

Sexual Variations: Unusual Sexual Interests

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Unusual Sexual Interests

“All societies attempt to control the sexual behavior of their members. One mechanism of exercising this control is to define a specific sexual interest as a “mental disorder.”

Which sexual interests are proscribed often changes; masturbation, oral sex, anal sex, and homosexuality were once considered mental disorders but are not typically accepted as such now. Similarly, there are conditions that were accepted as “normal” in the past but are now classified as mental disorders (hypoactive sexual desire, sexual aversion, female orgasmic disorder, rapid ejaculation).

Cross-culturally, sexual activity considered “acceptable” in the US or Canada (non-marital sex) is viewed as “stigmatized” in other cultures, and sexual activity considered “acceptable” in Europe (topless sunbathing) is stigmatized in the US and Canada.”

When is Sexual Behavior Abnormal?

Some Relativist Definitions

- **Statistical definition**: an abnormal sexual behavior is one that is statistically rare and not practiced by many people
 - Waiting until marriage to have sexual intercourse
- **Sociological approach**: sexual behavior that violates the norms of a particular society
 - Waiting until marriage to have sexual intercourse
- **Psychological approach**: interference with meeting the personal and social demands of everyday life
 - Waiting until marriage to have sexual intercourse

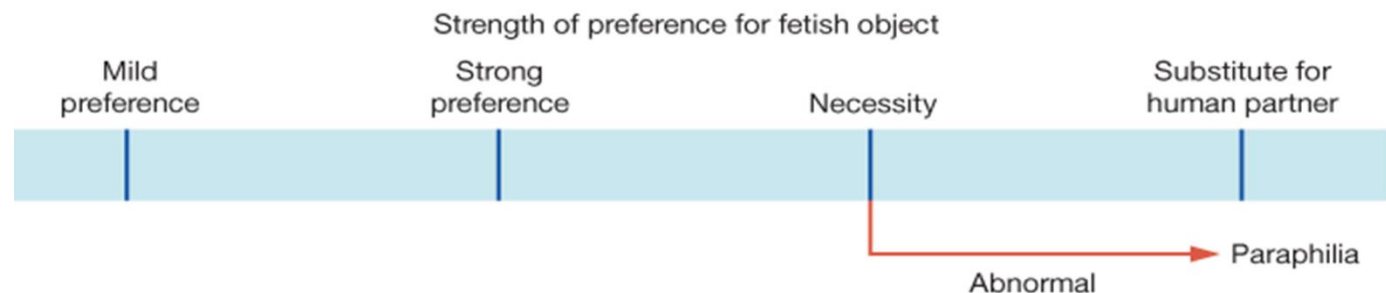
When is Sexual Behavior Abnormal?

A Medical—and More Absolutist— Definition

- **Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR):**
 - **Recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors involving non-human objects (Fetishism, Transvestic Fetishism), the suffering or humiliation of oneself or one's sexual partner (Sexual Sadism, Sexual Masochism), children (Pedophilia), or other non-consenting person (Voyeurism, Frotteurism, Exhibitionism).**
 - **Must occur over at least six months**
 - **Must cause significant distress or impairment in social and other important areas of functioning.**

A Normal-Abnormal Continuum

- Normal and abnormal sexual behavior by any definitions are not two separate categories but rather gradations on a continuum
- Normal range of sexual behavior - mild preference – strong preference for something statistically, sociologically, or psychiatrically deemed abnormal
- For example;
 - A man may have a preference for a fetish object such as high heels but when he **cannot become aroused or engage in sexual activity without the object then he has drifted into the realm of paraphilia.**



Sexual “Addictions” or Compulsions

- **Compulsive sexual behavior:** disorder in which the person experiences intense sexually arousing fantasies, urges, and associated sexual behaviour that are intrusive, compulsive, and interfere with adjustment to the demands of everyday life
- **Carne’s four-step cycle:**
 - **Preoccupation:** Only thought is for the sexual act one is addicted to
 - **Rituals:** Certain acts become a prelude to the addictive act
 - **Compulsive sexual behaviour:** Person feels she or he has no control over impulse toward the act
 - **Despair:** Person does not feel good after act
anxiety is satisfied

may not actually be an addiction
may be an OCD

media hype about sexual addictions is over blown
not as common as seen

represent obtrusive and intrusive behaviours and that
they are only secondary sexual

Fetishism

- A person's sexual fixation on some object other than another human being and attachment of great erotic significance to that object
- Media fetishes and form fetishes
 - Media fetish: a fetish whose object is anything made of a particular substance, such as leather, silk, hair
 - Form fetish: a fetish whose object is a particular shape, such as high-heeled shoes

sexually aroused by inanimate object:
underwear...

more common in men, development of fetish complex more in men than women

origins of fetish preferences: Ebings: case 146:
stole womens underwear
was a hereditary problem

money: different things turn on different people,
and it starts early and we dont know where it
comes from

possible to classically condition

unconditioned: without prior learning leads to
sexual feeling (touching urself)
any stimulus that occurs at the same time can
acquire the ability to turn you on

use it to create an aversion
response

may work or may not and
leads to arousal by the other
thing or perrson can
recondition themselves after
awhile

**--Classical conditioning and acquisition of
fetish**

--Classical conditioning and aversion to fetish

**--“Preparedness” to condition arousal to fetish
object: black, red, shiny, leather
more often than other things: not true**

Transvestism

it turns then on (not transgenders)

- Dressing as a member of the other gender for the purpose of sexual arousal
- “Primarily men”

Moser and klienplex: if wife doesnt like it: and you have a problem with this: you may have a social problem with not accepting rejection

Voyeurism

- **Voyeurism: a criminal sexual variation in which the person becomes sexually aroused from secretly viewing other's sexual acts and genitals.**
- **Exhibitionism: a criminal sexual variation involving exposing genitals to others in inappropriate situations**
- **In one Ottawa study, 6% of offenders went on to commit a hands-on assault**

Pedophilia: DSM IV

distorted cognition of/with children

- **A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger).** poor social skills: cant interact with same age adults
- **B. The person has acted on these urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.**
- **C. The person is at least age 16 years and at least 5 years older than the child or children in Criterion A.**
- **Note: Do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12- or 13-year-old**
- **Note: Not all pedophiles molest children, and not all child molesters are pedophiles**

Sadism and Masochism, Bondage and Discipline, Dominance and Submission

- **Sadist: a person who derives sexual satisfaction from inflicting pain on another person**
- **Masochist: a person who derives sexual satisfaction from experiencing pain** sexual
- **Bondage and discipline: use of physical or psychological restraints to enforce servitude**
- **Dominance and submission: the use of power consensually given to control the sexual stimulation and behavior of the other person**

Asphyxiophilia

- The desire to induce in oneself a state of oxygen deficiency in order to create sexual arousal or to enhance excitement and orgasm
- People engage in asphyxiophilia in the belief that arousal and orgasm are intensified by reduced oxygen
- Danger of death by asphyxiation
 - Mainly males: three men for every one woman
 - 118 recorded deaths in Alberta and Ontario (the only provinces that record these data) between 1974-1987

Other Sexual Variations

Coprophilia: deriving sexual satisfaction from contact with feces

Urophilia - sexual satisfaction from contact with urine

Necrophilia - sexual contact with a dead person

Zoophilia - bestiality; sexual contact with an animal

Frotteurism: rubbing one's genitals against nonconsenting person

Cybersex Use and Abuse waste of time mostly

- **Compulsive behavior**
 - Compulsive, intrusive, distressing, personally and/or socially maladaptive
- **Griffith's six characteristics of cybersex "addiction"**
 - **Salience:** Most important activity in life
 - **Mood modification:** Brings a buzz or high
 - **Tolerance:** requires More and more
 - **Withdrawal symptoms:** Crash when not engaging in cybersex
 - **Conflict:** With either people or with job or school responsibilities
 - **Relapse:** After quitting practice, may return and have same extreme pattern of use
 - **On line sexual activity. Or golf.**

Treatment of Sexual Variations

- **Cognitive-behavioural therapies**
 - Behaviour therapy to reduce inappropriate sexual arousal and redirect it to appropriate targets.
 - Social skills training to form better and competing interpersonal relationships
 - Modification of distorted thinking and acceptance of responsibility for one's actions (i.e. a flasher might think "women find this amusing". He needs to accept that this is a rationalization.)
 - Finding other, less problematic ways to meet needs/desires
 - Relapse prevention

Treatment of Sexual Variations

■ Medical treatments

- **Surgical castration** compulsive, and victimize others, some may even request this over incarceration
- **Chemical castration: medroxyprogesterone acetate**
- **Psychopharmacological treatment: use of psychotropic medications, e.g.: anti-depressants such as selective serotonin reuptake inhibitors have had some positive research findings** relapse when you stop

Criticisms of the Concept: Are Paraphilias Mental Disorders?

- **DSM IV definition of paraphilia:**
 - **The essential features of a paraphilia are recurrent, intense sexually arousing fantasies, urges, or behaviors that occur over a period of at least six months and are personally or socially disruptive or distressing.**
 - Do adolescence and the sexual high of a new relationships thus qualify as paraphilia?
 - A behavior in and of itself is not evidence of psychopathology. Does a transvestite have a mental disease or a practical problem with society's intolerance?
 - Specification of particular peculiar sexual behaviors and interests leads to discrimination against all practitioners of those behaviors even when their behavioral expressions are appropriate and non-distressing to them.
 - Dangerous? How about hang gliding.

Criticisms of the Concept: Are Paraphilias Mental Disorders?

- **DSM IV definition of paraphilia:**
 - **Social, political, and religious and historical factors affect the inclination to see certain behaviors or sexual interests as pathological.**
 - **The therapist's own socialization or theoretical perspective is likely to affect judgements of health or pathology.**

Critique of Paraphilia Definition: BDSM Interests Are Not Rare

9/30/10

BDSM 24 million hits
BDSM Porn 3.1 million hits

Fetlife.com had 571,542
members

Google

3/18/13

BDSM 186 million hits
BDSM Porn 86 million hits

Fetlife

Fetlife.com had 1,892,813
members

BDSM Fantasies Are Not Rare

- 22% of men and 12% of women had an erotic response to stories with sadomasochistic themes (Kinsey et al., 1948).
- Fantasies of humiliation and being beaten occurred in 11.7% and 5.3%, respectively [in men] (Crepault & Couture, 1980).
- 60% had positive fantasies of bondage, and 30% had positive fantasies of whipping or spanking a partner [women] (Reynaud & Byers, 1999).

Psychosocial Functioning

- **Normative levels of psychopathology in 132 self-identified BDSM practitioners (Connolly, 2006).**
not associated with mental problems, they have
normal psychological profile
- **Krueger (2010) concluded that BDSM practitioners by and large “Have shown evidence of good psychological and social function”**

Trauma Related to BDSM

- Despite an extensive review of the medical literature, injuries related to consensual sexual activity (non-BDSM) are rare and **NO** literature detailing BDSM injuries exists.
- We must assume that if it exists, it is rare.

cautious approach to paraphilias

when personal and social consequences of a pattern of sexual behaviours are problematic

Use of the Diagnosis

- National Ambulatory Medical Care Survey was obtained for outpatient visits for diagnoses involving the sexual and gender identity disorders (W. Narrow, personal communication, December 16, 2008; cited in Krueger, 2010).
- “Strikingly, no visits with the diagnoses of Sexual Sadism or Sexual Masochism were recorded.” (Krueger, 2010)

Therefore

- **BDSM interests are common**
 - **The fantasies are common**
 - **The behavior is common**
 - **Practitioners are not clogging our emergency rooms**
 - **No characteristic deficits in psycho-social functioning have been noted**
 - **Few are being given the diagnosis**