in this chapter...

- Normal versus Deviant Sexual Behavior
- The Paraphilias
  - Fetishism
  - Transvestism
  - Exhibitionism
  - A CLOSER LOOK: Archie: A Case of Transvestism
  - A CLOSER LOOK: Michael: A Case of Exhibitionism
  - A CLOSER LOOK: How to Respond to an Exhibitionist
  - Obscene Telephone Calling and Chat-Scatophilia
  - Voyeurism
  - Sexual Masochism
  - Sexual Sadism
  - A CLOSER LOOK: Ron: A Case of Sexual Masochism
  - Frotteurism
  - Other Paraphilias
- Theoretical Perspectives
  - Biological Perspectives
  - Psychoanalytic Perspectives
  - Cognitive-Behavioral Perspectives
  - Sociological Perspectives
  - An Integrated Perspective: The “Lovemap”
- Treatment of Paraphilias
  - Psychoanalytic Psychotherapy
  - Cognitive-Behavioral Therapy
  - Medical Approaches
- Atypical Sexual Variations—The 3 R’s: Reflect, Recite, and Review
  - Reflect
  - Recite
  - Review
Which of the following statements are the truth, and which are fiction? Look for the Truth-or-Fiction icons on the pages that follow to find the answers.

1. King Henry III of France insisted on being considered a woman and addressed as “Her Majesty.”  
   - T  F

2. Female strippers are exhibitionists.  
   - T  F

3. People who enjoy watching their mates undress are voyeurs.  
   - T  F

4. Exhibitionists and voyeurs are never violent.  
   - T  F

5. It is considered normal to enjoy some mild forms of pain during sexual activity.  
   - T  F

6. Some people cannot become sexually aroused unless they are bound, flogged, or humiliated by their sex partners.  
   - T  F

7. There is a subculture in the United States in which sexual sadists and sexual masochists form liaisons to inflict and receive pain and humiliation during sexual activity.  
   - T  F
Jenna Caccaro, 22, a fashion student who lives in Brooklyn, said she was first flashed on the subway when she was 15. She thought it might have been because she was wearing her Catholic school uniform. “I thought that maybe I’d done something to attract him,” she said, “but my family reassured me he was just a sleaze.”

Sara Payne, 25, of Manhattan, who takes the No. 1 train to work for a jewelry company in the Bronx, said she has been flashed about six times on the subway in the eight years she has lived in New York. She said it happened more when she was a freshman in college than it does now.

“Maybe I’m a little more confident now,” she said, “so people are less prone to try [to] intimidate me.”

Vivian Lynch, 68, used to take the F train home to Queens. She shivered at the memory. “It happened to me in the 70’s,” she said. “Men used to touch women on the train and stand close to them and ruin their clothes.”

In some ways, groping seems almost an accepted part of subway culture. Stephanie Vullo, 43, said she had dealt many times with men rubbing up against her or trying to touch her on crowded No. 4 or 5 trains in the morning when she takes her daughter to school. “It’s worse in the summer months when everyone is wearing less clothing,” she said. “The first time I turned around and yelled at the guy, but with my daughter, I don’t want to get her upset.” (Hartocollis, 2006)

The trials of these women on the New York subway system—and on subway systems around the world—raise a number of questions. For example, why is it that almost all perpetrators of crimes such as exhibitionism and mashing are male? Are the causes of such behavior psychological? Sociological? Could there be biological differences between people who engage in such deviant behavior and those who do not? What sort of satisfaction does a male obtain from exposing his genitals to a female stranger? How should a female victim respond? Why? If a perpetrator is apprehended by the law, how should he be treated?

Males who expose themselves to females usually seek sexual release by masturbating afterward, or, in the subways, by rubbing against females. Obtaining sexual satisfaction through exposing oneself or rubbing against a female stranger is considered abnormal. Just what is “normal” in sexual behavior and what is abnormal or deviant? In this chapter we explore a number of sexual and sexually related behaviors that deviate from the norm in one sense or another. Let us begin by exploring the question of normal versus deviant sexual behavior more deeply.

Normal versus Deviant Sexual Behavior

ONE COMMON APPROACH to defining normality is based on a statistical norm (Laws & O’Donohue, 2008). From this perspective, rare or unusual sexual behaviors are
considered abnormal or deviant. The statistical approach may seem value-free, since the yardstick of normality is based on the frequency of behavior, not on judgment of its social acceptability. But having sex while standing, or more than seven times a week, might be considered deviant by this yardstick.

Moreover, the choice of behaviors we subject to statistical comparison is not divorced from our underlying values. We tend to consider sexual behaviors abnormal or deviant, for example, when they run counter to our religious values, when they make most of us wince (as in sadism or masochism), or when they seem inexplicable (as in being turned on more by a woman’s shoe than the woman herself) (Darcangelo, 2008; Laws & O’Donohue, 2008). Behaviors that run against someone’s religious values may be common enough, but that individual might label them deviant because they deviate from what the person has been led to believe is normal (or “proper”).

What is considered normal in one culture or at a particular time may be considered abnormal in other cultures and at other times. What is “normal” behavior for the female adolescent Trobriand Islander (see Chapter 1) might be considered deviant—even nymphomaniacal—by Western cultural standards.

In our own culture, sexual practices such as oral sex and masturbation were once considered to be deviant or abnormal. Today, however, they are practiced so widely that few people would label them as deviant. Concepts of “normalcy” and “deviance,” then, reflect the mores and customs of a particular culture at a given time.

Another basis for determining sexual deviance is to classify sexual practices as deviant when they involve the persistent preference for nongenital sexual outlets (Laws & O’Donohue, 2008). If a man prefers fondling a woman’s panties to engaging in sexual relations with her, or prefers to masturbate against her foot rather than engage in coitus, his behavior is likely to be labeled deviant. Such behaviors have a bizarre or “kinky” quality (Lehne, 2009).

Because of the confusing array of meanings of the terms deviant and abnormal, some professionals speak about unusual patterns of sexual arousal or behavior as “atypical variations” in sexual behavior rather than as “sexual deviations.” Atypical patterns of sexual arousal or behavior that become problematic in the eyes of the individual or society are labeled paraphilias by the DSM (American Psychiatric Association [APA], 2000). Clinicians consider paraphilias to be mental disorders. But milder forms of these behaviors may be practiced by many people and fall within the normal spectrum of human sexuality.

---

**Real Students, Real Questions**

**Q** Is having sex underwater considered atypical? Can it cause infection?

**A** It’s not a paraphilia, and we hate to burst your bubble (pardon the pun), but it’s not really all that unusual. You’re unlikely to get anyone infected with salt water, although there can be some irritation. The same goes for the chlorine in a pool, but irritation is no fun, and the water is no lubricant. Remember to hold your breath or get scuba gear.
The Paraphilias

Paraphilias involve sexual arousal in response to unusual stimuli such as children or other nonconsenting persons (such as unsuspecting people whom one watches or to whom one exposes one’s genitals), nonhuman objects (such as shoes, leather, rubber, or undergarments), or pain or humiliation (Barbaree & Blanchard, 2008; Laws & O’Donohue, 2008). The psychiatric diagnosis of paraphilia requires that the person has acted on the urges or is distinctly distressed by them.

People with paraphilias usually feel that their urges are obsessional—insistent, demanding, or compulsory (Lehne, 2009). They may describe themselves as overcome by them. People with paraphilias tend to experience their urges as beyond their control, as drug addicts or compulsive gamblers see themselves as helpless to avert irresistible urges. For these reasons theorists have speculated that paraphilias may represent a type of sexual compulsion or an addiction.

Paraphilias vary in severity. In some cases the person can function sexually in the absence of the unusual stimuli and seldom if ever acts on his or her deviant urges. In other cases the person resorts to paraphilic behavior only in times of stress. In more extreme forms the person repeatedly engages in paraphilic behavior and may become preoccupied with thoughts and fantasies about these experiences. In such cases the person may not be able to become sexually aroused without either fantasizing about the paraphilic stimulus or having it present. For some people paraphilic behavior is the only means of attaining sexual gratification (Lehne, 2009).

The person with a paraphilia typically replays the paraphilic act in sexual fantasies to stimulate arousal during masturbation or sexual relations. It is as if he or she is mentally replaying a videotape of the paraphilic scene. But the scene grows stale after a while, and the individual feels the urge to perform another paraphilic act to make a new “video.”

Some paraphilias are mostly harmless and victimless, such as fetishism and cross-dressing to achieve sexual arousal (transvestic fetishism). Even being humiliated by one’s partner may be relatively harmless if the partner consents. Other paraphilic behaviors, such as exposing oneself in public or enticing children into sexual relations, do have victims and may cause harm, sometimes severe physical or psychological harm. They are also against the law (Hart & Kropp, 2008). Sexual sadism, in which sexual arousal is connected to hurting or humiliating another person, can be a most harmful paraphilia when it is forced on a nonconsenting person. Some brutal rapes involve sexual sadism.

Except in the case of sexual masochism, paraphilias are believed to occur almost exclusively among men (Hucker, 2008; Logan, 2008). The prevalence of paraphilias in the general population remains unknown, because people are generally unwilling to talk about them. Much of what we have learned about paraphilias derives from the reported experiences of people who have been apprehended for performing illegal acts (such as exposing themselves in public) and the few who have voluntarily sought help. The characteristics of people who have not been identified or studied remain virtually unknown.

We discuss the major types of paraphilia in this chapter, beginning with fetishism. The one exception is pedophilia. In pedophilia, children become the objects of sexual arousal. Pedophilia often takes the form of sexual coercion of children, as in incest or sexual molestation (Lalumière, et al., 2005a; Seto, 2008). It is discussed in Chapter 18 as a form of sexual coercion.
Fetishism

The roots of the word *fetish* come from the French *fétiche*, which is thought to derive from the Portuguese *feitico*, meaning “magic charm.” The “magic” in this case lies in an object’s ability to arouse a person sexually. In **fetishism**, an inanimate object elicits sexual arousal. Articles of clothing (for example, women’s panties, bras, lingerie, stockings, gloves, shoes, or boots) and materials made of rubber, leather, silk, or fur are among the more common fetishistic objects. Leather boots and high-heeled shoes are popular. There is a reported case of a diaper fetishist (Oguz & Uygur, 2005).

The fetishist may act on the urges to engage in fetishistic behavior, such as by masturbating by stroking an object or while fantasizing about it, or he may be distressed about such urges or fantasies and not act on them (Darcangelo, 2008). In a related paraphilia, **partialism**, people are excessively aroused by a particular body part, such as the feet, breasts, or buttocks.

Most fetishes and partialisms are harmless. Fetishistic practices are almost always private and involve masturbation or are incorporated into sex with a willing partner (Darcangelo, 2008). Only rarely have fetishists coerced others into paraphilic activities. However, some partialists have touched parts of women’s bodies in public. And some fetishists commit burglaries to acquire the fetishistic objects. Now and then we hear of someone who has stolen hundreds of pairs of women’s shoes, for example.

Transvestism

Fetishism appears to include **transvestism**. Whereas other fetishists become sexually aroused by handling the fetishistic object while they masturbate, transvestites become excited by wearing articles of clothing—the fetishistic objects—of the other gender. A fetishist may find the object or sex involving the object to be erotically stimulating. For the transvestite, the object is sexually alluring only when it is worn. Transvestites are mostly males (Långström & Zucker, 2005). Transvestism has been described among both heterosexual and gay males (Taylor & Rupp, 2004; Wheeler et al., 2008). Many are in committed male–female relationships and otherwise stereotypically masculine in behavior.

**Truth or Fiction Revisited:** It is true that sixteenth-century King Henry III of France insisted on being considered a woman and addressed as “Her Majesty.” But
cross-dressing may occur in other cultures for reasons other than sexual arousal. In the case of Henry III, it appears that transsexualism, and not transvestism, was involved.

Transvestism differs markedly from transsexualism. It is true that some transvestites and some transsexuals appear to be motivated by autogynephilia—a condition in which the individual is sexually stimulated by fantasies that his own body is female (Bailey, 2003b; Lawrence, 2004). However, transvestites are usually sexually gratified by cross-dressing and masturbating or having sex with others while cross-dressing. They may also find it gratifying to masturbate while fantasizing about cross-dressing. But many transvestites have masculine gender identities and do not seek to change their anatomic sex. Transsexuals usually cross-dress because they are uncomfortable with the attire associated with their anatomic sex and truly wish to be members of the other sex. It is for this reason that many transsexuals seek sex reassignment.

Like fetishism in general, the origins of transvestism remain obscure. Evidence of biological hormonal and neurological abnormalities in transvestism is mixed (Bailey, 2003b). Långström and Zucker (2005) surveyed 2,450 Swedes and found transvestism in about 2.8% of men and 0.4% of women. A history of transvestism was associated with separation from parents, same-sex sexual experiences, use of pornography, high rates of masturbation, and other paraphilias—namely, sexual masochism, exhibitionism, and voyeurism.

Some men cross-dress for reasons other than sexual arousal and so are not “true transvestites.” Some men make a living by impersonating women like Marilyn Monroe and Madonna on stage and are not motivated by sexual arousal. Among some segments of the gay male community, it is fashionable to masquerade as women. Gay men do not usually cross-dress to become sexually stimulated, however.

Transvestic behaviors may range from wearing a single female garment when alone to sporting dresses, wigs, makeup, and feminine mannerisms at a transvestite club. Some transvestites become sexually aroused by masquerading as women and attracting the interest of unsuspecting males. They sometimes entice these men or string them along until they find some excuse to back out before their anatomic sex is revealed. The great majority of transvestites do not engage in anti-social or illegal behavior. Most practice their sexual predilection in private and would be horrified or embarrassed to be discovered by associates while dressed in female attire.

A study of male heterosexual cross-dressers in New England found that most of their wives were tolerant, but many who found out about their husbands’ cross-dressing years into the marriage felt betrayed and angry (Reynolds & Caron, 2000). A common worry of the wives was that outsiders would learn about their husbands’ behavior.

Exhibitionism

Exhibitionism is a paraphilia characterized by persistent, powerful urges and sexual fantasies involving exposing one’s genitals to unsuspecting strangers for the purpose of achieving sexual arousal or gratification.
The Paraphilias

545

ing sexual arousal or gratification (Murphy & Page, 2008). The urges are either acted upon or are disturbing to the individual. Exhibitionists are almost always males, but there are some cases of female exhibitionists (Hugh-Jones et al., 2005).

What we know of exhibitionists, as with most other people with paraphilias, is almost entirely derived from studies of men who have been apprehended or treated by mental-health professionals (Langevin et al., 2004). Such knowledge may yield a biased picture because relatively few incidents result in apprehension and conviction. The characteristics of most perpetrators may thus differ from those of people who have been made available for study.

Any transvestites are in long-term, committed, male–female relationships and engage in sexual activity with their regular partners. Yet they seek additional sexual gratification through dressing as women, as in the case of Archie.

Archie, a 55-year-old plumber, had been cross-dressing for many years. There was a time when he would go out in public as a woman, but as his prominence in the community grew, he became more afraid of being discovered in public. His wife Myrna knew of his “pecadillo,” especially since he borrowed many of her clothes. She urged him to stay at home, offering to help him with his “weirdness.” For many years his paraphilia had been restricted to the home.

The couple came to the clinic at the urging of the wife. Myrna described how Archie had imposed his will on her for 20 years. Archie would wear her undergarments and masturbate while she told him how disgusting he was. (The couple also regularly engaged in “normal” sexual intercourse, which Myrna enjoyed.) The cross-dressing had come to a head because a teenage daughter had almost walked into the couple’s bedroom while they were acting out Archie’s fantasies.

With Myrna out of the consulting room, Archie explained how he grew up in a family with several older sisters. He described how underwear had been perpetually hanging to dry in the one bathroom. As an adolescent, Archie experimented with rubbing against articles of underwear, then with trying them on. On one occasion a sister walked in while he was modeling panties before the mirror. She told him he was a “dredge to society,” and he straightaway experienced unparalleled sexual excitement. He masturbated when she left the room, and his orgasm was the strongest of his young life.

Archie did not think that there was anything wrong with wearing women’s undergarments and masturbating. He was not about to give it up, regardless of whether it destroyed his marriage. Myrna’s main concern was finally separating herself from Archie’s “sickness.” She didn’t care what he did any more, so long as he did it by himself. “Enough is enough,” she said.

That was the compromise the couple worked out. Archie would engage in his fantasies by himself. He would do so when Myrna was not at home, and she would not be told of his activities. He would also be very, very careful to choose times when the children would not be around.

Six months later the couple were together and content. Archie had replaced Myrna’s input into his fantasies with transvestic-sadomasochistic magazines. Myrna said, “I see no evil, hear no evil, smell no evil.” They continued to have sexual intercourse. After a while, Myrna forgot to check to see which underwear had been used.
About 4% of the males in a national probability sample reported exposing their genitals to obtain sexual pleasure; the prevalence dropped to about 2% for women (Murphy & Page, 2008). A survey of college women at U.S. universities found exposure to exhibitionism to be widespread. About 32 to 39% report running into a “flasher” (Murphy & Page, 2008). A majority of the women had been approached for the first time (some had been approached more than once) by 16 years of age. Only 15 of the women had reported these incidents to the police. The clinical definition of exhibitionism involves exposure to a stranger, but about one-third (36%) of the incidents among the college women were committed by acquaintances, relatives, or “good friends.”

The typical exhibitionist is young, either lonely or in an unhappy male–female relationship, and sexually repressed. An exhibitionist may claim that sex with his regular partner is reasonably satisfactory, but that he also experiences the compulsion to expose himself to strangers. Many exhibitionists are single, however. They typically have difficulties relating to women and have been unable to establish meaningful heterosexual relationships (Leue et al., 2004; Murphy & Page, 2008).

Exhibitionism usually begins before age 18 (APA, 2000). The urge to exhibit oneself, if not the actual act, usually begins in early adolescence, generally between the ages of 13 and 16. The frequency of exhibitionism declines markedly after the age of 40 (APA, 2000). The typical exhibitionist does not attempt further sexual contact with the victim. Thus, he does not usually pose a physical threat (APA, 2000).

The police sometimes trivialize exhibitionism as a “nuisance crime,” but the psychological consequences among victims, especially young children, indicate that exhibitionism is not victimless. For example, victims may feel violated and be bothered by recurrent images or nightmares; harbor misplaced guilt that they had unwittingly enticed the exhibitionist; blame themselves for reacting excessively or for failing to apprehend the perpetrator; and develop fears of venturing out on their own. Moreover, exhibitionists are highly likely to repeat their crimes, even if they spend time in prison for them (Langevin et al., 2004).

Some theorists see exhibitionism as a means of expressing hostility toward women (Murphy & Page, 2008). Exposure may be an attempt to strike back at women because of a belief that women have wronged him or damaged his self-esteem by failing to notice him or take him seriously. The direct expression of anger may be perceived as too risky, so the exhibitionist vents his rage by humiliating a defenseless stranger. The urge to expose oneself often occurs when the exhibitionist feels that his masculinity has been insulted. Are exhibitionists attempting to assert their masculinity by evoking a response from victims?

Other studies show exhibitionists to be shy, dependent, passive, lacking in sexual and social skills, even inhibited (Leue et al., 2004). They tend to have doubts about their masculinity, and to suffer from feelings of inadequacy and inferiority. Exhibitionists who are socially shy or inadequate may be using exhibitionism as a substitute for intimate relationships.

The preferred victims are typically girls or young women. The typical exhibitionist drives up to, or walks in front of, a stranger and exposes his penis. After his victim has registered fear, disgust, confusion, or surprise, an exhibitionist will typically cover himself and flee. He usually masturbates, either while exposing himself or shortly afterward while thinking about the act and the victim’s response (APA, 2000). Some exhibitionists ejaculate during the act.

Exhibitionists and some other people with paraphilias may find the risk of being caught to heighten their erotic response because it causes a rush of stress hormones.
Michael: A Case of Exhibitionism

Michael was a 26-year-old, handsome, boyish-looking married male with a 3-year-old daughter. He had spent about one-quarter of his life in reform schools and in prison. As an adolescent he had been a fire-setter. As a young adult, he had begun to expose himself. He came to the clinic without his wife’s knowledge because he was exposing himself more and more often—up to three times a day—and he was afraid that he would eventually be arrested and thrown into prison again.

Michael said he liked sex with his wife, but it wasn’t as exciting as exposing himself. He couldn’t prevent his exhibitionism, especially now, when he was between jobs and worried about where the family’s next month’s rent was coming from. He loved his daughter more than anything and couldn’t stand the thought of being separated from her.

Michael’s method of operation was as follows: He would look for slender adolescent females, usually near the junior high school and the senior high school. He would take his penis out of his pants and play with it while he drove up to a girl or a small group of girls. He would lower the car window, continuing to play with himself, and ask them for directions. Sometimes the girls didn’t see his penis. That was okay. Sometimes they saw it and didn’t react. That was okay, too. When they saw it and became flustered and afraid, that was best of all. He would start to masturbate harder, and now and then he managed to ejaculate before the girls had departed.

Michael’s history was unsettled. His father had left home before he was born, and his mother had drunk heavily. He was in and out of foster homes throughout his childhood—“all over” the capital district area of New York State. Before he was 10 years old he was involved in sexual activities with neighborhood boys. Now and then the boys also forced neighborhood girls into petting, and Michael had mixed feelings when the girls got upset. He felt bad for them, but he also enjoyed it. A couple of times girls seemed horrified at the sight of his penis, and it made him “really feel like a man. To see that look, you know, with a girl, not a woman, but a girl—a slender girl, that’s what I’m after.”

Definitions of exhibitionism also bring into focus the boundaries between normal and abnormal behavior (Hugh-Jones et al., 2005; Laws & O’Donohue, 2008). For example, people in intimate relationships may enjoy showing their bodies to their partners to sexually arouse them. That is normal. And we might ask, are exotic dancers (stripteasers) exhibitionists? After all, aren’t they exposing themselves to strangers? Truth or Fiction Revisited: Yes they are, but it is not true that strippers are exhibitionists. They are more successful at their work if they sexually excite their audiences, but their audiences are not unsuspecting victims. They pay for the privilege of watching them. Their main motive is (usually) to earn a living (Philaretou, 2006).

that are chemically similar to testosterone (Haake et al., 2003). The exhibitionist may even purposefully increase the risk, as by exposing himself in the same location in his own easily identifiable car.

Courts tend to be hard on exhibitionists, partly because of evidence that shows that some exhibitionists progress to more serious crimes of sexual aggression (Price et al., 2002). Still, most exhibitionists do not appear to become rapists or child molesters.
How to Respond to an Exhibitionist

It is understandable that an unsuspecting woman who is exposed to an exhibitionist may react with shock, surprise, or fear. Unfortunately, her display of shock or fear may reinforce the flasher’s tendencies to expose himself. She may fear that the flasher, who has already broken at least one social code, is likely to assault her physically as well. Fortunately, most exhibitionists do not seek actual sexual contact with their victims; generally they run away before they can be apprehended by the police or passers-by.

Some women respond with anger, insults, even arguments that the offender should feel ashamed. A display of anger may reinforce exhibitionism. We do not recommend that the victim insult the flasher, lest it provoke a violent response. Although most exhibitionists are not violent, some have considered or attempted rape (Langevin, 2003; Price et al., 2002).

When possible, showing no reaction or simply continuing on one’s way may be the best response. If women do desire to respond to the flasher, they might calmly say something like “You really need professional help” or “You should see a professional to help you with this problem.” They should promptly report the incident to police, so that authorities can apprehend the offender.

It is also normal to become sexually excited while stripping before one’s sex partner. Such stripping is done to sexually excite a willing partner, not to surprise or shock a stranger.

Obscene Telephone Calling and Chat-Scatophilia

Like exhibitionists, obscene phone callers (almost all of whom are male) seek to become sexually aroused by shocking their victims (Briken et al., 2005; Pakhomou,
Whereas an exhibitionist exposes his genitals to produce the desired response, the obscene phone caller “exposes” himself verbally by uttering obscenities and sexual provocations to a nonconsenting person. The DSM (APA, 2000) labels this type of paraphilia telephone scatologia. People practicing “chat-scatophilia” are sexually aroused by sending obscene e-mails, instant messages, and chat-room messages (Abal et al., 2003; Quayle, 2008). These behaviors are sometimes considered a form of exhibitionism.

Relatively few obscene callers are women (Quayle, 2008). Women who are charged with such offenses are generally motivated by rage for some actual or fantasized rejection rather than the desire for sexual arousal. They use the phone to hurl sexual invectives against men whom they feel have wronged them. By contrast, male obscene phone callers are generally motivated by a desire for sexual excitement and usually choose their victims randomly from the phone book or by chance dialing. They typically masturbate during the phone call or shortly afterward. Most obscene telephone callers also engage in other paraphilic acts, especially voyeurism and exhibitionism (Heil & Simons, 2008).

There are many patterns of obscene phone calling. Some callers limit themselves to obscenities. Others make sexual overtures. Some just breathe heavily into the receiver. Others describe their masturbatory activity to their victims. Some profess to have previously met the victim at a social gathering or through a mutual acquaintance. Some even present themselves as “taking a sex survey” and ask a series of personally revealing questions.

The typical obscene phone caller is a socially inadequate heterosexual male who has had difficulty forming intimate relationships with women (Leue et al., 2004). The relative safety and anonymity of the telephone may shield him from the risk of rejection (Leue et al., 2004). A reaction of shock or fright from his victims may fill him with feelings of power and control that are lacking in his life, especially in his relationships with women. The obscenities may vent rage that he holds against women who have rejected him.

Obscene phone calls are illegal, but it has been difficult for authorities to track down perpetrators. Call tracing can help police track obscene or offending phone callers. Call tracing works in different ways in different locales. Caller ID shows the caller’s telephone number on a display panel on the receiving party’s telephone. In some locales, people can program their telephone service so that a caller who calls from a private number or one without caller ID received a message stating that the recipient accepts only calls from people who identify their phone numbers or names. These services may deter some obscene callers, but others may use public phones instead of their home phones. Check with your local telephone company if you are interested in these services.

What should a woman do if she receives an obscene phone call? Advice generally parallels that given to women who are victimized by exhibitionists. Above all, women are advised to remain calm and not reveal shock or fright, since such reactions tend to reinforce the caller and increase the probability of repeat calls. Women may be best advised to say nothing at all and gently hang up the receiver. A woman might alternatively offer a brief response that alludes to the caller’s problems before hanging up. She might say in a calm but strong voice, “It’s unfortunate you have this problem. I think you should seek professional help.” If she should receive repeated calls, the woman might request an unlisted number or contact the police. Many women list themselves only by their initials in the phone directory so as to disguise their sex. But since this practice is so
Shooting Private Parts in Public Places.

In places like suburban malls, police are beginning to catch people who are trying to shoot private parts in public places. They aim compact camcorders up women's skirts in crowded stores and shopping malls, parks, and fairs. Sometimes they post the pictures on the Internet. Often the pictures or videos wind up for sale on sex sites.

widespread, obscene callers may surmise that people listed by initials are women living alone.

Voyeurism

Voyeurism could be considered the flip side of the coin of exhibitionism. It involves strong, repetitive urges to observe unsuspecting strangers who are nude, undressing, or involved in sexual relations (Lavin, 2008). The voyeur becomes sexually aroused by watching and typically does not seek sexual relations with the “victim.” Like fetishism and exhibitionism, voyeurism is found almost exclusively among males. It usually begins before age 15 (APA, 2000).

The voyeur may masturbate while peeping or afterward while replaying the incident in his mind. He may fantasize about sex with the observed person but have no intention of actually seeking sexual relations with her (Lavin, 2008).

Are people voyeurs who become sexually aroused by the sight of their lovers undressing? What about people who enjoy watching pornographic films or stripteasers? No, no, and no. The people being observed are not unsuspecting strangers. The lover knows that his or her partner is watching. Porn actors and strippers know that others will be viewing them. They would not be performing if they did not expect or have an audience.

Truth or Fiction Revisited: It is not true that people who enjoy watching their mates undress are voyeurs. In such cases the person who is disrobing is knowingly and willingly observed, and the observer’s enjoyment is normal (Montemurro et al., 2003). True voyeurs want to peep on unsuspecting strangers. Women who attend male strip clubs also enjoy “bonding” with their friends and other women at the clubs (Montemurro et al., 2003).

Voyeurs are also known as peepers and peeping Toms. Why “peeping Toms”?

According to an old English legend, Lady Godiva asked the townspeople not to look at her while she rode horseback in the nude to protest the oppressive tax that her husband, a landowner, had imposed on them. A tailor named Tom of Coventry was the only townsperson not to grant her request.

Voyeurs often put themselves in risky situations in which they face the prospect of being caught. They may risk injury by perching themselves in trees or otherwise assuming precarious positions to catch a preferred view of their target. They will occupy rooftops and fire escapes in brutal winter weather. Peepers can be exceedingly patient. They may wait hour after hour, night after night, for a furtive glimpse of the target. One 25-year-old recently married man secreted himself in his mother-in-law’s closet, waiting for her to disrobe. Part of the sexual excitement seems to stem from the risks voyeurs run. The need for risk may explain why voyeurs are not known to frequent nude beaches or nudist camps where it is acceptable to look (though not to stare) at nude people.

Truth or Fiction Revisited: It is fiction that exhibitionists and voyeurs are never violent. Exhibitionism and voyeurism per se are not violent in themselves, but some exhibitionists and voyeurs have been known to be violent; moreover, if provoked or angered, they may react violently (Lalumière et al., 2005a; Langevin, 2003). Voyeurs who break into and enter homes or buildings, or who tap at windows to gain the attention of victims, are among the more dangerous.

Compared to other types of sex offenders, voyeurs tend to be less sexually experienced and are less likely to be married (Lavin, 2008). Like many exhibitionists, voyeurs tend to harbor feelings of inadequacy and to lack social and sexual skills (Leue et al., 2004). They may thus have difficulty forming romantic relationships.
with women. For this shy and socially inadequate type of voyeur, “peeping” affords sexual gratification without the risk of rejection. Not all voyeurs are socially awkward and inept with women, however.

**Sexual Masochism**

**Truth or Fiction Revisited:** It is considered normal to enjoy some mild forms of pain during sexual activity. Love bites, hair pulls, and minor scratches are examples of sources of pain that are considered to fall within normal limits (Laws & O’Donohue, 2008).

But people who prefer or require having pain or humiliation inflicted on them by their sex partners are **sexual masochists**. A sexual masochist either acts on or is distressed by persistent urges and sexual fantasies involving the desire to be bound, flogged, humiliated, or made to suffer in some way by a sexual partner so as to achieve sexual excitement. **Truth or Fiction Revisited:** In some cases, the sexual masochist cannot become sexually aroused unless he or she is bound, flogged, or humiliated by his or her sex partner. Sexual masochism is the only paraphilia that is found among women with some frequency (Logan, 2008).

The word **masochism** derives from the name of the Austrian storyteller Leopold von Sacher-Masoch (1835–1895). He wrote tales of men who derived sexual satisfaction from having a female partner inflict pain on them, typically by flagellation (beating or whipping).

Sexual masochists may derive pleasure from various types of punishing experiences, including being restrained (a practice known as **bondage**), blindfolded (sensory bondage), spanked, whipped, or made to perform humiliating acts, such as walking around on all fours and licking the boots or shoes of the partner, or being subjected to vulgar insults. Some masochists have their partners urinate or defecate on them. Some masochists prefer a particular source of pain. Others seek an assortment. But we should not think that sexual masochists enjoy types of pain that do not involve sex. Sexual masochists are no more likely than anyone else to derive pleasure from the pain they experience when they stub their toe or touch a hot stove. Pain must be part of an elaborate sexual ritual to provide erotic gratification (Hucker, 2008).

Sexual masochists and **sexual sadists** often form sexual relationships to meet each other’s needs (Yates et al., 2008). Some sexual masochists enlist the services of prostitutes or obtain the cooperation of their regular sexual partners to enact their masochistic fantasies.

It may seem contradictory for pain to become connected with sexual pleasure. The association of sexual arousal with mildly painful stimuli is actually quite common, however. Kinsey and his colleagues (1953) reported that perhaps as many as one person in four has experienced erotic sensations from being bitten during lovemaking. The eroticization of mild forms of pain (love bites, hair pulls, minor scratches) may fall within the normal range of sexual variation. Pain from these sources increases overall bodily arousal, which may enhance sexual excitement. Some of us become sexually excited when our partners “talk dirty” to us or call us vulgar names. When the urge for pain for purposes of sexual arousal becomes so persistent or strong that it overshadows other sources of sexual stimulation, or when the masochistic experience causes physical or psychological harm, we may say that the boundary between normality and abnormality has been breached.

Some theorists suggest that independent and responsible selfhood become burdensome or stressful at times (Knoll & Hazelwood, 2009). Sexual masochism provides a temporary reprieve from the responsibilities of independent selfhood. It is a

---

**Sexual masochism** A paraphilia characterized by the desire or need for pain or humiliation to enhance sexual arousal so that gratification may be attained.

**Bondage** Ritual restraint, as by shackles, as practiced by many sexual masochists.

**Sexual sadists** People who become sexually aroused by inflicting pain or humiliation on others.
Real Students, Real Questions

Q Do people get genital piercings for sexual pleasure?

A Some do, but the results are iffy at best and body piercings can carry dangers. Please check with your doctor before having any piercings. You will be surprised to hear that some are actually fine, but others are not fine. In any event, the kinds of piercings usually recommended for women who are looking to enhance their sexual pleasure are clitoral hood piercings, clitoral piercings, and labial piercings. Of these, clitoral piercings are the most dangerous since they pass through the most nerves and blood vessels. Piercings of nipples, male sex organs, and navels are usually for aesthetic purposes and have a subcultural message or appeal more than an aphrodisiacal effect. The really frightening thing here is how some people will allow anyone with a storefront to pierce their bodies—anywhere. Don’t be one of them. Use a reputable piercing studio that employs only trained and licensed employees.

Sexual Sadism

Sexual sadism is the opposite of sexual masochism. Sadism is named after the infamous Marquis de Sade (1774–1814), a Frenchman who wrote tales of becoming sexually aroused by inflicting pain or humiliation on others. The virtuous Justine, the heroine of his best-known novel of the same name, endures terrible suffering at the hands of fiendish men. She is at one time bound and spread-eagled so that bloodhounds can savage her. She then seeks refuge with a surgeon who tries to dismember her. Later she falls into the clutches of a saber-wielding mass murderer, but Nature saves her with a timely thunderbolt.

Sexual sadism is characterized by persistent, powerful urges and sexual fantasies involving the inflicting of pain and suffering on others to achieve sexual excitement or gratification (Yates et al., 2008). The urges are acted on or are disturbing enough to cause personal distress. Some sexual sadists cannot become sexually aroused unless they make their sex partners suffer. Others can become sexually excited without such acts.

Some sadists hurt or humiliate willing partners, such as prostitutes or masochists. Others—a small minority—stalk and attack nonconsenting victims (Yates et al., 2008).

Sadomasochism (S&M) involves mutually gratifying sexual interactions between consenting partners. Occasional S&M is quite common among
Ron: A Case of Sexual Masochism

Ron’s parents separated when he was 5 years old. However, his father continued to return to the house for visits until he was 9. During those visits his father would administer unjustified beatings with a belt on the children’s bare buttocks, according to the order of his mother who said the children had to be punished for misbehavior. At about the age of 8 or 9, Ron experienced an erection during a beating, which shocked his father. His mother continued to spank him into his teens, and he would have erections during many of those times from age 12 on. It is possible that his father was a masochist and his mother was a sadist.

When Ron began to masturbate, he would spank himself to achieve erection and orgasm. His sexual fantasies were of women dominating him in various ways, and punishing him, especially by spanking for his misbehavior. . . . Ron did briefly marry, but could only become aroused for intercourse by having fantasies of being dominated and punished by women. . . . Although he could be highly successful in his work as a salesman, he was never able to accumulate money or be consistently successful because of the time and money he spent seeking out dominatrix prostitutes.


Ron could never save money or climb the ladder of success because of his investment in dominatrix prostitutes.

the general population. Couples may incorporate mild or light forms of S&M in their lovemaking now and then, such as mild dominance and submission games or gentle physical restraint. It is also not uncommon for lovers to scratch or bite their partners to heighten their mutual arousal during coitus. They generally do not inflict severe pain or damage, however.

Twenty-two percent of the men and 12% of the women surveyed by Kinsey and his colleagues (1953) reported at least some sexual response to sadomasochistic stories. Although mild sadomasochism may fall within the boundaries of normal sexual variation, sadomasochism becomes pathological when such fantasies are acted on in ways that become destructive, dangerous, or distressing to oneself or others, as we find in the following case example:

A 25-year-old female graduate student described a range of masochistic experiences. She reported feelings of sexual excitement during arguments with her husband when he would scream at her or hit her in a rage. She would sometimes taunt him to make love to her in a brutal fashion, as though she were being raped. She found the brutality and sense of being punished to be sexually stimulating. She had also begun having sex with strange men and enjoyed being physically punished by them during sex more than any other type of sexual stimulus. Being beaten or whipped produced the most intense sexual experiences she had ever had. Although she recognized the dangers posed by her sexual behavior, and felt somewhat ashamed about it, she was not sure that she wanted treatment for “it” because of the pleasure that it provided her. (Adapted from Spitzer et al., 1989, pp. 87–88)
Truth or Fiction Revisited: There is a subculture—the S&M subculture—in the United States in which sexual sadists and sexual masochists form liaisons to inflict and receive pain and humiliation during sexual activity (Heil & Simons, 2008). It is catered to by sex shops that sell S&M paraphernalia and magazines. Paraphernalia includes leather restraints and leather face masks that resemble the ancient masks of executioners. People in the subculture seek one another out through mutual contacts, S&M social organizations, or personal ads in S&M magazines.

Participants in sadomasochism often engage in highly elaborate rituals involving dominance and submission. Rituals are staged, as if they were scenes in a play (Gross, 2006). In the “master and slave” game, the sadist leads the masochist around by a leash. The masochist performs degrading or menial acts. In bondage and discipline (B&D), the dominant partner restrains the submissive partner and flagellates (spanks or whips) or sexually stimulates her or him. The erotic appeal of bondage is connected with controlling or being controlled.

Various sources of pain may be used during S&M encounters, but pain is not always employed. When it is, it is usually mild or moderate. Psychological pain, or humiliation, may be as common. Pain may also be symbolic, as in the case of a sadist who uses a harmless, soft rubber paddle to spank the masochist. Thus, the erotic appeal of pain for some S&M participants may derive from the ritual of control rather than pain itself. Extreme forms of pain, such as torture or severe beatings, are rarely reported by sadomasochists. Masochists may seek pain, but they usually avoid serious injury and dangerous partners (Gross, 2006).

S&M participants may be heterosexual, gay, or bisexual (Heil & Simons, 2008). They may assume either the masochistic or the sadistic role, or may alternate roles. People who seek sexual excitement by enacting both sadistic and masochistic roles are known as sadomasochists. In heterosexual relationships the partners may reverse traditional gender roles. The man may assume the submissive or masochistic role, and the woman may take the dominant or sadistic role (Gross, 2006). The majority of S&M participants are male, but a sizable minority are female (APA, 2000). Most are in committed relationships.

The causes of sexual masochism and sadism, as of other paraphilias, are unclear, but pain might have biological links to pleasure (Grubin, 2008). Natural chemicals called endorphins, similar to opiates, are released in the brain in response to pain and produce feelings of euphoria and well-being. Perhaps, then, pleasure is derived from pain because of the release or augmentation of endorphins. But this theory fails to explain the erotic appeal of sadomasochistic encounters that involve minimal or symbolic pain. Nor does it explain the erotic appeal to the sadist of inflicting pain.

Whatever their causes, the roots of sexual masochism and sadism apparently date to childhood (Barbaree & Blanchard, 2008). Sadomasochistic behavior commonly begins in early adulthood, but sadomasochistic fantasies are often present in childhood (APA, 2000).

Frotteurism

Some people who use the subway run into pickpockets; some women who use the subway find themselves victimized by frotteurs. Frotteurism (also known as mashing or groping) is rubbing against or touching a nonconsenting person. As with other paraphilias, a diagnosis of frotteurism requires either acting on these urges or being distressed by them. Mashing has been reported exclusively among males (APA, 2000).
Most mashing takes place in crowded places, such as buses, subway cars, or elevators. The man finds the rubbing or the touching, not the coercive nature of the act, to be sexually stimulating. While rubbing against a woman, he may fantasize a consensual, affectionate sexual relationship with her. Typically the man incorporates images of his mashing within his masturbation fantasies (Lussier & Piché, 2008). Mashing also incorporates a related practice: toucherism, which is fondling nonconsenting strangers.

Mashing may be so fleeting and furtive that the woman may not realize what has happened. Mashers therefore stand little chance of being caught. Consider the case of a man who victimized a thousand or so women within a decade but was arrested only twice:

Charles, 45, was seen by a psychiatrist following his second arrest for rubbing against a woman in the subway. He would select as his target a woman in her 20s as she entered the subway station. He would then position himself behind her on the platform and wait for the train to arrive. He would then follow her into the subway car and when the doors closed would begin bumping his penis against her buttocks, while fantasizing that they were enjoying having intercourse in a loving and consensual manner. About half of the time he would ejaculate into a plastic bag that he had wrapped around his penis to prevent staining his pants. He would then continue on his way to work. Sometimes when he hadn’t ejaculated he would change trains and seek another victim. While he felt guilty for a time after each episode, he would soon become preoccupied with thoughts about his next encounter. He never gave any thought to the feelings his victims might have about what he had done to them. While he was married to the same woman for 25 years, he appears to be rather socially inept and unassertive, especially with women. (Adapted from Spitzer et al., 1989, pp. 106–107)

Although this masher was married, many mashers have difficulties forming relationships with women and are handicapped by fears of rejection. Mashing provides sexual contact in a relatively nonthreatening context.

Other Paraphilias

The paraphilias we have been discussing, fetishism through frotteurism, are the most common. But there are others, such as zoophilia.

ZOOPHILIA Zoophilia is one of the rarest paraphilias and is often associated with other disorders (Dittert et al., 2005; Lesjak et al., 2004). A person with zoophilia experiences repeated, intense urges and related fantasies involving sexual contact with animals. As with other paraphilias, the urges may be acted on or cause personal distress. A child or adolescent who shows some sexual response to an occasional episode of rough-and-tumble play with the family pet is not displaying zoophilia.

The term bestiality applies to actual sexual contact with an animal. Human sexual contact with animals, mythical and real, has a long history. Michelangelo’s painting Leda and the Swan depicts the Greek god Zeus taking the form of a swan to mate with a woman, Leda. Zeus was also portrayed as taking the form of a bull or serpent to mate with humans. In the Old Testament, God is said to have put to death people who had sexual relations with animals. The Greek historian Herodotus notes that goats at the Egyptian temple at Mendes were trained to copulate with people.

Toucherism A practice related to frotteurism and characterized by the persistent urge to fondle nonconsenting strangers.

Zoophilia A paraphilia involving persistent or repeated sexual urges and related fantasies involving sexual contact with animals.
Although the prevalence of zoophilia in the general population is unknown, Kinsey and his colleagues (1948, 1953) found that about 8% of the men and 3 to 4% of the women interviewed admitted to sexual contacts with animals. Men more often had sexual contact with farm animals, such as calves and sheep. Women more often reported sexual contacts with household pets. Men were more likely to masturbate or copulate with the animals. Women more often reported general body contact. Urban–rural differences emerged. Rates of bestiality were higher among boys reared on farms. Compared with only a few city boys, 17% of farm boys had reached orgasm at some time through sexual contact with dogs, cows, and goats. These contacts were generally restricted to adolescence, when human outlets were unavailable. Still, adults sometimes engage in sexual contacts with animals, generally because of curiosity or novelty or for a sexual release when human partners are unavailable. Zoophilia is often associated with problems such as alcoholism and intellectual deficiency (Lesjak et al. 2004).

**Real Students, Real Questions**

**Q** Are there cultures that allow sex with animals/pets?

**A** No modern cultures do, but ancient cave paintings and other artifacts suggest that sex with animals might have been allowed and sometimes incorporated into magical rituals before the advent of the so-called Abrahamic religions of Judaism, Christianity, and Islam. Many Egyptian gods were depicted as part animal, suggesting that sex with animals might have been included in some rituals. Goats and baboons might have been occasional sex partners in ancient Egypt.

**NECROPHILIA** In necrophilia, a rare paraphilia, a person desires sex with corpses. Three types of necrophilia have been identified (Holmes & Holmes, 2002). In regular necrophilia, the person has sex with a deceased person. In necrophilic homicide, the person commits murder to obtain a corpse for sexual purposes. In necrophilic fantasy, the person fantasizes about sex with a corpse but does not actually carry out necrophilic acts. Necrophiles often obtain jobs that provide them with access to corpses, such as working in cemeteries, morgues, or funeral homes. The primary motivation for necrophilia appears to be the desire to sexually possess a completely unresisting and nonrejecting partner (Holmes & Holmes, 2002). Many necrophiles have serious psychological disorders.

**LESS COMMON PARAPHILIAS** In klismaphilia, sexual arousal is derived from use of enemas. Klismaphiles generally prefer the receiving role to the giving role. Klismaphiles may have derived sexual pleasure in childhood from the anal stimulation provided by parents giving them enemas.

In coprophilia, sexual arousal is connected with feces. The person may desire to be defecated on or to defecate on a sex partner. The association of feces with sexual arousal may also be a throwback to childhood. Many children appear to obtain anal sexual pleasure by holding in and then purposefully expelling feces. It may also
be that the incidental connection between erections or sexual arousal and soiled diapers during infancy eroticizes feces.

In **urophilia**, sexual arousal is associated with urine. As with coprophilia, the person may desire to be urinated on or to urinate on a sexual partner. Also like coprophilia, urophilia may have childhood origins. Stimulation of the urethral canal during urination may become associated with sexual pleasure. Or urine may have become eroticized by experiences in which erections occurred while the infant was clothed in a wet diaper.

## Theoretical Perspectives

**THE PARAPHILIAS ARE FASCINATING** and perplexing variations in sexual behavior. We may find it difficult to understand how people can become sexually excited by fondling an article of clothing or by cross-dressing. It may also be difficult to identify with people who feel compelled to exhibit their genitals or to rub their genitals against unsuspecting victims in crowded places. Perhaps we can recognize some voyeuristic tendencies in ourselves, but we cannot imagine peeping through binoculars while perched in a nearby tree or, for that matter, risking the social and legal consequences of being discovered in the act. Nor might we understand how people can become sexually turned on by inflicting or receiving pain. Let us consider explanations that have been advanced from various theoretical perspectives.

### Biological Perspectives

Researchers are investigating whether there are biological factors in paraphilic behavior. The biological perspective looks into factors such as the endocrine system (hormones) and the nervous system in paraphilic behavior.

Studies appear to confirm that many paraphilics have higher-than-normal sex drives (Haake et al., 2003; Kafka, 2003). A German study, for example, found that people with paraphilias had shorter refractory periods after orgasm by masturbation than most men and experienced a higher frequency of sexual fantasies and urges (Haake et al., 2003). Kafka (2003) refers to this heightened sex drive as *hypersexual desire*—the opposite of hypoactive sexual desire disorder (see Chapter 15). Bradford (1998, 2001) concurs and believes that paraphilics of this type could be considered to have *hyperactive sexual desire disorder*.

But these studies address the strength of the sex drive, not the direction it takes. More recent studies have used the electroencephalograph (EEG) to investigate electrical responses in the brain among paraphilics and control subjects (e.g., Kirenskaya-Berus & Tkachenko, 2003). They measure what is termed “evoked electrical potentials” to erotic stimuli in a sample of 62 right-handed men, half of whom were considered to be normal in terms of their sexual fantasies and behaviors (the control subjects), and half of whom had been diagnosed as paraphilic (fetishistic and sadomasochistic) (Waismann et al., 2003). The men were shown three sets of 57 slides each in random order: 57 paraphilic slides that portrayed depicting fetishistic and sadomasochistic themes; 57 “normal” slides that depicted nude women, coitus, and oral sex; and 57 neutral slides of landscapes, street scenes, and the like. An electrical response labeled “P600” was determined to be the best indicator of sexual arousal in the men. It was found that the main site for evoking the P600 response to “normal” sexual stimuli was on the right side of the brain. The main site for

---

*Urophilia* A paraphilia in which sexual arousal is associated with urine.
paraphilic stimuli was the left, frontal part of the brain. Paraphilic men showed a significantly greater response than the control subjects in the P600 response in the left, frontal part of the brain. Moreover, control subjects were more likely to differentiate between paraphilic and normal stimuli on the right side of the brain.

Another neurological study may offer some insight into masochism. A research team from Massachusetts General Hospital found that the same neural circuits in the brain are often activated either by painful or by pleasurable stimuli (Becerra et al., 2001). The researchers discovered that a painfully hot (115º F) stimulus to the hand-activated areas of the brain believed to involve “reward” circuitry. The researchers had set out to find ways to help chronic pain patients and not to investigate sexual masochism, but their findings certainly have implications for masochism.

As time goes on, we may learn more about potential biological foundations of paraphilic behavior. Better understanding of these atypical patterns of sexual behavior may lead to the development of more effective treatments.

**Psychoanalytic Perspectives**

Psychoanalytic theory has attempted explanations of a number of sexual matters. Psychoanalytic theory suggests that paraphilias are psychological defenses, usually against unresolved castration anxiety dating to the Oedipus complex (Friedman & Downey, 2008). Perhaps the sight of a woman’s vagina threatens to arouse castration anxiety in the transvestite, reminding him that women do not have penises and that he might suffer the same fate. Sequestering his penis beneath women’s clothing symbolically asserts that women do have penises, which provides unconscious reassurance against his own fears of castration. By exposing his genitals, perhaps the exhibitionist unconsciously seeks reassurance that his penis is secure. It is as if he were asserting, “Look! I have a penis!” Shock or surprise on the victim’s face confirms that his penis exists, temporarily relieving castration anxiety. Perhaps masturbation with an object such as a shoe allows the fetishist to gratify his sexual desires while keeping a safe distance from the dangers that he unconsciously associates with sexual contact with women. Or the fetishistic object itself—the shoe—may unconsciously symbolize the penis. Are sadists attempting to defend themselves against unconscious feelings of impotence by inflicting pain on others?

One psychoanalyst associates a type of male sexual masochism with a history of suppressed or repressed feelings of sexual guilt and shame (Schut, 2005). As an adult, the male wants to be punished for feelings of wrongdoing at the same time he experiences sexual arousal. The pain or humiliation makes the experience “okay.”

The paraphilias have provided a fertile ground for psychoanalytic theories. However, such evidence as there is consists of case studies and anecdotes, which are open to interpretation.

**Cognitive-Behavioral Perspectives**

Cognitive-behavioral theorists, like psychoanalytic theorists, believe that experience plays a role in the development of sexual preferences. Cognitive-behavioral theorists generally believe that fetishes and other paraphilias are learned through experience.
An object may acquire sexually arousing properties through association with sexual arousal or orgasm. Alfred Kinsey and his colleagues (1953) wrote:

Even some of the most extremely variant types of human sexual behavior may need no more explanation than is provided by our understanding of the processes of learning and conditioning. Behavior which may appear bizarre, perverse, or unthinkably unacceptable to some persons, and even to most persons, may have significance for other individuals because of the way in which they have been conditioned. (pp. 645–646)

For example, a boy who glimpses his mother’s stockings hanging on the towel rack while he is masturbating may develop a fetish for stockings. Orgasm in the presence of the object reinforces the erotic connection, especially if it is repeated.

Friedrich and Gerber (1994) studied five adolescent boys who practiced hypoxyphilia and found extensive early histories of choking in combination with physical or sexual abuse. The combination seems to have encouraged each of the boys to associate choking with sexual arousal.

Cognitive-behavioral explanations of sexual masochism focus on the pairing of sexual excitement with punishment. For example, a child may be punished when discovered masturbating. Or a boy may reflexively experience an erection if his penis accidentally rubs against the parent’s body as he is being spanked. With repeated encounters like these, pain and pleasure may become linked.

Many exhibitionists, voyeurs, frotteurs, and other people with paraphilias have few interpersonal skills relating to women and may avoid “normal” social interactions with them for fear of rejection (Leue et al., 2004). Their furtive, paraphilic behaviors may provide sexual release without risk of rejection.

Observational learning may also play a role. Parents, for example, may inadvertently model exhibitionistic behavior to young sons, which can lead the sons to eroticize the act of exposing themselves. Young people may also read books or magazines or view films or TV programs with paraphilic content. Media may give them the idea of trying paraphilic behavior, and they may find it exciting, especially if acts such as exhibitionism or voyeurism provide a rush of adrenaline.

**Sociological Perspectives**

Psychoanalytic theory and learning theory are psychological theories that focus on the behavior and mental processes of the individual. Sociological perspectives tend to focus on the effects of the group and of society in general on individual and group behavior. For example, although most people indulge paraphilias privately, sexual masochists and sadists require a partner. Most sadomasochists learn S&M rituals, make sexual contacts, acquire sexual paraphernalia, and confirm their sadomasochistic self-identities within what is termed an *S&M subculture*—a loosely connected network of S&M clubs, specialty shops, organizations, magazines, and so on. But the S&M subculture exists in the context of the larger society, and its rituals mirror widely based social and gender roles.

Weinberg (1987) proposes a sociological model that focuses on the social context of sadomasochism. S&M rituals generally involve some form of dominance and submission. Weinberg attributes their erotic appeal to the opportunity to reverse the customary power relationships that exist between males and females and between social classes. Within the confines of the carefully scripted S&M encounter, the meek...
can be powerful and the powerful meek. People from lower social classes or in menial jobs may be drawn to S&M so they can enact a dominant role. Dominance and submission games allow people to accentuate or reverse the gender stereotypes that identify masculinity with dominance and femininity with submissiveness. Interviews with, and observations of, sadomasochists suggest that most often dominance–submission relationships tend to be consistent with traditional masculine and feminine gender roles in society (Damon, 2002; Santtila et al., 2002). Although there are many exceptions, men more often tend to be dominant and women to be submissive in S&M rituals.

An Integrated Perspective: The “Lovemap”

Like other sexual patterns, paraphilias may have complex biopsychosocial origins (Seligman & Hardenburg, 2000). Might our understanding of them thus be best approached from a theoretical framework that incorporates multiple perspectives? John Money (2003), for example, traces the origins of paraphilias to childhood. He believes that childhood experiences etch a pattern in the brain, called a lovemap. This lovemap determines the types of stimuli and activities that become sexually arousing to the individual. In the case of paraphilias, lovemaps become distorted or “vandalized” by early traumatic experiences, such as incest, anti-sexual upbringing, and abuse or neglect. As noted by Gregory K. Lehne, “A boy who is sexually abused may develop paraphilic fantasies involving sexual activity with a boy. . . . Being punished or embarrassed by being cross-dressed as a young boy may lead to some boys eroticizing the experience, which later is expressed as transvestism” (2009, p. 15). As a boy, Ron (see “A Closer Look” on page 553) was spanked repeatedly on his bare buttocks for “misbehavior” and began to experience sexual arousal during the experiences. He developed into a sexual masochist.

Research suggests that voyeurs and exhibitionists often were the victims of childhood sexual abuse (Barbaree & Blanchard, 2008). Not all children exposed to such influences develop paraphilic compulsions, however. For reasons that remain unknown, some children exposed to such influences appear to be more vulnerable to developing distorted lovemaps than are others. A genetic predisposition, hormonal factors, brain abnormalities, or a combination of these and other factors may play a role in determining one’s vulnerability to vandalized lovemaps (Lehne, 2009).

Treatment of Paraphilias

THE TREATMENT OF PARAPHILIAS raises a number of issues. First, many people with paraphilias do not want or seek treatment, at least not voluntarily. The Canadian criminologist Ron Langevin (2006), for example, followed nearly 800 sex offenders from the 1960s through the 2000s and found that only about half desired treatment and completed a course of treatment. But many offenders are seen by health-care providers (HCPs) only when they come into conflict with the law or at the urging of their family members or partners.

Second, HCPs may encounter ethical problems when they are asked to contribute to a judicial process by trying to persuade a sex offender that he (virtually all are male) ought to change his behavior. HCPs traditionally help clients clarify or meet their own goals; it is not their role to impose societal goals on the individual.
Many HCPs believe that the criminal justice system, not they, ought to enforce social standards.

The third issue is a treatment problem. Health-care providers realize that they are generally less successful with resistant or recalcitrant clients. Unless the motivation to change is present, therapeutic efforts are often wasted.

The fourth problem is the issue of perceived responsibility. Sex offenders typically claim that they cannot control their impulses, and accepting personal responsibility for one’s actions is a prelude to change. Thus, if therapy is to be constructive, it is necessary to break through the client’s personal mythology that he or she is powerless to control his or her behavior.

Despite these issues, many offenders are referred for treatment by the courts. Some seek therapy themselves because they have come to see how their behavior harms themselves or others (Langevin, 2006). We shall consider psychological and biological approaches to the treatment of people with paraphilias. Most sexual offender treatment programs use a combination of psychoanalytic psychotherapy, cognitive-behavioral treatment, and medication (Marvasti, 2004).

**Psychoanalytic Psychotherapy**

Psychoanalysis focuses on resolving the unconscious conflicts that are believed to originate in childhood and to give rise in adulthood to pathological problems such as paraphilias. The aim of therapy is to help bring unconscious conflicts of childhood into conscious awareness so that they might be worked through in the light of the individual’s adult personality (Laws & Marshall, 2003).

Although some favorable case results have been reported, psychoanalytic therapy of the paraphilias is rarely subjected to experimental analysis. Thus, we know little about whether successes are due to the psychoanalytic treatment itself or to other factors, such as spontaneous improvement or a client’s willingness to change.

**Cognitive-Behavioral Therapy**

Whereas traditional psychoanalysis tends to entail a lengthy process of exploration of the childhood origins of problem behaviors, cognitive-behavioral therapy is relatively briefer and focuses directly on changing behavior. Cognitive-behavioral therapy has spawned a number of techniques to help eliminate paraphilic behaviors and strengthen appropriate sexual behaviors: systematic desensitization, relapse prevention training, aversion therapy, empathy training, social skills training, anger management, covert sensitization, and orgasmic reconditioning, to name a few (Krueger & Kaplan, 2002; Marvasti, 2004).

**Systematic desensitization** attempts to break the link between the sexual stimulus (such as a fetishistic stimulus) and the inappropriate response (sexual arousal). The client is first taught to relax selected muscle groups in the body. Muscle relaxation is then paired repeatedly with each of a series of progressively more arousing paraphilic images or fantasies. Relaxation comes to replace sexual arousal in response to each of these stimuli, even the most provocative. In one case study, a fetishistic transvestite who had become attracted to his mother’s lingerie at age 13 was taught to relax when presented with audiobased scenes representing transvestite or fetishistic themes (Fensterheim & Kantor, 1980). He played such tapes daily while remaining relaxed. He later reported a complete absence of transvestite thoughts or activities.

In **aversion therapy**, the undesirable sexual behavior (for example, masturbation to fetishistic fantasies) is paired repeatedly with an aversive stimulus (such as an electric shock).
harmless but painful electric shock or a nausea-inducing chemical) in the hope that the client will develop a conditioned aversion toward the paraphilic behavior.

**Covert sensitization** is a variation of aversion therapy in which paraphilic fantasies are paired with an aversive stimulus in imagination. In one study of 38 **pedophiles** and 62 exhibitionists, more than half of whom were court referred, subjects were treated by pairing imagined aversive odors with fantasies of the problem behavior (Maletzky, 1980). They were instructed to fantasize pedophilic or exhibitionistic scenes. Then,

At a point . . . when sexual pleasure is aroused, aversive images are presented . . . Examples might include a pedophiliac fellating a child, but discovering a festering sore on the boy’s penis, an exhibitionist exposing to a woman but suddenly being discovered by his wife or the police, or a pedophiliac laying a young boy down in a field, only to lie next to him in a pile of dog feces. (Maletzky, 1980, p. 308)

Maletzky used this treatment weekly for six months, then followed it with booster sessions every three months over a three-year period. The procedure resulted in at least a 75% reduction of the deviant activities and fantasies for over 80% of the study participants at follow-up periods of up to 36 months. At a 25-year follow-up of 7,275 sex offenders who received similar treatment, Maletzky and Steinhauer (2002) found that benefits were maintained for many of the exhibitionists but for fewer of the pedophiles. But fewer than 50% of the original participants could be contacted after this amount of time elapsed.

**Social skills training** focuses on helping the individual improve his ability to relate to the other gender. The therapist might first model a desired behavior, such as how to ask a woman out on a date or how to handle a rejection. The client might then role-play the behavior, with the therapist playing the part of the woman. Following the role-play enactment, the therapist would provide feedback and additional guidance and modeling to help the client improve his skills. This process would be repeated until the client mastered the skill.

**Orgasmic reconditioning** aims to increase sexual arousal to socially appropriate sexual stimuli by pairing culturally appropriate imagery with orgasmic pleasure. The person is instructed to become sexually aroused by masturbating to paraphilic images or fantasies. But as he approaches the point of orgasm, he switches to appropriate imagery and focuses on it during orgasm. In a case example, Davison (1977) reports reduction of sadistic fantasies in a 21-year-old college man. The client was instructed to attain an erection in any way he could, even through the use of the sadistic fantasies he wished to eliminate. But once erection was achieved, he was to masturbate while looking at photos of *Playboy* models. Orgasm was thus paired with nonsadistic images. These images and fantasies eventually acquire the capacity to elicit sexual arousal. Orgasmic reconditioning is often combined with other techniques, such as social skills training, so that more desirable social behaviors can be strengthened as well (Marvasti, 2004).

As we see next, in many ways the treatment of sexual problems is becoming more “medicalized” (Grubin, 2008).

**Medical Approaches**

There may be no medical “cure” for paraphilias. No drug or surgical technique eliminates paraphilic ideas while leaving other cognitive functions intact. But some progress has been reported in using selective serotonin reuptake inhibitors (SSRIs),

---

**Covert sensitization** A form of aversion therapy in which thoughts of engaging in undesirable behavior are paired repeatedly with imagined aversive stimuli.

**Pedophiles** Persons with a paraphilia involving sexual interest in children.

**Social skills training** Cognitive-behavioral therapy methods for building social skills that rely on a therapist’s coaching and practice.

**Orgasmic reconditioning** A method for strengthening the connection between sexual arousal and appropriate sexual stimuli (such as fantasies about an adult of the other sex) by repeatedly pairing the desired stimuli with orgasm.
which are mainly used as anti-depressants, in treating exhibitionism, voyeurism, and fetishism (Grubin, 2008). Why anti-depressants? In addition to treating depression, SSRIs are often used to treat obsessive-compulsive disorder, a psychological disorder involving recurrent obsessions (intrusive ideas) and/or compulsions (urges to repeat a certain behavior or thought). Paraphilic behavior has an obsessive-compulsive quality. People with paraphilias often experience intrusive, repetitive fantasies and urges (Saleh, 2009).

People who experience such intense urges that they are at risk of committing sexual offenses may be helped by drugs that reduce the level of testosterone in the bloodstream (Grubin, 2008; Saleh, 2009). Testosterone is closely linked to sex drive and interest. Medroxyprogesterone acetate (MPA) (trade name Depo-Provera), which is administered in weekly injections, is the antiandrogen that has been used most extensively in the treatment of sex offenders. In men, antiandrogen drugs reduce sexual desire and the frequencies of erections and ejaculations.

Depo-Provera suppresses the sexual appetite in men. It can lower the intensity of sex drive and erotic fantasies and urges so that the man may feel less compelled to act on them (Grubin, 2008; Saleh, 2009). Antiandrogens do not, however, eliminate all paraphilic urges or completely change a person’s sexual behavior.

The use of antiandrogens is sometimes incorrectly referred to as chemical castration. Surgical castration, the surgical removal of the testes, has sometimes been performed on convicted rapists and violent sex offenders (Roesler & Witztum, 2000). Surgical castration eliminates testicular sources of testosterone. Antiandrogens suppress, but do not eliminate, testicular production of testosterone. Also, unlike surgical castration, the effects of antiandrogens can be reversed when the treatment is terminated.

Evidence suggests that antiandrogens help some people when they are used in conjunction with psychological treatment (Roesler & Witztum, 2000). The value of antiandrogens has been limited by high refusal and dropout rates, however (Roesler & Witztum, 2000). Questions also remain concerning side effects.

Although we have amassed a great deal of research on atypical variations in sexual behavior, our understanding of them and our treatment approaches to them remain less than satisfactory.

CRITICAL THINKING

Which methods of therapy aim to work by reducing the sex drive in general, and which aim to replace sexual response to socially inappropriate stimuli with sexual response to appropriate stimuli?

Anti-depressant medicines have been used to treat sexually compulsive behavior because they have shown promise in treating obsessions and compulsions.
Atypical Sexual Variations

The 3 R's: Reflect, Recite, and Review

Your text uses the PQ4R method. Congratulations on completing the first R—reading the chapter. The remaining 3 R's—reflect, recite, and review—will help you understand and recall the material in the chapter, as well as test your mastery.

Reflect

CRITICAL THINKING: Do you consider sexual practices such as oral sex and masturbation to be deviant or abnormal? Why or why not?
- Are women on your campus who enjoy dressing in men's-style clothing, such as blue jeans, to be considered transvestites? Why, or why not?
- Have you been exposed to an exhibitionist? How did you feel? What did you do? If you had it to do over again, would you respond the same way? Explain.
- Have you unexpectedly come across pornographic photos or videos on the Internet? How did you feel? Explain.
- Would you give convicted exhibitionists, voyeurs, or mashers "treatment," put them in jail and "throw away the key," or take another course of action? Explain your choice.

Recite

1. How do we determine what behavior is normal and what is deviant or abnormal?
- Sexual behaviors have been labeled deviant when they are statistically rare, run counter to our values, or—as in the case of the paraphilias—show a persistent preference for nongenital outlets.

2. What are paraphilias?
- Paraphilias involve sexual arousal in response to unusual stimuli such as children or other nonconsenting persons, certain objects, or pain or humiliation. The great majority of paraphilias occur among men.

3. What kinds of paraphilias are there?
- In fetishism, an inanimate object comes to elicit sexual arousal. In partialism, people are inordinately aroused by a particular body part, such as the feet. Transvestites become excited by wearing articles of clothing of the other sex. An exhibitionist experiences the compulsion to expose himself to strangers. Voyeurs become sexually aroused by watching, and usually do not seek sexual relations with the target. The obscene phone caller becomes sexually aroused by shocking his victim. Such callers typically masturbate during the phone call or shortly afterward.
- Sexual masochists associate the receipt of pain or humiliation with sexual arousal. Sexual sadism is characterized by persistent, powerful urges and sexual fantasies involving the inflicting of pain and suffering on others to achieve sexual excitement or gratification. Sexual sadists may be dangerous, especially when they seek nonconsenting "partners." Most frotteuristic acts—also known as mashing—take place in crowded places, such as buses, subway cars, or elevators.
- Zoophiles desire sexual contact with animals. Necrophiles desire sexual contact with dead bodies.

4. How do we explain paraphilias?
- Many people with paraphilias have higher-than-normal sex drives. Their brains may also respond differently to deviant and normal sexual stimuli. Psychoanalytic theory suggests that paraphilias in males are defenses against castration anxiety. Some cognitive-behavioral theorists suggest that unusual stimuli may become sexually arousing through association with sexual arousal or orgasm. According to Weinberg's sociological model, the erotic appeal of S&M rituals may result from the opportunity to reverse the customary power relationships that exist between men and women and between social classes in society. John Money theorizes that childhood experiences etch a "lovemap" in the brain that determines the types of stimuli that become sexually arousing. In paraphilias, lovemaps become distorted by early traumatic experiences.
5. How do we treat paraphilias?

- Psychoanalysis aims to bring unconscious conflicts that prompt paraphilic behavior into awareness so that they can be worked through in adulthood. Cognitive-behavioral therapy attempts to eliminate paraphilic behaviors through techniques such as systematic desensitization, aversion therapy, social skills training, covert sensitization, and orgasmic reconditioning. Selective serotonin reuptake inhibitors (SSRIs), which are usually used as anti-depressants, tend to curb compulsive behavior. Both SSRIs and antiandrogens depress sexual response.

Review

1. People who are excessively aroused by a particular body part, such as the feet, breasts, or buttocks, are said to have
   (a) voyeurism.
   (b) frotteurism.
   (c) partialism.
   (d) transvestism.

2. When cognitive-behavioral therapists work with people with paraphilias, they may use all of the following methods except
   (a) covert sensitization.
   (b) orgasmic reconditioning.
   (c) systematic desensitization.
   (d) antidepressant drugs.

3. According to psychoanalytic theory, the ______ is declaring, “Look, I have a penis!”
   (a) exhibitionist
   (b) voyeur
   (c) masher
   (d) sexual sadist

4. A “lovemap” is most likely to become distorted or “vandalized” by
   (a) alcohol.
   (b) physical abuse or neglect.
   (c) unconscious conflicts from the Oedipal period.
   (d) the sadomasochistic subculture.

5. Transvestism is considered to be most closely related to
   (a) fetishism.
   (b) exhibitionism.
   (c) mashing.
   (d) sadomasochism.

6. Which of the following are most likely to need to risk capture to heighten their sexual arousal?
   (a) Sadomasochists
   (b) Coprophiliacs
   (c) Exhibitionists
   (d) Mashers

7. Waismann et al. showed men slides and found that the main site for evoking the _____ response to “normal” sexual stimuli was on the right side of the brain.
   (a) P100
   (b) P300
   (c) P400
   (d) P600

8. Paraphilias are defined by
   (a) preference for deviant stimuli.
   (b) statistical rarity of the sexual interest.
   (c) sexual interests that deviate from the core values of a society.
   (d) a high sex drive.

9. All paraphilias
   (a) pose a physical threat to the victims.
   (b) are evidence that the perpetrator is out of touch with reality.
   (c) are more common among males.
   (d) can be treated by psychoanalysis.

10. The text states that it is normal to
    (a) expose oneself to shock a stranger.
    (b) lose control over the ability to limit time surfing sex sites on the Internet.
    (c) enjoy exposing one’s body to an intimate partner.
    (d) fantasize about sex with corpses.