than with *incest*, given the highly variable and typically disputed criminalisation of incest across the globe, unlike that of child molestation and pornography. Yet whereas only a few authors have tried to substantiate the suggestion of cultural imperialism or contagion effects in the globalisation of child sexual abuse discussions, historical reflection unanimously points out its US impetus, reaching acme in 1977, and its gradual internationalisation over the following decades, especially now as a borderless, cyberforensic concern. This history has been marked by a variety of interlocking science wars and one of the more interesting aspects here is a general marginalisation, if not programmatic scandalisation, of notions such as taboo, and a cognitive turn toward offender "responsibilisation" based on reification of deviant mentality, coercion, decontextualisation, and consolidation of the moral status quo (Maruna, 2004).

Given the administrative borderlessness of discussions today, the reputability of anthropology remains to be comprehensively historicised. The official picture is that of an epochal indictment of structural ("patriarchal") taboo theories by a new and increasingly sophisticated forensic psychiatry of offenders and victims. A concomitant marginalisation and indeed scandalisation of critical argument here was notable already in the early 1980s. If anything, anthropology now is put to work *at the cue of* the new rubrics and conceptual slots ("sexual abuse", "paraphilia"), not as *an interpretive frame for* that playing field. This, for instance, sponsors *culture-sensitive ways to diagnose and treat disorders*, not reflection on what kind of culture would have a need for, or stake in, such medical routines. In line with this, one observes a substantial and tendentious domestication of those cross-cultural observations that do get to animate discussions from the margins (Janssen, 2008). And although a very welcome expansion of viewpoints, the admirably anthropological study on sex offender "habilitation" by Waldram (2012) and the anthropologist's view on punitive sex laws offered by Lancaster (2011) stop short of appreciating the cognitive-medical turn of taboos in light of taboo's promotional scope of social structure, order, and regulation.

Contemporary theories of taboo inquire after kinship's particular ontological underpinnings, its "regimes of intelligibility", and "regimes of subjectivation" (eg Butler, 2004; Faubion & Hamilton, 2007: cf 535, 544; Ramadanovic, 2010; Sahlins, 2011). If incest provides an occasion for these inquiries, reflection is needed on the late 20th century and on-going scene of incest's medicalisation and psychologisation, particularly its seeming generalization, abstraction, and transcription into the essentially new (post-1970s) rubrics of "child sexual abuse" and "paedophilia" (Janssen, 2010).

How to appreciate this superimposition of conceptual archives is a long-standing question (eg Parker, 1987; Twitchell, 1987). But to what extent can anthropologists

hope to decode taboos obtaining in their own tribal lands? To empiricise, interpret or decode a taboo is always potentially to upset its pragmatic, rallying, metaphoric, and commonsensical mode of persuasion. Conversely, tendentious scientifications of taboo, for instance as organised around the rubric of abuse, may well help entrenching a functional scope of scandal, apprehension, and avoidance that otherwise would be hard to maintain. Spain (1988: cf 298) finds that incest taboos pertain to, if rules, *tacit* rules, and they are all the more potent for it. Whether in theory, through data, or as informing political manifestoes, scrutinising such tacit rules can perhaps only ever either hope to brutalise or further legitimise their stronghold. But even the incidental insult to taboo will result in a reparative theatrics of outrage. In any case, taboo always already presents itself simultaneously as universally valid local commonsense and as meriting a deferral of forensic exegesis and rituals of atonement to cliques of experts (shamans, doctors, lawyers) who always operate at the cue of the law. Neither a taboo expert nor an abuse expert would be wise to challenge a deep consensus over the necessity to intervene in rule violations: they would be persecuted and if nothing else, put themselves out of business. And it is thus that consensus becomes pronounced as “deep” in the first place.

To sum up the foregoing, it would deserve speculating that (1) the makeshift paediatric and psychotherapeutic industry around “sexual abuse” effectively *reiterates the functional scope of the taboo it is said to supersede, test empirically, or render transparent*; that (2) this scope is a generalised, only partly codified mood of apprehension, suspicion, and avoidance known to *solicit or call forth the (particularly paediatric) symptoms that are then, untiringly, offered up as a reason for it*; and that (3) *the purview of mainstream science is fully integral to this tendentious attribution of causality*, leading to the paraphrasing of social rules in evermore technical pronouncements on what would be the inescapable, “psychological” defects of victim (“traumatic sexualisation”, “repressed memory”, “dissociation”, “multiple personality disorder”) and offender (“paraphilia”, “rationalisations”, “empathy deficit”). The proclaimed incongruity of whatever tabooed liaisons relies on the tirelessly repeated allegation of an outrageous and discrete absurdity, decoded only by phlegmatic experts as the corollary of the “mental disorder” of those liaisons’ subjects and objects - whose predicaments can indeed be seen to have consolidated into acute, discrete, *idiopathic*, and uniquely therapy-resistant psychomedical states. And if even up to the mid-1980s most of this consolidation remained vaguely circumscribed, even hardly empirical, in the tone-setting, circum-Atlantic world, today we have the benefit of being able to look back on three decades of an extraordinary hardening of a new clinical traumatology of “sexual harm”.

SICK IDEAS: COGNITIVE DISTORTIONS.

The specifically empirical postulations at work both in the “specification of the perverted” and the “sexualization of children” Foucault observed to be two of “four great strategies” in the (familial and medical) deployment of modern sexuality (1978: 114), could only lead to a specific and pervasive intuition: *the pervert’s crime is to misconstrue the veritable sexual habitus of the child*. The very thought of the crime must prove both sick and sickening. This is epitomised by a concept “enshrined in the [sexual] offender treatment literature over the last 20 years” (Maruna & Mann, 2006: 158), namely that of *cognitive distortions*. It refers to thinking habits that place people at odds with community-wide consensus over what constitutes palatable desires and wholesome actions. As this predicament marks all rebels, dissidents, revolutionaries

and pioneers, the notion invites an intellectual sensitivity not seen in the clinics. What does this rubric imply precisely, how did it take shape historically, and how is it deployed?

Not getting it.

“Distorted cognition” seems to quarantine transgressive thought by, first, locating it securely within the contours of an idiopathic or otherwise occasional process (“paedophilia”, “sexual abuse”), and second, by pronouncing it pathognomonic of a type of people whose argumentativeness would severely embarrass, even exhaust, their public profile (“the paedophiles”, “the molesters”); third, it employs a therapeutic industry that would otherwise, faced with a situation that industry is eager to pronounce incurable (“perversion”, “paraphilia”), remain unemployed. Thus it cuts short what otherwise might develop into a discussion: reflection about sexuality’s many impertinencies remains contained within “mental disorder”, disqualified from debate and pride, quarantined away from the sane society.

Before looking at how this was achieved historically and is being achieved practically, I will briefly suggest that this element of quarantine is salient beyond the casuistics of sex offences. The reader will remember that apart from Foucault, both Freud and Kinsey are known for scandalously probing childhood sexuality, and albeit speaking from very different timeframes and gravitating onto very different conclusions, today their writings would, absurdly and chillingly, fall under the hammer of cognitive distortions (the present article is clearly no exception). Over the past decades discussions under the heading of *seduction theory* have become concomitantly burdened by a mistrust of asserted realities and advanced truths (embarrassing here Freud, there Freud critics), resonating dutifully with an epoch-making popular embrace of notions such as “repression”, “dissociation”, and “denial”. Unlike in Freudian theory, however, in these popular appropriations abuse is simply abuse, hardly subject to deferred efficacies (“*Nachträglichkeit*”). Incidentally, while suggestions that paedophilia should ever amount to a discussion are programmatically declared preposterous, the topic has always known pockets of academic dissent, and today ranks among the most hotly disputed of sexological concoctions. One observes an episodically recurring but increasingly mainstreamed argument to renegotiate the medicalization of paedophilia after the model of “homosexualities”, a manoeuvre that would relocate the assessment of ideas from forensic settings out onto the vista of social science and the humanities.

Relocating thus, one would not so much dispute or reject the idea of cognitive distortions but interpret its historical eventfulness. Until that day, argument alone is often met with drastic countermeasures. Since the late 1970s, various advocacy groups, individual spokesmen, and sex researchers pondering the issue have been greeted with legal, political, or institutional action against arguments raised in this thematic area, tellingly including, in 1999, an unprecedented “denouncement” at US Senate level of a peer reviewed article in an APA journal. These and other panics lead the establishment to write entire volumes about the rampant “misinformation” that would haunt the field (Whitfield, Silberg & Fink, 2001). After three decades of *proper information*, however, the assumption of trauma still risks being found out to be “myth” (Clancy, 2009), and it is anthropological, not positivist, understandings of this word that will have to guide critical psychologists. At the time of writing this article, a Dutch court ordered a ban on what had advertised itself (in fact since 1982) as a “platform for discussion of paedophilia”, arguing ventilated opinions and ideas comprised a “grave infraction of the values of our society” and proved “contrary to the public order and

good morals” (“Dutch court bans child sex lobby group”, **France24**, June 27, 2012). This overruling of free speech and right-to-association codes seems ominous with respect to various recent North American pleads, both in counselling, advocacy, and self-help modalities, to attend to the needs of people who self-identify as “virtuous”, or non-offending, paedophiles or “hebephiles”. *Hebephilia* (attraction to pubescents) is a heavily embattled specification of *paedophilia*, proposed for inclusion in the forthcoming DSM-V.

While the notion of “cognitive distortions” seems in place to cut short all of these elementary and open-ended disputes in the intramural space of forensic case management, its reputability hovers ominously over all debates within the subject area, past and present. Relevance of the above clearly extends far beyond clinical application. The metaphor of *sick* or *distorted ideas* is in fact freely applied outside the context of a proven offense, namely to defendants, self-identified paedophiles (eg Malesky et al, 2004), anonymised discourse in “paedophile networks” (eg Durkin & Clifton, 1999; Jenkins, 2001), discourse associated with “paedophile organizations” (eg De Young, 1988) but also, as argued, canonical sex research. By using a popular search engine (Google), researchers claimed to be able to amass “119 child sexual abuse myths” (Cromer & Goldsmith, 2010).

Historical embedding.

The nascent research area of child sexual abuse, from the early 1980s onward, has taken the shape of a retroactive indictment of past clinical consensus and incest taboo theories, marked by a formulaic interest in distinguishing newly transpiring clinical facts from “incorrect beliefs” (Cromer & Goldsmith, 2010). Where feminists accused past anthropologists to have “relied on folk models that have blinkered their vision” (La Fontaine, 1988: 15), both Alfred Kinsey and Sigmund Freud were centrally caught up in this new recalibration of facticity, trumpeted in the American mid-1980s as a rapidly paradigmatic exposé and unmasking of a prior “assault on truth” (*Freud*: Masson, 1984: 189; *Kinsey*: Reisman, 2010). Today, US-led forensics around child sexual abuse is enduringly that of heroic disclosure of facts versus lame excuses, myths, secrets, and falsehoods: the thematic environs of *abuse* quickly became riddled, not to say thoroughly perfused, by the denigration of apology. Trauma and transgression became sites for the disclosure, ratification, and congratulation of findings claimed to have been *covered up*, *silenced*, and *distorted* for centuries, or only now *discovered* and *proven*.

One sees a concomitant turn to victim, offender, and expert mentalities. First, victim care became articulated in terms of “cognitive restructuring, which attempts to identify and change distorted attributions, schemas, and interpretations of the trauma” (Pearce & Pezzot-Pearce, 2007: 301). Second, as the essence of paedophilia as a discrete clinical entity (“paraphilia” rather than hyper-libido) came to be considered beyond therapeutic intervention, ideational envelopment of its illicit corollaries, dubbed “cognitive distortion” or “implicit theories”, has become the most vital and final *raison-d’être* of clinical intervention. Paedophilia became known in mass media as a discrete, double pathology: “sick desire” and its concomitantly “sick rationalisation.” Third, epitomised by Judith Reisman’s three-decade war against Kinsey (Reisman, 2010), mostly all sexologists with liberal opinions on childhood or paedophilia began to be indicted as distorters of American truth and propagandists of the paedophile cause, typically through ad hominem and slippery slope rhetoric. This triple front of psychologising of opinion re-made psychiatry from a pedagogy of vital social rules (the

exegetic declaration of “taboos” formerly reserved to shamans and clergy) to a forensics of inadmissible reasoning.

By the early 1980s a number of frameworks was available from four decades of the “sociology of deviance” to bring about this turn (Durkin, 1996: cf 12-30). One of the earliest attempts to formalise the new emphasis is a watershed article by Abel et al published in 1984. It prefigured a number of problems with the new recalibration of sexological facts. The paper illustratively sets off with a by then apparently still warranted meditation on the traumatogenic effects of societal attitudes, the culturally contingent nature of trauma, and of the idea of consent, and ends with an early exemplification of seven “cognitive distortions” regarding these discussions. Where these examples are interpretations of social encounters and not just evasions of debate, they are usually categorical generalisations about childhood sexuality, which are then debunked by arguing that their categorical nature is at odds with common sense, cultural conventions and/or clinical findings. The categorical, blunt, and uncompromising generalisations claimed to be obtained from offenders’ minds are turned into a psychometric instrument that coerces test takers into blunt refusals or endorsements of them. One of such categorical theses reads: “*When a child asks an adult a question about sex it means that the child wants to see the adult’s sex organs or have sex with the adult*”. A similar thesis holds that children are “sexual beings”, and *therefore* they should have sex with adults. Interestingly, while Abel et al (1984: cf 94-97) apparently interpreted consent as a concept in need of legitimation rather than to be delivered to common-sense, they seem to consider the idea that one can dispute such a legitimation (for instance by rejecting it as upholding a reductive and totalizing idea of childhood innocence or an alienating form of moral calculus) as *distorted*. In their words, if a ramification does not reference an “accepted standard [...] in our society,” it is “simply a cognitive distortion” (ibid: 100).

Abel et al (1984) did not discuss the seemingly extensive implications of this proposal. What of intellectual, political, or indeed scientific life if its perimeter is *per primum* delivered to what clinicians claim to recognise as “acceptable standard”? And to which “society” is the reader here conscribed? Illustratively the authors dismiss any appeal by offenders to “other” cultures and “other” eras by the observation that such epochs and cultures are remote from the context in which such references are to make sense. While this seems valid from a stance of medico-legal pragmatism, they thereby also render their paper’s introduction (stressing cultural considerations) immaterial, and foreclose clinical learning from this line of inquiry. The idea that such inquiries can inform a basic understanding of the concept and contemporary institutionalisation and professionalisation of “abuse”, and more importantly a deeper understanding of psychotraumatic processes, should ring true for any social scientist and is key to cultural, social, ethnopsychiatric, and discursive psychological research.

The position taken by Abel et al (1984) however quickly became routine in the clinical world. The result has been that explanations *of* (rationality), rather than *for* (aetiology), distortions ceased to be pertinent in mid-1980s literature: by the late 1980s, the explanatory moment was wholly taken up by fitting in the concept of distortion in existing models of offending (eg Abel et al, 1989). By 2006, however, it had to be admitted that “the popularity of the cognitive distortion hypothesis [CD being criminogenic] is due to factors other than its empirical validity” (Gannon & Polaschek, 2006: 1015). In that same year, in 22 semi-structured interviews with sex offenders against children ranging between 60 to 90 minutes in duration Marziano et al (2009: 97)

reported being able to identify no less than 2,660 instances of CD, or “fundamental thinking errors that hinder an individual’s ability to make realistic formulations and interpretations of the world, others, and him or herself”. The most prevalent “implicit theory” producing such errors would be conceptualizing a “child as a sexual being” and/or a consenting one.

But one can ask whether the here purported attestation of *implicit* theories is not rather a way to solicit an *explicitisation* of arguments for the strict purpose of disaggregating them into “2,660 instances of CD”. The imaginary of an undistorted truth, such an attitude would suggest, uniquely accompanies the paradigm of sexual abuse, which gained foothold, in the late 1970s, as a moral campaign to take note of proceeding insight and shocking statistics, specifically a feminist realism pitted against theory-driven, structural and “patriarchal” domains of inquiry: psychoanalysis and anthropology. The issue furthermore came to metonymise a much broader, late modern concern with the logistics of facts, with transparency, and with a specifically American culture of therapy. From its inception into cultural sensibility, the scandal of abuse relies almost exclusively on the allegation of purposive withholding of “the truth” (*cover-up, conspiracy, secrecy, silencing*); the truth is then triumphantly spilled across the public scene (*trial, naming and shaming, public notification, offender registers*). This hardened plotline assumed a medical formula: secrets are virtually equated with “trauma”, and disclosure - to family, therapists, law enforcers, documentary makers - is virtually equated with reconvalescence.

Measuring distortion.

While a thorough account of all extant research tools related to cognitive distortion lies well beyond the scope and argument of this article, a quick look at the most formalised of measures, namely psychometric scales, may provide an impression of the way in which taboo’s cognitive turn requires offenders to reiterate precisely those pedagogical truisms, conventions and pronouncements the taboo (by way of law, ethics committees, and so on) denies both sexological verification and intellectual controversy. A literature search, conducted to saturation, found no less than sixteen scales purported to pertain to *cognitive distortions (myths, implicit theories, justifications)* related to childhood sexual agency, reported to be in use from 1984 to 2009. They are listed in Table 1; ten scales were available for examination at item level.

Table 1
Cognitive distortions regarding children and sexuality: Sixteen scales

#	Scale	Citation
1	<i>Abel and Becker Cognition Scale (ABCS); modified (M-ABCS)</i>	Abel et al. (1989: 150-152); Kolton (1993: 73-75)
2	<i>Adolescent Cognition Scale (ACS)</i>	Becker & Kaplan, revised and adapted in Flores (2002: 116-117)
3	<i>Attitudes Toward Sex With Children Scale</i>	Cortoni et al. (1991)
4*	<i>Beliefs about Child Sexual Abuse Scale (BACSA)</i>	Jehu, Jehu, Klassen & Gazan (1986) cited in Fischer & Corcoran (1987: 85-87)
5	<i>Child Sexual Abuse Myth Scale (SCAMS)</i>	Collings (2007: 669-670); Cromer & Goldsmith (2010: 629-630)
6	<i>Child Molester Scale</i>	Cann et al. (1995), unpublished, cited in McGrath, Cann & Konopasky (1998: 28)
7	<i>Children and Sex: Cognitive Distortions Scale (CSQ), later incorporated in the Adolescent Sexual Abuser Project (ASAP)</i>	R Beckett ([1987], unpublished)
8	<i>Children and Sexual Activities (C&SA) questionnaire</i>	Sheldon & Howitt (2007: 214-220)
9	<i>Cognitive Distortion/Immaturity (CDI) subscale of the Multiphasic Sex Inventory (MSI)</i>	Nichols & Molinder (1984)
10	<i>Implicit Theory Questionnaire (ITQ)</i>	Ward & Keenan (1999)
11	<i>Justifications for Sex with Children Scale</i>	W L Marshall (unpublished)
12	<i>MOLEST scale</i>	Bumby (1996: 51-52)
13	<i>Pedophile Cognition Scale (PCS)</i>	Neidigh & Krop (1992)
14	<i>QACSO Offenses Against Children subscale</i>	Unpublished, cited in Gannon, Keown & Rose (2009)
15	<i>Sex With Children (SWCH) scale</i>	Mann et al. (2007: 458)
16	<i>Sexy Children and Sexual Harm subscales of the Hanson Sex Attitude Questionnaire (HSAQ)</i>	Hanson, Gizzarelli & Scott (1994: 199-200)

* Victim scale.

As observed by discursive and narrative approaches to CD cited above, CD is defined quite variably in terms of logical inference (*misperceptions, misinterpretations of reality*), value statements, excuses and blame attributions, supposed purposiveness (*self-serving rationalization*), and perceived targetability (*treatment motivation*) in a way suggestive of a profession-wide disinterest in such elementary nuances. Many, including the most popular - ABCS (#1) and MOLEST (#12) - scales present discrete, single-sentence vignettes of which cumulative endorsement level (in a 5- or 4-point Likert design - allowing and eliminating neutrality, respectively) would indicate distortion severity. Others such as the ACS (#2) simply require a yes/no to statements. "Cognition" is not abstracted from sequences of talk, as concluded in interview-, conversation-, and discussion-based studies, but calculated from reactions to context-free phrases, soliciting ratings within a fixed, quantitative format. This denigration of argument is maximised in recent psychometric techniques, including the *Child-Sex Association - Implicit Association Test (CSA-IAT; Gray et al, 2005)* and the *Implicit Relational Assessment Procedure (IRAP; Dawson et al, 2009)*, both of which measure on-or-off associations between word pairs. While presenting interesting cases of *ex post* professionals' brainstorming on deviant ideation, the interest in cognition here

seems to be limited to breaking it down into sentences or word-pairs to be saluted within a fixed response scheme. To suggest such a response regime can account for either a cognitive process or its distortion is an absurdity.

Tests' forensic setting would suggest a focus either on specific legal cases, or on pertinent law and jurisprudence. Yet scales including MOLEST (#12) would measure "distorted beliefs" about widely variable concerns: *offending behaviour, some offenses, offenses in general, "deviance",* and about *children in general, some children, and children under a specified age*. ABSC's "child" age demarcation of 13 years in (only) 4 of 28 items seems idiosyncratic (given modal US age of consent at 16 and legal majority at 18, and highly variable, historically low, and gender-differentiated pubescence age of 9-15). *Distortion* also uncritically spills over to such factors as empathy, paraphilic attraction, *emotional congruence, exaggerated feelings of self-entitlement, and self-absorption* in beliefs, other than belief content per se. Thus, *misconstructions* and *thinking errors* would accompany a host of arguably even more curious notions such as *empathy deficit, intimacy deficit, and heterosexual skills deficiency*.

What these scales do measure is for instance people's siding with isolated statements that could inform a vision on comparative penology ("*I think child molesters often get longer sentences than they really should*"). Some statements require an endorsement of public consensus, others require knowledge and uncritical endorsement of the minimal scientific proceedings that take young children as subjects, and yet others require absurd forms of moral commensuration ("*It is better to have sex with one's child than to cheat on one's wife*"). Some statements require an impossible totalizing of public opinion ("*Society makes a much bigger deal out of sexual activity with children than it really is*"). To "agree" or "strongly agree" with such statements cannot be unambiguously interpreted. Paradoxical or combinatory formulation of items at times makes it impossible to return a meaningful answer ("*There is no real manipulation or threat used in a lot of sexual assaults on children*"; "*Caressing a child's body or genitals usually is not a sexual act*" [emphases added]).

The frequent absence of neutrality of item *formulations (molest, assault, abuse, victim)* leads to problems in interpreting test takers' responses. Do test takers agree/disagree with *formulation*, with vignette *scenarios*, or with the extreme closure these vignettes accomplish at the level of form? Obviously one cannot measure moral evaluations if one introduces these unilaterally - a problem in fact hovering over the entire research vista of "sexual abuse". Many items simply cannot be meaningfully refuted given their indefinite or conditional formulation ("*I believe that sex with children can make the child feel closer to adults*" which is obviously correct however one interprets "felt closeness"). Other statements simply seem to require a moral verdict on paraphilic ideation *per se*, and require tacit compliance to a questionable idea of moral comparability ("*Having sexual thoughts and fantasies about a child isn't all that bad because at least it is not really hurting the child*"). Finally, some items require offenders to endorse theses for which there is sizable evidence in the literature, but of which the *explanation*, rather than the *veracity*, might prove salient ("*Children who have sex with adults will have sexual problems when they grow up*", which is stated to require a reverse scoring, meaning that endorsement means undistorted cognition).

These tools, in sum, seem to document tool-makers' efforts at moral frame-working, not offenders'. Cognition is a process of ideation, of concept formation, of alliance to

historically situated discourses. Most of the reviewed tools' items measure neither psychosocial processes nor the dynamic results of these processes. Conversely, they harvest responsiveness to a set of isolated propositions that, whether in isolation or in sum, have no definite bearing on cognition, moral framework, or interpretative paradigm. The stated claim of their having diagnostically discriminative value regarding child molesting offenders is compromised by the fact that given the usual, forensic context of their application, there is no point in such discrimination other than given concerns of therapeutic compliance. But an excuse-making patient seems prognostically fortunate in itself: the patient locates him- or herself in a situation of moral accountability, and does so in a way straightforwardly recognisable as excuse. Excuse-making is more normal than abnormal (Burn & Brown, 2006; Maruna & Mann, 2006), it compliments an apparatus of normalisation.

Interestingly Bumby (1996) and others seek to discriminate between distortions of cognition, and *socially desirable response bias*. That is to say: a conceptual distinction is made between a prognostic, dysfunctional operation of the correctable mind on the one hand, and an avoidable methodological problem compromising the validity of the research design on the other. The impossibly convoluted claim is that CD scales differentiate CDs - read: articulations of denial and minimisation - from offenders' tendencies to "deny or minimise their beliefs in cognitive distortions [*sic*]" (Mcgrath et al, 1998: 28). Does *carceral society* or the situation of incarceration solicit offender mentality (eg, Brown, 2002)? In any case, the assumption seems to be that Bumby's tool, in fact most tools, can actually tell apart *cognitions* from *test responses*. This seems to me excessively optimistic irrespective of whether a further claim can be made that without intervention offense-relevant cognitions have a predictable post-offense continuity.

Lastly, consider ABCS's final item: "If a person is attracted to sex [*sic*] with children, he (she) should solve that problem themselves [*sic*] and not talk to professionals". Apparently the idea is that age-disparate sexual attraction *per se* constitutes a sufficient cause for help-seeking behaviour of a conversational kind. Even if we agree to this, what kind of "distortion" is being registered? Either agreement or disagreement could mean a number of things: (1) dissent from the leading term "*problem*" (which remains ultimately unspecified); (2) dissent from medicalising sexual attraction *per se* (which is far removed from the DSM-IV-TR requirements for Paedophilia, or, for that matter, the proposed requirements for Hebephilia); and (3) dissent from the necessity of the proposed solution's modality or (hardly identified) authority structure. None of these considerations can be productively designated as indicative of "distorted" thought patterns.

DISCUSSION AND INTERPRETATION.

That even deeply stigmatised areas of the human experience become and remain heavily debated on fundamental issues is perhaps inevitable in a world where evidence-based medicine sets high and transparent standards for the legitimisation of intervention, but where any such standardisation is sure to be endlessly deconstructed by stakeholders united by ever higher level of scientific literacy and a typically ego-syntonic relation to what they campaign to be their "sexuality". Still, why does the topic of young sexualities assume such sustained forms of medicalisation and legal retaliation, bafflingly down to the level of pure argument?

Critical reflection on CDs sees them as utilisations of “a particular narrative organization” productive of “a version of events”, “designed to construct a moral position for the speaker” (Auburn & Lea, 2003: 281, 286, 294). Critics conclude that what are meant by CDs lack a status as cognitive accomplishments, being “analysts’ categories abstracted from sequences of talk in which culturally available narrative forms and rhetorical devices are deployed to manage responsibility and blame for the occasion at hand” (ibid: 295).

What, then, makes and marks the occasion? CD scales latch onto *paedophilia* or *child molestation*, not *incest*. The nosological entity of paedophilia seems an historicisable occasion for taboo to rearticulate itself for a neoliberal age (Harkins, 2009). Some people have come to cling to this function as to an identity; this follows the same trajectory as homosexuality, and it is well recognised that as an emancipatory stake and popular scapegoat the paedophile hardly emerged until after the historical moment of the homosexual’s demedicalisation (in 1973, by the APA). The arguability of the paedophile’s case immediately had a strong claim to the wider sexological consensus, given that during the 1970s, such notions as “childhood sexuality” had never been more widely scrutinised, pondered, and campaigned. The unique offensiveness of paedophilia is perhaps that, as a panicked, scientific reinstatement of an expired taboo, it had become too plausible, too burdened with an aura of thinkability and falsifiability. Paedophilia today is largely understood as that niche of bad thoughts society likes to call a bad niche. But this has ever more paradoxical and perhaps unsustainable elements: how many times can one maintain a desire is imponderable before it will have become widely pondered? Similarly perverse effects have been attributed to the ubiquity of discussions on child porn - which, incidentally but interestingly, is criminalised in part because it would *lead to, or sustain*, CDs.

The notion of CD latches onto a range of psychological interest fields (violent dating relationships, rape, anger, suicide), but not without showing substantial variations in how to appreciate the notion of distortion. In the area of “pathological gambling” it covers more or less straightforwardly counter-logical thought patterns, such as the “illusion of control, gambler’s fallacy, illusory correlations, and the availability heuristic” studied in video lottery terminal players (Jefferson & Nicki, 2003: 388). Its appeal to the field of sex offending is staked on the re-engineering of moral conformity, and here *distortedness* opens out onto a rather more attitudinal, contextual, conditional, and consensus-driven understanding of what makes sense. The banality of social order in its barest form: people must reiterate the codes, slogans, fixtures, and maxims that be, or risk having their arguments disqualified and quarantined as discrete insubordinations. This obtains acquiescence to the vignettes of moral and psychological order, genuflection to decency (itemised for the occasion) and law. Accordingly, what makes ideas distorted is what makes them “maladaptive” and offense-supportive.

This reading may seem trite at this point but assumes the shape of an elaborate intrigue where one understands the paradigm of sexual abuse to be historically, procedurally, and institutionally driven by a moral appeal to facts previously “underestimated” or “covered up” - precisely as *distorted*. This is not to say that *pathological gambling* is not equally delivered to a *chicken-egg* conundrum; both *sexual abuse* and *pathological gambling* seem driven by interpretative shifts that are there to *figure forth* a new vista of validity, a new tribunal of concern.

What critics (Brown, Auburn, Waldram) do not consider is a broader historical-social explanation for the seemingly panicked contraction of sentiments around the household proximity of child and sex. As argued, it may mark the spurious replacement of incest taboos (an arcane complex of interdictions at the site of the genealogical child) by that of evidence-based medicine (an epochal positing, hardening, soliciting, and monitoring of common sense about “minors” and developmental psychology).

Foucault (1978) provided the idea that today one sees the transcription of social *regulations* into psychological *regularities*, and the excuse-making pervert in late modernity has overwhelmingly expressed himself (I am using gender advisedly here) through the conventions of this transcription. Literature overwhelmingly suggests paedophiles construe their interest as an emancipatory objective, not a reification, projection, and arguable hyperextension of the spectre of incest; secondly, most of the academic counterarguments agree on the regulatory terms of the debate—they give contrary responses to the same questions as their Society-protecting and Child-saving opponents.

Foucault is relevant here, beyond the fact that he and contemporaries such as Guy Hocquenghem explicitly challenged what they observed first hand as a “combative displacement” (Hocquenghem, 1978: 14) of sexual politics from gender and kinship to age. The result has not been more rationality. Incest taboos burdened culprits with the shame of brutalizing a kinship system, and they burdened incestuous offspring with an illegible, because “impossible”, positionality vis-à-vis this system. The stipulated punishment is typically rigorous and formulaic: execution, excommunication, or the expectation of suicide. Today, “child sexual abuse” burdens culprits as well as victims with an equally stipulated and equally formulaic predicament of incurable mental disorder and life-long trauma. In both cases, people become evidentiary, symptomatic screens for “proper” and “healthy” socialities, especially the prosaic Family, Community, and Nation. Such emblematic and metonymic functions are well recognised in the humanities but will always remain completely ignored in the clinic, which insists on a dichotomy of evidentiary and distorted truth. All the while, the new psychiatry of sexual abuse seem to *define, assume, and then pronounce* its new laws on behalf of “the” child and in terms of its social embedding - with increasingly little respect for the casuistic eventuality of such an embedding, especially if and where outcome might fail to congratulate the stipulated traumatological verdict.

In CD scales, such a disrespect assumes an algorithmic efficacy: moral calculus, medicalisation of opinion, reification of disloyal mentality. The cultural discourse of sexual offending against children increasingly rendered impossible a conception of it as being plotted by rational personhood. But taboo did not need modern psychiatry to pronounce violations as *sick, sickening, unthinkable, unpardonable, and ineffable*: across cultural and historical settings, violations are almost always thus qualified. Since legal containment of transgressions prefers and requires a culpable and accountable subject, notions such as *paraphilia* and *distorted cognition* proved not only tactically satisfying but historically necessary. They follow a cross-culturally seen tendency to medicalise the entire environs of taboo violations: a *normal* person would *sanely* interpret transgressive intent as occasioned by and in turn occasioning *disorder*: a natural, if not supernatural, calamity. This informs a medical sociological appraisal of the concept as it gained momentum in mid-1980s America, as follows: it catered to a public’s adherence to a rhetorical position of basic inconceivability of certain sexual liaisons (the scenario is unimaginable, the image unsightly), while it secured the legal

necessity of a punishable and correctable actor, providing therapeutic anchorage where during the 1970s more straightforward and obvious causes for offending (erotic interest) had proved practically unalterable. Henceforward, the criminal-out-of-passion would, and would *want to*, see *the truth*, the *true proportions*, of his or her crime, and to such end s/he needed to be *enlightened* about his/her *erratic* (rather than *unshared* or *unmet*) world view.

CONCLUSION.

The foregoing is meant to provide an anthropological footnote to critical recommendations that a sensible praxis could begin to “help offenders develop new narratives which would form part of a recursive and reflexive cycle of repositioning [...] understood, not as a cognitive restructuring, but as one of authenticating and legitimating a ‘new’ moral identity” (Auburn, 2005: 297). *Narrative, positionality, authenticity, identity*, and endless cycles of *self-reflection*, precepts meant to evade today’s regulatory focus on cognition, may result in the same closure and quarantining of discussions as does the CBT orthodoxy. Unless discursive psychologists are prepared to speculate about the socio-historical conditions that urge onward the circumscription of offenders and of offences, they may be shedding remarkably little light on the taboo they would help clarify. Likewise, what is long known and lamented as the paedophile’s propaganda—argumentative recitation of all the entrenched coordinates of the discussion - *Mental illness or not? Traumatic or not? Consent or not? Guilty or not?* - often already and simply congratulates the terms of the debate preferred by his judge and his doctor. One could argue that all is well if it prevents re-offense. But this plane of concern has nothing to do with cognition or with distortion, and convicted to endlessly ponder their predicament, most potential offenders will find this out sooner rather than later. Meanwhile, the orthodoxy of CD straightforwardly distracts from this pondering.

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