

Paraphilias: What Constitutes Atypical Sexual Behavior?

In this chapter, we focus on a number of sexual behaviors that have been variously labeled as deviant, perverted, aberrant, or abnormal. More recently, the less judgmental terms paraphilia (pair-uh-FILL-ee-uh) or paraphilic disorder have been used to describe these somewhat uncommon types of sexual expression. Literally meaning "beyond usual or typical love" (para meaning "beyond" and philia meaning "love") the word paraphilia stresses that such behaviors are usually not based on an affectionate or loving relationship but rather are expressions of behavior in which sexual arousal or response, or both, depends on some unusual, extraordinary, or even bizarre activity (American Psychiatric Association, 2013; Shindel & Moser, 2011). The term paraphilia is used in much of the psychological and psychiatric literature. However, in our own experience in dealing with and discussing variant sexual behaviors, the one common characteristic that stands out is that each behavior in its fully developed form is not typically expressed by most people in our society. Therefore we also categorize the behaviors discussed in this chapter as atypical sexual behaviors.

Several points should be noted about atypical sexual expression in general before we discuss specific behaviors. First, as with many other sexual expressions the behaviors singled out in this chapter represent extreme points on a continuum. Atypical or paraphilic sexual behaviors exist in many gradations, ranging from mild, infrequently expressed tendencies to full-blown, regularly manifested behaviors. Although these behaviors are atypical, many of us may recognize some degree of such behaviors or feelings in ourselves—perhaps expressed at some point in our lives, or mostly expressed, or emerging only in private fantasies.

Most people with noncoercive atypical sexual interests do not have a mental disorder. Recently the American Psychiatric Association (APA) noted that not all paraphilias are necessarily disorders but rather that such behaviors should be classified as disorders only if they cause impairment to the person manifesting them or if they cause harm to others (Boskey, 2013; Wright, 2014),

To be diagnosed with a paraphilic disorder, the APAs Diagnostic and Statistical Manual of Mental Disorders (DSM-5) requires that people with these interests

- *feel personal distress about their interest, not merely distress resulting from society's disapproval; or*
- *have a sexual desire or behavior that involves another person's psychological distress, injury, or death, or a desire for sexual behaviors involving unwilling persons or persons unable to give legal consent.*

To further define the line between an atypical sexual interest and a disorder, the DSM-5 Work Group revised the names of these disorders to differentiate between the behavior itself and the disorder stemming from that behavior (e.g., what was called sexual masochism in DSM-IV is now called sexual masochism disorder in DSM-5).

These changes present a subtle but crucial difference that makes it possible for an individual to engage in consensual atypical sexual behavior without inappropriately being labeled with a mental disorder. With this revision, DSM-5 clearly distinguishes between atypical sexual interests and mental disorders involving these desires or behaviors.

A second point has to do with the state of our knowledge about these behaviors. In most of the discussions that follow, the person who manifests the atypical behavior is assumed to be male,

and evidence strongly indicates that in most reported cases of atypical or paraphilic behaviors, the agents of such acts are male (Hucker, 2014a; J. Miller, 2009). However, the tendency to assume that males are predominantly involved may be influenced by the somewhat biased nature of differential reporting and prosecution. Female exhibitionism, for example, is far less likely to be reported than is similar behavior in a male. Of the coercive and noncoercive paraphilias discussed in this chapter, sexual masochism is the one most likely to be expressed by women (J. Miller, 2009).

A third noteworthy point is that atypical behaviors often occur in clusters. That is, the occurrence of one paraphilia appears to increase the probability that others will also be manifested, simultaneously or sequentially (Frey, 2014; Hucker, 2014). Research on men whose paraphilias resulted in medical or legal attention revealed that more than half of the men reported engaging in more than one paraphilia and almost one in five reported experience with four or more paraphilias (Abel & Osborn, 2000).

A final consideration is the effect of atypical behaviors both on the person who exhibits them and on the people to whom they may be directed. People who manifest atypical sexual behaviors often depend on these acts for sexual satisfaction. The behavior is frequently an end in itself. It is also possible that the unconventional behavior will alienate others. Consequently, these people often find it difficult to establish satisfying sexual and intimate relationships with partners. Instead, their sexual expression can assume a solitary, driven, even compulsive quality. Some of these behaviors do involve other people whose personal space is violated in a coercive, invasive fashion. In the following section, we consider the distinction between coercive and noncoercive paraphilias. Table 16.1 summarizes the paraphilias discussed in this chapter.

At a Glance

● **TABLE 16.1** Summary of Several Paraphilias

Name	Description	Classification
Fetishism	Sexual arousal associated with focus on inanimate object or body part	Noncoercive
Transvestic disorder	Sexual arousal derived from wearing clothing of other sex	Noncoercive
Sexual sadism	Association of sexual arousal with pain	Noncoercive
Sexual masochism	Sexual arousal through receiving physical or psychological pain	Noncoercive
Autoerotic asphyxia	Enhancement of sexual arousal by oxygen deprivation	Noncoercive
Klismaphilia	Sexual pleasure associated with receiving enemas	Noncoercive
Coprophilia and Urophilia	Sexual arousal associated with contact with feces or urine, respectively	Noncoercive
Exhibitionism	Sexual arousal associated with exposing one's genitals to unwilling observer	Coercive
Obscene phone calls	Sexual arousal associated with obscene telephone conversation with unwilling recipient	Coercive
Voyeurism	Sexual arousal associated with observing naked bodies or sexual activities of people without their consent	Coercive
Frotteurism	Obtaining sexual pleasure by pressing or rubbing against another person in a crowded public place	Coercive
Zoophilia	Sexual contact between humans and animals	Coercive
Necrophilia	Sexual gratification obtained by viewing or having intercourse with a corpse	Coercive

Noncoercive Versus Coercive Paraphilias

A key distinguishing characteristic of paraphilias is whether or not they involve an element of coercion. Several of the paraphilias are strictly solo activities or involve the participation of consensual adults who agree to engage in, observe, or just put up with the particular variant behavior. Because coercion is not involved and a person's basic rights are not violated, such so-called noncoercive atypical behaviors are considered relatively benign or harmless by many.

Some paraphilias, such as voyeurism or exhibitionism, are definitely coercive or invasive, in that they involve unwilling recipients of the behavior. Furthermore, research suggests that such coercive acts can harm their targets, who may be psychologically traumatized by the experience. Such recipients may feel that they have been violated or that they are vulnerable to physical abuse, and they may develop fears that such unpleasant episodes will recur. This is one reason that many of these coercive paraphilias are illegal. On the other hand, many people who encounter such acts are not adversely affected. Because of this fact, and because many of these coercive behaviors do not involve physical or sexual contact with another person, many authorities view them as minor sex offenses (sometimes called nuisance offenses). However, evidence that some people progress from nuisance offenses to more serious forms of sexual abuse may lead to a reconsideration of whether these offenses are "minor" (Bradford et al., 1992; Fedora et al., 1992; Hucker, 2014a).

In our discussion of both coercive and noncoercive paraphilias, we examine how each of these behaviors is expressed, common characteristics of people who exhibit the paraphilia, and various factors thought to contribute to the development of the behavior.

In this section, we first discuss four fairly common types of noncoercive paraphilias: fetishism, transvestic disorder, sexual sadism, and sexual masochism. We will also describe four less common varieties of noncoercive paraphilias.

Fetishism

Fetishism (FET-ish-iz-um) refers to sexual behavior in which an individual becomes sexually aroused by focusing on an inanimate object or a part of the human body. As with many other atypical behaviors, it is often difficult to draw the line between normal activities that might have fetishistic overtones and activities that are genuinely paraphilic. Many people are erotically aroused by the sight of women's lingerie and certain specific body parts, such as feet, legs, buttocks, thighs, and breasts. Many men and some women use articles of clothing and other paraphernalia as an accompaniment to masturbation or sexual activity with a partner. Some common fetish objects include women's lingerie, shoes (particularly those with high heels), boots (often affiliated with themes of domination), hair, stockings (especially black mesh hose), and a variety of leather, silk, and rubber goods (American Psychiatric Association, 2013; Seligman & Hardenburg, 2000). Leather is an especially popular fetish object: leather coats, pants, corsets, and boots (Davis, 2011). Internet sites specializing in huge numbers of different fetishes have grown in prominence.

Only when a person becomes focused on these objects or body parts to the exclusion of everything else is the term fetishism truly applicable (Lowenstein, 2002). In some instances, a person cannot experience sexual arousal and orgasm in the absence of the fetish object. In other situations where the attachment is not so strong, sexual response can occur in the absence of the object but often with diminished intensity. For some people fetish objects serve as substitutes for human contact and are dispensed with if a partner becomes available.

How does fetishism develop? One way is through incorporating the object or body part, often through fantasy, in a masturbation sequence in which the reinforcement of orgasm strengthens the fetishistic association (Juninger, 1997). Another possible explanation for the origins of some cases of fetishism looks to childhood. Some children learn to associate sexual arousal with objects (such as panties or shoes) that belong to an emotionally significant person, such as their mothers or older sisters (Freund & Blanchard, 1993). The process by which this occurs is sometimes called symbolic transformation. In this process, the object of the fetish becomes endowed with the power or essence of its owner, so that the child (usually a male) responds to this object as he might react to the actual person (Gebhard et al., 1965). If such a behavior pattern becomes sufficiently ingrained, the person will engage in little or no sexual interaction with other people during the developmental years and even as an adult may continue to substitute fetish objects for sexual contact with other humans.

Only rarely does fetishism develop into an offense that might harm someone. Occasionally, an individual may commit burglary to supply a fetish object, and burglary is the most frequent serious offense associated with fetishism (Lowenstein, 2002). Uncommonly, a person may do something bizarre, such as cut hair from an unwilling person. In extremely rare cases a man may murder and mutilate his victim, preserving certain body parts for fantasy masturbation activities.

Transvestic Disorder

Until recently, cross-dressers were generally labeled transvestites. This term is now considered appropriately applied only to people who put on the clothes of the other sex to achieve sexual arousal (American Psychiatric Association, 2013). The DSM-5 now acknowledges that dressing as a person of the other sex is not necessarily problematic unless such behavior is accompanied by sexual excitement that is a source of distress to the person manifesting the behavior (American Psychiatric Association, 2013). The sexual component of cross-dressing for these individuals distinguishes them from female impersonators who cross-dress to entertain, gay men who occasionally "go in drag" to attract men. Note that some transgender individuals may cross-dress to obtain a partial sense of physical and emotional completeness rather than to achieve sexual arousal. Cross dressing for this purpose would not be considered a disorder.

Transvestic disorder comprises a range of behaviors. In general, the cross-dressing is a momentary activity, producing sexual excitement that often culminates in gratification through masturbation or sex with a partner. In many cases of transvestism, a person becomes aroused by wearing only one garment, perhaps a pair of panties or a brassiere. Some people prefer to dress completely as the other sex,

This is often a solitary activity, occurring privately in the persons home. Occasionally, a person may go out on the town while so attired, but this is unusual. Because this behavior has a strong element of fetishism (Freund et al., 1996), the American Psychiatric Association (2013) formalized the link between transvestism and fetishism by placing both conditions in the diagnostic category transvestic disorder. A distinguishing feature of transvestic disorder is that the clothing article is actually worn instead of just being viewed or fondled, as is the case with fetishism.

Today, many members of the transgender community (and their supporters), who are increasingly gaining a voice in both the professional literature and the popular media, contend that cross-dressing is often an appropriate and legitimate source of sexual arousal and expression rather than an indicator of disordered behavior or psychological impairment. Consequently, they reject the label of transvestic disorder and its implication of abnormality (Boskey, 2013).

Apparently, it is usually men who are prone to transvestic disorder (Zarel & Bidaki, 2014). This seems true of all contemporary societies for which we have data. However, a few isolated cases of women cross-dressing for sexual pleasure also appear in the clinical literature (V. Bullough & B. Bullough, 1993; Stoller, 1982). Several studies of both clinical and nonclinical populations suggest that transvestic disorder occurs primarily among married men with predominantly heterosexual orientations (B. Bullough & V. Bullough, 1997; Doctor & Prince, 1997).

As with fetishism and some other atypical behaviors, the development of transvestic disorder often reveals a pattern of conditioning. Reinforcement, in the form of arousal and orgasm, may accompany cross-dressing activities at an early point in the development of sexual interest, as illustrated in the following anecdote:

When I was a kid, about 11 or 12, I was fascinated and excited by magazine pictures of women modeling undergarments. Masturbating while looking at these pictures was great. Later, I began to incorporate my mother's underthings in my little masturbation rituals, at first just touching them with my free hand, and later putting them on and parading before the mirror while I did my handjob. Now, as an adult, I have numerous sexual encounters with women that are quite satisfying without the dress-up part. But I still occasionally do the dress-up when I'm alone, and I still find it quite exciting. (Authors' files)

Sexual Sadism and Sexual Masochism

Sadism and masochism are often discussed under the common category sadomasochistic (SAYdoh-ma-suh-kis-tik) (S/M) behavior because they are two variations of the same phenomenon: the association of sexual expression with pain and power dynamics. Thus in the discussion that follows we often refer to S/M behavior or activities. Sexual masochism is the only paraphilia that is expressed by women with some frequency (American Psychiatric Association, 2013). (People who engage in S/M often label these activities as bondage-domination-sadism-masochism, or BDSM [Gross, 2006].)

A person who engages in one of these behaviors does not necessarily engage in the other, and thus sadism and masochism are actually distinct behaviors. The American Psychiatric Association (2013) underlines this distinction by listing these paraphilias as separate categories: sexual sadism and sexual masochism, (Remember that S/M behavior is not considered indicative of a mental disorder unless the person experiences personal distress about his or her interest, not merely distress resulting from society's disapproval.) Those who oppose including consensual expression of atypical sexuality in the DSM as a disorder are becoming more vocal, expressing concern that to pathologize these sexual activities contributes to stigma and discrimination (Keenan, 2013).

Many people enjoy some form of aggressive interaction (such as restraining, spanking, or hair pulling) during sex play, as discussed in the "Kink Lite" section of Chapter 8. Alfred Kinsey and his colleagues (1948, 1953) found that 22% of the males and 12% of the females in their sample responded erotically to stories with S/M themes. In another study, approximately 25% of both sexes reported erotic response to receiving love bites during sexual interaction (Gross, 2006). Another survey of 975 men and women found that 25% reported occasionally engaging in a form of S/M activity with a partner (Rubin, 1990). Ease of access to people with S/M inclinations, facilitated by the Internet, and the cultural phenomenon of the BDSM-themed book *Fifty Shades of Grey* has resulted in an increased number of people who are exploring their S/M interests (Gross, 2006; Kleinplatz & Moser, 2004). (Note: Many people involved in BDSM consider the

behaviors and dynamics in *Fifty Shades* as coercive and abusive and an inaccurate depiction of BDSM.) The fact that Women's Health magazine gives tips on how to tie up and spank your partner, Amazon sells floggers, and pop stars employ BDSM imagery in their performances indicates how mainstream BDSM themes have become. Most large metro areas have thriving BDSM communities with scheduled events in specialty venues catering to them (Fuller, 2015).

Although S/M practices have the potential for being physically dangerous, most participants generally stay within mutually agreed-on limits, often confining their activities to mild or even symbolic S/M acts with a trusted partner. The high value the BDSM community places on communication and "safe, sane and consensual" practices make even the more "colorful aspects of BDSM not riskier than skiing, football, or even ballet" (Keenan, 2013). In mild forms of sexual sadism the pain inflicted is often more symbolic than real. For example, a willing partner may be "beaten" with a feather or a soft object designed to resemble a club. Under these conditions the receiving partner's mere feigning of suffering is sufficient to be sexually arousing to the individual inflicting the symbolic pain.

People with masochistic inclinations are aroused by such things as being whipped, cut, pierced with needles, bound, or spanked. The degree of pain that the person must experience to achieve sexual arousal varies from symbolic or very mild to, rarely, severe beatings or mutilations. Sexual masochism is also reflected in individuals who achieve sexual arousal as a result of "being held in contempt, humiliated, and forced to do menial, filthy, or degrading service" (Money, 1981, p. 83). The common notion that any kind of pain, physical or mental, will sexually arouse a person with masochistic inclinations is a misconception. The pain must be associated with a staged encounter whose express purpose is sexual gratification.

In yet another version of masochism, some individuals derive sexual pleasure from being bound, tied up, or otherwise restricted. This behavior, called bondage, usually takes place with a cooperative partner who binds or restrains the individual and sometimes administers discipline, such as spankings or whippings (Santilla et al., 2002). One survey of 975 heterosexual women and men revealed that bondage is a fairly common practice: One fourth of respondents reported engaging in some form of bondage during some of their sexual encounters (Rubin, 1990).

Many people in contemporary Western societies view sadomasochism in a highly negative light. This attitude is certainly understandable, particularly in people who regard sexual sharing as a loving, tender interaction between partners who wish to exchange pleasure. However, much of this negativity stems from a generalized perception of S/M activities as perverse forms of sexual expression that involve severe pain, suffering, and degradation. It is commonly misunderstood that individuals caught up in such activities are often victims rather than willing participants.

One group of researchers disputed these assumptions, suggesting that the traditional medical model of sadomasochism as a pathological condition is based on a limited sample of individuals who come to clinicians' attention because of personality disorders or severe personality problems. As with some other atypical behaviors discussed in this chapter, these researchers argued that it is misleading to draw conclusions from such a sample. They conducted their own extensive fieldwork in nonclinical environments, interviewing a variety of sadomasochism participants and observing their behaviors in many different settings. Although some subjects' behaviors fit traditional perceptions, the researchers found that, for most participants, sadomasochism was simply a form of sexual enhancement involving elements of dominance and submission, role-playing, and consensualiry, "which they voluntarily and mutually chose to explore" (Weinberg et al., 1984, p. 388). Other research revealed that these individuals were

socially well adjusted and that sadomasochistic behavior occupied only a portion of their broader sexual lives (Chivers et al., 2014; Sandnabba et al., 1999).

Many people who engage in S/M activities are motivated by a desire to experience dominance or submission, or both, rather than pain (Hucker, 2014a; Weinberg, 1995). This desire is reflected in the following account, provided by a student in a sexuality class:

I fantasize about sadomasochism sometimes. I want to have wild animalistic sex under the control of my husband. I want him to "force" me to do things. Domination and mild pain would seem to fulfill the moment. I have read books and talked to people about the subject, and I am terrified at some of the things, but in the bounds of my trusting relationship I would not be afraid. It seems like a silly game, but it is so damned exciting to think about. Maybe someday it will happen. (Authors' files)

Studies of sexual behavior in other species reveal that many nonhuman animals engage in what might be labeled combative or pain-inflicting behavior before coitus (Gross, 2006). Some theorists have suggested that such activity has definite neurophysiological value, heightening accompaniments of sexual arousal such as blood pressure, muscle tension, and hyperventilation (Gebhard et al., 1965). It has also been suggested that resistance or tension between partners enhances sex and that sadomasochism is just a more extreme version of this common principle (Tripp, 1975). A related theory sees sexual masochism as an attempt to escape from high levels of self-awareness. Similar to some other behaviors (such as getting drunk) in which a person may attempt to lose himself or herself, masochistic activity blocks out unwanted thoughts and feelings, particularly those that induce anxiety, guilt, or feelings of inadequacy or insecurity (Baumeister, 1988).

Sadomasochism might also provide participants—both men and women—with an escape from the rigidly controlled, restrictive roles they must play in their everyday public lives (Henderson, 2015). This possibility helps explain why men who engage in S/M activity are much more likely to play masochistic roles than are women (Baumeister, 1997).

Clinical case studies of people who engage in sadomasochism sometimes reveal early experiences that may have established a connection between sex and pain. For example, being punished for engaging in sexual activities (such as masturbation) might lead a child or an adolescent to associate sex with pain. A child might even experience sexual arousal while being punished—for example, getting an erection or lubricating when his or her pants are pulled down and a spanking is administered (spanking is a common S/M activity) (Bezreh et al, 2012).

Many people, perhaps the majority, who participate in SIM behaviors do not depend on these activities to achieve sexual arousal and orgasm. S/M interests often exist concurrently with more conventional sexual desires (Kleinplatz & Moser, 2004). Those who practice sadomasochism only occasionally find that at least some of its excitement and erotic allure stem from its being a marked departure from more conventional sexual practices.

Other Noncoercive Paraphilias

In this section, we consider four additional varieties of noncoercive paraphilias that are generally uncommon or even rare. We begin our discussion by describing autoerotic asphyxia, a dangerous form of variant sexual behavior. We then offer a few brief comments about three other uncommon noncoercive paraphilias: klismaphilia, coprophilia, and urophilia.

AUTOEROTIC ASPHYXIA

Autoerotic asphyxia (also called hypoxiphilia or asphyxiophilia) is a rare and life-threatening paraphilia in which an individual, almost always a male, seeks to reduce the supply of oxygen to the brain during a heightened state of sexual arousal (Hucker, 2009; Hucker et al., 2011). The oxygen deprivation is usually accomplished by applying pressure to the neck with a chain, leather belt, ligature, or rope noose (by means of hanging). Occasionally, a plastic bag or chest compression is used as the asphyxiating device. A person might engage in these oxygen-depriving activities while alone or, occasionally, with a partner (Hucker, 2014b; Jarvis, 2014). Available data indicate that the majority of people who express this paraphilia are White males who practice this activity solitarily in a private or secluded place like a basement when other family members or home inhabitants are absent (Hucker, 2014b; Sauvageau & Racette, 2006).

We can only theorize from limited data about what motivates such behavior. People who practice autoerotic asphyxia rarely disclose this activity to relatives, friends, or therapists, let alone discuss why they engage in such behavior (Garza-Leal & Landron, 1991; Saunders, 1989). For some the goal seems to be to increase sexual arousal and to enhance the intensity of orgasm. In this situation the item used to induce oxygen deprivation (such as a rope) is typically tightened around the neck to produce heightened arousal during masturbation and is then released at the time of orgasm. Individuals often devise elaborate techniques that enable them to free themselves from the strangling device before losing consciousness.

The enhancement of sexual excitement by pressure-induced oxygen deprivation may bear some relationship to reports that orgasm is intensified by inhaling amyl nitrate ("poppers"), a drug used to treat heart pain. This substance is known to temporarily reduce brain oxygenation through peripheral dilation of the arteries that supply blood to the brain.

It has also been suggested that autoerotic asphyxia is a highly unusual variant of sexual masochism in which participants act out ritualized bondage themes (American Psychiatric Association, 2013; Cosgray et al., 1991). People who engage in this practice sometimes keep diaries of elaborate bondage fantasies and, in some cases, describe fantasies of being asphyxiated or harmed by others as they engage in this rare paraphilia.

One important fact about this seldom-seen paraphilia is quite clear: This is an extremely dangerous activity that often results in death (Cooper, 1996; Hucker, 2014b).

Accidental deaths sometimes occur because of equipment malfunction or mistakes, such as errors in the placement of the noose or ligature. Deaths that result from this practice are sometimes attributed to suicide (Hucker, 2014b). Data from the United States, England, Australia, and Canada indicate that one to two deaths per 1 million people are caused by autoerotic asphyxiation each year (American Psychiatric Association, 2013; Hucker, 2014b; Hucker et al., 2011). The Federal Bureau of Investigation estimates that deaths in the United States resulting from this activity may run as high as 1,000 per year (Donaldson, 2014).

KLISMAPHILIA

Klismaphilia (kliz-muh-FILL-ee-uh) is an unusual variant of sexual expression in which an individual obtains sexual pleasure from receiving enemas (Agnew, 2000). Less commonly, the erotic arousal is associated with giving enemas. The case histories of many individuals who express klismaphilia reveal that as infants or young children they were frequently given enemas by concerned and affectionate mothers. This association of loving attention with anal stimulation

may eroticize the experience for some people so that as adults they may manifest a need to receive an enema as a substitute or prerequisite for genital intercourse.

COPROPHILIA AND UROPHILIA

Coprophilia (kah-pruh-FILL-ee-uh) and urophilia (yoo-roh-FILL-ee-uh) refer to activities in which people obtain sexual arousal from contact with feces and urine, respectively. Individuals who exhibit coprophilia achieve high levels of sexual excitement from watching someone defecate or by defecating on someone, in rare instances, they achieve arousal when someone defecates on them. Urophilia is expressed by urinating on someone or being urinated on. This activity, reflected in the chapter opening anecdote, has been referred to as "water sports" and "golden showers." There is no consensus about the origins of these highly unusual paraphilias.

Coercive Paraphilias

In this section, we first describe three common forms of coercive paraphilic behaviors: exhibitionism, obscene phone calls, and voyeurism. Three other varieties of coercive paraphilias—frotteurism, zoophilia, and necrophilia—are also discussed,

Exhibitionism

Exhibitionism, often called indecent exposure, refers to behavior in which an individual (almost always male) exposes his genitals to an involuntary observer (usually an adult woman or a girl) (American Psychiatric Association, 2013; Marshall et al., 1991). Typically, a man who has exposed himself obtains sexual gratification by masturbating shortly thereafter, using mental images of the observer's reaction to increase his arousal. Some men, while having sex with a willing partner, fantasize about exposing themselves or replay mental images from previous episodes. Still others have orgasm triggered by the act of exposure, and some masturbate while exhibiting themselves (American Psychiatric Association, 2013; Frey, 2014). The reinforcement of associating sexual arousal and orgasm with the actual act of exhibitionism or with mental fantasies of exposing oneself contributes significantly to the maintenance of exhibitionistic behavior. Exposure can occur in a variety of locations, most of which allow for easy escape. Subways, relatively deserted streets, parks, and cars with a door left open are common places for exhibitionism to occur. However, sometimes a private dwelling is the scene of an exposure, as revealed in the following account:

*One evening I was shocked to open the door of my apartment to a naked man. I looked long enough to see that he was underdressed for the occasion and then slammed the door in his face. He didn't come back. I'm sure my look of total horror was what he was after. But it is difficult to keep your composure when you open your door to a naked man.
(Authors' files)*

Certainly, many of us have exhibitionistic tendencies: We may go to nude beaches, parade before admiring lovers, or wear provocative clothes or scanty swimwear. However, such behavior is considered appropriate by a society that in many ways exploits and celebrates the erotically portrayed human body. That legally defined exhibitionistic behavior involves generally unwilling observers sets it apart from these more acceptable variations of exhibitionism.

Our knowledge of who displays this behavior is based largely on studies of arrested offenders—a sample that may be unrepresentative. This sampling problem is common to many forms of atypical behavior that are defined as criminal. From the available data, however limited, it appears that most people who exhibit themselves are men in their late teens or 20s, and more

than half are married or have been married (Frey, 2014; Murphy, 1997). They are often shy, nonassertive people who feel inadequate and insecure and suffer from problems with intimacy (Arndt, 1991; Marshall et al., 1991; Murphy & Page, 2008). Their sexual relationships are likely to have been unsatisfactory. Many were reared in atmospheres characterized by puritanical and shame-inducing attitudes toward sexuality.

A number of factors influence the development of exhibitionistic behavior. Many individuals who behave this way have such powerful feelings of personal inadequacy that they are afraid to reach out to another person out of fear of rejection (Minor & Dwyer, 1997). Their exhibitionism is thus a limited attempt to somehow involve others, however fleetingly, in their sexual expression. Limiting contact to briefly opening a raincoat before dashing off minimizes the possibility of overt rejection. Some men who expose themselves may be looking for affirmation of their masculinity. Others, feeling isolated and unappreciated, may simply be seeking attention, which they desperately crave. A few feel anger and hostility toward people, particularly women, who have failed to notice them or who they believe have caused them emotional pain. Under these circumstances exposure can be a form of reprisal, designed to shock or frighten the people they see as the source of their discomfort. In addition, exhibitionism is not uncommon in emotionally disturbed, intellectually disabled, or mentally disoriented individuals. In these cases the behavior reflects a limited awareness of what society defines as appropriate actions, a breakdown in personal ethical controls, or both.

In contrast to the public image of an exhibitionist as a person who lurks about in the shadows, ready to grab hapless victims and drag them off to ravish them, most men who engage in exhibitionism limit this activity to exposing themselves (American Psychiatric Association, 2013; Frey, 2014). Yet the word victim is not entirely inappropriate, in that observers of such exhibitionistic episodes may be emotionally traumatized by the experience (Cox, 1988; Marshall et al., 1991). Some feel that they are in danger of being raped or otherwise harmed. A few, particularly young children, can develop negative feelings about genital anatomy from such an experience.

Investigators have noted that some people who expose themselves, probably a small minority, actually physically assault their victims (Brown, 2000). Furthermore, in some cases men who engage in exhibitionism may progress from exposing themselves to more serious offenses, such as rape and child molestation (Abel, 1981; Bradford et al., 1992).

What is an appropriate response if someone exposes himself to you? It is important to keep in mind that most people who express exhibitionist behavior want to elicit reactions of excitement, shock, fear, or terror. Although it may be difficult not to react in any of these ways, a better response is to calmly ignore the exhibitionist act and go about your business. Of course, it is also important to immediately distance yourself from the offender and to report such acts to the police or campus security as soon as possible.

Obscene Phone Calls

People who make obscene phone calls share characteristics with exhibitionists. Thus obscene phone calling (sometimes called telephone scatologia) is viewed by some professionals as a subtype of exhibitionism. People who make obscene phone calls typically experience sexual arousal when their victims react in a horrified or shocked manner, and many masturbate during or immediately after a "successful" phone exchange. These callers are typically male, and they often suffer from pervasive feelings of inadequacy and insecurity (Matek, 1988; Prince et al., 2002). Obscene phone calls are frequently the only way they can find to have sexual exchanges.

However, when relating to the other sex, they frequently show greater anxiety and hostility than do people inclined toward exhibitionism, as revealed in the following account:

One night I received a phone call from a man who sounded quite normal until he started his barrage of filth. Just as I was about to slam the phone down, he announced, "Don't hang up. I know where you live (address followed) and that you have two little girls. If you don't want to find them all mangled up, you will hear what I have to say. Furthermore, I expect you to be available for calls every night at this time." It was a nightmare. He called night after night. Sometimes he made me listen while he masturbated. Finally I couldn't take it any longer, and I contacted the police. Thank heavens, the calls eventually stopped. I was about to go crazy. (Authors' files)

Fortunately, a caller rarely follows up his verbal assault with a physical attack on his victim.

What is the best way to handle obscene phone calls? Information about how to deal with such calls is available from most local phone company offices. Because these offices are commonly besieged by such queries, you may need to be persistent in your request. A few tips are worth knowing; they may even make it unnecessary to seek outside help.

First, quite often the caller has picked your name at random from a phone book or perhaps knows you from some other source and is just trying you out to see what kind of reaction he can get. Your initial response may be critical in determining his subsequent actions. He wants you to be horrified, shocked, or disgusted; thus the best response is usually not to react overtly. Slamming down the phone may reveal your emotional state and provide reinforcement to the caller. Simply set it down gently and go about your business. If the phone rings again immediately, ignore it. Chances are that he will seek out other, more responsive victims.

Other tactics may also be helpful. One, used successfully by a former student, is to feign deafness. "What is that you said? You must speak up. I'm hard of hearing, you know!" Setting down the phone with the explanation that you are going to another extension (which you never pick up) may be another practical solution. Finally, screening calls with an answering machine or caller ID might also prove helpful. The caller is likely to hang up in the absence of an emotionally responding person.

If you are persistently bothered by obscene phone calls, you may need to take additional steps. Your telephone company should cooperate in changing your number to an unlisted one at no charge. It is probably not a good idea to heed the common advice to blow a police whistle into the mouthpiece of the phone (which may be quite painful and even harmful to the caller's ear) because you may end up receiving the same treatment from your caller.

Call tracing, a service offered by many telephone companies, may assist you in dealing with repetitive obscene or threatening phone calls. After breaking connection with the caller, you enter a designated code, such as star 57. The telephone company then automatically traces the call. After a certain number of successful traces to the same number, a warning letter is sent to the offender indicating that he or she has been identified as engaging in unlawful behavior that must stop. The offender is warned that police intervention or civil legal action is an option if the behavior continues. Your phone company does not charge a fee for this service. Call tracing is clearly not effective when calls are placed from a public pay phone, and calls made from cellular phones cannot be traced.

Voyeurism

Voyeurism (voi-YUR-ih-zum) refers to deriving sexual pleasure from looking at the naked bodies or sexual activities of others, usually strangers, without their consent (American Psychiatric Association, 2013). Because a degree of voyeurism is socially acceptable (witness the popularity of sex sites on the Internet), it is sometimes difficult to determine when voyeuristic behavior becomes a problem (Arndt, 1991; Forsyth, 1996). To qualify as atypical sexual behavior, voyeurism must be preferred to sexual relations with another person or indulged in with some risk (or both). People who engage in this behavior are often most sexually aroused when the risk of discovery is high—which may explain why most are not attracted to such places as nudist camps and nude beaches, where looking is acceptable (Tollison & Adams, 1979).

Again, people inclined toward voyeurism often share characteristics with people who expose themselves (Arndt, 1991; Langevin et al., 1979). They may have poorly developed sociosexual skills, with strong feelings of inferiority and inadequacy, particularly as directed toward potential sexual partners (Kaplan & Krueger, 1997). As the common term “peeping Tom” implies, voyeurism is typically, although not exclusively, expressed by males (Davison & Neale, 1993). They tend to be young men, usually in their early 20s (Dwyer, 1988; Lavin, 2008). They rarely “peep” at someone they know, preferring strangers instead. Most individuals who engage in such activity are content merely to look, keeping their distance. However, in some instances such individuals go on to more serious offenses, such as burglary, arson, assault, and even rape (Abel & Osborn, 2000; Langevin, 2003).

Voyeuristic behavior typically includes peering into bedroom windows, stationing oneself by the entrance to women's bathrooms, and boring holes in the walls of public dressing rooms. Some men travel elaborate routes several nights a week for the occasional reward of a glimpse, through a window, of bare anatomy or, rarely, a scene of sexual interaction. A new form of voyeurism has emerged in which small, technologically advanced video cameras are used to surreptitiously invade the personal privacy of many unaware victims. It's perhaps best described as video voyeurism.

Small, affordable video cameras are increasingly being used to invade and record some of our most private moments. These images might then be displayed on the Internet or on someone's DVD player. High-tech video devices—hidden in such locations as smoke detectors, exit signs, ceiling fixtures, and gym bags—make it easy for unscrupulous individuals with either a penchant for peeping or an eye for a quick buck to victimize people by secretly recording them.

Both local and national media report on a proliferation of various forms of video voyeurism, which include hidden cameras or cell phones in such places as bathrooms (“bathroom-cams”), shower facilities (“shower-cams”), locker rooms (“lockerroom-cams”), bedrooms (“bedroom-cams”), and under working women's desks (“upskirt-cams”). Cell phones with video and still photography features have added another disconcerting dimension to the proliferation of video voyeurism. For example, a male school teacher in Florida was arrested and charged with using a cell phone, placed under a bathroom stall, to record images of minors and adults using the bathroom facilities (UPI Newstrack, 2011). In another similar case, an employee of an Illinois hardware business was charged with unauthorized videotaping via a video camera found in the store's bathroom (Nagle, 2011).

People who use “voyeur-cams” do so either for their own sexual gratification or for financial gain. Technological advances in video equipment, together with the Internet, have allowed the emergence of a disturbing new financial market in which unethical entrepreneurs sell secret

video invasions of privacy either for home DVD viewing or for viewing at pay-per-view websites. The number of both unauthorized and authorized occurrences of voyeuristic Internet video displays have exploded. The multiplicity of websites that appeal to video voyeurs are set up on a pay-per-view or subscription basis, and a person can log on to watch the activities of people, often attractive women, who may not know that they are being watched.

Unfortunately, many embarrassed and angry victims of video voyeurism have discovered that they have little legal recourse when secret videos are marketed by unscrupulous entrepreneurs based in foreign countries where the legal codes allow them to function without fear of legal reprisals. Currently all U.S. states, with the exception of Iowa, have some legal prohibitions pertaining to video voyeurism. However, vague legal wording, in conjunction with the dramatic increase in legal video surveillance since 9/11, has rendered these state laws difficult to interpret and enforce.

We hope that states will become increasingly effective in prosecuting high-tech video voyeurism and that the general public will become more aware of this serious form of personal privacy invasion. Furthermore, as we become more knowledgeable about the potential for this invasive process, we can be more aware and careful in situations where we might be victimized in this fashion. For example, when changing in a gym or health club, be on the lookout for clothes bags positioned so that they might allow secret video recording. A Missouri youth-group leader was recently convicted of producing and possessing child pornography obtained via secretly taping young boys in various settings (e.g., showers and bathroom facilities) with a video camera he had hidden inside a backpack (Mann, 2011).

It is difficult to isolate specific influences that trigger voyeuristic behavior, particularly because so many of us demonstrate voyeuristic tendencies in a somewhat more controlled fashion. The adolescent or young adult male who displays this behavior often feels great curiosity about sexual activity (as many of us do) but at the same time feels inadequate or insecure. His voyeurism, either while physically present or by means of hidden video cameras, becomes a vicarious fulfillment because he may be unable to engage in sexual activity without experiencing a great deal of anxiety. In some instances voyeuristic behavior is also reinforced by feelings of power and superiority over those who are secretly observed.

Other Coercive Paraphilias

We conclude our discussion of coercive paraphilias with a few brief comments about three additional varieties of these coercive or invasive forms of paraphilia. The first two, frotteurism and zoophilia, are fairly common, The third variant form, necrophilia, is a rare and extremely aberrant form of sexual expression.

FROTTEURISM

Frotteurism (frah-toor-IH-zum) is a fairly common coercive paraphilia that goes largely unnoticed. It involves an individual, usually a male, who obtains sexual pleasure by pressing or rubbing against a fully clothed female in a crowded public place, such as an elevator, a bus, a subway, a large sporting event, or an outdoor concert. This behavior usually occurs in places where rapid escape is possible. The most common form of contact is between the man's clothed penis and a woman's buttocks or legs. Less commonly, he may use his hands to touch a woman's thighs, pubic region, breasts, or buttocks. This form of contact, called "toucherism," may seem to be inadvertent, and the woman who is touched may not notice or may pay little heed to the seemingly casual contact. On the other hand, she may feel victimized and angry (Freund et al., 1997).

A man who engages in frotteurism may achieve arousal and orgasm during the act. More commonly, he incorporates the mental images of his actions into masturbation fantasies at a later time. Men who engage in this activity have many of the characteristics manifested by those who practice exhibitionism. They are frequently plagued by feelings of social and sexual inadequacy. Their brief, furtive contacts with strangers in crowded places allow them to include others in their sexual expression in a safe, nonthreatening manner. Most men who engage in frotteurism have no desire to eliminate this behavior (Kulbarsh, 2014).

As with other paraphilias, it is difficult to estimate just how common this variety of coercive paraphilia is. One study of reportedly typical or normal college men found that 21% of the respondents had engaged in one or more frotteuristic acts (Templeman & Sinnott, 1991).

ZOOPHILIA

Zoophilia (zoh-oh-FILL- ee-uh), sometimes called bestiality, involves sexual contact between humans and animals (American Psychiatric Association, 2013). You may wonder why we classify this as a coercive paraphilia, because such behavior does not involve coercing other people into acts that they would normally avoid. In many instances of zoophilia, it is reasonable to presume that the animals involved are also unwilling participants, and the acts performed are often both coercive and invasive. Consequently, assigning this paraphilia to the coercive category seems appropriate.

In Kinsey's sample populations, 8% of the males and almost 4% of the females reported having had sexual experiences with animals at some point in their lives. The frequency of such behavior among males was highest for those raised on farms (17% of these men reported experiencing orgasm as a result of animal contact). The animals most frequently involved in sex with humans are sheep, goats, donkeys, large fowl (ducks and geese), dogs, and cats. Males are most likely to have contact with farm animals and to engage in penile—vaginal intercourse or to have their genitals orally stimulated by the animals (Hunt, 1974; Kinsey et al., 1948; Miletski, 2002). Women are more likely to have contact with household pets, involving an animal in licking their genitals or masturbating a male dog. Less commonly, some women have trained a dog to mount them and engage in coitus (Gendel & Bonner, 1988; Kinsey et al., 1953).

Sexual contact with animals is commonly only a transitory experience of young people to whom a human sexual partner is inaccessible or forbidden (Money, 1981).

Most adolescent males and females who experiment with zoophilia make a transition to adult sexual relations with human partners. True, or non-transitory zoophilia exists only when sexual contact with animals is preferred, regardless of what other forms of sexual expression are available. Such behavior, which is rare, may be expressed only by people with deep-rooted psychological problems or distorted images of the other sex. For example, a man who has a pathological hatred of women may be attempting to express his contempt for them by choosing animals in preference to women as sexual partners. However, some men who engage in zoophilia do not appear to fit this profile. An anonymous Internet questionnaire study of 114 self-defined "zoophile" men found that while the majority of respondents indicated preferring animal sex to human sex, a desire for affection and pleasurable sex, and not hatred of women, were presented as the major reasons for sexual interest in animals (Williams & Weinberg, 2003).

NECROPHILIA

Necrophilia (ne-kruh-FILL-ee-uh) is an extremely rare sexual variation in which a person obtains sexual gratification by viewing or having intercourse with a corpse. This paraphilia appears to

occur exclusively among males, who may be driven to remove freshly buried bodies from cemeteries or to seek employment in morgues or funeral homes (Tollison & Adams, 1979). However, the vast majority of people who work in these settings do not have tendencies toward necrophilia.

There are a few cases on record of men with necrophilic preferences who kill someone to gain access to a corpse (Milner & Dopke, 1997). The notorious Jeffrey Dahmer, the Milwaukee man who murdered and mutilated his young male victims, is believed by some experts in criminal pathology to have been motivated by uncontrollable necrophilic urges. More commonly, the difficulties associated with gaining access to dead bodies lead some men with necrophilic preferences to limit their deviant behavior to contact with simulated corpses. Some prostitutes cater to this desire by powdering themselves to mimic the pallor of death, dressing in a shroud, submerging themselves in ice water, and lying very still during intercourse. Any movement on their part may inhibit their customers' sexual arousal.

Men who engage in necrophilia almost always manifest severe emotional disorders (Goldman, 1992). They may see themselves as sexually and socially inept and may both hate and fear women. Consequently, the only "safe" woman may be one whose lifelessness epitomizes a nonthreatening, totally subjugated sexual partner (Rosman & Resnick, 1989; Stoller, 1977).

Treatments for Paraphilias

Psychological Treatments

A number of treatment procedures are available for decreasing unwanted arousal. Most are behavior therapy procedures directed at changing the associations and context from arousing and pleasurable to neutral.

If positive outcomes, like sexual arousal, follow inappropriate behaviors then they will be reinforced and more likely to occur again. Aversive conditioning involves reducing the unwanted behavior by having *negative* outcomes follow inappropriate behaviors. For example, a man is instructed to smell a foul odor when he begins to fantasize about exposing himself.

One aversive conditioning procedure, carried out entirely in the imagination of the patient, called covert sensitization, was first described by Joseph Cautela (1967; see also Barlow, 2004). In this treatment, patients associate sexually arousing images in their imagination with some reasons why the behavior is harmful or dangerous. Before treatment, the patient knows about these reasons, but the immediate pleasure and strong reinforcement the sexual activity provides is enough to overcome any thoughts of possible harm or danger that might arise in the future. This process is what happens in much unwanted addictive behavior, where the short-term pleasure outweighs the long-term harm, including bulimia.

In imagination, harmful or dangerous consequences can be associated quite directly-with the unwanted behavior and arousal in a powerful and emotionally meaningful way. For example, Tony was a step father who was sexually abusing his step daughter. He would visit her bedroom soon after she went to bed. One of the most powerful negative aspects of Tony's behavior was his embarrassment over the thought of being discovered by his current wife, other family members, or, most important, the family priest. Therefore, he was guided through the fantasy described here.

You are alone with your daughter in your trailer. You realize that you want to caress her breasts. So you put your arm around her, slip your hand inside her blouse, and begin to caress her breasts. Unexpectedly the door to the trailer opens and in walks your wife with Father X (the family priest). Your daughter immediately jumps up and runs out the door. Your wife follows her. You are left alone with Father X. He is looking at you as if waiting for an explanation of what he has just seen. Seconds pass, but they seem like hours. You know what Father X must be thinking as he stands there staring at you. You are embarrassed and want to say something, but you can't seem to find the right words. You realize that Father X can no longer respect you as he once did. Father X finally says, "I don't understand this; this is not like you." You both begin to cry. You realize that you may have lost the love and respect of both Father X and your wife, who are important to you. Father X asks, "Do you realize what this has done to your daughter?" You think about this and you hear your daughter crying; she is hysterical. You want to run, but you can't. You are miserable and disgusted with yourself. You don't know if you will ever regain the love and respect of your wife and Father X.

Two major areas in Tony's life needed treatment: deviant (incestuous) sexual arousal and marital problems. Most individuals with paraphilic arousal patterns need a great deal of attention to family functioning or other interpersonal systems in which they operate (Fagan et al., 2002; Rice & Harris, 2002).

In addition, many require intervention to help strengthen appropriate desired patterns of arousal. For example, a man may receive strong arousal to boots because he has masturbated to them often. We want to provide reinforcement not to boots, but to more appropriate objects (like a nude female). In orgasmic reconditioning, patients are instructed to masturbate to their usual fantasies but to substitute more desirable ones just before ejaculation. With repeated practice, patients should be able to begin the desired fantasy earlier in the masturbatory process and still retain their arousal. This technique, first described by Gerald Davison (1968), has been used with some success in a variety of settings (Brownell et al., 1977; Maletzky, 2002). Finally, as with most strongly pleasurable but undesirable behaviors (including addiction), care must be taken to provide the patient with coping skills to prevent slips or relapses. Relapse prevention treatment created for addictions (Laws & O'Donohue, 1997) does just that. Patients are taught to recognize the early signs of temptation and to institute a variety of self-control procedures before their urges become too strong.

Drug Treatments

The most popular drug used to treat individuals with paraphilic disorders is an antiandrogen called cyproterone acetate (Bradford, 1997; Seto, 2009). This "chemical castration" drug eliminates sexual desire and fantasy by reducing testosterone levels dramatically, but fantasies and arousal return as soon as the drug is removed. A second drug is medroxyprogesterone (Depo-Provera is the injectable form), a hormonal agent that reduces testosterone (Fagan et al., 2002). These drugs may be useful for dangerous sexual offenders who do not respond to alternative treatments or to temporarily suppress sexual arousal in patients who require it, but it is not always successful. In an earlier report of the Maletzky series (1991), only 8 of approximately 5,000 patients required the drug because they showed no response whatsoever to psychological treatments. Rosier and Witztuni (1998) report successful "chemical castration" of 30 men with severe longstanding paraphilic disorders using triptorelin, which inhibits gonadotropin secretion in men. This drug appears to be somewhat more effective than the other drugs mentioned here with fewer side effects, based on this one study. Of course, the drug is only

effective if taken regularly, but most individuals, facing prison as the alternative, are highly motivated to comply with treatment.

From: *Our Sexuality*, Crooks & Baur, 2017 pages.522 – 540

From: *Abnormal Psychology*, Barlow & Durand, 2015, pages 384 - 386