

chapter

9

Sexual Expression



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CHAPTER OUTLINE

Sexual Attractiveness

Sexual Scripts

Autoeroticism

Sexual Behavior With Others



Student Voices

'good' girl. When I went away to college, some of my new friends were sexually active and had more open thoughts about having sex. I did have sex with someone during my first year in college, but afterwards I felt really embarrassed about it. When some of my friends at home found out, they were really shocked as well. Even though my first sexual relationship was one full of love and commitment, these feelings of shame and embarrassment and shock kept me from sleeping with my boyfriend for the next four months. I really struggled with the 'good girl' versus 'slut' extreme images I had grown up with."

—29-year-old female

"I remember the first time one of my girlfriends told me she went down on a guy. I was seventeen and she was eighteen. We were still in high school. I thought it

was the grossest thing and couldn't imagine doing it. I'm embarrassed to admit that I kind of thought she was a slut. Then, a few months later, I tried it with my boyfriend. Then I began to feel like a slut."

—20-year-old female

"It's funny now how easy it is to talk about masturbation. When you get to college, some of the taboo is lifted from the subject, at least between the guys, I think. When someone brings up masturbating, we all kind of have that uncomfortable moment, but then we get into talking about when our last time was, how often, how we administer clean-up, techniques. It has become a normal subject with us. Considering how many males I have spoken to about masturbation, I think it is less taboo than they thought."

—20-year-old male

"It bothers me as a woman that other women, or at least several I have come in contact with, feel that it is nasty for their partners to please them orally but have no problem pleasing their partners that way. That's crazy!"

—21-year-old female

II *Sex is as important as eating or drinking and we ought to allow one appetite to be satisfied with as little restraint or false modesty as the other.*

—Marquis de Sade
(1740–1814)

SEXUAL EXPRESSION is a complex process through which we reveal our sexual selves. Sexual expression involves more than simply sexual behaviors; it involves our feelings as well. "Behavior can never be unemotional," one scholar observes (Blechman, 1990). As human beings, we do not separate feelings from behavior, including sexual behavior. Our sexual behaviors are rich with emotions, ranging from love to anxiety and from desire to antipathy.

To fully understand our sexuality, we need to examine our sexual behaviors *and* the emotions we experience along with them. If we studied sexual activities apart from our emotions, we would distort the meaning of human sexuality. It would make our sexual behaviors appear mechanistic, nothing more than genitals rubbing against each other.

In this chapter, we first discuss sexual attractiveness. Next, we turn to sexual scripts that give form to our sexual drives. Finally, we examine the most common sexual behaviors, both autoerotic, such as fantasies and masturbation, and interpersonal, such as oral-genital sex, sexual intercourse, and anal eroticism. When we discuss sexual behaviors, we cite results from numerous studies to illustrate the prevalence of those behaviors in our society. These results most often represent self-reports of a certain group of people. As discussed previously, self-reporting of sexual behavior is not always exact or unbiased. The research data provide only a general idea of what behaviors actually occur and do not indicate how people should express their sexuality or what "normal" behavior is. Sexuality is one of the most individualistic aspects of life; each of us has our own sexual values, needs, and preferences.

● Sexual Attractiveness

Sexual attractiveness is an important component in sexual expression. As we will see, however, there are few universals in what people from different cultures consider attractive.

"You can't control whom you are attracted to and who is attracted to you."

—Carol Cassell
(1936–)

A Cross-Cultural Analysis

In a landmark cross-cultural survey, anthropologists Clelland Ford and Frank Beach (1951) discovered that there appear to be only two characteristics that women and men universally consider important in terms of sexual attractiveness: youthfulness and good health. All other aspects may vary significantly from culture to culture. Even though this large survey was conducted over a half century ago, subsequent smaller and more-local studies support the importance of youthfulness and good health in sexual attraction, as well as the significance of culture in determining sexual attractiveness. One might ask why youthfulness and health were the only universals identified by Ford and Beach. Why not other body traits, such as a certain facial feature or body type?

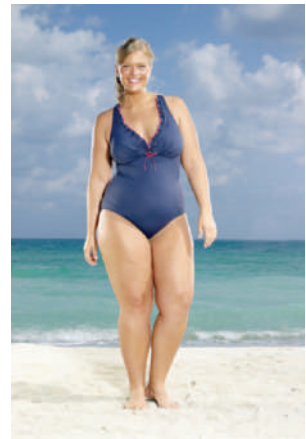
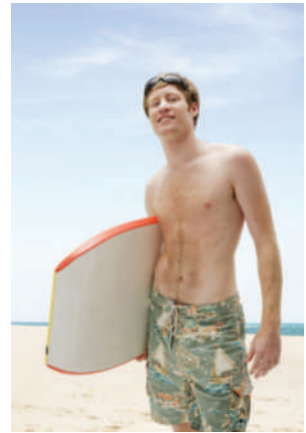
Although we may never find an answer, sociobiologists offer a possible, but untestable, explanation. They theorize that all animals instinctively want to reproduce their own genes. Consequently, humans and other animals adopt certain reproductive strategies. One of these strategies is choosing a mate capable of reproducing one's offspring. Men prefer women who are young because young women are the most likely to be fertile. Good health is also related to reproductive potential, because healthy women are more likely to be both fertile and capable of rearing their children. Evolutionary psychologist David Buss (1994.9a, 2003.9a) notes that our ancestors looked for certain physical characteristics that indicated a woman's health and youthfulness. Buss identifies certain physical features that are cross-culturally associated with beauty: good muscle tone; full lips; clear, smooth skin; lustrous hair; and clear eyes. Our ancestors also looked for behavioral cues such as animated facial expressions; a bouncy, youthful gait; and a high energy level. These observable physical cues to youthfulness and health, and hence to reproductive capacity, constitute the standards of beauty in many cultures.

Vitality and health are important to human females as well. Women prefer men who are slightly older than they are, because an older man is likely to be more stable and mature and to have greater resources to invest in children. Similarly, in the animal kingdom, females choose mates who provide resources, such as food and protection. Among American women, Buss (1994.9a, 2003.9a) points out, countless studies indicate that economic security and employment are much more important for women than for men. If you look in the personal ads on online dating sites, you'll find this gender difference readily confirmed. A woman's ad typically reads: "Lively, intelligent woman seeks professional, responsible gentleman for committed relationship." A man's ad typically reads: "Financially secure, fit man looking for attractive woman interested in having a good time. Send photo."

"After people are clothed and fed, then they think about sex."

—K'ung-Fu-tzu (Confucius)
(551–479 BCE)

Women also prefer men who are in good health and physically fit so as to be good providers. If a woman chooses someone with hereditary health problems, she risks passing on his poor genes to her children. Furthermore, an unhealthy partner is more likely to die sooner, decreasing the resources available to the woman and her children. Ford and Beach (1951) found that signs of ill health are universally considered unattractive.



What constitutes physical attractiveness may vary among cultures.

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Aside from youthfulness and good health, however, Ford and Beach found no universal standards of physical sexual attractiveness. In fact, they noted considerable variation from culture to culture in what parts of the body are considered erotic. In some cultures, the eyes are the key to sexual attractiveness; in others, it is height and weight; and in still others, the size and shape of the genitals matter most. In our culture, female breasts, for example, are considered erotic; in other cultures, they are not.

Since the classic study by Ford and Beach (1951), researchers have continued to attempt to identify other factors that influence sexual attractiveness, such as physical characteristics, personality traits, and fertility factors. Through research involving various cultures, it has been discovered that one of the most important physical traits of attractiveness is symmetry. That is, both sides of the person—the right and left sides—are the same. For example, both eyes are the same shape, the ears are similar, the hands are the same size, and the arms are the same length. Throughout the animal kingdom, which includes humans, males and females rate persons whose right and left sides are symmetrical as more attractive. One very noticeable physical feature is the face, and studies have shown that the more symmetrical a face, the more attractive persons of the other sex find it (Fisher, 2009; Jasienska, Lipson, Thune, & Ziomkiewicz, 2006; Little,

Apicella, & Marlowe, 2007; Quist et al., 2012; Tovee, Tasker, & Benson, 2000). Studies of face preferences have largely focused on the views of heterosexual individuals and have generally excluded homosexual participants, although one inclusive study is presented here. To test for similarity and differences among heterosexual and homosexual males and females in preference for face shape, researchers showed participants 10 pairs of faces sequentially (each pair consisting of a masculinized and a feminized version of the same face) and asked which face was considered most attractive. Of the four groups, homosexual men demonstrated stronger preferences for masculinity in male faces. Homosexual women had stronger preference for masculinity in female faces than did heterosexual women. The researchers stated that “these results suggest attractiveness judgments of same-sex faces made by homosexual individuals are not a mirror image of those made by heterosexual individuals of the opposite sex” (Glassenberg, Feinberg, Jones, Little, & DeBruine, 2010). Another study assessed not only face preference but also the combined effect of both facial and voice attractiveness cues. Female and male students from a United Kingdom university rated attractiveness of other-sex faces and voices in a computer-based experiment. The findings showed that despite being unrelated, face and voice traits positively influenced the attractiveness of both females and males. However, the influence of the voice was much smaller than that of facial attractiveness. Possibly the assessment of both facial and voice attractiveness provides a better estimate of overall mate quality (Wells, Baguley, Sergeant, & Dunn, 2013).

Another significant factor in sexual attraction is scent. The other person’s smell—that is, his or her natural body scent mixed with the lingering smells of the day—plays a major role in drawing people together and finding optimal partners. Some people report that they know right away from his or her smell that a person is the one for them, and, of course, conversely some conclude that his or her body odor is a “deal-breaker.” Psychologist Rachel Herz, author of the book *The Scent of Desire: Discovering Our Enigmatic Sense of Smell* (2007), states that “body odor is an external manifestation of the immune system and smells we think are attractive come from people who are most genetically compatible with us” (quoted in Svoboda, 2008). Interestingly, men and women whose body odors are judged to be sexy by others are also more likely to have symmetrical faces. For partners to find out each other’s true scent, they can go fragrance-free for a few days. People may worry about their own scent, and some people may indeed not like it, but there will always be persons who will be attracted to their natural body odor (Fisher, 2009; Herz, 2007; Martins et al., 2005; Moalem, 2009; Svoboda, 2008).

Cultures that agree on which body parts are erotic may still disagree on what constitutes attractiveness. In terms of female beauty, American culture considers a slim body attractive. But worldwide, Americans are in the minority, for the type of female body most desired cross-culturally is plump. Similarly, Americans prefer slim hips, but in the majority of cultures in Ford and Beach’s study, wide hips were most attractive. In our culture, large breasts are ideal, but other cultures prefer small breasts or long and pendulous breasts.

Male preference for female breast size varies within any given culture. For example, a study of British White men from London, England, required participants to view rotating (360 degrees) figures of women with varied breast sizes. Findings revealed that medium breasts were rated the most attractive (33%), followed by large (24%), very large (19%), small (16%), and very small (8%) breasts (Swami & Tovée, 2013).

“Ken, my husband, just smelled like he belonged to me. I’m talking about when you hug him, he either feels like a member of your tribe or not. It’s their scent.

—Eric Jong
(1942–)

In recent years, well-defined pectoral, arm, and abdominal muscles have become part of the ideal male body. Interestingly, a study of college undergraduate women rated muscular men as sexier than nonmuscular and very muscular men, but men with moderate muscularity were considered most attractive and more desirable for long-term relationships. Participants thought that the more brawny men would be more domineering, volatile, and less committed to their partners, whereas the moderately muscular man would be more sexually exclusive and romantic (Frederick & Haselton, 2007; Jayson, 2007).

In other sections of this text, we discuss men's and women's views about ideal erect penis length, largely relative to sexual satisfaction of the female partner, and whether they are satisfied with their own or their partner's penis size. However, the attractiveness of the flaccid person, per se, is understudied. In the flaccid state the human penis is displayed prominently and it has been suggested that penile traits have influenced sexual selection in human evolution (Potts & Short, 1999). Women living in California and New Zealand assessed the attractiveness of front-posed male figures that varied only in nonerect penis length (five lengths were presented). The smallest penis was rated the least attractive of the three intermediate sizes. The largest penis was not rated the most attractive but received higher scores than the smallest penis. The researchers state that "such preferences reflect female judgments of what is healthy and normal in a male, while the smallest and the greatest penile lengths may be perceived as aesthetically abnormal." Relative to another male body trait, images of men lacking chest and abdominal hair were rated as most attractive (Dixon, Dixon, Bishop, & Parish, 2010).

We have discussed various studies that examined desirable traits in potential sexual partners and mates. Although these studies report findings by sex, little research has been conducted around sexual orientation. Behavioral scientists from Radboud University Nijmegen in The Netherlands examined partner preferences of heterosexual and homosexual men and women, focusing on the importance of attractiveness and another variable, status (ambition, finished education, and high salary). From photographs and status-related profiles, heterosexual men valued attractiveness as the most important trait. Heterosexual women rated social status as most important. The mate preferences of homosexual men and women were remarkably similar to those of heterosexual men and women. Compared to attractiveness, status generally played a smaller role in an individual's desire to date someone (Ha, van den Berg, Engels, & Lichtwarck-Aschoff, 2012).

Evolutionary Mating Perspectives

One prominent theoretical explanation for human mating is the **sexual strategies theory** (Buss, 2003.9b; Buss & Schmitt, 1993). An important component of this theory addresses gender differences in short-term and long-term heterosexual relationships from an evolutionary mating perspective. This theory posits that males and females face different adaptive problems in "casual," or short-term, mating and long-term, reproductive mating, leading to different strategies or behaviors for solving these problems. A woman may select a partner who offers immediate resources, such as food or money, for short-term mating, whereas for long-term mating, more substantial resources are important. For males, a sexually available female may be chosen for a short-term liaison, but this type of woman would be avoided when selecting a long-term mate (Hyde & DeLamater, 2008).

 *A promiscuous person is someone who is getting more sex than you are.*

—Victor Lowndes
(1928–)

David Geary and colleagues (Geary, Vigil, & Byrd-Craven, 2004) reviewed the evolutionary theory and empirical research on mating and identified the potential costs and benefits of short-term and long-term sexual relationships in both men and women. The most fundamental difference is that women are predicted to be most selective in mate choices for both short-term and long-term relationships, given the costs of reproduction. Even in selecting a short-term mate, a woman may be more choosy than a man because she is evaluating him as a potential long-term mate. But in general, women are predicted to avoid short-term relationships, given that the possible costs outweigh the possible benefits. In contrast, the opposite is evident for men, given that the potential benefits outweigh the potential costs. In choosing a short-term partner, the man may want to minimize commitment. Once a man commits to a long-term relationship, the costs increase and the level of choosiness is predicted to increase. In their research on short-term sexual relationships, Todd Shackelford and colleagues (2004) found that women preferred short-term partners who are not involved in other relationships to present a greater potential as a long-term partner and that men were more likely than women to pursue short-term, or casual, sexual relationships.

Evolutionary biologists have hypothesized that men's short-term mating strategy is rooted in the desire for sexual variety, and a massive cross-cultural study of 16,288 people across 10 major world regions seems to demonstrate this (Schmitt, 2003). This study on whether the sexes differ in the desire for sexual variety found strong and conclusive differences that appear to be universal across the world regions: Men possess more desire than women for a variety of sexual partners and are more likely than women to seek short-term relationships. This was true regardless of the participant's relationship status or sexual orientation. The researchers concluded that these findings confirm that men's short-term sexual strategy is based on the desire for numerous partners. This behavior, from an evolutionary perspective, would maximize reproductive success. Interestingly, the study also found that men required less time to elapse than women before consenting to intercourse.

Continuing through the lens of an evolutionary perspective, a study of undergraduate college students examined gender differences in a imagined desired number of sex partners during the next year (Fenigstein & Preston, 2007). In this imaginary scenario, the sex would be either safe from STIs and pregnancy or dangerous and relatively unavailable. The study found that over the next year, the majority of women desired one sex partner. In contrast, the men indicated a desire for numerous partners, especially when they imagined less negative sexual concerns. The researchers concluded that the results can be explained by the sexual strategies theory, discussed earlier in this section, and social role theory (Eagly, 1987), which contends that men are socialized toward the pleasurable components of sexual interaction and that women are more concerned with the relational components of sex.

Various preferences and behaviors that occur both immediately before and after sexual intercourse that may reflect adaptive reproductive strategies from an evolutionary perspective were examined among 170 undergraduate females and male students (Hughes & Kruger, 2011). Behaviors related to pair-bonding with long-term mates and short- and long-term mating contexts were assessed. The study hypothesis that females would be more likely than males to value and initiate post-coital activities that reflect pair-bonding with a long-term partner was strongly supported. Females expressed greater importance than did males of five pre- and post-coital behaviors: intimate talking, kissing, cuddling and caressing, professing their love for their partner, and talking about their

 *The degree and kind of a person's sexuality reaches up into the ultimate pinnacle of his spirit.*

—Friedrich Nietzsche
(1844–1900)

relationship. Females were also more likely to engage in post-intercourse behaviors with both short-term and long-term partners. The researchers stated that these findings “further support the idea that females tend to have a greater need than males to pair-bond in order to secure provisioning and care for themselves and their offspring from their mate.” The study also found that males were more likely to participate in behaviors that were extrinsically rewarding or that increased the likelihood of further sexual behavior. For example, males were more likely to initiate kissing prior to sex, possibly to increase the likelihood of their partner being sexually aroused, and females were more likely to initiate kissing after sex, possibly to help secure a bond with their long-term partner. Lastly, intimate talk and kissing were rated by both females and males as more important than intercourse with a long-term partner, and cuddling and professing one’s love was rated more important after having intercourse than before.

One mating strategy is **mate poaching**, the behavior designed to lure a person who is already in a romantic relationship into either a temporary, brief sexual liaison or a long-term relationship. Buss (2006) states that mate poaching evolved as a mating strategy because desirable mates attract many suitors and usually end up in relationships. Hence, to find a desirable mate, it is often necessary to attempt to seek (mate poach) persons already in relationships. Table 1 presents the frequency of romantic attraction and mate-poaching experiences of 173 college

TABLE 1 • Frequency of Romantic Attraction and Mate-Poaching Experiences of Undergraduates

Mate Attraction Experience	Have You Ever?	
	% of Men	% of Women
Attempted to attract someone		
as a long-term mate	87	86
as a short-term mate	91	74
Attempted to poach someone		
as a long-term mate	52	63
as a short-term mate	64	49
Experienced someone try to poach you		
as a long-term mate	83	81
as a short-term mate	95	91
Been successfully poached away from a past partner ^a		
as a long-term mate	43	49
as a short-term mate	50	35
Experienced someone try to poach your partner		
as a long-term mate	70	79
as a short-term mate	86	85
Had a past partner successfully poached from you ^a		
as a long-term mate	35	30
as a short-term mate	27	25

^a“Have you ever?” was defined as scoring greater than 1 on a 1 (not at all successful) to 7 (very successful) scale for the success experiences.

SOURCE: Adapted from Schmitt & Buss, 2001.

undergraduates (45 men and 128 women) (Schmitt & Buss, 2001). As shown, mate poaching is a common practice, with nearly equal frequencies for men and women undergraduates but occurs less often than just trying to attract someone. The vast majority had experienced someone trying to poach them or their partner, but many attempts were not successful. Mate-poaching tactics were also assessed, and these included trying to drive a wedge in the relationship, enhancing one's physical appearance, providing easy sexual access, developing an emotional connection, and demonstrating that one has resources. Like mate poaching, sexual nonexclusiveness in relationships poses significant adaptive threats (Buss, 2006).

Recently, a group of scientists have been critical of the perspective that gender differences in human sexual behavior are rooted in evolutionary grounds. These scientists question whether there is adequate empirical evidence to justify the claimed differences. Some contend that gender differences are more the effect of cultural norms than biology (Slater, 2013). Evolutionary biologists David Buss and David Schmitt, developers of the sexual strategies theory, acknowledge that the research support for the theory model was limited in scope when it was developed in the early 1990s (Buss & Schmitt, 1993) but that a large body of research worldwide has been and continues to be generated in support of the theory, as shown in Table 2 (Buss & Schmitt, 2011).

TABLE 2 • Results of Research Studies Related to the Sexual Strategies Theory
Men are more likely than women to engage in extradyadic sex (sex outside of a committed relationship).
Men are more likely than women to be sexually nonexclusive multiple times with different sexual partners.
Men are more likely than women to seek short-term partners who are already married.
Men are more likely than women to have fantasies involving short-term sex and multiple other-sex partners.
Men are more likely than women to pay for short-term sex with male or female prostitutes.
Men are more likely than women to enjoy sexual magazines and videos containing themes of short-term sex and sex with multiple partners.
Men are more likely than women to desire, have, and reproductively benefit from multiple mates and spouses.
Men desire larger numbers of sex partners than women do over brief periods of time.
Men are more likely than women to seek "one-night stands."
Men are quicker than women to consent to having sex after a brief period of time.
Men are more likely than women to consent to sex with a stranger.
Men are more likely than women to want, initiate, and enjoy a variety of sex behaviors.
Men have more positive attitudes than women toward casual sex and short-term mating.
Men are less likely than women to regret short-term sex or hookups.
Men have more unrestricted sociosexual attitudes and behaviors than women.
Men are less selective of mates in short-term contexts whereas women increase selectivity for physical attractiveness.
Men perceive more sexual interest from strangers than women do.

SOURCE: Adapted from Buss & Schmitt, 2011.

This list shows consistent differences in sexual behaviors between men and women. However, we need to remind ourselves that there are individual differences within each sex and group variation among populations and cultures for all of the behaviors that may not reflect these findings. Even with the research showing these behaviors, the debate will continue on whether they are the effects of evolution or culture, or a combination of both.

Hooking Up and College Students

Today, college students and other young adults have their own form of casual sex, commonly called **hooking up** or **friends with benefits**. This type of casual sex, analogous to the “one-night stands” of prior generations, consists of sexual interactions between two people who do not necessarily expect a subsequent sexual encounter or a romantic commitment. For hooking up, the two people may or may not already be friends, but both friendship and intimacy are blended and the sex may be recurring. Sex researchers Justin Garcia and colleagues (2012) state that “a review of the literature suggests that these encounters [hooking up] are becoming increasingly normative among adolescents and young adults in North America, representing a marked shift in openness and acceptance of uncommitted sex.” One study of undergraduate students found that both men and women had almost twice the number of hookup experiences compared to first dates (Bradshaw, Kahn, & Saville, 2010). However, most college-age young adults state that they prefer to be in a romantic relationship: One study showed that 63% of college-age men and 83% of college-age women would rather, at this stage of life, to be in a traditional romantic relationship rather than in an uncommitted sexual relationship (Garcia, Reiber, Merriwether, Heywood, & Fisher, 2010). Another study revealed that 65% of college-age women and 45% of college-age men had hoped their hookup encounter would develop into a committed relationship, and 51% of women and 42% of men had tried to discuss with their hookup the possibility of starting a relationship (Owen & Fincham, 2011). About one third of both college men and women have reported that their hookup turned into a long-term relationship (Garcia & Fisher, in press).

Almost all hookups involving college students involve kissing and slightly greater than one half include sexual touching above and below the waist; however, only about one third of hookups include oral and/or vaginal sex (Figure 1) (Reiber & Garcia, 2010), which are behaviors experienced more commonly in romantic relationships than in hookups (Fielder, Carey, & Carey, 2013). Likewise, orgasm for both sexes, particularly females, occurs less frequently in

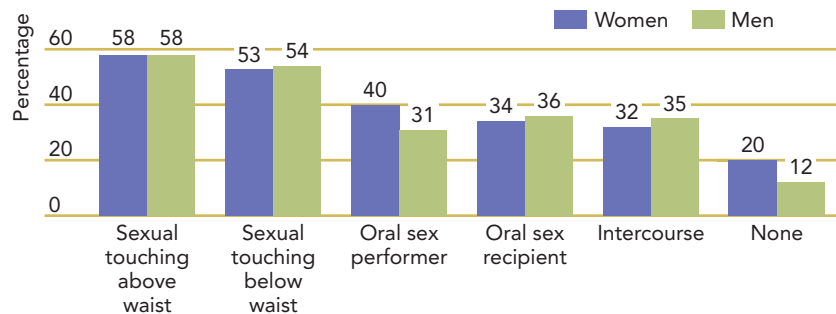
11 Sex is one of the nine reasons for reincarnation. . . . The other eight are unimportant.

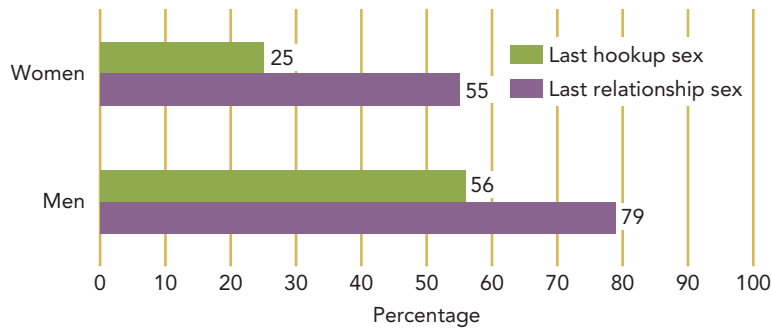
—Henry Miller
(1891–1980)

FIGURE 1

Percentage of College Women and Men Reporting Participation in Hookup Behaviors.

(Source: Adapted from Reiber & Garcia, 2010.)





• **FIGURE 2**
Percentage of College Women and Men Experiencing Orgasm During Last Hookup Sex and Last Relationship Sex.

(Source: Adapted from Garcia, Massey, Merriwether, & Seibold-Simpson, 2013.)

hookup sex in contrast to relationship sex (Figure 2). As hookup behavior is increasing on college campuses, so is research on the antecedents, and positive and negative outcomes of hooking up. A brief discussion of important studies of hooking up is presented in the “Think About It” box “Hooking Up Among College Students: As Simple as One Might Think?”

Certainly, hooking up has the potential for adverse emotional and physical health outcomes because of the context in which it most occurs (e.g., alcohol use), but romantic relationships also have risks. Further, a romantic relationship experience is neither the only nor the most important sexual milestone of young adult development. Many college students prefer experiencing sexual pleasure and intimacy in hookups, which do not have the more consuming components of a romantic relationship (Calzo, 2013). Nevertheless, individual and couple efforts to enhance both sexual fulfillment and risk reduction are important for hooking up and romantic relationships.

Sexual Desire

Desire can exist separately from overtly physical sexual expression. Recall that desire is the psychobiological component that motivates sexual behavior. But little scientific research exists on sexual desire. One of the most important reasons researchers have avoided studying it is that desire is difficult to define and quantify. An online survey of 423 adults (mean age = 30 years) assessed the subjective reports of four groups—men and women in same-sex relationships, and men and women in mixed-sex relationships—relative to their sexual desire for both solitary (e.g., masturbation) and couple sexual behavior (Holmberg & Blair, 2009). This research showed that heterosexual men clearly report desiring sex more than heterosexual women, but whether these differences were also reflected in same-sex relationships was not clear. As anticipated, men in both same-sex and mixed-sex relationships expressed higher, but only moderately, levels of sexual desire than women in same-sex and mixed-sex relationships. Men and women in same-sex relationships reported greater sexual desire than men and women in mixed-sex relationships. Persons in same-sex relationships expressed slightly stronger sexual desire for solitary sexual behaviors and for attractive dating partners than individuals in mixed-sex relationships, and individuals in same-sex relationships tended to place greater value on the more sensual or erotic

think about it

“Hooking Up” Among College Students: As Simple as One Might Think?

“Hooking up,” a term used by college students to describe sexual interactions between persons who are not in a romantic relationship, has replaced traditional dating rituals—in fact, many have never gone out on a date—and is as ambiguous as the term “having sex.”

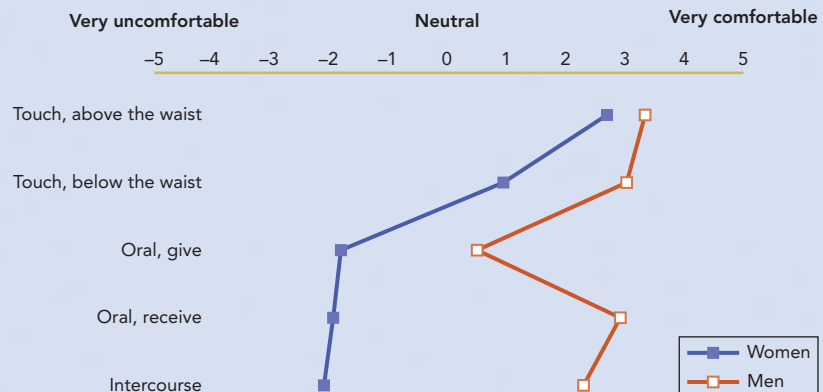
For many college-age students, marriage no longer comes on the heels of graduation. Hooking up for “casual sex” allows them to put off serious romance yet be sexual with another person and free to pursue personal and career goals. A similar mating strategy among college students is having “friends with benefits” or making “booty calls,” which involve explicit or implicit solicitation of a non-long-term sex partner (Jonason, Li, & Cason, 2009). Recent studies have shown that between 60% and 80% of North American college students have experienced some type of hookup (Garcia, Reiber, Massey, & Merriwether, 2012).

Although hooking up is prevalent among college students, casual sex may not be as simple as it sounds. Hooking up can have both positive and negative emotional, physical, and health outcomes, which may be different for females and males. Research on factors related to hooking up has revealed some conflicting findings. Here are the results from a few of the important studies:

- A study involving 30 colleges across the United States found, from a multiethnic sample, that casual sex was negatively associated with well-being and positively associated with psychological distress. This leads the researchers to conclude that, for college students, engaging in casual sex may increase the risk for negative psychological outcomes, such as depression and low self-esteem (Bersamin et al., 2014).
- A study of 832 college students found that while similar percentages of men and women had hooked up, students of color were less likely to hook up than Caucasian students. Women study participants were less likely than men to report that hooking up was a positive emotional experience for them (Owen, Rhoades, Stanley, & Fincham, 2010).
- Hookups that involved penetrative sex increased psychological distress for female first-year college students but not for first-year male college students (Fielder & Carey, 2010).
- Among first-year female college students, sexual hookup behavior was associated with experiencing depression, sexual victimization, and STIs (Fielder, Walsh, Carey, & Carey, 2014).
- For their most recent hookup, students reported more positive feelings than negative feelings about it, but

Comfort Levels of College Men and Women with Various Hookup Behaviors.

(Source: Adapted from Reiber & Garcia, 2010.)



men reported more positive feelings and lower negative feelings than women did (Lewis, Granato, Blayney, Lostutter, & Kilmer, 2012).

- Both men and women university students reported being comfortable with touching above and below the waist during hookups, but only men were comfortable with oral sex and intercourse behaviors (see the accompanying figure) (Garcia, Massey, Merriwether, & Seibold-Simpson, 2013).
- Female Canadian university students reported more regret following uncommitted sexual encounters than male students, although high-quality sex (that is, psychologically and physically arousing sex) rarely led to regret (Fisher, Worth, Garcia, & Meredith, 2012).
- Both female and male college students did not experience orgasm as frequently as desired during hookups, but the gap between desiring and experiencing orgasms was greater for female students than for male students (Garcia, Massey, Merriwether, & Seibold-Simpson, 2013).

A study of 642 urban adults found that sexual involvements in nonromantic and casual dating contexts were related to reporting less rewarding and less satisfying relationships in contrast to more serious involvements (Paik, 2010). However, the study also found that people who hook up can have as rewarding long-term relationships, should they pursue them, as those students who establish a meaningful connection before becoming sexual. Those who had sex as friends or acquaintances and who were interested in a serious relationship were as happy as those who dated but delayed having couple sex (Paik, 2010).

These studies highlight the need for both female and male college students to understand the newer sexual norms and culture of hooking up on college campuses. Particularly important to know is that hooking up has both positive and negative outcomes and that females and males often have different experiences that have implications for individuals and couples.

Think Critically

1. If you know people who have hooked up, have they talked about it positively or negatively?
2. Have you ever hooked up? If so, did you have experiences that were similar to those found in the research studies reported here?
3. Why do you think that the female students, in general, from the reported students had more negative and less positive experiences with hooking up than the male students? What implications do these findings have for college-age students?
4. Do you think that hooking up behavior has increased on your college campus? If so, what impact do you think it has on men and women?

SOURCES: Bersamin, M. M., Zamboango, B. L., Schwartz, S. J., Donellan, M. B., Hudson, M., Weisskirch, R. S., et al. (2014). Risky business: Is there an association between casual sex and mental health among emerging adults? *Journal of Sex Research*, 51, 43–51; Fielder, R. L., & Carey, M. P. (2010). Predictors and consequences of sexual “hookups” among college students: A short-term prospective study. *Archives of Sexual Behavior*, 39, 1105–1119; Fielder, R. L., Walsh, J. L., Carey, K. B., & Carey, M. P. (2014). Sexual hookups and adverse health outcomes: A longitudinal study of first-year college women. *Journal of Sex Research*, 51, 131–144; Garcia, J. R., Reiber, C., Massey, S. G., & Merriwether, A. M. (2012). Sexual hookup culture: A review. *Review of General Psychology*, 16, 161–176; Garcia, J. R., Massey, S. G., Merriwether, A. M., & Seibold-Simpson, S. M. (2013, Aug.). *Orgasm experiences among emerging adult men and women: Gender, relationship context, and attitudes toward casual sex*. Poster presented at the annual meeting of the International Academy of Sex Research, Chicago, Illinois; Jonason, P. K., Li, N. P., & Cason, M. J. (2009). The “booty call”: A comparison between men’s and women’s ideal dating strategies. *Journal of Sex Research*, 46, 460–470; Lewis, M. A., Granato, H., Blayney, J. A., Lostutter, T. W., & Kilmer, J. R. (2012). Predictors of hooking up sexual behaviors and emotional reactions among U.S. college students. *Archives of Sexual Behavior*, 41, 1219–1229; Paik, A. (2010). “Hookups,” dating, and relationship quality: Does the type of sexual involvement matter? *Sexual Science Research*, 39, 739–753; Reiber, C., & Garcia, J. R. (2010). Hooking up: Gender differences, evolution, and pluralistic ignorance. *Evolutionary Psychology*, 8, 390–404.

aspects of sexuality. In interpreting these findings, the researchers (Holmberg & Blair, 2009) stated:

Possibly, those in same-sex relationships, having already broken one major sexual taboo, also tend to be slightly more permissive regarding other sexual matters than heterosexuals, viewing masturbation or harmless fantasizing about attractive others as natural outlets for sexual desire. (p. 64)

Sexual desire is affected by physical, emotional, and sexual relationship issues, as discussed throughout this book. Life events can have both positive and negative impacts on sexual desire.

Two factors affecting sexual desire are erotophilia and erotophobia. **Erotophilia** is a positive emotional response to sexuality, and **erotophobia** is a negative emotional response to sexuality. Researchers have hypothesized that where someone falls on the erotophilic/erotophobic continuum strongly

influences his or her overt sexual behavior (Fisher, 1986, 1998). In contrast to erotophobic individuals, for example, erotophilic men and women accept and enjoy their sexuality, experience less guilt about engaging in sex, seek out sexual situations, engage in more autoerotic and interpersonal sexual activities, enjoy talking about sex, and are more likely to engage in certain sexual health practices, such as obtaining and using contraception. Furthermore, erotophilic people are more likely to have positive sexual attitudes, to engage in more involved sexual fantasies, to be less homophobic, and to have seen more erotica than erotophobic people. A person's emotional response to sex is also linked to how he or she evaluates other aspects of sex. Erotophilic individuals, for example, tend to evaluate sexually explicit material more positively.

Erotophilic and erotophobic traits are not fixed. Positive experiences can alter erotophobic responses over time. In fact, some therapy programs work on the assumption that consistent positive behaviors, such as loving, affirming, caring, touching, and communicating, can do much to diminish sexual fears and anxieties. Positive sexual experiences can help dissolve much of the anxiety that underlies erotophobia.

"I am never troubled by sexual desires. In fact I rather enjoy them.

—Tommy Cooper
(1921–1984)

● Sexual Scripts

As discussed previously, gender roles have a significant impact on how we behave sexually, for sexual behaviors and feelings depend more on learning than on biological drives. Our sexual drives can be molded into almost any form. What is “natural” is what society says is natural; there is very little spontaneous, unlearned behavior. Sexual behavior, like all other forms of social behavior (such as courtship, classroom behavior, and sports), relies on scripts.

As you will also recall, scripts are like plans that organize and give direction to our behavior. The **sexual scripts** in our culture are highly gendered, meaning that they strongly influence our sexuality as men and women (Mahay, Laumann, & Michaels, 2001; Wiederman, 2005). Our sexual scripts have several distinct components (Simon & Gagnon, 1987):

- *Cultural.* The cultural component provides the general pattern that sexual behaviors are expected to take. Our cultural script, for example, emphasizes heterosexuality, gives primacy to sexual intercourse, and discourages masturbation.
- *Intrapersonal.* The intrapersonal component deals with the internal and physiological states that lead to, accompany, or identify sexual arousal, such as a pounding heart and an erection or vaginal lubrication.
- *Interpersonal.* The interpersonal component involves the shared conventions and signals that enable two people to engage in sexual behaviors, such as body language, words, and erotic touching.

Cultural Scripting

Our culture sets the general contours of our sexual scripts. It tells us which behaviors are acceptable (“moral” or “normal”) and which are unacceptable (“immoral” or “abnormal”). For example, a norm may have a sequence of sexual events consisting of kissing, genital caressing, and sexual intercourse. Imagine a scenario in which two people from different cultures try to initiate a sexual encounter. One person follows the script of kissing, genital caressing, and sexual intercourse, while the one from a different culture follows a sequence beginning with sexual intercourse,

"Many are saved from sin by being inept at it.

—Mignon McLaughlin
(1913–1983)

moving to genital caressing, and ending with passionate kissing. At least initially, such a couple might experience frustration and confusion as one partner tries to initiate the sexual encounter with kissing and the other with sexual intercourse.

However, this kind of confusion occurs fairly often because there is not necessarily a direct correlation between what our culture calls erotic and what any particular individual calls erotic. Culture sets the general pattern, but there is too much diversity in terms of individual personality, socioeconomic status, and ethnicity for everybody to have exactly the same erotic script. Thus, sexual scripts can be highly ambiguous and varied.

We may believe that everyone shares our own particular script, projecting our experiences onto others and assuming that they share our erotic definitions of objects, gestures, and situations. But often, they initially do not. Our partner may have come from a different socioeconomic or ethnic group or religious background and may have had different learning experiences regarding sexuality (Mahay et al., 2001). Each of us has to learn the other's sexual script and be able to complement and adjust to it. If our scripts are to be integrated, we must make our needs known through open and honest communication involving words, gestures, and movements. This is the reason many people view their first intercourse as something of a comedy or tragedy—or perhaps a little of both.

Intrapersonal Scripting

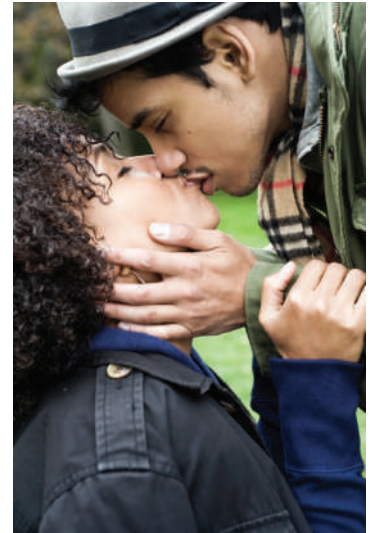
On the intrapersonal level, sexual scripts enable people to give meaning to their physiological responses. The meaning depends largely on the situation. An erection, for example, does not always mean sexual excitement. Young boys sometimes have erections when they are frightened, anxious, or worried. Upon awakening in the morning, adolescent boys and men may experience erections that are unaccompanied by arousal. Adolescent girls sometimes experience sexual arousal without knowing what these sensations mean. They report them as funny, weird kinds of feelings or as anxiety, fear, or an upset stomach. The sensations are not linked to a sexual script until the girl becomes older and her physiological states acquire a definite erotic meaning.

Intrapersonal scripts provide a sequence of body movements by acting as mechanisms that activate biological events and release tension. We learn, for example, that we may create an orgasm by manipulating the penis or clitoris and other body parts during masturbation.

Interpersonal Scripting

The interpersonal level is the area of shared conventions, which make sexual activities possible. Very little of our public life is sexual, yet there are signs and gestures—verbal and nonverbal—that define encounters as sexual. We make our sexual motives clear by the looks we exchange, the tone of our voices, the movements of our bodies, and other culturally shared phenomena. A bedroom or a hotel room, for example, is a potentially erotic location; a classroom or an office may not be. The movements we use in arousing ourselves or others are erotic activators. Within a culture, there are normative scripts leading to intimate sexual behavior.

People with little sexual experience, especially young adolescents, are often unfamiliar with sexual scripts. What do they do after kissing? Do they embrace? Caress above the waist? Below? Eventually, they learn a comfortable sequence based on cultural inputs and personal and partner preferences. For gay men and lesbian women, learning the sexual script is more difficult because it is socially



In our society, passionate kissing is part of the cultural script for sexual interactions.

© Leland Bobbe/Taxi/Getty Images

stigmatized. The sexual script is also related to age. Older children and young adolescents often limit their scripts to kissing, holding hands, and embracing, and they may feel completely satisfied. Kissing for them may be as exciting as intercourse for more experienced people. When the range of their scripts increases, they lose some of the sexual intensity of the earlier stages.

The concept of sexual scripts has been used often in research to further explain sexual expression among individuals and couples. To illustrate with a study pertinent to college students, Columbia University researchers Sheri Dworkin and Lucia O'Sullivan (2005) note that research on men's sexuality has tended to disregard looking at sexual scripts (e.g., aggressive initiators and orchestrators of sexual activity) or culturally dominant scripts. By interviewing 32 college-age men, they found that indeed these men wished to share initiation of sex, enjoyed being a desired sex object, and wanted egalitarian scripts. Dworkin and O'Sullivan conclude that these findings may "mean shifts in broader gender relations towards more companionate norms, a stretching of traditional scripts, a desire for egalitarian relationships, or social structural shifts in women's or men's power that may make sexual scripts more flexible." These results appear to counter the findings from college "hooking-up" studies. Possibly, college men who hook up desire a more egalitarian relationship with women but are influenced by the dominant script on the college campus, which is hooking up.

A study of 39 undergraduate heterosexual men and women from an Ontario, Canada, university assessed adherence to gendered sexual scripts (Sakaluk, Todd, Milhausen, Lachowsky, & Undergraduate Research Group in Sexuality, 2014). The study indicated that there are numerous distinct, and often related, sexual scripts that exert influence on establishing appropriate and expected sexual behavior among emerging heterosexual adults. Findings from focus groups pertaining to traditional sexual scripts were strongly congruent with the results of prior studies of the gendered aspects of sexual scripts. For example, (1) men have a strong physical orientation to sex, whereas women have an emotional orientation to sex; (2) men initiate sexual encounters, whereas women serve as the "gatekeeper"; (3) men are expected to be sexually skilled and knowledgeable; and (4) men should be ready for sex. The study also found some scripts that deviated from the more traditional scripts, such as respect for men who turned down opportunities to have sex. The researchers contend that the scripts that varied from the more traditional ones suggest that "sexual experimentation may not be evaluated positively, especially for women who choose to be sexual outside of the context of a committed relationship and for men who are seen to lie and manipulate to have sex with women (i.e., players)"; hence, a movement toward conservative sexual scripts may be occurring among today's emerging young adults. Like the Dworkin and O'Sullivan (2005) study above, the results of this research seem to reveal sexual scripts that contradict the current hooking-up culture on college campuses and show that some of the more traditional scripts are maintaining their dominance.

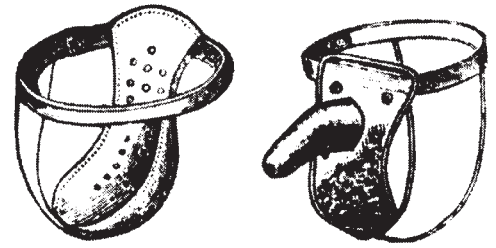
● Autoeroticism

Autoeroticism consists of sexual activities that involve only the self. Autoeroticism is an *intrapersonal* activity rather than an *interpersonal* one. It includes sexual fantasies, erotic dreams, viewing sexually explicit material by oneself, using vibrators and other sex toys by oneself, and **masturbation** (stimulating one's genitals for pleasure). A universal phenomenon in one form or another (Ford & Beach, 1951), autoeroticism is one of our earliest and most common expressions of sexual stirrings.

It is also one that traditionally has been condemned in our society. Figure 3 shows devices created to curb masturbation. By condemning it, however, our culture set the stage for the development of deeply negative and inhibitory attitudes toward sexuality.

Do people participate in autoerotic activities because they do not have a sex partner? The National Health and Social Life Survey (Laumann, Gagnon, Michael, & Michaels, 1994) found the opposite to be true:

Those who engage in relatively little autoerotic activity are less likely to prefer a wider range of sexual techniques, are less likely to have a partner, and if they have a partner, are less likely to have sex frequently or engage in oral or anal sex. Similarly, individuals who engage in different kinds of autoerotic activity more often find a wider range of practices appealing and are more likely to have had at least one partner with whom they have sex frequently. Individuals who frequently think about sex, masturbate, and have used some type of pornography/erotica within the last year are much more likely to report enacting more elaborate interpersonal sexual scripts.



• **FIGURE 3**
Devices Designed to Curb Masturbation. Because of the widespread belief in the nineteenth century that masturbation was harmful, various devices were introduced to prevent the behavior.

(Sources: Crooks & Baur, 2005; Rathus, Nevid, & Fichner-Rathus, 2002.)

Sexual Fantasies and Dreams

Men and women, but especially men, think about sex often. According to sex researchers Harold Leitenberg and Kris Henning (1995), about 95% of men and women say that they have had sexual fantasies in one context or another. And a *Details* magazine study of more than 1,700 college students reported that 94% of men and 76% of women think about sex at least once a day (Elliott & Brantley, 1997).

Erotic fantasy is probably the most universal of all sexual activities. Nearly everyone has experienced such fantasies, but because they touch on feelings or desires considered personally or socially unacceptable, they are not widely discussed. Furthermore, many people have “forbidden” sexual fantasies that they never act on.

Whether occurring spontaneously or resulting from outside stimuli, fantasies are part of the body’s regular, healthy functioning. Research indicates that sexual fantasies are related to sexual drives: the higher the sexual drive, the higher the frequency of sexual fantasies and level of satisfaction in one’s sex life (Leitenberg & Henning, 1995). Fantasies help create an equilibrium between our environment and our inner selves, as we seek a balance between the two. We use them to enhance our masturbatory experiences, as well as oral-genital sex, sexual intercourse, and other interpersonal experiences.

A study of the sexual fantasies of 85 men and 77 women aged 21–45, from a midsized midwestern city in the United States, found gender differences in fantasies, many of which reflect common sexual scripts that both sexes learn from their culture (Zurbriggen & Yost, 2004):

- Men’s fantasies, in contrast to women’s, were more sexually explicit and more likely involved multiple partners. Women’s fantasies were more emotional-romantic and more likely involved a single partner.
- Men more often fantasized about dominance, and women fantasized more about submission. Men’s fantasies of dominance were associated with greater acceptance of rape myths, whereas women’s greater acceptance of rape myths was associated with emotional-romantic fantasy themes.
- Women tended to mention fantasies related only to their own desire and pleasure, not to the desire and pleasure of their partners. In contrast, men mentioned the sexual desire and sexual pleasure of their partners as well as their own.

“Grant yourself and your lover freedom of fantasy. Sexual fantasies are normal, healthy and sex enhancing.”

—Michael Castleman
(1950–)

Relative to the fantasy about sexual desire and pleasure, the researchers note that the traditional cultural heterosexual script has encouraged women to put their partner's sexual desire and pleasure ahead of their own. They conclude that "it makes sense, then, that in the realm of fantasy women might choose to emphasize their own needs rather than those of their male partners."

In regard to types of fantasies based on sexual orientation, Leitenberg and Henning (1995) found that the content of sexual fantasies for gay men and lesbian women tends to be the same as for their heterosexual counterparts, except that homosexuals imagine same-sex partners and heterosexuals imagine other-sex partners.

In another study, Thomas Hicks and Harold Leitenberg (2001) found gender differences in the proportion of sexual fantasies that involved someone other than a current partner (extradyadic fantasies). In a sample of 349 university students and employees in heterosexual relationships, 98% of men and 80% of women reported having extradyadic fantasies in the past 2 months.

" *The only way to get rid of temptation is to yield to it.*

—Oscar Wilde
(1854–1900)

The Function of Sexual Fantasies Sexual fantasies have a number of important functions. First, they help direct and define our erotic goals. They take our generalized sexual drives and give them concrete images and specific content. We fantasize about certain types of men or women and reinforce our attraction through fantasy involvement. Unfortunately, our fantasy model may be unreasonable or unattainable, which is one of the pitfalls of fantasy; we can imagine perfection, but we rarely find it in real life.

Second, sexual fantasies allow us to plan for or anticipate situations that may arise. They provide a form of rehearsal, allowing us to practice in our minds how to act in various situations. Our fantasies of what *might* take place on a date, after a party, or in bed with our partner serve as a form of preparation.

Third, sexual fantasies provide escape from a dull or oppressive environment. Routine or repetitive behavior often gives rise to fantasies as a way of coping with boredom.

Fourth, even if our sex lives are satisfactory, we may indulge in sexual fantasies to bring novelty and excitement into the relationship. Fantasy offers a safe outlet for sexual curiosity. One study found that some women are capable of experiencing orgasm solely through fantasy (Whipple, Ogden, & Komisaruk, 1992).

Fifth, sexual fantasies have an expressive function in somewhat the same manner that dreams do. Our sexual fantasies may offer a clue to our current interests, pleasures, anxieties, fears, or problems. Repeated fantasies of extradyadic relationships, for example, may signify deep dissatisfaction with a marriage or steady relationship, whereas mental images centering around erectile difficulties may represent fears about sexuality or a particular relationship.

" *When two people make love, there are at least four people present—the two who are actually there and the two they are thinking about.*

—Sigmund Freud
(1856–1939)

Fantasies During Sexual Expression A sizable number of people fantasize during sex. The fantasies are usually a continuation of daydreams or masturbatory fantasies, transforming one's partner into a famous, attractive Hollywood star, for example. Couples often believe that they should be totally focused on each other during sex and not have any thoughts about others, particularly sexual thoughts. However, during the passion of sex, many people have thoughts not only about their partner but also about others such as past lovers, acquaintances, and movie stars. Many people feel guilty about such thoughts, feeling that they are being "mentally unfaithful" to their partner. However, sex therapists consider fantasies of other lovers to be quite normal and certainly typical.

Women who fantasize about being forced into sexual activity or about being victimized do not necessarily want this to actually occur. Rather, these women tend to be more interested in a variety of sexual activities and to be more sexually experienced than women who don't have these fantasies.

Erotic Dreams Almost all of the men and two thirds of the women in Alfred Kinsey's studies reported having had overtly erotic or sexual dreams (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). Sexual images in dreams are frequently very intense. Although people tend to feel responsible for their fantasies, which occur when they are awake, they are usually less troubled by sexual dreams.

Overtly sexual dreams are not necessarily exciting, although dreams that are apparently nonsexual may cause arousal. It is not unusual for individuals to awaken in the middle of the night and notice an erection or vaginal lubrication or to find their bodies moving as if they were making love. They may also experience nocturnal orgasm (or emission). About 2–3% of women's total orgasms may be nocturnal, whereas for men the number may be around 8% (Kinsey et al., 1948, 1953).

Dreams almost always accompany nocturnal orgasm. The dreamer may awaken, and men usually ejaculate. Although the dream content may not be overtly sexual, it is always accompanied by sensual sensations. Erotic dreams run the gamut of sexual possibilities: Women seem to feel less guilty or fearful about nocturnal orgasms than men do, accepting them more easily as pleasurable experiences.

Masturbation

People report that they masturbate for many reasons, including for relaxation, for relief of sexual tension, because a partner is not available or does not want sex, for physical pleasure, as an aid to falling asleep, and as a means to avoid STIs. They may masturbate during particular periods or throughout their entire lives (see Table 3). For older adults, often after the loss of their partners, masturbation regains much of the primacy of their earlier years and is often the most common sexual activity.

Masturbation is an important means of learning about our bodies. Through masturbation, individuals learn what is sexually pleasing, how to move their bodies,

“Masturbation is an intrinsically and seriously disordered act.

—Vatican Declaration on Sexual Ethics, 1976

“MASTURBATION, *n.* An extremely disgusting act performed on a regular basis by everyone else.

—Robert Tefton



Female masturbation: Many people “discover” their sexual potential through masturbation. Sometimes, women learn to be orgasmic through masturbation and then bring this ability to their relationships.

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TABLE 3 • Percentage of Americans, Aged 14 to 70+, Who Participated in Selected Sexual Behaviors in the Past Year

Sexual Behavior	Age Groups																			
	14–15		16–17		18–19		20–24		25–29		30–39		40–49		50–59		60–69		70+	
	% of Men	% of Women	% of Men	% of Women	% of Men	% of Women	% of Men	% of Women	% of Men	% of Women	% of Men	% of Women	% of Men	% of Women	% of Men	% of Women	% of Men	% of Women	% of Men	% of Women
Masturbated alone	62	40	75	45	81	60	83	64	84	72	80	63	76	65	72	54	61	47	46	33
Masturbated with partner	5	8	16	19	42	36	44	36	49	48	45	43	38	35	28	18	17	13	13	5
Received oral from women	12	1	31	5	54	4	63	9	77	3	78	5	62	2	49	1	38	1	19	2
Received oral from men	1	10	3	24	6	58	6	70	5	72	6	59	6	52	8	34	3	25	2	8
Gave oral to women	8	2	18	7	51	2	55	9	74	3	69	4	57	3	44	1	34	1	24	2
Gave oral to men	1	12	2	22	4	59	7	74	5	76	5	59	7	53	8	36	3	23	3	7
Vaginal intercourse	9	11	30	30	53	62	63	80	86	87	85	74	74	70	58	51	54	42	43	22
Received penis in anus	1	4	1	5	4	18	5	23	4	21	3	22	4	12	5	6	6	4	2	1
Inserted penis into anus	3		6		6		11		27		24		21		11		6		2	

Note: Data based on 5,865 Americans.

SOURCE: Herbenick, D., et al. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women aged 14–94. *Journal of Sexual Medicine*, 7, 255–265.

and what their natural rhythms are. The activity has no harmful physical effects. Although masturbation often decreases when individuals are regularly sexual with another person, it is not necessarily a temporary substitute for sexual intercourse but rather is a legitimate form of sexual activity in its own right. Sex therapists may encourage clients to masturbate as a means of overcoming specific sexual problems and discovering their personal sexual potential. Masturbation, whether practiced alone or mutually with a partner (see Figure 4), is also a form of safer sex.

Prevalence of Masturbation As shown in Table 3, all 10 of the National Survey of Sexual Health and Behavior (NSSHB) age groups incorporating men and women aged 14–70+ reported solo masturbation and masturbation with partners in the past year. Figures 5 and 6 show the percentages of NSSHB men and women aged 18–39, by racial/ethnic group, who reported ever participating in solo masturbation or partnered masturbation. Both the table and figures indicate that masturbation is a common behavior that can be practiced alone or in a partnered relationship; occurs among all ages, sexual orientations, and ethnicities; and can be considered a typical and pleasurable part of an individual's and a couple's sexuality.

A study of college undergraduates (78 men, 145 women) found that almost all of the men (98%) and the majority of women (64%) reported that they had masturbated in the past. Both indicated frequent masturbation: men averaging 36 times and women 14 times in the past 3 months. The study also examined factors that would predict frequent masturbation. For the college men, higher frequency of masturbation occurred in men who believed that their peers masturbated frequently. And men who believed that masturbation was pleasurable also reported more frequent masturbation. For women, masturbation frequency was most associated with perceived pleasure and somewhat with the frequency of intercourse. The researchers concluded that, for this sample, perceived social norms, perceived pleasure, and sexual behaviors helped explain masturbation among college students (Pinkerton, Bogart, Cecil, & Abramson, 2002).

Masturbatory behavior is influenced by education, ethnicity, religion, and age, with education a particularly strong factor. The more educated one becomes, the more frequently one masturbates. A nationally representative British study of masturbation among the general population (aged 16–44) found that masturbation frequency was greater for both men and women with higher levels of education, in higher social classes, and at younger ages (Gerressu, Mercer, Graham, Wellings, & Johnson, 2008).

Masturbation in Adulthood Masturbation is common among youth, peaks in young adulthood, and tends to decrease in later years (see Table 3).

Women and Masturbation One way in which women become familiar with their own sexual responsiveness is through masturbation. The NSSHB found that the percentage of women who had masturbated in the preceding year ranged from 72% for the 25–29 age group to 33% for the 70+ age group (see Table 3) (Herbenick et al., 2010.9a). For women aged 18–39, 86%, 73%, and 68% of White, Black, and Hispanic women, respectively, reported ever masturbating alone and 63%, 56%, and 45% of White, Hispanic,



Male masturbation: Masturbation is an important form of sexual behavior in which individuals explore their erotic capacities and bring pleasure to themselves.

© H.S. Photos/Alamy

 *Masturbation! The amazing availability of it!*

—James Joyce
(1882–1941)

• **FIGURE 4**

Mutual Masturbation. Many couples enjoy mutual masturbation, one form of safer sex.





Assessing Your Attitude Toward Masturbation

Masturbation guilt is a learned script in which the negative affects of guilt, disgust, shame, and fear are related to masturbation (Abramson & Mosher, 1975). As discussed in this chapter, feelings of shame and guilt have long been associated with masturbation, and a positive attitude has emerged only recently. Still, many people continue to feel guilty about their own masturbatory activity. Take this inventory to determine how much you have been affected by negative messages about masturbation.

Directions

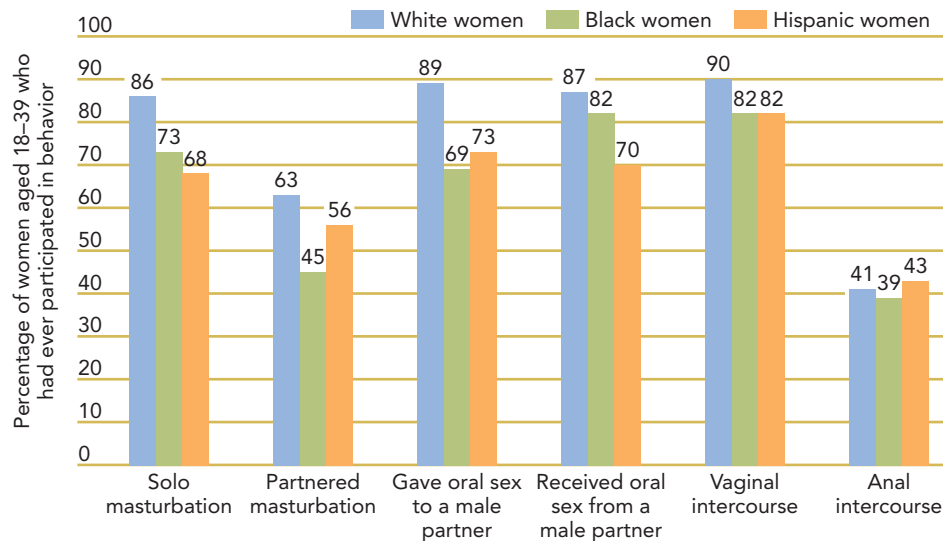
Indicate how true each of the following statements is for you, on a scale from “Not at all true” to “Very true,” by circling the appropriate number.

	Not at all true			Very true		
1. People masturbate to escape feelings of tension and anxiety.	1	2	3	4	5	
2. People who masturbate will not enjoy sexual intercourse as much as those who refrain from masturbation.	1	2	3	4	5	
3. Masturbation is a private matter that neither harms nor concerns anyone else.	1	2	3	4	5	
4. Masturbation is a sin against yourself.	1	2	3	4	5	
5. Masturbation in childhood can help a person develop a natural, healthy attitude toward sex.	1	2	3	4	5	
6. Masturbation in an adult is juvenile and immature.	1	2	3	4	5	
7. Masturbation can lead to deviant sexual behavior.	1	2	3	4	5	
8. Excessive masturbation is physically impossible, so it is needless to worry.	1	2	3	4	5	
9. If you enjoy masturbating too much, you may never learn to relate to a sex partner.	1	2	3	4	5	
10. After masturbating, a person feels degraded.	1	2	3	4	5	
11. Experience with masturbation can potentially help a woman become orgasmic for sexual intercourse.	1	2	3	4	5	
12. I feel guilt about masturbating.	1	2	3	4	5	
13. Masturbation can be a “friend in need” when there is no “friend indeed.”	1	2	3	4	5	
14. Masturbation can provide an outlet for sex fantasies without harming anyone else or endangering oneself.	1	2	3	4	5	
15. Excessive masturbation can lead to problems with erections in men and women not being able to have an orgasm.	1	2	3	4	5	
16. Masturbation is an escape mechanism that prevents a person from developing a mature sexual outlook.	1	2	3	4	5	
17. Masturbation can provide harmless relief from sexual tension.	1	2	3	4	5	
18. Playing with your own genitals is disgusting.	1	2	3	4	5	
19. Excessive masturbation is associated with neurosis, depression, and behavioral problems.	1	2	3	4	5	
20. Any masturbation is too much.	1	2	3	4	5	
21. Masturbation is a compulsive, addictive habit that once begun is almost impossible to stop.	1	2	3	4	5	
22. Masturbation is fun.	1	2	3	4	5	
23. When I masturbate, I am disgusted with myself.	1	2	3	4	5	
24. A pattern of frequent masturbation is associated with introversion and withdrawal from social contacts.	1	2	3	4	5	
25. I would be ashamed to admit publicly that I have masturbated.	1	2	3	4	5	
26. Excessive masturbation leads to mental dullness and fatigue.	1	2	3	4	5	
27. Masturbation is a normal sexual outlet.	1	2	3	4	5	
28. Masturbation is caused by an excessive preoccupation with thoughts about sex.	1	2	3	4	5	
29. Masturbation can teach you to enjoy the sensuousness of your own body.	1	2	3	4	5	
30. After I masturbate, I am disgusted with myself for losing control of my body.	1	2	3	4	5	

Scoring

To obtain an index of masturbation guilt, sum the circled numbers to yield a score from 30 to 150. Before summing, reverse the scoring for these 10 items: 3, 5, 8, 11, 13, 14, 17, 22, 27. That is, a 1 would be converted to a 5, a 2 to a 4, a 4 to a 2, and 5 to a 1. The lower your score, the lower your guilt about and negative attitude toward masturbation.

SOURCE: Adapted from Abramson, P. R., & Mosher, D. L. (1975). The development of a measure of negative attitudes toward masturbation. *Journal of Consulting and Clinical Psychology*, 43, 485–490. (Table 1, p. 487). Copyright © 1975 by the American Psychological Association. Adapted with permission. No further reproduction or distribution is permitted without written permission from the American Psychological Association.



• **FIGURE 5**

Percentage of American Women Aged 18–39 Who Had Ever Participated in Selected Sexual Behaviors.

(Source: Reece et al., 2010.9a.)

and Black women reported ever experiencing partnered masturbation (see Figure 5) (Reece et al., 2010.9a). The British study of masturbation among the general population found that masturbation was more common among those who reported more frequent vaginal intercourse in the past 4 weeks, who had the greater repertoire of sexual behaviors such as oral and anal sex, who had the most sexual partners in the past year, who reported same-sex partners, and who were less religiously devout (Gerressu et al., 2008). Women who masturbate appear to hold more positive sexual attitudes and are more likely to be orgasmic than those who don't (Kelly, Strassberg, & Kircher, 1990; Schnarch, 2002). Although the majority of women believe that orgasms experienced through masturbation differ from those experienced in sexual intercourse, they feel the same levels of sexual satisfaction (Davidson & Darling, 1986).

Though no two women masturbate in exactly the same manner, a number of common methods are used to experience orgasm. Most involve some type of clitoral stimulation, by using the fingers, rubbing against an object, or using a vibrator. The rubbing or stimulation tends to increase just prior to orgasm and continues during orgasm.

Because the glans clitoris is often too sensitive for prolonged direct stimulation, women tend to stroke gently on the shaft of the clitoris. Another common method, which exerts less direct pressure on the clitoris, is to stroke the mons areas or the minor lips. Individual preferences play a key role in what method is chosen, how rigorous the stimulation is, how often masturbation occurs, and whether it is accompanied by erotic aids such as a vibrator or sensual oils. One study found that water- and silicon-based lubricants were associated with significantly higher reports of sexual pleasure and satisfaction and rarely associated with genital symptoms (Herbenick et al., 2011). Some women find that running a stream of warm water over the vulva or sitting near the jet stream in a hot tub is sexually arousing. Stimulation of the breasts and nipples is also very common, as is stroking the anal region. Some women enjoy inserting a finger or other object into their vagina; however, this is less common than clitoral stimulation. Some women apply deep pressure in the region of the G-spot to give themselves a different type of orgasm. Using common sense in relation to cleanliness, such

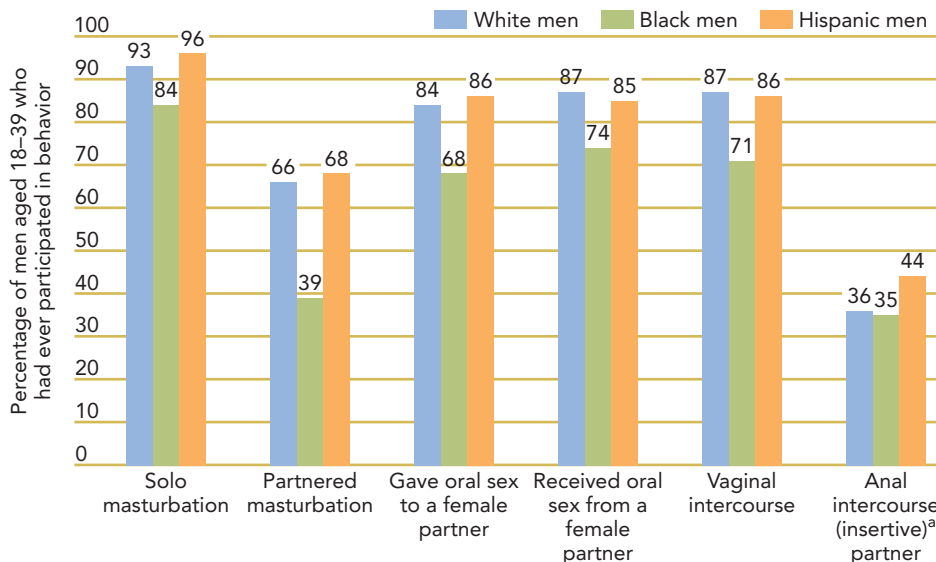
“What I like about masturbation is that you don't have to talk afterwards.”

—Milos Forman
(1932–)

• **FIGURE 6**

Percentage of American Men Aged 18–39 Who Had Ever Participated in Selected Sexual Behaviors.

(Source: Reece et al., 2010.9a.)



^aThe insertion of the penis into the rectum of either a female or male partner.

as not inserting an object or a finger from the anus into the vagina and keeping vibrators and other objects used for insertion clean, helps prevent infection.

11 *Masturbation is the primary sexual activity of [human] kind. In the nineteenth century it was a disease; in the twentieth, it's a cure.*

—Thomas Szasz
(1920–2012)

Men and Masturbation According to the NSSHB, the percentage of men reporting masturbation in the preceding year ranged from 84% in the 25–29 age group to 40% in the 70+ age group (see Table 3) (Herbenick et al., 2010.9a). For men aged 18–39, 96%, 93%, and 84% of Hispanic, White, and Black men, respectively, reported ever masturbating alone and 68%, 66%, and 39% of Hispanic, White, and Black men reported ever experiencing partnered masturbation (see Figure 6) (Reece et al., 2010.9a). The study of masturbation of the British general population found that the prevalence of masturbation was higher among men reporting less frequent vaginal intercourse and among those reporting same-sex partners (Gerressu et al., 2008).

Like women, men have individual preferences and patterns in masturbating. Nearly all methods involve some type of direct stimulation of the penis with the hand. Typically, the penis is grasped and stroked at the shaft, with up-and-down or circular movements of the hand, so that the edge of the corona around the glans and the frenulum on the underside are stimulated. How much pressure is applied, how rapid the strokes are, how many fingers are used, where the fingers are placed, and how far up and down the hands move vary from one man to another. Whether the breasts, testicles, anus, or other parts of the body are stimulated also depends on the individual, but it appears to be the up-and-down stroking or rubbing of the penis that triggers orgasm. The stroking tends to increase just prior to ejaculation and then to slow or stop during ejaculation.

To add variety or stimulation, some men may elect to use lubricants, visual or written erotic materials, artificial vaginas, inflatable dolls, or rubber pouches in which to insert their penis. Regardless of the aid or technique, it is important to pay attention to cleanliness to prevent bacterial infections.

Masturbation in Sexual Relationships Most people continue to masturbate after they marry or are in a steady relationship, although the rate is significantly

lower. Actually, the National Health and Social Life Survey (NHSLs) found that married people are less likely to have masturbated during the preceding 12 months than those never married or formerly married. About 57% and 37% of married men and women, respectively, reported having masturbated in the preceding year, as opposed to about 48% and 69% of formerly married and never-married men and women, respectively (Laumann et al., 1994).

There are many reasons for continuing the activity during marriage or other sexual relationships; for example, masturbation is pleasurable, a partner is away or unwilling, sexual intercourse or other intimate sexual behavior is not satisfying, the partner(s) fear(s) sexual inadequacy, the individual acts out fantasies, or he or she seeks to release tension. During times of relationship conflict, masturbation may act as a distancing device, with the masturbating partner choosing masturbation over sexual interaction as a means of emotional protection.

● Sexual Behavior With Others

We often think that sex is sexual intercourse, but sex is not limited to sexual intercourse. Heterosexuals engage in a wide variety of sexual activities, which may include erotic touching, kissing, and oral and anal sex. A study of four groups—men and women (mean age = 30) in both same-sex and mixed-sex relationships—found that they were strikingly identical in their sexual repertoires. The study measured solitary behaviors such as masturbation, orgasm alone and with partner, and couple behavior such as kissing your partner, watching your partner undress, and oral sex (Holmberg & Blair, 2009). Which of these “sexual” activities actually constitute sex? This topic has been publicly debated, largely fueled by former president Clinton’s declaration that he did not have sex with Monica Lewinsky despite the fact that she performed oral sex on him. (To find out what a representative sample of young adults believed constituted having “had sex,” see the “Think About It” box “You Would Say You ‘Had Sex’ If You. . . .”)

Most Recent Partnered Sex

Like many national sex surveys, the NSSHB assessed the frequency of numerous sexual behaviors of which the major findings are cited throughout this book. However, the NSSHB went beyond the typical sexual behavior statistics to assess other contextual factors during the last, single event of couple or partnered sex (Herbenick et al., 2010.9a). The contextual findings from a nationally representative sample of 3,990 adults, aged 18–59, provide greater understanding of the circumstances and experiences of couple sex, such as where people have sex, with whom they have sex, and sexual function during sex (e.g., pleasure, arousal, orgasm). Some of the more intriguing findings give us a brief “snapshot” of the sexual repertoire of Americans’ reported last-partnered sexual event:

- Most participants reported that their most recent sexual event occurred in their or their partner’s home.
- The majority of the most recent sexual events occurred within a relationship or with a dating partner, although a sizable minority reported their most recent sexual event occurred with a friend. However, most of the participants aged 18–24 reported that their partner was a casual or dating partner.

11 *Love is the self-delusion we manufacture to justify the trouble we take to have sex.*

—Dan Greenberg

think about it

You Would Say You “Had Sex” If You . . .

When people say they “had sex,” “hooked up,” or “did some things” but did not have sex, what do they mean? Many people have different ideas about what it means to have sex; it all depends on the behavioral criteria they use. Social and legal definitions of “sex” and crimes related to “having sex” vary and are sometimes vague, depending on the source. Some definitions may be used by couples or individuals to justify a wide range of intimate behaviors other than penile-vaginal intercourse or penile-anal intercourse in order to, for example, preserve or lose their virginity, not to “have cheated” on another person, or to believe they had sex. Without a universal definition of “having sex,” confusion or false assumptions can result (Sanders & Reinisch, 1999).

Researchers at The Kinsey Institute for Research in Sex, Gender, and Reproduction and the Rural Center for AIDS/STD Prevention at Indiana University conducted a public opinion study of a representative sample of adults to determine if certain sexual behaviors, as well as whether male ejaculation, female orgasm, condom use, or brevity during penile-vaginal intercourse or penile-anal intercourse, are considered “having sex.” The opinions of 482 adult Indiana residents of varying ages were obtained by telephone, using random digital dialing.

Results of the participants, aged 18–29, are shown in the accompanying table.

Not surprisingly, nearly all of the participants considered penile-vaginal intercourse—even under the specific circumstances listed—as having “had sex.” This was basically true for penile-anal intercourse, although the percentage indicating “yes” was not quite as high. As expected, the percentage indicating “yes” to oral sex and manual stimulation of the genitals was less than intercourse; interestingly, the responses varied considerably by gender, with a much greater percentage of women than men indicating “yes” to these two behaviors.

Two additional studies of college students further our understanding of young adults’ definition of “having sex.” A study of 164 heterosexual Canadian university students not only asked their views of what constitutes “having sex” but also examined what constitutes a sexual partner and what they consider to be “unfaithful” in a sexual partner. The results showed discrepancies in the students’ opinions on these three issues. For example, although 25% of the students considered oral-genital behaviors as having sex, more than 60% thought that the giver or receiver of oral sex was a sex partner, and more than 97% considered a sex partner who had oral sex

Percentages of 18- to 29-year-old Indiana residents (31 females, 31 males) answering “yes” to the question “Would you say you ‘had sex’ with someone if the most intimate behavior you engaged in was . . . ?”

Behavior	% of Women	% of Men
You touched, fondled, or manually stimulated a partner’s genitals	29	10
A partner touched, fondled, or manually stimulated your genitals	32	17
You had oral (mouth) contact with a partner’s genitals	61	33
A partner had oral (mouth) contact with your genitals	67	40
Penile-vaginal intercourse	94	97
Penile-vaginal intercourse with no ejaculation; that is, the man did not “come”	94	90
Penile-vaginal intercourse with no female orgasm; that is, the woman did not “come”	90	97
Penile-vaginal intercourse, but very brief	97	97
Penile-vaginal intercourse with a condom	94	100
Penile-anal intercourse	84	77
Penile-anal intercourse with no male ejaculation	84	77
Penile-anal intercourse with no female orgasm	84	77
Penile-anal intercourse, but very brief	84	76
Penile-anal intercourse with a condom	84	83

SOURCES: Sanders, S. A., Hill, B. J., Yarber, W. L., Graham, C. A., Crosby, R. A., & Milhausen, R. R. (2010). Misclassification bias: Diversity in conceptualizations about having “had sex.” *Sexual Health*, 7 (Suppl. 5), 31–34; Yarber, W. L., Sanders, S. A., Graham, C. A., Crosby, R. A., & Milhausen, R. R. (2007, Nov.). *Public opinion about what behaviors constitute “having sex”: A state-wide telephone survey in Indiana*. Paper presented at the annual meeting of The Society for the Scientific Study of Sexuality, Indianapolis, Indiana.

with someone else to have been unfaithful (Randall & Byers, 2003). Further, while masturbating to orgasm in the presence of another person was considered as having sex by less than 4% of the students, 34% reported that this behavior would make that person a sexual partner and 95% considered it to be unfaithful if done with someone else.

Lastly, another study of 298 heterosexual Canadian university students asked about their definitions of the terms “abstinence” and “having sex,” with some intriguing results. For example, the researchers found a clear consensus that deep kissing was considered abstinence, with a majority viewing nongenital behaviors such as showering together and breast play as abstinence. As other studies have found, there was a consensus that penile-vaginal and penile-anal activities did not constitute sexual abstinence (Byers, Henderson, & Hobson, 2009).

Think Critically

1. Do any of the results of the research studies on the definition of “having sex” surprise you? Do you agree or disagree with the findings?
2. Does it make any difference how “having sex” is defined?
3. How do you define “having sex”? Has your definition changed over time?

SOURCES: Byers, F. S., Henderson, J., & Hobson, K. M. (2009). University students' definitions of sexual abstinence and having sex. *Archives of Sexual Behavior*, 38, 665–674; Randall, H. E., & Byers, E. S. (2003). What is sex? Students' definitions of having sex, sexual partner, and unfaithful sexual behavior. *Canadian Journal of Human Sexuality*, 12, 87–96; Sanders, S., & Reinisch, J. (1999). Would you say you “had sex” if . . . ? *Journal of the American Medical Association*, 281, 275–277.

- The vast majority, but not all, reported that their most recent sexual event was with an other-sex partner.
- An enormous variability in the sexual repertoire of the participants was found, with a diverse range of sexual behaviors in a given sexual episode.
- Penile-vaginal intercourse was the most commonly reported sexual behavior of both men and women during the most recent sexual event, although oral sex (given and received) occurred frequently.
- The largest proportion of men and women reported engaging solely in penile-vaginal intercourse during their most recent sexual event, although some indicated participating solely in noncoital behaviors such as partnered oral sex and masturbation.
- Most men and women reported that neither they nor their partner used alcohol or marijuana around the time of their most recent sexual event.

Findings related to the participants' evaluation of their most recent partnered sexual event—such as arousal, pleasure, orgasm, and sexual function difficulties—will be reported in the chapter on sexual function problems.

“Sex is like money—only too much is enough.”

—John Updike
(1932–2009)

Couple Sexual Styles

Barry McCarthy, a psychologist and renowned sex therapist, and his wife, Emily McCarthy, in their book *Discovering Your Couple Sexual Style* (2009), challenge couples, married or not, to develop a mature sexuality rather than adhering to unrealistic expectations of sexuality. The McCarthys contend that each couple develops their own sexual style. The challenge is for each partner to maintain individuality as well as experience being part of an intimate, erotic sexual couple. They state, in talking to couples, that “it takes most couples six months or longer to transition from the romantic love/passionate sex/idealized phase to develop a mature, intimate couple sexual style” (p. 33). They continue by telling couples that they can develop a mutually comfortable level of intimacy that promotes sexual desire and eroticism and provides energy for their relationship.

The McCarthys identify four couple sexual styles and state that there is no “right” style that is best for all couples. They state that most couples maintain their core sexual style because it is comfortable and satisfying, but the McCarthys also encourage couples to make adjustments and modifications as the relationship continues.

Complementary Style This is the most common sexual style and it allows each partner to have a positive sexual voice yet share in an intimate relationship. The couples who choose this style realize that the best aphrodisiac is an involved, aroused partner. Each partner is responsible for his or her sexual desire and response and feels free to initiate sex, say no to sex, and request a different sexual scenario. In this style, it is not the partner’s role to give the partner an orgasm but rather to be an intimate friend receptive and responsive to the partner’s sexual feelings and preferences. The strength of this style is its variability, its flexibility, and the value each person places on intimacy and eroticism. A possible vulnerability is that sex can become routine and, if the couple takes sex and each other for granted, they may become disappointed and frustrated in their sexual relationship.

Traditional Style This is the most predictable and stable style and is often called “acceptance and security,” as it places high value on keeping the peace, commitment, and stability. In this conflict-minimizing relationship, traditional gender scripts of sex being the man’s domain and affection and intimacy being the woman’s domain are paramount. Since emotional and erotic expression is discouraged, this is the least intimate and erotic couple sexual style, with sex being a lower priority than it is in the other couple sexual styles. The male initiates sex and the female is less erotically active but is open to the male preferences. The strength of this style is predictability, security, and clearly defined roles, with sex rarely becoming an explosive issue. The vulnerability is that this style does not have enough mutual and sexual intimacy and, of all the couple sexual styles, it is most resistant to change.

Soulmate Style Being soulmates means experiencing the highest level of intimacy and closeness, a sexual couple style that has been considered the “perfect” style. These couples share feelings, spend a lot of time together, enjoy shared experiences, and place a high priority on meeting each other’s needs. The fundamental tenet of this style is that the greater the intimacy, the better the couple sex. The advantages of this style are a feeling of being accepted for who one truly is; feeling loved, desired, and desirable; and not having a fear of judgment or rejection. When working well, this style really meets the partners’ needs for intimacy and security. A major danger of this style is that too much closeness and predictability can subvert sexuality and partners can “de-eroticize” each other. That is, people can become so close to their partner that they lose erotic feelings for him or her. In this style, the couple is hesitant to face the problems that come up in their relationship. Persons in this style need to be autonomous enough to maintain their own sexual voice, and partners should be committed to integrating intimacy and eroticism.

Emotionally Expressive Style This is the most erotic style and is dominated with strong emotion and drama. Each partner is free to share positive and negative passions in word and deed. Of the four couple sexual styles, this one is

the most engaging, exciting, fun, and unpredictable. It focuses on external stimuli to enhance eroticism while downplaying intimacy. The openness to emotional and sexual expression and spontaneity are major strengths of this style. This style is the most resilient and engaging of the four styles, and couples often use sex to reconnect after a conflict. The major drawback of this style is that it is the highest in relational instability. These couples “wear each other out” with all of their emotional upheavals. Partners in this sexual style should honor personal boundaries and not be hurtful when the issue involves sexuality.

Touching

Whether sex begins with the heart or the genitals, touch is the fire that melds the two into one. Touching is both a sign of caring and a signal for arousal.

Touching does not need to be directed solely toward the genitals or erogenous zones. The entire body is responsive to a touch or a caress. Even hand-holding can be sensual for two people sexually attracted to each other. Women appear to be especially responsive to touch, but traditional male gender roles give little significance to touching. Some men regard touching as simply a prelude to intercourse. When this occurs, touch is transformed into a demand for intercourse rather than an expression of intimacy or erotic play. The man’s partner may become reluctant to touch or show affection for fear her gestures will be misinterpreted as a sexual invitation.

William Masters and Virginia Johnson (1970) suggest a form of touching they call “pleasuring.” **Pleasuring** is nongenital touching and caressing. Neither partner tries to sexually stimulate the other; they simply explore, discovering how their bodies respond to touching. One partner guides the other partner’s hand over his or her body, telling the partner what feels good; the roles are then reversed. Such sharing gives each a sense of his or her own responses; it also allows each to discover what the other likes and dislikes. We can’t assume we know what a particular person likes, for there is too much variation among people: Watching a partner masturbate can provide clues on how he or she likes to be stimulated. Pleasuring opens the door to communication; couples discover that the entire body, not just the genitals, is erogenous. Actually, Masters and Johnson (1970) noted that women tend to prefer genital touching after general body contact, whereas many men prefer stroking of their genitals early.

Some forms of touching are directly sexual, such as caressing, fondling, or rubbing our own or our partner’s genitals or breasts. Sucking or licking earlobes, the neck, toes, or the insides of thighs, palms, or arms can be highly stimulating. Oral stimulation of a woman’s or man’s breasts or nipples is often exciting. Moving one’s genitals or breasts over a partner’s face, chest, breasts, or genitals is very erotic for some people. The pressing together of bodies with genital thrusting is called **tribidism**, “dry humping,” or “scissoring.” Many lesbian women enjoy the overall body contact and eroticism of this form of genital stimulation; sometimes, the partners place their pelvic areas together to provide mutual clitoral stimulation (see Figure 7).

“I scarcely seem to be able to keep my hands off you.”

—Ovid
(43 BCE–17 CE)

“Sex, indeed, has been called the highest form of touch. In the profoundest sense, touch is the true language of sex.”

—Ashley Montagu
(1905–1999)

• **FIGURE 7**
Tribidism.





Touching can increase relaxation and enhance intimacy.

© Tom & Dee Ann McCarthy/Corbis

Rubbing the penis between the thighs of a partner is a type of touching called **interfemoral intercourse**. Heterosexual couples who do not use contraception must be sure the man does not ejaculate near the vaginal opening so as to avoid conception, however unlikely it may seem.

Stimulating a partner's clitoris or penis with the hand or fingers can increase excitement and lead to orgasm. A word of caution: Direct stimulation of the clitoral glans may be painful for some women at specific stages of arousal, so stimulation of either side of the clitoris may work better. Certainly, the clitoris and surrounding areas should be moist before much touching is done. Inserting a finger or fingers into a partner's wet vagina and rhythmically moving it at the pace she likes can also

be pleasing. Some women like to have their clitoris licked or stimulated with one hand while their vagina is being penetrated with the other. Men like having their penises lubricated so that their partner's hand glides smoothly over the shaft and glans penis. Be sure to use a water-based lubricant if you plan to use a condom later, because oil-based lubricants may cause the condom to deteriorate. Masturbating while one partner is holding the other can be highly erotic for both people. Mutual masturbation can also be intensely sexual. Some people use sex toys such as dildos, vibrators, or ben-wah balls to enhance sexual touching.

The Advocate, a magazine focusing on gay and lesbian issues, conducted a survey of its readers concerning relationships and sexuality. A strong majority of the lesbian women said they loved many nongenital, touching activities: 91% loved hugging, caressing, and cuddling; 82% loved French kissing; 74% loved simply holding hands. Three quarters loved both touching a woman's genitals and having their own touched. About 80% enjoyed caressing another woman's breasts or sucking her nipples; 68% enjoyed receiving such attention (Lever, 1995). For 85% of gay men, hugging, kissing, and snuggling were also the favorite activities (Lever, 1995).

Sex therapist and psychologist Barry McCarthy and his wife, Emily McCarthy, have conceptualized five dimensions of touch from affection to intercourse. In a novel way, they frame the five touches as gears of a stick-shift automobile. See "Think About It" box "Giving and Receiving Pleasurable Touch" to learn more about the five gears of touch.

Kissing

"The kiss originated when the first male reptile licked the first female reptile, implying in a subtle, complimentary way that she was as succulent as the small reptile he had for dinner the night before."

—F. Scott Fitzgerald
(1896–1940)

Kissing is usually our earliest interpersonal sexual experience, and its primal intensity may be traced back to our suckling as infants. The kiss is magic: Fairy tales keep alive the ancient belief that a kiss can undo spells and bring a prince or princess back to life. Parental kisses show love and often remedy the small hurts and injuries of childhood.

Kissing is probably the most acceptable of all sexual activities. The tender lover's kiss symbolizes love, and the erotic lover's kiss, of course, simultaneously represents and *is* passion. Both men and women regard kissing as a romantic expression, a symbol of affection as well as desire. A study of both men and women, aged 18–63, found that kissing frequency was related to relationship quality: For couples in an exclusive relationship, the couples who reported the most frequent kissing also reported the greater relationship

think about it

Giving and Receiving Pleasurable Touch: “Gears of Connection”

The essence of sexuality is giving and receiving pleasure-oriented touching.

—McCarthy & McCarthy
(2009, p. 31)

Sex therapist and psychologist Barry McCarthy and his wife, Emily McCarthy, in their book *Discovering Your Couple Sexual Style* (2009), state that healthy sexual couples learn to value a range of ways to connect and reconnect physically and emotionally as a way to maintain a vital, satisfying sexuality. One important way this is done is through pleasure-oriented, nondemanding touch ranging from affectionate touch to intercourse touch. Sexual expression often does not include intercourse and nondemand pleasuring affirms the value of nonintercourse touch. The McCarthys state that “touch counts, whether it eventually proceeds to intercourse or not.” Actually, sex often does not include intercourse.

The concept of pleasure-oriented touch options helps negate the traditional male-female sexual script and power struggle about sex. Typically, the man pushes for intercourse and perceives touch only as “foreplay”; this often results in the woman feeling pressured rather than invited and conflicted about initiating touch unless she wants to have intercourse. With an “intercourse or nothing” perspective, other pleasure-oriented touch is devalued and often left out. The McCarthys use a metaphor, the “gears of connection,” as a way to conceptualize five touch dimensions: affection, sensuality, playfulness, erotic nonintercourse, and intercourse. Imagine the five touch dimensions as the five gears of a stick-shift car where one starts with the first gear and shifts through the gears, all the way to fifth. A 10-point scale of sexual arousal is used: 0 is neutral, 5 is the beginning of sexual touch, and 10 is orgasm.

First gear: Affectionate touch. This type of touch involves enjoying the same warm, romantic experiences as when a couple first meets. It is a genuine “reaching out” to the other person, feeling safe and connected, which facilitates receptivity to sensual and sexual connection. Examples of affectionate touch are clothes-on interactions such as holding hands, hugging, kissing, and walking arm-in-arm. This gear is a 1 on the 10-point scale and is not sexual, but it is an important part of an intimate relationship. Knowing that gear 1 is as far as the interaction may get can enhance the joy of the moment.

Second gear: The sensual gear. Being in the 2–4 range of the 10-point arousal continuum, this gear can be engaged in with clothes on, semiclothed, or nude and includes touching the body, except the genitals. This nongenital touching gear is labeled nondemand pleasuring by sex therapists, meaning that the person enjoys giving touch and pleasure but does not expect anything in return except the good feelings of the touch. Neither partner demands moving beyond gear 2. Examples are cuddling while watching television or a DVD,

kissing and cuddling before going to sleep, giving and receiving a back rub, and cradling each other with arms intertwined.

Third gear: The playful gear. This gear involves playful non-genital and genital touching, while either nude or seminude. Playful touch can be fun, inviting, and unpredictable and is 4–6 on the 10-point arousal scale. Called genital pleasuring by sex therapists, examples of playful touch are full-body massages, showering or bathing together, and playing with the other’s body. Playful touch, like the other gears, has value in itself, but it can also be a bridge to sexual desire and intercourse.

Fourth gear: The erotic gear. Being 7–10 on the 10-point arousal scale, this gear involves erotic, nonintercourse touch and includes manual and oral genital touch, rubbing, and vibrator stimulation leading to high arousal and orgasm for one or both partners. Hence, this is the most challenging gear for couples to enjoy without feeling pressure to transition to intercourse. This gear often leads to intercourse but has value in itself as an erotic alternative to intercourse. Numerous erotic scenarios and techniques are possible in fourth gear that can be rewarding in themselves.

Fifth gear: Intercourse. Fifth gear involves intercourse but is conceptualized differently than the “sex equals intercourse” perspective in that it is considered merely as one dimension of pleasure-oriented touch. Some couples hurry through the first four gears in a race to intercourse (called “sexual drag racing”). Some couples transition to intercourse soon after reaching a high enough level that they can have intercourse, usually at level 5 on the 10-point arousal scale, though couples can learn to savor the pleasure-oriented touch of various types and not transition to intercourse until they are highly aroused, at 7 or 8 on the 10-point scale. Intercourse then occurs as part of a continuing erotic flow. Further, couples who enjoy multiple stimulation techniques during pleasuring can incorporate these behaviors during intercourse to enhance sexual function and satisfaction.

Touch is an invitation to share pleasure. Learning about each other’s touch will help a couple nurture and develop their sexual style. The McCarthys state that “in celebrating the everyday joys of loving each other and incorporating all five dimensions of touch into your relationship, you can learn to value a variable, flexible sexuality, which maintains couple vitality and satisfaction” (p. 31).

Think Critically

1. What message does the “intercourse or nothing” stance convey to men and women? And what would be the benefits of dismissing this concept?
2. Why do many couples fall into the “sexual drag racing” trap?
3. What can be done to help couples accept and value all of the “gears of connection”?

satisfaction. Actually, the higher frequency of kissing was more strongly related to greater relationship quality than higher occurrence of sexual intercourse, although both predicted relationship quality to greater relationship quality. Interestingly, the study also found that although kissing did cause sexual arousal, it was not the primary driver for kissing (Wlodarski & Dunbar, 2013).

The lips and mouth are highly sensitive to touch and are exquisitely erotic parts of our bodies. Kisses discover, explore, and excite the body. They also involve the senses of taste and smell, which are especially important because they activate unconscious memories and associations. Often, we are aroused by familiar smells associated with particular sexual memories, such as a person's body scent or a perfume or fragrance. In some languages—among the Borneans, for example—the word “kiss” literally translates as “smell.” In fact, among the Eskimos and the Maoris of New Zealand, there is no mouth kissing, only the touching of noses to facilitate smelling.

Although kissing may appear innocent, it is in many ways the height of intimacy. The adolescent's first kiss is often regarded as a milestone, a rite of passage, the beginning of adult sexuality. It is an important developmental step, marking the beginning of a young person's sexuality. (To find out the meanings of kissing, including their first kiss, among a sample of college students, see the “Think About It” box “The First Kiss: A Deal Breaker?”)

Ordinary kissing is considered safer sex. French kissing is probably safe, unless the kiss is hard and draws blood or either partner has open sores or cuts in or around the mouth.

Oral-Genital Sex

In recent years, oral sex has become a part of many people's sexual scripts. The two types of **oral-genital sex** are cunnilingus and fellatio, which may be performed singly or simultaneously. Recall that cunnilingus is the erotic stimulation of a woman's vulva and/or clitoris by her partner's mouth and tongue. Recall, too, that fellatio is the oral stimulation of a man's penis by his partner's sucking and licking. When two people orally stimulate each other simultaneously, their activity is sometimes called “sixty-nine.” The term comes from the configuration “69,” which visually suggests the activity.

For people of every orientation (high school and college students), oral sex is an increasingly important aspect of their sexual selves. The percentages of American men and women who received oral sex in the past year from either a man or a woman and gave oral sex to either a man or a woman, by the 10 NSSHB age groups, are shown in Table 3. Also, the percentages of men and women aged 18–39 who had ever given oral sex to a partner or received oral sex from a partner are shown in Figures 5 and 6.

According to a study of nearly 2,000 college students, almost all of the students who had ever had sexual intercourse had also engaged in oral sex, in contrast to only about one in four virgins having had oral sex (Chambers, 2007). In comparing both sexes, men reported more pleasure in receiving and giving oral sex than women. Nearly all of the sample cited the pleasure of their partner as the most important reason they gave or received oral sex. The study also found that the students, particularly the women, perceived oral sex as less intimate than intercourse. Most study participants noted that they felt comfortable engaging in oral sex in a committed relationship.

11 *If it's uplift you're after, if it's that thrust, stop talking, put lips and tongue to other use.*

—Horace
(65–8 BCE)

11 *As for the topsy turvy tangle known as soixante-neuf, personally I have always felt it to be madly confusing, like trying to pat your head and rub your stomach at the same time.*

—Helen Lawrenson
(1904–1982)

think about it

The First Kiss: A Deal-Breaker?

The decision to kiss for the first time is the most critical in any love story. It changes the relationship of two people more strongly than even the final surrender, because this kiss already has in it that surrender.

—Emil Ludwin
(1881–1948)

Is there more to kissing than just lips touching? Surprisingly, there has been little scientific research on this topic, although philosophers have written about “the kiss” for centuries. However, a seminal study on college students and kissing published in the scientific journal *Evolutionary Psychology* revealed that a lot of information is exchanged during kissing (Hughes, Harrison, & Gallup, 2007). The study, involving in-depth interviews, provided a descriptive account of kissing behavior in a sample of 1,041 undergraduate students (limited to those indicating kissing preference only or mostly with the other sex) at a large university in the eastern United States. About 70% of the students reported kissing 6 or more people, and 20% estimated to have kissed more than 20 people; no differences were found between men and women in the number of kissing partners or the age of first romantic kiss.

An intriguing finding of the study was that the majority of both men and women noted that a bad kiss is a “deal-breaker,” often leading to the ending of a potential new relationship. Slightly more women than men—66% versus 59%—said they were attracted to someone until they kissed the person, then they were no longer interested. One of the study’s researchers, Gordon Gallup, stated that while a kiss may not make a relationship, it can kill one and that “there may be unconscious mechanisms that would make people make an assessment of genetic compatibility through a kiss” (Gordon, quoted in Best, 2007). Another study of 904 men and women, aged 18–63 years (mean = 25 years), showed similar results: Women were more likely than men to restate that a first kiss would affect their attraction to a potential mate (Wlodarski & Dunbar, 2013).

The research by Hughes and colleagues (2007) suggests that the meanings associated with kissing vary considerably between men and women. In this study, women placed more significance on kissing as a way of assessing the person as a potential mating partner and as a means of initiating, bonding, maintaining, and monitoring the current status of a long-term relationship. Men, on the other hand, placed less emphasis on kissing, especially with short-term partners, and appeared to use kissing as a means to an end—that is, to gain sexual access. About one half of the men, in contrast to one third of the women, assumed that kissing would lead to sex whether they were in a short-term or long-term relationship. Gallup notes that kissing for males is one way of keeping their partners physically interested, stating that “as a consequence of male saliva exchange extending over a long period of time, it’s conceivable that the testosterone in male saliva can stimulate female sex hormones and make females more receptive to sex” (Gordon, quoted in Best, 2007).

Other notable gender differences found in the study were the following:

- Taste and smell of the person were more important to women.
- Women were more likely to rebuff sex with a partner unless they kissed first.
- More women indicated that they would refuse to have sex with a bad kisser.
- Men were more likely to desire exchanging saliva during a kiss, showing greater preference for tongue contact and open-mouth kissing.
- Men were more likely to believe that kissing could stop a fight.
- More men felt that it was OK to kiss on the first date and it was OK for the female partner to make the move for the first kiss.

The first kiss is a memorable, once-in-a-lifetime experience. A study of 356 heterosexual students at a large university in the western United States examined the emotional responses that commonly accompany the first kiss (Regan, Shen, De La Pena, & Gosset, 2007). The researchers found that most reported an array of emotions—dread, nervousness, fright, awkwardness, and confusion—as they approached their first kiss. They found that emotions shifted during the kiss. For men, their anxiety and fear were replaced with elation, happiness, sexual arousal, enjoyment, and other positive feelings. Women experienced a mixed reaction: disgust, uncertainty, boredom, enjoyment, tenderness, and excitement. Following the first kiss, most men continued to feel positive responses, but some experienced embarrassment and other negative feelings. For women, although many reported positive feelings, negative responses such as disappointment, regret, and distress were more commonly experienced.

Think Critically

1. Do you agree that a bad first kiss can be a potentially new relationship “deal-breaker”? Has this happened to you?
2. How important is kissing to you in a relationship?
3. What is a good kiss? Should a kiss lead to sexual intercourse?
4. What were your experiences with your first kiss?

SOURCES: Best, K. (2007, December 17). Kiss and tell: Smooches make or break a relationship. *Indianapolis Star*, p. E1; Hughes, S. M., Harrison, M. A., & Gallup, G. G. (2007). Sex differences in romantic kissing among college students: An evolutionary perspective. *Evolutionary Psychology*, 5, 612–631; Regan, P. C., Shen, W., De La Pena, E., & Gosset, E. (2007). “Fireworks exploded in my mouth”: Affective responses before, during, and after the very first kiss. *International Journal of Sexual Health*, 19(2), 1–16; Wlodarski, R., & Dunbar, R. I. M. (2013). Examining the possible function of kissing in romantic relationships. *Archive of Sexual Behavior*. doi: 10.1007/s10508-013-0190-1.



• **FIGURE 8**
Cunnilingus.

Cunnilingus In **cunnilingus**, a woman's genitals are stimulated by her partner's tongue and mouth, which gently and rhythmically caress and lick her clitoris and the surrounding area (see Figure 8). During arousal, the mouth and lips can nibble, lick, and kiss the inner thighs, stomach, and mons pubis and then move to the sensitive labia minora clitoral area. Orgasm may be brought on by rhythmically stimulating the clitoris. During cunnilingus, some women also enjoy insertion of a finger into the vagina or anus for extra stimulation. Many women find cunnilingus to be the easiest way to reach orgasm because it provides such intense stimulation.

Some women, however, have concerns regarding cunnilingus. The most common worries revolve around whether the other person is enjoying it and, especially, whether the vulva has an unpleasant odor. Concerns about vaginal odors may be eased by washing. Undeodorized white soap will wash away unpleasant smells without disturbing the vagina's natural, erotic scent. If an unpleasant odor arises from the genitals, it may be because the woman has a vaginal infection.

A woman may also worry that her partner is not enjoying the experience because he or she is giving pleasure rather than receiving it. What she may not recognize is that such sexual excitement is often mutual. Because our mouths and tongues are erotically sensitive, the giver finds erotic excitement in arousing his or her partner.

An interview study of 43 college women explored women's attitudes toward and experiences with cunnilingus (Backstrom, Armstrong, & Puentes, 2012). The authors note that contemporary sexual scripts of college students assume cunnilingus will occur in relationships but not

in hookups, where this behavior is more frequently contested. The interviews found that tension occurred when the desire for cunnilingus contradicted the relationship's sexual script. Major study findings included the following:

- The taken-for-granted assumption of cunnilingus in relationships was a source of pleasure for women who enjoyed it but a source of difficulty for those who wished to not participate in the behavior.
- In relationships, some women's reluctance for cunnilingus was negated by men's enthusiasm for the behavior.
- Women who wanted cunnilingus in hookups had to be assertive to receive it, whereas those not desiring cunnilingus were relieved that the partner did not expect this behavior.

Fellatio In **fellatio**, a man's penis is taken into his partner's mouth. The partner licks the glans penis and gently stimulates the shaft (see Figure 9). Also, the scrotum may be gently licked. If the penis is not erect, it usually will become erect within a short time. The partner sucks more vigorously as excitement increases, down toward the base of the penis and then back up, in a rhythmical motion, being careful not to bite hard or scrape the penis with the teeth. While the man is being stimulated by mouth, his partner can also stroke the shaft of the penis by hand. Gently playing with the testicles is also arousing as long as they are not held too tightly. As in cunnilingus, the couple should experiment to discover what is most stimulating and exciting. The man should be careful not to thrust his penis too deeply into his partner's throat, for that may cause a gag reflex. He should let his partner control how deeply the penis goes into the mouth. The partner can do this by grasping the penis below his or her lips so that the depth of insertion can be controlled. Furthermore, gagging is less likely when the one performing fellatio is on top. The gag reflex can also be reconditioned by slowly inserting the penis into the mouth at increasing depth over time. Some women feel that fellatio is more intimate than sexual intercourse; others feel that it is less intimate. It is the most common form of sexual activity performed on men by prostitutes (Monto, 2001). Most men find fellatio to be highly arousing.

For gay men, fellatio is an important component of their sexuality. As with sexual intercourse for heterosexual men, however, fellatio is only one activity in their sexual repertoire. Generally, the more often gay couples engage in giving and receiving oral sex, the more satisfied they are. Because oral sex often involves power symbolism, reciprocity is important. If one partner always performs oral sex, he may feel he is subordinate to the other. The most satisfied gay couples alternate between giving and receiving oral sex.

A common concern about fellatio centers around ejaculation. Should a man ejaculate into his partner's mouth? Some people find semen to be slightly bitter, but others like it. Some find it exciting to suck even harder on the penis during or following ejaculation; others do not like the idea of semen in the mouth. For many, a key issue is whether to swallow the semen. Some swallow it; others spit it out. It is simply a matter of personal preference, and the man who is receiving fellatio should accept his partner's feelings about it and avoid equating a dislike for swallowing semen with a personal rejection.

Some men try to provide oral stimulation to their own penis, a practice called **autofellatio**. Kinsey and his colleagues (1948) found that many males try this behavior, but less than 1% of their sample were actually able to achieve it.



• **FIGURE 9**
Fellatio.

Sexual Intercourse

Sexual intercourse is another name for vaginal intercourse, penile-vaginal intercourse, or **coitus**. Sometimes, “sexual intercourse” is also used to describe penile-anal sex. But for our discussion here, we mean penile-vaginal intercourse when we use the term “sexual intercourse.” Sexual intercourse has intense personal meaning; it is a source of pleasure, communication, connection, and love. If forced, however, it becomes an instrument of aggression and pain. Its meaning changes depending on the context in which we engage in it. How we feel about sexual intercourse may depend as much on the feelings and motives we bring to it as on the techniques we use or the orgasms we experience. As sexual intercourse is the most valued and sought-after sexual behavior among persons desiring sex with the other sex, the prevalence of sexual intercourse is very high, as shown in Table 3 and Figures 5 and 6.

11 *Sex is the great amateur art.*
—David Cort

The Significance of Sexual Intercourse Although sexual intercourse is important for most sexually involved couples, the significance of it often differs between men and women. For many men, “sex equals intercourse” and its occurrence is the pass-fail performance test. Most men have one orgasm that occurs during the intercourse part of a sexual episode. For many heterosexual women, however, intercourse is the most central but not the only component of their sexual satisfaction. More than any other heterosexual sexual activity, sexual intercourse can involve equal participation by both partners. Both partners equally and simultaneously give and receive. As a result, a woman may feel greater shared intimacy than she does in other sexual activities. McCarthy and McCarthy (2009) state that it is most important to view intercourse as a natural extension of the pleasuring and eroticism process.

11 *The sexual embrace can only be compared with music and prayer.*
—Havelock Ellis
(1859–1939)

The Positions The playfulness of the couple, their movement from one bodily configuration to another, and their ingenuity can provide an infinite variety of sexual intercourse positions. The same positions played out in different settings can cause an intensity that transforms the ordinary into the extraordinary.

The most common position is face-to-face with the man on top (see Figure 10). Many people prefer this position, for several reasons. First, it is the traditional, correct, or “official” position in our culture, which many people find reassuring and validating in terms of their sexuality. The man-on-top position is commonly

• **FIGURE 10**
Face-to-Face, Man on Top.



known as the missionary position because it was the position missionaries traditionally encouraged people to use. Second, it can allow the man maximum activity, movement, and control of coitus. Third, it allows the woman freedom to stimulate her clitoris to assist in her orgasm. The primary disadvantages are that it makes it difficult for the man to caress his partner or to stimulate her clitoris while supporting himself with his hands and for the woman to control the angle, rate, and depth of penetration. Furthermore, some men have difficulty controlling ejaculation in this position, because the penis is highly stimulated.

Another common position is face-to-face with the woman on top (see Figure 11). The woman either lies on top of her partner or sits astride him. This position allows the woman maximum activity, movement, and control. She can control the depth to which the penis penetrates. Additionally, when the woman sits astride her partner, either of them can caress or stimulate her labia and clitoris, thus facilitating orgasm in the woman. As with the man-on-top position, kissing is easy. A disadvantage is that some men or women may feel uneasy about the woman assuming a position that signifies an active role in coitus. This position tends to be less stimulating for the man, thus making it easier for him to control ejaculation.

Intercourse can also be performed with the man positioned behind the woman. There are several variations on the rear-entry position. The woman may kneel supported on her arms and receive the penis in her vagina from behind. The couple may lie on their sides, with the woman's back to her partner (see Figure 12). This position offers variety and may be particularly suitable during pregnancy because it minimizes pressure on the woman's abdomen.

"When I said I had sex for seven hours, that included dinner and a movie."

—Phil Collins
(1951–)



• **FIGURE 11**
Face-to-Face, Woman on Top.



• **FIGURE 12**
Rear Entry.



• **FIGURE 13**
Face-to-Face on Side.

This position facilitates clitoral stimulation by the woman. Generally, it is also possible for the man to stimulate her during intercourse.

In the face-to-face side position, both partners lie on their sides, facing each other (see Figure 13). Each partner has greater freedom to caress and stimulate the other. As with the rear-entry position, a major drawback is that keeping the penis in the vagina may be difficult.

Tantric sex is a type of sexual intimacy based on Eastern religious beliefs beginning in India around 5000 BCE. The tantric sex technique involves the couple sharing their “energies” by initially thrusting minimally, generating energy via subtle, inner sexual movements. They visualize the energy of the genitals moving upward in their bodies (see Figure 14). The couple may harmonize their breathing and achieve intimacy (often looking into each other’s eyes), ecstasy, and abandon. Many books have been written on tantric sex, and numerous websites are devoted to it.



• **FIGURE 14**
Tantric Sex.

Anal Eroticism

Anal eroticism refers to sexual activities involving the anus, whose delicate membranes, as well as taboo nature, make it erotically arousing for many people. These activities include **analingus**, the licking of the anal region colloquially known as “rimming” or “tossing salad.” Anal-manual contact consists of stimulating the anal region with the fingers; sometimes, an entire fist may be inserted (known as “fisting” among gay White males and “fingering” among gay African American males). Many couples engage in this activity along with fellatio or sexual intercourse. Though little is known about the prevalence of this activity, many report it to be highly arousing because of the sensitivity of the skin around the anus. Keeping this area clean is extremely important because the intestinal tract, which extends to the anus, carries a variety of microorganisms.

Anal intercourse refers to the male’s inserting his erect penis into his partner’s anus (see Figure 15). Both heterosexual people and gay men participate

• **FIGURE 15**

Anal Intercourse.



in anal intercourse. The prevalence of anal intercourse in the 10 NSSHB age groups in the past year is shown in Table 3. For the 18–39 NSSHB age groups (Figures 5 and 6), about 4 in 10 men reported ever having been the insertive partner during anal intercourse with a male or female partner. Likewise, about 4 in 10 women reported ever having experienced anal intercourse (Reece et al., 2010.9a).

Anal intercourse is prevalent among gay men, although studies have shown it is less common than oral sex. For example, a British study found that, for the past year, slightly more than half of men who have sex with men reported having anal sex (57% of insertive partners, 54% of receptive partners) and about 7 in 10 reported engaging in oral sex (71% of insertive partners, 71% of receptive partners) (Mercer et al., 2004). An Australian study of the most recent same-sex behavior among men who have sex with men found that about one third of encounters involved anal intercourse (38% of insertive partners, 30% of receptive partners) with about three quarters involving oral sex (76% of insertive partners, 76% of receptive partners) (Grulich, de Visser, Smith, Rissel, & Richters, 2003). Although heterosexual imagery portrays the person who penetrates as “masculine” and the penetrated person as “feminine,” this imagery does not generally reflect gay reality. For both partners, anal intercourse is regarded as masculine.

Although anal sex may heighten eroticism for those who engage in it, from a health perspective, it is riskier than most other forms of sexual interaction. The rectum is particularly susceptible to STI.

Health Benefits of Sexual Activity

Throughout this chapter and others in this textbook, we have emphasized ways to enhance sexual pleasure. And, certainly, experiencing sexual pleasure is a powerful motive itself to participate in sexual activity. When sex is fun, it brings a unique joy and satisfaction. But beyond the pleasure reward of sexual expression, does sex have health benefits? Physician Eric Braverman, author of the book *Younger (Sexier) You* (2011), states that “sex is like an electric charge, and an orgasm is like rebooting your entire computer, powering up your health in multiple ways.” Braverman contends that being sexually active can help keep one younger by decreasing stress, enhancing intimacy in relationships, and keeping hormone levels up, including testosterone, estrogen, and oxytocin, the “love hormone.”

Persons who frequently engage in sexual activity are reported to experience numerous benefits, such as a longer life, a healthier heart, a better defense against illnesses, pain relief, lower blood pressure, a healthier body weight, lower risk of prostate cancer, better cognitive skills, better hormone levels, lower risk of breast cancer, and more satisfying relationships (Braverman, 2011; Brody, 2010; Cohen, 2010; Jannini, Fisher, Bitzer, & McMahon, 2009; Whipple, Knowles, & Davis, 2007). But does good sex enhance health or does good health make sex more frequent and pleasurable? Sex researcher Beverly Whipple states that “it is not entirely clear whether sex makes people healthier, or whether healthy people tend to have more sex” (Whipple et al., 2007). Nearly all of the studies on the health benefits of sex are correlational; that is, they show a relationship but not cause and effect (Jannini et al., 2009). Nevertheless, what we can say with some certainty is that good sex and good health reinforce each other (Braverman, 2011).

Final Thoughts

As we have seen, sexual behaviors cannot be separated from attraction and desire. Our autoerotic activities are as important to our sexuality as are our interpersonal ones. Although the sexual behaviors we have examined in this chapter are the most common ones in our society, many people engage in other, less typical activities. We discuss these atypical behaviors subsequently.



Summary

Sexual Attractiveness

- The characteristics that constitute sexual attractiveness vary across cultures. Youthfulness and good health appear to be the only universals. Body symmetry and smell are important to sexual attraction. Our culture prefers slender women with

large breasts and men who are muscular but not too brawny. A study on the importance of attractiveness and status found that heterosexual men valued attractiveness the most, followed by homosexual men, heterosexual women, and homosexual women.

- *Hooking up* and *friends with benefits* relationships are increasingly becoming common on college campuses and have numerous advantages and disadvantages.
- Sexual desire is affected by *erotophilia*, a positive emotional response to sex, and by *erotophobia*, a negative response to sex.

Sexual Scripts

- *Sexual scripts* organize our sexual expression. They have three major components: cultural, intrapersonal, and interpersonal. The cultural script provides the general forms sexual behaviors are expected to take in a particular society. The intrapersonal script interprets our physiological responses as sexual or not. The interpersonal script is the shared conventions and signals that make sexual activities between two people possible.

Autoeroticism

- *Autoeroticism* refers to sexual activities that involve only oneself. These activities include sexual fantasies, erotic dreams and *nocturnal orgasm*, and *masturbation*, or stimulation of the genitals for pleasure. Persons practicing various types of autoerotic activity are also more likely to report enacting more elaborate interpersonal sexual scripts.
- Sexual fantasies and dreams are probably the most universal of all sexual behaviors; they are normal aspects of our sexuality. Erotic fantasies have several functions: They take our generalized sexual drives and help define and direct them, they allow us to plan or anticipate erotic situations, they provide pleasurable escape from routine, they introduce novelty, and they offer clues to our unconscious.
- Most men and women masturbate. Masturbation may begin as early as infancy and continue throughout old age and can be practiced alone or in a partnered relationship.

Sexual Behavior With Others

- Each couple develops their own sexual style, although it may take several months for that to

occur. Four common couple styles are complimentary, traditional, soulmate, and emotionally expressive.

- Sexual intercourse is the most appealing sexual activity for both female and male heterosexuals, although there are several dimensions of pleasure-oriented touching.
- The erotic potential of touching has been undervalued, especially among males, because our culture tends to be orgasm-oriented.
- Erotic kissing is usually our earliest interpersonal sexual experience and is regarded as a rite of passage into adult sexuality. Higher frequency of kissing is related to greater relationship quality.
- *Oral-genital sex* is becoming increasingly accepted, especially among young adults. Cunnilingus is the stimulation of the vulva with the tongue and mouth. It is engaged in by both men and women. Fellatio is the stimulation of the penis with the mouth; it is engaged in by both men and women.
- *Sexual intercourse* can be an intimate and rewarding interaction between two people. It is both a means of reproduction and a pleasurable form of communication.
- *Anal eroticism* refers to sexual activities involving the anus. It is engaged in by heterosexuals, gay men, and lesbian women.
- Good health and good sex are highly associated with each other.

Questions for Discussion

- What is your sexual script relative to initiating sexual behavior with another person? Do you always want to take the lead, or are you comfortable with the other person doing that or sharing in initiating the sexual behavior?
- How often do you fantasize about sex? Are you comfortable about your fantasies? Have you ever shared them with anyone?
- What can be done to help persons become more accepting of pleasure-oriented touching that does not include intercourse?

Sex and the Internet

WebMD Sexual and Relationships Center

A well-done and comprehensive website, the WebMD Sex and Relationship Center offers the latest information on several topics such as health benefits of sex, relationship savers, getting in the mood, dating after divorce, emotional infidelity, and dating deal-breakers. A top story section features recent research studies. The site also has the WebMD Sex and Relationship Community, with two parts: Second Opinion (e.g., When Is a Relationship Worth Saving?) and Communities (e.g., Relationships and Coping Community, Sexual Health Community). Visit this website (<http://www.webmd.com/sex-relationships>) and find out the following:

- What is the featured news story?
- What are the recent Top Stories?
- Which Top 12 Concerns topic interests you the most?
- Which WebMD Sex and Relationships Community interests you the most?

Suggested Websites

Hooking Up Smart

<http://www.hookingupsmart.com>

Supports women and men in their search for meaningful relationships by providing strategic insight and perspective as they manage their social and sexual interactions.

JackinWorld

<http://www.jackinworld.com>

Provides articles, forums, questions and answers, and surveys related to masturbation.

iVillage Love and Sex

<http://www.ivillage.com/love-sex>

Provides information on a broad range of sexuality and relationship issues, top stories on love and sex, and suggestions for enhancing sexual pleasure. Click on the “Love” section.

Tantra.com

<http://tantra.com>

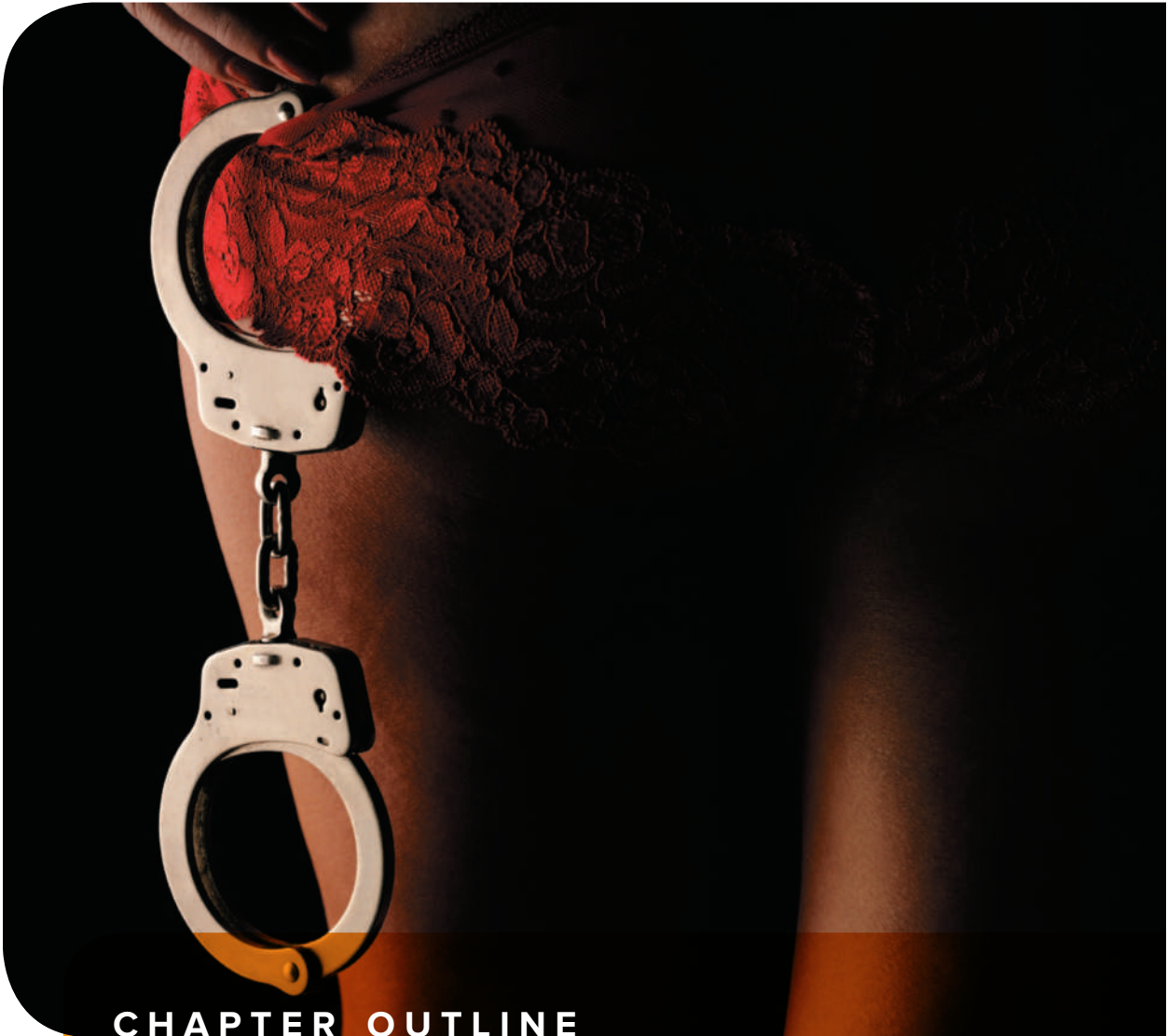
An online resource for tantric sex, tantra, and the Kama Sutra as well as numerous commercial products for enhancing sexual expression.

Suggested Reading

- Braverman, E. R. (2011). *Younger (sexier) you*. New York: Rodale. A physician offers a plan for restoring and invigorating one's sexual life.
- Corwin, G. (2010). *Sexual intimacy for women: A guide for same-sex couples*. Berkeley, CA: Seal. Written by a clinical psychologist, this book includes exercises and client-based anecdotes to help women in same-sex relationships increase intimacy.
- Giles, J. (2008). *The nature of sexual desire*. Lanham, MD: University Press of America. Sexual desire is explored from a psychological, philosophical, and anthropological perspective and in relation to sexual interaction, erotic pleasure, the experience of gender, and romantic love.
- Groy, P. B., & Garcia, J. R. (2013). *Evolution and human sexual behavior*. Cambridge, MA: Harvard University Press. Provides an interdisciplinary synthesis of the latest discoveries in evolutionary theory, genetics, neuroscience, comparative primate research, and cross-cultural sexuality studies.
- Joannides, P. (2015). *Guide to getting it on* (7th ed.). Waldport, OR: Goofy Foot Press. A very popular and thorough sex manual that has been translated into over 10 languages; has superb anatomical and sexual behavior drawings.
- Kirshenbaum, S. (2011). *The science of kissing: What our lips are telling us*. New York: Grand Central. A noted science journalist presents a wonderful, witty, and fascinating exploration of how and why we kiss.
- McCarthy, B. W., & McCarthy, E. (2009). *Discovering your couple sexual style*. New York: Routledge. The goal of this book is to assist persons to discover and enjoy their couple sexual style.
- Moalem, S. (2009). *How sex works*. New York: HarperCollins. Discusses, in a popular writing style, the psychological, relationship, biological, and historical aspects of numerous sex topics while blending in anecdotes.
- Northrup, C., Schwartz, P., & Witte, J. (2012). *The Normal Bar: The Surprising Secrets of Happy Couples and What They Reveal About Creating a New Normal in Your Relationship*. New York: Harmony. This book answers what constitutes “normal” behavior among happy couples. Based on data from nearly 100,000 respondents, the book offers readers an array of perspective tools that will help them establish a “new normal.”

chapter 10

Variations in Sexual Behavior



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CHAPTER OUTLINE

Sexual Variations and Paraphilic Behavior
Types of Paraphilias

Origins and Treatment of Paraphilias

"I do like sex a lot, but I wouldn't call myself addicted. I think an addiction to sex would only be a bad thing in the event that it's interfering with other parts of a person's life."

—27-year-old male

"I think that some fetishes are good and healthy. I really don't think that someone who is turned on by feet or a pair of shoes is wrong. I do have a major problem with those who are into bondage because that is just sick."

—21-year-old female

"I really don't think that atypical sex exists. Everyone should find what feels good and natural for them; others' opinions and statistics shouldn't matter."

—20-year-old male

"From my point of view, fetishism misses the main point of sex: physical pleasure and emotional closeness. This sort of 'erotic communion' of sensation and emotion can be wholly

fulfilling without the bells and whistles of whips, diapers, or anything else. To me, fetishism brings psychological incompleteness to the bedroom.

It carries childhood problems, unresolved conflicts, and past trauma into an arena best suited for the psychologist's couch."

—23-year-old female

"My boyfriend always thought that having his feet licked would be weird and gross. I'd never tried it or had it done to me, but I'd heard a lot of people really love it, so on Valentine's day, I tried it. Now he likes it almost as much as oral sex. In fact, he gets excited when he hears me walking around barefoot!"

—20-year-old female



SEXUALITY CAN BE EXPRESSED in a variety of ways, some more common than others. Many of the less common behaviors have been negatively labeled by the public, often implying that the behavior is unnatural, pathological, or “perverted.” In this chapter, we examine variations in sexual behavior that are not within the range of sexual expression in which people typically engage, including fetishism, exhibitionism, sexual masochism, and sexual sadism. We then turn to issues such as college students and voyeurism, sexual addiction, and BDSM, to name a few. We discuss these and other topics through a variety of perspectives with the intent distinguishing between the clinical, judgmental, or causal connotations of terms.

● Sexual Variations and Paraphilic Behavior

The range of human sexual behavior is almost infinite. Yet most of our activities and fantasies, such as intercourse, oral-genital sex, and masturbation, cluster within the general range of our predominant cultural and social sexual norms. Those behaviors and fantasies that do not fall within this general range are considered variations. In this chapter and throughout the textbook, we use the term **sexual variations** to refer to those behaviors that are not *statistically* typical of American sexual behaviors or that occur in addition to the “mainstream” expression of sexuality.

What Are Sexual Variations?

“Sexual variation” is the most common term used, although terms like **atypical sexual behavior** or *kinky sex* are used. It is important to note, however, that atypical does not necessarily mean abnormal; it simply means that the majority of people do not engage in that behavior or that it occurs outside of the culturally sanctioned sexual behaviors. Even though today’s society is less judgmental about sex, resulting in people who engage in sexual variations feeling less shame and guilt, some sexual variations are considered to be so extreme by the American Psychiatric Association (APA) that they are classified as mental

“There is hardly anyone whose sexual life, if it were broadcast, would not fill the world at large with surprise and horror.

—Somerset Maugham
(1874–1965)

“It is very disturbing indeed when you can't think of any new perversions that you would like to practice.

—James Pickey
(1923–1997)

disorders. Classifying out-of-the-ordinary sexual behavior as deviant is not new. Psychiatry has long classified some sexual behaviors as mental disorders (De Block & Adriaens, 2013), and there continues to be debate among psychiatry and scientific communities about which sexual behaviors are and are not pathological (Belluck & Carey, 2013; Drescher, 2014; Voosen, 2013).

What Is Paraphilia?

The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, published by the American Psychiatric Association (APA, 2013), defines **paraphilia** as “any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature consenting human partners.” The paraphilia is thus an out-of-the-ordinary sexual behavior that does not necessarily need psychiatric treatment. The **DSM-5** maintains the basic types of paraphilias from the prior edition but alters how they are diagnosed. *DSM-5* distinguishes between paraphilias, which are considered to be relatively harmless, and paraphilic disorders, which are considered harmful sexual behaviors. A **paraphilic disorder** is defined as “a paraphilia that is currently causing distress or impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others.” Furthermore, in order to be considered paraphilic, the disorder needs to be recurrent, that is, occurring over a period of at least 6 months. The *DSM-5* notes that when an individual with a particular paraphilic impulse does not declare personal distress, has no impairment in functioning, and has no history of acting on the paraphilic urge, the person would be considered to have **paraphilic sexual interest** (e.g., fetishism sexual interest) but not a paraphilic disorder. For further discussion of the change of the views toward sexual variation and paraphilias, see the “Think About It” box. “Classifying Variant Sexual Behaviors as Paraphilia: The Changing Views of Psychology.”

The distinction between a sexual interest, variation, or behavior that might be classified as a paraphilia as opposed to a paraphilic disorder is sometimes vague and often more a difference of degree than kind. For example, many men find that certain objects, such as black lingerie, intensify their sexual arousal; for other men, these objects are necessary for sexual arousal. In the first case, nothing is particularly unusual or harmful. But if the fetishistic fantasies, urges, or behaviors cause significant distress, lasts at least 6 months and is recurrent, the behavior would be considered a fetishistic disorder in the *DMS-5* (APA, 2013).

Table 1 lists eight of the most common, as well as six less common, paraphilias. To minimize the negative message of labeling and to recognize individuals’ many components, it seems more appropriate to use the term “person with paraphilia” than “paraphiliac.” This is the term we will use in this textbook.

For people with a paraphilia, the paraphilic behavior is the predominant sexual behavior, although they may participate in other sexual activities as well. They may engage in the paraphilic behavior every day or several times a day, or they may participate in two or more paraphilic behaviors (APA, 2013). Even though the behavior may lead to legal or interpersonal difficulties, it may be so rewarding and irresistible that they continue to practice it. Typically, persons with paraphilias feel that urges to participate in the behaviors are insistent, obsessional, or compulsory (Lehne, 2009). Mild versions of paraphilias may manifest only in disturbing fantasies, often occurring during masturbation. Severe versions can include sexual victimization of children and the use of threats or force with other adults (Seligman & Hardenberg, 2000).

TABLE 1 • Paraphilias

Most Common Paraphilias	Sexual Arousal Activity
Exhibitionism	Exposing one's genitals to an unsuspecting person
Fetishism	Using an inanimate object or focus on nongenital body parts
Frotteurism	Touching or rubbing sexually against a nonconsenting person in public places
Pedophilia	Having a sexual focus on a prepubescent child or children
Sexual masochism	Being humiliated, beaten, bound, or otherwise made to suffer
Sexual sadism	Inflicting psychological or physical suffering upon another person
Transvestism	Cross-dressing in clothing of the other sex
Voyeurism	Observing an unsuspecting person who is naked, disrobing, or having sex
Less Common Paraphilias	Sexual Arousal Activity
Coprophilia	Being sexually aroused from use of feces
Klismaphilia	Being sexual aroused from having enemas
Necrophilia	Having sexual activity with dead bodies
Telephone scatologia	Making sexual and obscene phone calls
Urophilia	Being sexually aroused from sight or thought of urine
Zoophilia	Having sexual activity with nonhuman animals (bestiality)

The overwhelming majority of people with paraphilic behaviors are males (Logan, 2008); they are most likely to engage in paraphilic activities between the ages of 15 and 25. Paraphilic disorders are diagnosed in all ethnic and socioeconomic groups and among all sexual orientations.

One important aspect of paraphilias is whether they involve coercion. **Non-coercive paraphilias** are regarded as relatively benign or harmless because they are victimless; that is, they involve only oneself or another consenting adult. Few noncoercive paraphilias are brought to public attention because of their private, victimless nature. Typically, domination and submission, fetishism, and transvestism are considered noncoercive paraphilias. Victimized, or **coercive, paraphilias** represent nonconsensual sexual activity, such as voyeurism, exhibitionism, sexual masochism, sexual sadism, zoophilia, telephone scatologia, frotteurism, necrophilia, and pedophilia. These behaviors are a source of concern for society because of the harm they cause others.

It is also important to recognize that seemingly scientific or clinical terms may not be scientific at all. Instead, they may be pseudoscientific terms hiding moral judgments, as in the case of “nymphomania” and “satyriasis.” **Nymphomania** is a pejorative term referring to “abnormal or excessive” sexual desire in a woman and is usually applied to sexually active single women. But what is “abnormal” or “excessive” is often defined moralistically rather than scientifically. Nymphomania is not recognized as a clinical condition by the APA (2013), as the term is based on prejudice, double standards, and male chauvinism (Kaplan & Krueger, 2010). Although the term “nymphomania” dates back

“Of all the sexual aberrations, the most peculiar is chastity.

—Remy de Gourmont
(1858–1915)



think about it

Classifying Variant Sexual Behaviors as Paraphilia: The Changing Views of Psychology

Over the past 150 years, American and European psychiatrists have conceptualized and categorized what they consider to be sexual deviance. Numerous sexual preferences, desires, and behaviors were pathologized and depathologized during that time, revealing psychiatry's constant and continuing challenge to distinguish out-of-the-ordinary sexual behavior from immoral, unethical, or illegal sexual behavior. This struggle is revealed in the works of nineteenth- and early twentieth-century psychiatrists and sexologists, as well as in more recent psychiatric textbooks and diagnostic manuals such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) published by the American Psychiatric Association (De Block & Adriaens, 2013).

Since the APA began listing certain variant sexual behaviors as “paraphilia” in its 1980 edition of the DSM, the paraphilia construct has been widely critiqued. Critics of the DSM paraphilias contend that the listing of behaviors as paraphilic is merely an attempt to pathologize sexual behaviors not approved of by society. As noted previously, the most recent DSM version, *DSM-5* (APA, 2013), includes paraphilias but has changed how they are diagnosed. *DSM-5* distinguishes between relatively harmless and relatively harmful sexual behavior, resulting in two categories: paraphilia and paraphilic disorders.

Certain sexual behaviors were labeled mental disorders in earlier DSM editions but deleted in later editions (Byne, 2014; De Block & Adriaens, 2013; Drescher, 2014). A prime example of this involves the DSM's views on homosexuality. It was included in the DSM from the first edition until 1973, when it was removed as a mental disorder. A major change reflected in *DSM-5* is that the

distinction between paraphilias and paraphilic disorders represents a greater acceptance of some unconventional sexual behaviors. For example, sexual masochism, sexual sadism, and fetishes are considered mental disorders only if they result in emotional distress and involve nonconsensual behaviors (Boskey, 2013).

Even though there has been increasing acceptance of certain sexual variant behaviors by the American Medical Association, the controversy over which behaviors represent mental disorders continues. Philosophy professors Andreas De Block and Pieter R. Adriaens (2013) state:

The fact that the problem of distinguishing between sexual deviance and mental disorder keeps on haunting the literature has little to do with the scientific status of sexology, psychology, or psychiatry but rather with the hard-to-crack philosophical problem of defining (mental) disease and (mental health) (p. 294).

Think Critically

1. Do you believe that the DSM's classification of certain variant sexual behaviors as paraphilic disorders is “an attempt to pathologize sexual behaviors not approved by society” or a necessary way to address sexual behaviors that indeed represent mental illness and need medical or psychological/psychiatric treatment?
2. Where would you draw the line between out-of-the-ordinary sexual variation and sexual variation that is a mental disorder?

to the seventeenth century, it was popularized in the nineteenth century by Richard von Krafft-Ebing and others. Physicians and psychiatrists used the term to pathologize women's sexual behavior if it deviated from nineteenth-century moral standards.

American women with very strong sexual desire have been both largely ignored by researchers and stigmatized by society. However, an interview study of 44 highly sexual women aged 20–82 provided insights into their sexual lives and how their sexuality has affected them (Blumberg, 2003). “Highly sexual” was defined as a woman who either (1) typically desired sexual stimulation, usually to the point of orgasm, by herself or a partner six to seven times per

week or more and acted upon the desire whenever possible or (2) thought of herself as a highly sexual person with sex often on her mind and considered her sexuality as an aspect that strongly and frequently affected her behavior, life choices, and quality of life satisfaction. The women reported that their lives had been strongly affected by their sexuality, that their sexual appetite was too intense to be ignored, and for some, it had a major impact on their time and energy. Many reported struggles and challenges in their lives because of their sexuality, including being labeled with historically pathologizing terms such as “nymphomaniac” and “sex addict,” although the researcher conducting the interview concluded that neither the term “addiction” nor “compulsion” is applicable in describing these women. However, the women reported that their experiences as highly sexual women were filled with satisfactions and pleasure—in fact, each would not permanently change her sexuality if she had that option. The researcher also noted that many of the women indicated they wanted to participate in the study in hope that society would become more understanding and accepting of them and that other highly sexual women would become more accepting of themselves with less internal distress about their sexuality.

Satyriasis, referring to “abnormal” or “uncontrollable” sexual desire in men, is less commonly used than “nymphomania” because society has come to believe and expect men to be more sexual than women, resulting in less research interest in men’s hypersexual behaviors and needs (Kelly, 2013). For this reason, definitions of satyriasis infrequently include the adjective “excessive.” Instead, reflecting ideas of male sexuality as a powerful drive, “uncontrollable” becomes the significant adjective. Satyriasis is not recognized as a clinical condition by the APA (2013). Note that an alternative term more currently used than “nymphomania” or “satyriasis” is **hypersexuality**, meaning an excessive sex drive either in women or in men (Hyde & DeLamater, 2014). In recent years, some have labeled very highly sexual persons as being “sex addicts.” To read a discussion about sex addiction, see the “Think About It” box “Sexual Addiction: Repressive Morality in a New Guise.”

As you read this chapter, remember to distinguish clearly between the clinical, judgmental, or casual connotations of the various terms. It can be tempting to define a behavior you don’t like or approve of as paraphilic. But, unless you are clinically trained, you cannot diagnose someone, including yourself, as having a mental disorder.

As touched on previously, the line between a sexual variation and a paraphilic disorder may not be exact and the “labeling” of specific behaviors as either may be open to debate and void of adequate scientific justification. Some mental health professionals believe that classifying some sexual behaviors as paraphilias is flawed and reflects a pseudoscientific attempt to control sexuality. However, for the sake of discussion, the presentation of sexual variation in this chapter is based on the paraphilias described in the *DSM-5*. Our discussion will first present an overview of each paraphilia, followed by the *DSM-5* criteria for paraphilic disorder.

● Types of Paraphilias

Fetishism

We attribute special or magical powers to many things: a lucky number, a saint’s relic, an heirloom, a lock of hair, or an automobile. These objects possess a kind of symbolic magic. We will carry our boyfriend’s or girlfriend’s

“Through me forbidden voices.
Voices of sexes and lusts . . .
Voices veiled, and I remove the veil,
Voices indecent by me clarified and
transfigured.

—Walt Whitman
(1819–1892)



think about it

“Sexual Addiction”: Repressive Morality in a New Guise?

Are you a sex addict? As you read descriptions of sexual addiction, you may begin to think that you are. But don't believe everything you read. Consider the following: “The moment comes for every addict,” writes psychologist Patrick Carnes (1983, 1991), who developed and marketed the idea of sexual addiction, “when the consequences are so great or the pain so bad that the addict admits life is out of control because of his or her sexual behavior.” Money is spent on pornography, affairs threaten a marriage, masturbation replaces jogging, and fantasies interrupt studying. Sex, sex, sex is on the addict's mind. And he or she has no choice but to engage in these activities.

According to Carnes, sex addicts cannot make a commitment; instead, they move from one hookup to another. Their addiction is rooted in deep-seated feelings of worthlessness, despair, anxiety, and loneliness. These feelings are temporarily allayed by the “high” obtained from sexual arousal and orgasm. According to Carnes, sexual addiction is viewed in the same light as alcoholism and drug addiction; it is an activity over which the addict has no control. And, as for alcoholism, a 12-step treatment program for sex addiction has been established by the National Council on Sexual Addiction/Compulsivity.

Are you wondering “Am I a sex addict?” Don't worry; you're probably not. The reason you might think you're suffering from sexual addiction is that its definition taps into many of the underlying anxieties and uncertainties we feel about sexuality in our culture. The problem lies not in you but in the concept of sexual addiction.

Although the idea of sexual addiction has found some adherents among clinical psychologists, they are clearly a minority. The influence of the sexual addiction concept is not the result of its impact on therapy, psychology, and social work. Its influence is due mainly to its popularity with the media, where talk-show hosts interview so-called sex addicts and advice columnists caution their readers about the signs of sexual addiction. The popularity of an idea is no guarantee of its validity, however. The sexual addiction concept lacks a scientific foundation and has been rejected by a number of sex researchers as nothing more than pop psychology. Sex addiction was not included in *DSM-5*, and it was noted that “at this time there is insufficient peer-reviewed evidence to establish the diagnostic criteria and course descriptions needed to identify these behaviors [e.g., sex addictions, exercise

addictions] as mental disorders” (APA, 2013). Some mental health professionals and sex researchers suggest that the idea of sexual addiction is really repressive morality in a new guise.

One problematic issue with the term “sex addiction” is that it does not fit the definition of addiction that alludes to physical and psychological dependence. Many behaviors associated with sex addiction are considered within the realm of sexual variation, although some may be extreme (Coleman, 1986; Levine & Troiden, 1988). A study of brain responses to visual images, including sexual ones, suggests that self-professed addicts may simply have a high sexual drive. The researchers analyzed brain responses of both men and women whose sexual behaviors were similar to people who typically sought treatment for sex addiction. The study participants were shown photographs chosen to evoke pleasant and unpleasant feelings. If a person were truly addicted to sex, images of sexual activity would result in a spike of brain activity similar to the way that images of cocaine have been shown to alter the brain activity of people addicted to the drug. However, the brain's responses to the sexual photographs were not predicted by measures of hypersexuality (e.g., difficulties resisting sexual behaviors despite exposure to risk), but related to the measure of sexual desire (e.g., desire for masturbation and sex with a partner) (Steele, Staley, Fong, & Prause, 2013; Preidt, 2013). Nicole Prause, study co-author and a researcher at UCLA, stated that the results show that hypersexuality does not appear to explain responses to sexual images more than just having a high libido.

Attempts to describe certain sexual behaviors by labeling them as sexual addictions continue to be problematic for the professional sexuality community. Different terms have been used in attempts to describe certain behavioral patterns. For example, Eli Coleman (1991, 1996; cited in Tepper & Owens, 2007), director of the human sexuality program at the University of Minnesota Medical School, favors “sexual compulsivity” over “sexual addiction” and goes further by distinguishing between compulsive and problematic sexual behavior:

There has been a long tradition of pathologizing behavior which is not mainstream and which some might find distasteful. Behaviors which are in conflict with someone's value system may be problematic

but not obsessive-compulsive. Having sexual problems is common. Problems are caused by a number of nonpathological factors. . . . Some people will use sex as a coping mechanism similar to the use of alcohol, drugs, or eating. This pattern of sexual behavior is problematic. Problematic sexual behavior is often remedied by time, experience, education, or brief counseling (Coleman, 1991, p. 1).

Coleman and colleagues (1987; Coleman, Raymond, & McBean, 2003; Miner, Coleman, Center, Ross, & Simon Rosser, 2007) consider compulsive sexual behavior as a clinical syndrome in which the person experiences sexual urges, fantasies, and behaviors that are recurrent and intense and interfere with daily functioning.

The term “hypersexuality” has sometimes been used as a less pejorative term for sexual addiction, but it has not been accepted by the APA (Walters, Knight, & Langstrom, 2011). John Bancroft, senior research fellow and former director of The Kinsey Institute for Research in Sex, Gender, and Reproduction, and colleague Zoran Vukadinovic (2004) add even another perspective. After reviewing the concepts and theoretical bases of sexual addiction, sexual compulsivity, and sexual impulsivity (another labeling term), they concluded that it is premature to attempt an overriding definition. They continue by noting that until there is better understanding of this type

of sexual expression, they prefer the general descriptive term “out-of-control sexual behavior” (Bancroft, 2009).

All of this discussion has challenged us to consider what is “excessive sexual behavior” and how culture shapes norms and our reactions and thoughts surrounding it. Certainly, it has caused mental health professionals to consider ways to address highly sexual persons.

If your sexual fantasies and activities are distressing to you, or your behaviors are emotionally or physically harmful to yourself or others, you should consult a therapist. The chances are, however, that your sexuality and your unique expression of it are healthy.

Think Critically

1. What are your thoughts about the term “sexual addiction”? Do you prefer the term “sexual compulsivity” or “out-of-control sexual behavior”?
2. Do you agree or disagree that the idea of sexual addiction is really repressive morality in a new guise?
3. Have you ever wondered if you are a sex addict or that your sexual behavior is out-of-control? On what did you base this label?

photograph, and sometimes talk to it or kiss it, ask for a keepsake if we part, and become nostalgic for a former love when we hear a particular song. All these behaviors are common, but they point to the symbolic power of objects, or fetishes.

Fetishism is sexual attraction to objects that become, for the person with the fetish, sexual symbols. The fetish is usually required or strongly preferred for sexual arousal because the person enjoys the way the object looks, tastes, smells, and/or feels (Kafka, 2010). Instead of relating to another individual, a person with fetishism gains sexual gratification from kissing a shoe, caressing a glove, drawing a lock of hair against his or her cheek, or masturbating with a piece of underwear. But the focus of a person with fetishism is not necessarily an inanimate object; he may be attracted to a woman’s feet, ears, breasts, or legs, or he may have fetishes for both a body part and an inanimate object (Kafka, 2010). Commonly used fetish objects include rubber articles, leather clothing, and other wearing apparel. Exclusive attraction to body parts is known as **partialism**. However, using objects for sexual stimulation, such as vibrators, or using articles of female clothing for cross-dressing is not a sign of fetishism (APA, 2013). A study of the prevalence of fetishes involving Internet discussion groups representing at least 5,000 individuals found that the most common fetishes were for body parts or features (33%) and objects associated with the body (30%), such as panties and diapers. Feet and objects associated with feet, such as rubber, were the most frequently listed fetish targets (Scorolli, Ghirlanda, Enquist, Zattoni, & Jannini, 2007).

Some people sexualize inanimate objects or parts of the body, such as the foot.

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Fetishistic behavior may be viewed as existing on a continuum, or existing in degrees, moving from a slight preference for an object, to a strong preference for it, to the necessity of the object for arousal, and finally to the object as a substitute for a sexual partner. Most people have slightly fetishistic traits. For example, some men describe themselves as “leg men” or “breast men”; they prefer dark-haired or light-haired partners. Some women are attracted to muscular men, others to hairy chests, and still others to shapely buttocks. However, to meet the *DMS-5* definition of fetishism disorder, the person must have a persistent and repetitive (for at least 6 months) use of or dependence on inanimate objects or a highly specific focus on a body part (typically not genital) as the primary factor needed for sexual arousal. Further, fetishistic disorder causes significant personal distress or impairment in social, occupational, or other important areas. Mental health clinicians report that it occurs nearly exclusively in males. Erectile difficulties are a typical outcome from the unavailability of the preferred body part or object during partner sex. Also, even when having a meaningful reciprocal and affectionate relationship, some persons with fetishistic disorder may prefer solitary sexual activity. Many persons who self-identify as fetish practitioners do not report clinical impairment and thus would not be diagnosed with a fetishistic disorder (APA, 2013).

Transvestism

Transvestism (*trans* means “cross,” *vest* means “dress”) is the wearing of clothing of the other sex for sexual arousal (Wheeler, Newring, & Draper, 2008). Many individuals with transvestism prefer to be labeled as “**cross-dressers**” instead of the more clinical label “transvestite,” a term that some believe pathologizes cross-dressing behavior (Lehmiller, 2014). The literature indicates that cross-dressers are largely heterosexual males (Taylor & Rupp, 2004). However, there are studies of women who have erotic attachment to men’s garments. The rarity of transvestism among women may have several reasons. One may be that our society is more accepting of women wearing “men’s” clothing, such as pants and ties, than men wearing “women’s” clothes. So women are not perceived as cross-dressing and men are less likely to report engaging in it because of negative social repercussions.

In a study of 1,032 cross-dressing men, excluding female impersonators and drag queens, 87% were heterosexual, 83% were currently married or had been previously, and 65% were college educated. Sixty percent reported that sexual excitement and orgasm often or almost always occurred with cross-dressing (Doeber & Prince, 1997). **Female impersonators** are men who dress as women and **male impersonators** are women who dress as men, often as part of their job in entertainment. Gay men who cross-dress to entertain are often referred to as **drag queens**. Female and male impersonation and dressing in drag are not considered to be transvestism, in that those behaviors lack the components of sexual arousal and excitement.

Transvestism covers a broad range of behaviors. Some persons with transvestism prefer to wear only one article of clothing (usually a brassiere or panties) of the other sex in the privacy of their home; others choose to don an entire outfit in public. The frequency of cross-dressing ranges from a momentary activity that produces sexual excitement, usually through masturbation, to more



Cross-dressing may be a source of humor and parody, as the traditional boundaries of gender are explored and challenged.

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frequent and long-lasting behavior, depending on the individual, available opportunities, and mood or stressors.

The APA's *DMS-5* considers some cross-dressers as having transvestic disorder, a term that replaces transvestic fetishism which was used in prior editions. The transvestic fetishism label was too narrow in that even though for some cross-dressers this behavior is a form of fetishism, other cross-dressers become aroused by perceiving themselves as members of the other sex (labeled as autogynephilia) (Blanchard, 2010). The re-framing of transvestism in the *DSM-5* acknowledges cross-dressing is not inherently problematic even among those who do so habitually (APA, 2013; Boskey, 2013).

According to *DSM-5* (APA, 2013), **transvestic disorder** involves the recurrent and intense cross-dressing or thoughts of cross-dressing over at least 6 months accompanied with significant emotional distress that impairs social or interpersonal functioning. Transvestic disorder is nearly exclusively reported in males, the majority of which identify as heterosexual, and extremely rare in females. Less than 3% of males have reported even being sexually aroused by dressing in women's attire. In males, the initial indications of transvestic disorder may occur during childhood in the form of strong fascination with a particular women's clothing item which produces a generalized feeling of pleasurable excitement. In puberty, the cross-dressing begins to produce penile erection.

Men with transvestism are usually quite conventional in their masculine dress and attitudes. Dressed as women or wearing only one women's garment, they may become sexually aroused and masturbate or have sex with a woman. As time passes, however, the erotic element of the female garment may decrease and the comfort level increase. The majority of people with transvestism have

“Those hot pants of hers were so damned tight, I could hardly breathe.

—Benny Hill
(1924–1992)

“I don't think painting my fingernails is a big deal. It's not like I'm sitting home by myself trying on lingerie. . . . When I cross-dress now, it's just another way I can show all the sides of Dennis Rodman.

—Dennis Rodman
(1961–)

Actor James Franco appears in drag for a segment of the 83rd Academy Awards show. Franco, who has portrayed several gay or bisexual characters in movies and posed in drag for a magazine cover, has been frequently asked by the media if he is gay or bisexual himself. This skit at the Oscars seemed to be a way of thumbing his nose at all the speculation.

© Gabriel Bouys/AFP/Getty Images



11 *I don't mind drag—women have been female impersonators for some time.*

—Gloria Steinem
(1934–)

no desire to undergo a sex-change operation. If they do, there may be an accompanying diagnosis of gender dysphoria. Transvestism should not be confused with transsexualism. Most people with transvestism have no desire to change their anatomical sex, whereas transsexuals often do. “TV” is the acronym for “transvestism” and often appears in personal ads in underground newspapers and in Internet dating services.

Participating in cross-dressing can interfere with heterosexual relationships and be a major source of personal stress. Many people with transvestism marry or establish other committed relationships in hopes of “curing” their desire to cross-dress. Some men abate their cross-dressing when forming a new romantic relationship, but such abatement is usually temporary. Some voluntarily reveal their cross-dressing to a romantic partner or to their spouse after marriage, but for the majority, it is discovered. Invariably, the partners are distressed and blame themselves for somehow “emasculating” their partners. Some people with transvestism and their spouses and families are able to adjust to the cross-dressing. Data suggest, however, that women merely tolerate rather than support their partner’s cross-dressing, and many feel betrayed, angry, and scared that outsiders will find out about their partner’s behavior (Reynolds & Caron, 2000). Sometimes, however, the stress is too great, and separation follows soon after the transvestism is discovered.

Zoophilia

Zoophilia, sometimes referred to as “bestiality,” involves deriving sexual pleasure from animals. True zoophilia occurs only when animals are the preferred sexual contact regardless of what other sexual outlets are available. Zoophilia is considered a coercive paraphilia based on the assumption that the animal is an unwilling participant. Few studies on the prevalence of zoophilia have been conducted. Alfred Kinsey and his colleagues reported that about 8% of the men and 4% of the women they surveyed had experienced at least one

sexual contact with animals. Seventeen percent of the men who had been reared on farms had had such contact, but these activities accounted for less than 1% of their total sexual activity (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). A study of Native American adolescents found that 1% reported sexual contact with animals (Nagaraja, 1983). Crepault and Couture (1980) found that 5.3% of men had fantasized about having sex with an animal.

Among those who derive sexual pleasure from animals, the behavior usually begins in males during adolescence as a transitory phenomenon (Earls & Lalumière, 2009). Males are likely to have intercourse with the animal or to have their genitals licked by the animal. Females are more likely to have contact with a household pet, such as having intercourse, having the animal lick their genitals, or masturbating the animal. Despite earlier beliefs to the contrary, studies found that very few persons who had sex with animals considered the sex as a substitute for human sex; rather, for them it was just their preferred behavior (Beetz, 2004; Miletski, 2000, 2002).

A research study of 114 self-identified men with zoophilia examined sexual interest in animals. The participants were primarily acquired through the use of an online questionnaire, and those who volunteered were asked to refer others who had similar interests. More than 9 of every 10 men who self-identified as “zoophiles” indicated that they were concerned with the welfare of the animals. They emphasized the importance of consensual sexual activity with animals in contrast to persons they labeled as “**bestialists**,” those who have sex with animals but are not concerned with the animals’ welfare. The men listed desire for affection and pleasurable sex as the most important reasons for sexual interest in animals.

Three study participants made these comments (Williams & Weinberg, 2003):

My relationship with animals is a loving one in which sex is an extension of that as it is with humans, and I do not have sex with a horse unless it consents (p. 526).

Although I do get an erection when interacting sexually with a stallion, my first priority is always the animal’s pleasure, erection, and personal affection to me (p. 526).

Humans use sex to manipulate and control. Humans have trouble accepting who you are. They want to change you. Animals do not judge you. They just love and enjoy the pleasures of sex without all the politics (p. 527).

The most commonly reported animal partners were dogs (63%) and horses (29%); other partners were sheep, cats, cows, and chickens. Many of the men had not had sex with a human partner of either sex in the past year. The researchers suggest that sexual activity with animals is usually immediate, easy, and intense, thus reinforcing the behavior (Williams & Weinberg, 2003).

Voyeurism

Viewing sexual activities is a commonplace activity. Voyeuristic behaviors are the most frequently occurring of potentially law-breaking sexual behaviors (APA, 2013). Many individuals have used mirrors to view themselves during sexual behavior, watched their partners masturbate, videorecorded themselves and their partner having sex for later viewing, or watched others having intercourse. Americans’ interest in viewing sexual activities has spawned a multibillion-dollar sex industry devoted to fulfilling those desires. Sexually explicit magazines, books, websites, and professionally produced X-rated videos are widely available. Topless bars, live sex clubs, strip and peep shows, reality

“I have a mirrored ceiling over my bed because I like to know what I am doing.

—Mae West
(1893–1980)

think about it

Would You Watch? College Students and Voyeurism

Most research on voyeurism has focused on males in clinical and criminal settings. To investigate aspects of voyeurism in a relatively “normal” group of individuals, a sample of Canadian university students (232 women and 82 men) enrolled in a human sexuality class were asked to indicate whether they would watch an attractive person undressing or two attractive persons having sex in a hypothetical situation (Rye & Meaney, 2007). Students responded to the following scenario using a 0–100% scale, with 0% meaning “extremely unlikely to watch” to 100% being “extremely likely to watch.” They were also asked if their responses would be different if there were a possibility of being caught and punished for their behavior.

Students were presented with the following scenario:

You see someone whom you find very attractive. The person does not suspect that you can see him or her. He/she begins undressing.

Two questions were then posed:

1. If there were no chance of getting caught, how likely would it be that you would watch the person undressing?
2. He or she begins to have sex with another attractive person. How likely is it that you would watch the two people having sex?

Here is what the study found:

- With both men and women combined, the self-reported likelihood of watching an attractive person undress was significantly higher (67% on the 0 to 100% scale) than watching two attractive people having sex (45%).
- Men and women were not significantly different in their reported likelihood of watching an attractive person undress (73% men, 65% women).
- Men were significantly more likely than women (64% men, 39% women) to be willing to watch two attractive people having sex.
- When there was no possibility of being caught, men and women were much more likely to be willing to watch an attractive person undress.

- When there was no possibility of being caught, men and women were only slightly more likely to be willing to watch two attractive people having sex.

In discussing the results, the researchers noted that the students may have considered watching a couple having sex as more invasive than watching a person undress. They note that there are many more opportunities to observe others, covertly, in the different stages of undress (e.g., at the gym, at the beach) than seeing people having sex (usually limited to sex clubs or accidentally walking in on a roommate or exhibitionistic, thrill-seeking couples in the college library stacks). The researchers also state that voyeuristic behavior may be acquired in several ways, such as evolutionary adaptations and social learning, then modified by social constraints, and that this perspective “fits well with Buss’s (1998) sexual strategies theory. . . . Similarly, women may have less desire for sexual viewing, but may still engage in such behavior when social constraints are relaxed.” The researchers also conclude that the study results support contentions that social constraints are a regulator of voyeurism.

Think Critically

1. How would you have answered the questions presented in this research study? Were there any responses that surprised you? Would the possibility of being caught alter your responses?
2. How would you feel if you found out you had been watched while undressing or having sex with someone?
3. If you have had sex, did you enjoy watching your partner undress? If so, what impact did this have on your sexual interaction?

SOURCE: Rye, B. J., & Meaney, G. J. (2007). Voyeurism: It is good as long as we do not get caught. *International Journal of Sexual Health*, 19, 47–56.

TV, sexting, and erotic dancing attest to the attraction of visual erotica. These activities are not considered **voyeurism** because the observed person is willing and these activities typically do not replace interpersonal sexuality. Hence, some degree of voyeurism appears to be socially acceptable (Lehmiller, 2014).

Very little research has been conducted on voyeurism, although a nationally representative study of 2,450 persons in Sweden examined the prevalence of voyeurism, as well as exhibitionism (discussed in the next section of this chapter). Twelve percent of males and 4% of females reported at least one incident of being sexually aroused by spying on others having sex (Langstrom & Seto, 2006). The researchers found that voyeurism and exhibitionism were associated with several variables; that is, those reporting voyeuristic and exhibitionistic behaviors were more likely to be male, to have more psychological problems, and to have lower life satisfaction. Further, they had greater odds of reporting other variant sexual behaviors, such as transvestism and sadomasochism. To learn what percentage of college students would watch a person undress or a couple have sex, see “Think About It” box “Would You Watch? College Students and Voyuerism.”

According to the *DSM-5*, voyeuristic disorder involves recurring, intense sexual urges and fantasies related to secretly observing an unsuspecting person who is naked, disrobing, or engaging in sexual activity and that causes significant personal distress. The person with voyeuristic disorder has to be at least 18 years of age, as there is difficulty in differentiating it from age-appropriate puberty-related sexual curiosity and activity, and the disorder must occur over at least a 6-month period. Persons having this paraphilic impulse but declare no personal distress, have no impairment in functioning, and have no history of acting on these urges could be considered as having voyeuristic sexual interest rather than voyeuristic disorder (APA, 2013).

In order to become aroused, people with voyeurism must hide and remain unseen, and the person or couple being watched must be unaware of their presence. The excitement is intensified by the possibility of being discovered. Sometimes, the person with voyeurism will masturbate or imagine having sex with the observed person. People with voyeurism are sometimes called “peepers” or “peeping Toms” (Mann, Ainsworth, Al-Attar, & Davies, 2008). Watching others who know they are being observed, such as a sex partner, a stripper, or an actor in a sexually explicit film, is not classified as voyeurism. Voyeurism appeals primarily to heterosexual men (Seligman & Hardenburg, 2000), most of whom are content to keep their distance from their victim. Many lack social and sexual skills and may fear rejection.

In a more recent type of voyeurism, labeled “video voyeurism,” video cameras are used to take pictures of persons in private places as they change their clothes, shower, or engage in sexual activities. For example, video cameras have been hidden in places that are considered private, such as in health clubs and gyms. In an effort to protect themselves, many voyeurism victims have sought legal recourse to halt the voyeurism. Nearly all states have legal prohibitions against video voyeurism. However, these laws have been difficult to enforce.

Exhibitionism

Also known as “indecent exposure,” **exhibitionism** is the revealing of one’s genitals to an unsuspecting person. The individual, almost always male and sometimes called a “flasher,” may derive sexual gratification from the exposure

Some people like to exhibit their bodies within public settings that are “legitimized,” such as Mardi Gras. Such displays may be exhibitionistic, but they are not considered exhibitionism in the clinical sense.

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of the genitals: A general population study in Sweden on voyeurism and exhibitionism found that 3.1% of the study participants (4.1% men, 2.1% women) reported at least one episode of being aroused by exposing their genitals to a stranger (Langstrom & Seto, 2006).

What is considered exhibitionism varies cross-culturally, but throughout most of the United States it is illegal to expose one's genitals or for a woman to expose her nipples unless for a good reason such as breastfeeding. Exhibitionism is more often considered a problem and legally punishable when committed by a man, in contrast to such behavior by a woman. Because of the widespread incidence of exhibitionism, many women may have witnessed exhibitionism at least once in their lives. Between 40% and 60% of women college students have reported having had someone expose himself to them, commonly known as being flashed (Murphy & Page, 2008).

The *DSM-5* describes a person with exhibitionism disorder as one who experiences significant personal distress or social impairment for at least 6 months from the urges or one who exposes his or her genitals to a nonconsenting person. The nonconsenting person is considered a victim, as the experience can be very traumatizing. Persons having this paraphilic impulse but declare no personal distress, have no impairment in functioning, and have no history of acting on these urges could be considered having exhibitionism sexual interest but not exhibitionism disorder (APA, 2013). A person with exhibitionism often also has voyeuristic behaviors.

Genital exposure by a man is not a prelude or an invitation to intercourse. Instead, it is an escape from intercourse, for the man never exposes himself to a willing woman—only to strangers or near-strangers. Typically, he obtains sexual gratification after exposing himself as he fantasizes about the shock and horror he caused his victim. Other people with exhibitionism experience orgasm as they expose themselves; still others may masturbate during or after the exhibitionism. These men generally expose themselves to children, adolescents, and young women; they rarely expose themselves to older women. In those few instances in which a woman shows interest, the person with exhibitionism immediately flees. Usually, there is no physical contact. Exotic dancers and nude sunbathers are not considered people with exhibitionism because they typically do not derive sexual arousal from the behavior, nor do they expose themselves to unwilling people. Furthermore, stripping for a sex partner to arouse him or her involves willing participants.

Sometimes, the term “exhibitionist” is used in a pejorative way to describe a woman who dresses provocatively. These women, however, do not fit the American Psychiatric Association (2013) definition of exhibitionism. For example, they do not expose their genitals, nor does the provocative dressing cause marked distress or involve interpersonal behavior. Labeling women who dress provocatively as “exhibitionists” is more a case of a moral judgment than a scientific assessment. Actually, women in our culture have more socially acceptable ways of exposing their bodies than men. Showing breast cleavage, for example, is widely accepted in our culture (Carroll, 2010).

Men with exhibitionism often feel powerless, and their sexual relations with their wives or partners usually are poor. This sense of powerlessness gives rise to anger and hostility, which they direct toward other women by exhibiting themselves. However, they rarely are violent. If a person with exhibitionism confronts you, it is best to ignore and distance yourself from the person and then report the incident to the police. Reacting strongly, though a natural response, only reinforces the behavior.

Telephone Scatologia

Telephone scatologia—the making of obscene phone calls to unsuspecting people—is considered a paraphilia because the acts are compulsive and repetitive or because the associated fantasies cause distress to the individual.

Those who engage in this behavior typically get sexually aroused when their victim reacts in a shocked or horrified manner. Obscene phone calls are generally made randomly, by chance dialing. Some people with this paraphilia repeatedly make these calls.

The overwhelming majority of callers are male, but there are female obscene callers as well (Price, Kafka, Commons, Gutheil, & Simpson, 2002; Quayle, 2008). Male callers frequently make their female victims feel annoyed, frightened, anxious, upset, or angry, while the callers themselves often suffer from feelings of inadequacy and insecurity. They may use obscenities, breathe heavily into the phone, or say they are conducting sex research. Also, they usually masturbate during the call or immediately afterward. The victims of male callers often feel violated, but female callers have a different effect on male recipients, who generally do not feel violated or may find the call titillating (Matek, 1988).

If you receive a harassing or obscene phone call, the best thing to do is not to overreact and to quietly hang up the telephone. Don't engage in a conversation with the caller, such as trying to determine why the person is calling or why the person won't stop calling. Remember, the caller wants an audience. You should not give out personal information such as your name, e-mail address, or phone number to anyone who is a stranger or respond to any questions if you do not know the caller.

If the phone immediately rings again, don't answer it. If obscene calls are repeated, the telephone company suggests changing your number (many companies will do this at no charge), keeping a log of the calls, or, in more serious cases, working with law enforcement officials to trace the calls. Other solutions include screening calls with an answering service and obtaining caller ID. By the way, don't include your name, phone number, or other personal information, such as when you will be away and returning, in the outgoing message on your answering service. One final suggestion—be cautious in placing ads in newspapers or on electronic media or allowing strangers access to personal information on social networking sites. Use a post office number or e-mail address. If you feel you must give your phone number, don't give the address of your residence.

Frotteurism

Frotteurism (also known as “mashing,” “groping,” or “frottage”) refers to the obtaining of sexual gratification by sexual pressing, rubbing, or touching against a nonconsenting person in a public location. It is not known how many people practice frotteurism, but 21% of college males in one study reported having engaged in at least one episode of frotteurism (Templeman & Stinnett, 1991). The APA (2013) says that frotteuristic behaviors may occur in nearly 30% of adult males in the general population.

The *DSM-5* describes a person with frotteuristic disorder as a person who experiences, for at least 6 months, significant personal distress or social impairment from recurrent and intense sexual arousal from rubbing or touching against a nonconsenting person. If this paraphilic impulse does not cause personal distress or impairment of other important areas of functioning and there is no acting on the urges, individuals are considered to have frotteuristic sexual interest, but not frotteuristic disorder (APA, 2013).

Frotteurism, the rubbing or touching against a nonconsensual person, can occur in crowded public places such as at rock concerts.

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The person with frotteurism, most often a male, usually carries out his touching or rubbing in crowded public places like subways or buses or at large sporting events or rock concerts (Lussier & Piché, 2008). When he enters a crowd, his initial rubbing can be disguised by the crush of people. He usually rubs his clothed penis against the fully clothed female's buttocks or thighs with his erect penis inside his pants. Less commonly, he may use his hands to rub a woman's buttocks, pubic region, thighs, or breasts. The type of contact may appear unintended, and a woman may not even notice the touch or pay heed to it, given the crowded situation. However, some women may feel victimized (Freund, Seto, & Kuban, 1997). If the woman discovers it, the man will usually run away. Hence, nearly all men with frotteurism are able to escape being caught. While mashing, the male may fantasize about having consensual sex with the women, and he may recall the mashing episode when masturbating in the future.

Frotteuristic disorder often occurs with other paraphilias, especially exhibitionism disorder and voyeuristic disorder (APA, 2013).

Necrophilia

Necrophilia is sexual activity with a corpse. It is regarded as nonconsensual because a corpse is obviously unable to give consent. There are relatively few instances of necrophilia, largely because few people have access to cadavers, yet it retains a fascination in horror literature, especially vampire stories and legends, and in gothic novels. It is also associated with ritual cannibalism in other cultures. Within our own culture, *Sleeping Beauty* features a necrophilic theme, as does the crypt scene in Shakespeare's *Romeo and Juliet*. Most likely, necrophilia sexual behaviors are committed largely by those who work with corpses in mortuaries and morgues and who have become desensitized by them. Such behavior is illegal under laws regarding the handling of dead bodies (Kelly, 2013). However, the vast majority of persons working with corpses do not have urges to be sexual with a corpse.

In a review of 122 cases of supposed necrophilia or necrophilic fantasies, researchers found only 54 instances of true necrophilia (Rosman & Resnick, 1989).

11 *The dead person who loves will love forever and will never be weary of giving and receiving caresses.*

—Ernest Jones
(1879–1958)

The study found that neither sadism, psychosis, nor mental impairment was inherent in necrophilia. Instead, the most common motive for necrophilia was the possession of a partner who neither resisted nor rejected. Clearly, many people with necrophilia are severely mentally disturbed.

Pedophilia

Pedophilia is characterized by a sexual interest or focus on prepubescent children. The *DSM-5* defines pedophilic disorder as having “recurrent, for at least 6 months, intense sexual urges and sexually arousing fantasies involving sexual activity with a prepubescent child or children” that the individual has acted upon or finds distressing or that results in interpersonal difficulty (APA, 2013). A person with a sexual focus on prepubescent children who does not report feelings of shame, guilt, or anxiety about these impulses, is not functionally limited by these impulses, and never acted on these impulses is considered to have pedophilia sexual orientation but not pedophilic disorder. According to the APA, the children are aged 13 or younger and a person with pedophilic disorder must be at least 16 and at least 5 years older than the child. A late adolescent is not considered to have pedophilic disorder if he or she is involved in an ongoing sexual relationship with a 12-year-old or older child. The diagnostic criteria for this paraphilia did not change with the update to *DSM-5*; the only change was in renaming the diagnosis from pedophilia to pedophilic disorder. Almost all people with pedophilic disorder are males. Yet their sexual contacts with children are relatively rare, occurring probably in 3–5% of the male population (APA, 2013). Girls are about twice as likely to be the sexual objects of pedophilic behavior. The prevalence of pedophilic disorder among females is uncertain, but likely a fraction of the prevalence among males (APA, 2013; Seto, 2008).

In this section, we discuss only pedophilic disorder. Pedophilic disorder is different from “child sexual abuse,” “child molestation,” and “incest,” although all denote sex with minors, which is a criminal action. Pedophilic disorder, as defined by the APA, is a psychiatric disorder. Not all of those who sexually abuse minors would be considered people with pedophilic disorder unless the APA criteria are met. Sexual contact with a minor is not, in itself, a determination of pedophilic disorder (Fagan, Wise, Schmidt, & Berlin, 2002). It is, however, illegal. Nonpedophilic disorder child sexual abuse and incest, their impact on the victims, and prevention of child sexual abuse are discussed later. Child sexual abuse is illegal in every state.

Some individuals with pedophilic disorder prefer only one sex, whereas others are aroused by both male and female children. Those attracted to females usually seek 8- to 10-year-olds, and those attracted to males usually seek slightly older children. Some people with pedophilic disorder are sexually attracted to children only, and some are aroused by both children and adults (APA, 2013).

Research has shown that many persons with pedophilic disorder have personality disorders, but why pedophilic disorder exists remains a puzzle (Madsen, Parsons, & Grubin, 2006; Seto, 2008). Pedophilic disorder seems to be a lifelong condition. Although it may fluctuate, increase or decrease with age, the use of pornography depicting prepubescent children is a helpful diagnostic indicator of pedophilic disorder. Many are fearful that their sexual abilities are decreasing or that they are unable to perform sexually with their partners (APA, 2013). Some adult males report that they were sexually abused as a child, although whether this correlation represents a causal influence of childhood sexual abuse on adult pedophilia remains unclear.

People with pedophilic disorder often use seduction and enticement to manipulate children—their own children, relatives, or children outside the family. The Internet provides a way for a person with pedophilic disorder to make contact with unsuspecting children. A man sometimes cruises chat rooms designed for children, and he may convince a girl to agree to e-mail, text, social media network, or telephone contact. He may befriend the girl, talking to her and giving her gifts.

Pedophilic behaviors rarely involve sexual intercourse. The person with pedophilic disorder usually seeks to fondle or touch the child, usually on the genitals, legs, and buttocks. Sometimes, he exposes himself and has the child touch his penis. He may masturbate in the presence of the child. Occasionally, oral or anal stimulation is involved.

BDSM, Sexual Masochism, and Sexual Sadism

11 *Ouch! That felt good.*

—Karen E. Gordon

11 *I had to give up masochism—I was enjoying it too much.*

—Mel Calman
(1931–1994)

Variations in sexual behavior are common, although the majority of people do not engage in these activities. One of the more widespread forms of sexual variation is **BDSM**—a term often used in popular culture for **b**ondage, **d**iscipline, **s**adism, and **m**asochism. BDSM is a favored term, as it represents a broad possibility of experiences in which sexual gratification is derived from being dominated, dominating another person, giving pain (sadism), or receiving pain (masochism) (Carroll, 2010; Kleinplatz & Moser, 2004; Krueger, 2010a, 2010b). Often, there is no clear dividing line between domination and submission and sexual sadism and sexual masochism, and the research literature has used all or only a few of the terms, as you will see in the studies cited in this section. The American Psychiatric Association (2013) does not list domination and submission as a paraphilic disorder, as it is considered consensual and does not result in psychological distress, but sexual sadism and sexual masochism, which can cause significant distress and involve a nonconsenting partner for sexual sadism, are listed as paraphilic disorders. Coercion separates sexual sadism from domination. But for consensual behaviors, there is no clear distinction. A rule of thumb for separating consensual sexual sadism and sexual masochism from domination and submission may be that sadism and masochism behaviors can be extreme, compulsive, and dangerous and are not commonly practiced. Sexual partners practicing sadism and masochism often make specific agreements ahead of time concerning the amount of pain and punishment that will occur during sexual activity. Nevertheless, the acting out of fantasies involves risk such as physical injury; thus, it is important that individuals communicate their preferences and limits before they engage in any new activity. The term “sadoomasochism (S&M)” is also used by the general public to describe domination and submission, but it is no longer used as a clinical term in psychology and psychiatry to describe consensual domination and submission.

One misconception about BDSM is the stereotype that individuals who associate pain with sexual arousal are victims of childhood abuse who have developed psychological problems in adulthood (Lehmiller, 2014). However, persons who practice BDSM are no more likely to have psychological disorders than anyone else. A research study showed that BDSM is not linked to having experienced childhood sexual abuse, nor is it associated with greater

levels of psychological distress in adulthood (Richters, de Visser, Rissel, Grulich, & Smith, 2008).

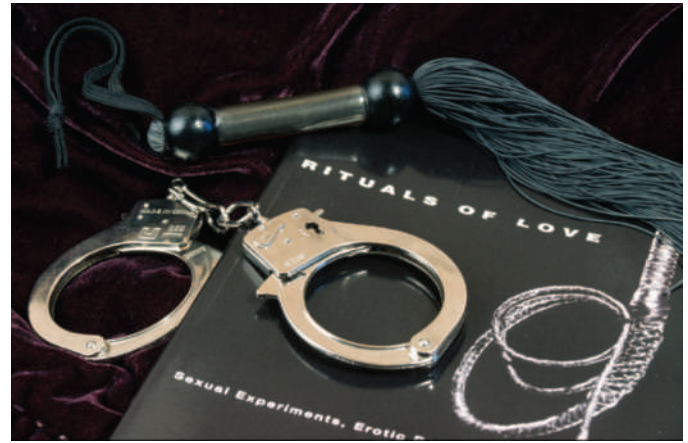
Domination and submission (D/S) are forms of fantasy sex, and the D/S behaviors are carefully controlled by elaborate shared scripts. The critical element is not pain but power. The dominant partner is perceived as all-powerful and the submissive partner as powerless. Significantly, the amount or degree of “pain,” which is usually feigned or slight, is controlled by the submissive partner, typically by subtle nonverbal signals. As such, fantasy plays a central role, especially for the submissive person. As two people enact the agreed-upon master-slave script, the control is not complete. Rather, it is the *illusion* of total control that is fundamental to D/S (Hyde & DeLamater, 2014).

A large-scale study of a nonclinical population revealed that the majority of people who engage in domination and submission do so as “a form of sexual enhancement which they voluntarily and mutually choose to explore” (Weinberg, Williams, & Moser, 1984). As such, domination and submission are not a paraphilic disorder, since the behavior is consensual, does not cause psychological distress, and is without pain. To be considered paraphilic, such behavior requires that the suffering or humiliation of oneself or one’s partner be real, not merely simulated (APA, 2013). (Sexual sadism and sexual masochism, which are considered coercive paraphilias, are discussed later.)

Domination and submission take many forms. The participants generally assume both dominant and submissive roles at different times; few are interested only in being on “top” or “bottom.” Probably the most widely known form is **bondage and discipline (B&D)**. B&D is a fairly common practice in which a person is bound with scarves, leather straps, underwear, handcuffs, chains, or other such devices while another simulates or engages in light-to-moderate discipline activities such as spanking or light flagellation (e.g., whipping or flogging). The bound person may be blindfolded or gagged. A woman specializing in disciplining a person is known as a **dominatrix**, and her submissive partner is called a slave. Bondage and discipline may take place in specialized settings called “dungeons” furnished with restraints, body suspension devices, racks, whips, and chains.

Janus and Janus (1993) reported that 11% of both men and women had experience with bondage. A more recent investigation of four “kinky” sexual behaviors—bondage or domination, sadomasochism, photo or video exhibitionism, and asphyxiation or breath play—among 347 lesbian and 58 bisexual women found that 32% and 41%, respectively, had ever participated in bondage/domination. The study also found that 40% reported ever engaging in at least one of the four behaviors and 25% reported engaging in multiple behaviors (Tomassilli, Golub, Bimbi, & Parsons, 2009).

Another common form of domination and submission is humiliation, in which the person is debased or degraded. Examples of humiliation include being verbally humiliated, receiving an enema (“water treatment”), being urinated on (“golden showers”), and being defecated on (“scat”). According to the *DSM-5*, sexual



Bondage and discipline, or B&D, often involves leather straps, handcuffs, and other restraints as part of its scripting.

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“Ah beautiful, passionate body,
That never has ached with a heart!
On the mouth though the kisses are
bloody,
Though they sting till it shudder and
smart
More kind than the love we adore is
They hurt not the heart nor the brain
Oh bitter and tender Dolores Our Lady
of Pain.

—Algernon Swinburne
(1837–1909)

“It’s been so long since I made love
I can’t even remember who gets
tied up.

—Joan Rivers
(1933–2014)



Bettie Page, who has become a cult figure among those interested in domination and submission, was one of the most photographed women in the 1950s.

© Michael Ochs Archives/Getty Images

Do not do unto others as you would that they should do unto you. Their tastes may not be the same.

—George Bernard Shaw (1856–1950)

I would love to be whipped by you, Nora, love!

—James Joyce (1882–1941), from a love letter to his wife

pleasure derived from receiving enemas is known as **klismaphilia** (klis-muh-FIL-ee-uh), that derived from contact with urine is called **urophilia** (yore-oh-FIL-ee-uh), and that derived from contact with feces is called **coprophilia** (cop-ro-FIL-ee-uh). Humiliation activities may also include servilism, infantilism (also known as babyism), kennelism, and tongue-lashing. In servilism, the person desires to be treated as a servant or slave. In infantilism, the person acts in a babyish manner—using baby talk, wearing diapers, and being pampered, scolded, or spanked by his or her “mommy” or “daddy.” “Kennelism” refers to being treated like a dog (wearing a studded dog collar and being tied to a leash) or ridden like a horse while the dominant partner applies whips or spurs. Tongue-lashing is verbal abuse by a dominant partner who uses language that humiliates and degrades the other person.

People engage in domination and submission in private or as part of an organized subculture complete with clubs and businesses catering to the acting out of D/S fantasies. This subculture is sometimes known as “the velvet underground.” There are scores of noncommercial D/S clubs throughout the United States. The clubs are often specialized: lesbian S&M, dominant men/submissive women, submissive men/dominant women, gay men’s S&M, and transvestite S&M. Leather sex bars are meeting places for gay men who are interested in domination and submission. The D/S subculture includes D/S videos, websites, books, social media networks, newspapers, and magazines.

A questionnaire study of 184 Finnish men and women who were members of two sadomasochistic-oriented clubs identified 29 sexual behaviors that were grouped in four different sexual scripts: hypermasculinity (e.g., using a dildo, an enema), administration and receipt of pain (e.g., hot wax, clothespins attached to nipples), physical restriction (e.g., using handcuffs), and psychological humiliation (e.g., face slapping and using knives to make surface wounds) (Alison, Santtila, Sandnabba, & Nordling, 2001; Santtila, Sandnabba, Alison, & Nordling, 2002). Research has shown that sadomasochistic behavior occurs among gay men, lesbian women, and heterosexual individuals (Sandnabba et al., 2002). Nineteen percent and 26% of lesbian and bisexual women, respectively, reported ever participating in sadomasochism (Tomassilli et al., 2009).

Sexual Sadism Disorder According to the *DSM-5*, a person may be diagnosed with **sexual sadism** if, over a period of at least 6 months, she or he experiences intense, recurring sexual urges or fantasies involving real (not simulated) behaviors in which physical or psychological harm, including humiliation, is inflicted upon a victim for purposes of intense sexual arousal. The individual either has acted on these urges with a nonconsenting person or finds them extremely distressful (APA, 2013). Characteristic symptoms include violent sexual thoughts and fantasies involving a desire for power and control centering on a victim’s physical suffering, which is sexually arousing (Kingston & Yates, 2008). The victim may be a consenting person with masochism or someone abducted by a person with sadism. The victim may be tortured, raped, mutilated, or killed; often, the victim is physically restrained and blindfolded or gagged. However, most rapes are not committed by sexual sadists.

Persons acknowledging sexual interest in physical and psychological suffering of others but declare no personal distress, have no impairment in functioning, and have no history of acting on these urges could be considered having sadistic sexual interest but would not meet the criteria for sadistic sexual disorder (APA, 2013). How often sexual sadism disorder occurs is unknown and is largely based on persons from forensic settings, nearly all males. *DSM-5* states that the prevalence varies widely, from 2% to 30%, depending on the criteria used.



Masochistic behaviors expressed with a partner may include being restrained, blindfolded, and humiliated, as seen here.

© Eddie Gerald/Alamy

Among individuals who have committed sexually motivated homicides, rates of sexual sadism disorder range from 37% to 75% (APA, 2013).

Sexual Masochism Disorder According to the *DSM-5*, for a diagnosis of **sexual masochism disorder** to be made, a person must experience for a period of at least 6 months intense, recurring sexual urges or fantasies involving real (not simulated) behaviors of being “humiliated, beaten, bound, or otherwise made to suffer.” These fantasies, sexual urges, or behaviors must result in significant distress or social impairment. A person who indicates no stress and the sexual masochism impulses do not impede personal goals is considered having masochistic sexual interest but not sexual masochistic disorder. Some individuals express the sexual urges by themselves (e.g., through self-mutilation or by binding themselves); others act with partners. Masochistic behaviors expressed with a partner may include being restrained, blindfolded, paddled, spanked, whipped, beaten, shocked, cut, “pinned and pierced,” and humiliated (e.g., being urinated or defecated on or forced to crawl and bark like a dog). The individual may desire to be treated as an infant and be forced to wear diapers (“infantilism”). The degree of pain one must experience to achieve sexual arousal varies from symbolic gestures to severe mutilations. As noted previously, sexual masochism is the only paraphilia that occurs with some frequency in women (Hucker, 2008).

Autoerotic Asphyxia A form of sexual masochism called **autoerotic asphyxia** (also called hypoxphilia, breath play, sexual asphyxia, or asphyxiphilia) links strangulation with masturbation. Those who participate in this activity seek to heighten their masturbatory arousal and orgasm by cutting off the oxygen supply to the brain. A person may engage in this practice either alone or with a partner. If death occurs, it is usually accidental. Autoerotic asphyxiation is an increasing phenomenon, with more than 1,000 fatalities in the United States per year and the ratio of male to female accidental deaths being more than 50 to 1 (Gosink & Jumbelic, 2000). Five percent of both lesbian and bisexual women reported ever having participated in asphyxiation (the limiting, restricting, or controlling of an individual’s air supply) for the purposes of sexual arousal or to enhance orgasm (Tomassilli et al., 2009). Because of the secrecy and shame that accompany this and other masturbatory activities, it is difficult to know the exact number of individuals who find this practice arousing. Reports by participants are extremely rare or are masked by another cause of death.

Self-hanging is the most common method of autoerotic asphyxia, although some type of suffocation is frequently used (Hucker, 2011). Individuals often use ropes, cords, or chains along with padding around the neck to prevent telltale signs. Some devise hanging techniques that permit them to cut themselves loose just before losing consciousness. Others may place bags or blankets over their heads. Still others inhale asphyxiating gases such as aerosol sprays or amyl nitrate (“poppers”), a drug used to treat heart pain. The corpses are usually found either naked or partially clothed, often in women’s clothing. Various forms of bondage have also been observed. A review of all published cases of autoerotic deaths from 1954 to 2004 found 408 deaths reported in 57 articles. The review revealed that autoerotic practitioners were predominantly White males ranging in age from 9 to 77 years. Most cases of asphyxia involved hanging, use of ligature, plastic bags, chemical substances, or a combination of these. Atypical methods accounted for about 10% of the cases and included electrocution, overdressing/body wrapping, foreign-body insertion, and chest compression (Sauvageau & Racette, 2006). Studies of survivors found that many of these individuals fantasized about masochistic scenarios during the autoerotic behavior (Hucker, 2011). The possibility of suicide should always be considered even in cases that initially appear to be accidental (Byard & Botterill, 1998).

Although researchers have some understanding of why people participate in this practice, it is more important that medical personnel, parents, and other adults recognize signs of it and respond with strategies commensurate with its seriousness. Those who engage in such sexual practices rarely realize the potential consequences of their behavior; therefore, parents and others must be alert to physical and other telltale signs. An unusual neck bruise; bloodshot eyes; disoriented behavior, especially after the person has been alone for a while; and unexplained possession of or fascination with ropes or chains are the key signs. Until we as a society can educate about, recognize, and respond to autoerotic asphyxia assertively and compassionately, we can expect to see more deaths as a result of this practice.

“One half the world cannot understand the pleasures of the other.

—Jane Austin
(1775–1817)

● Origins and Treatment of Paraphilias

How do people develop paraphilias? Research on the causes of paraphilias has been limited and difficult to conduct; hence, findings, though informative, are largely speculative (Laws & O’Donohue, 2008). As with many other behaviors, paraphilias probably result from some type of interaction among biology, socio-cultural norms, and life experiences. Because most people with paraphilias are male, biological factors may be particularly significant. Some researchers have postulated that males with paraphilia may have higher testosterone levels than those without paraphilias, that they have had brain damage, or that the paraphilia may be inherited. Because the data are inconclusive, however, it has not been possible to identify a specific biological cause of paraphilia. People with paraphilia seem to have grown up in dysfunctional environments and to have had early experiences that limited their ability to be sexually stimulated by consensual sexual activity; as a result, they obtain arousal through varied means. They may have low self-esteem, poor social skills, and feelings of anger and loneliness; be self-critical; and lack a clear sense of self (Fisher & Howells, 1993; Goodman, 1993; Marshall, 1993; Ward & Beech, 2008). Another factor may be a limited ability to empathize with the victims of their behavior. The

psychological outcomes of these behaviors direct sexual attraction and response away from intimate relationships in later life (Schwartz, 2000).

Therapists have found paraphilias to be difficult to treat (Laws & O'Donohue, 2008; McConaghy, 1998). Most people who are treated are convicted sex offenders, who have the most severe paraphilias, while those with milder paraphilias go untreated. Multifaceted treatments, such as psychodynamic therapy, aversive conditioning, cognitive-behavioral programs, relapse prevention, and medical intervention, have been tried to reduce or eliminate the symptoms of the paraphilia. Enhancing social and sexual skills, developing self-management plans, modifying sexual interests, and providing sexuality and relationship education may help people with paraphilia engage in more appropriate behavior (Marshall, Marshall, & Serran, 2006). However, even when the client desires to change, treatments may not be effective, and relapses often occur. A review of 80 studies found a 37% reduction in the re-offense rate among persons with paraphilia in contrast to those not receiving any treatment (Schmucker & Losel, 2008). Hence, some experts believe that prevention is the best approach, although prevention programs are currently very limited.

Final Thoughts

Studying variations in sexual behaviors reveals the variety and complexity of sexual behavior. It also underlines the limits of acceptance of sexual behavior outside of the predominant culture and social sexual norms. Mental health professionals and many others believe unconventional sexual behaviors, undertaken in private between consenting adults as the source of erotic pleasure, should be of concern only to the people involved. As long as physical or psychological harm is not done to oneself or others, is it anyone's place to judge? Coercive paraphilic behavior, however, may be injurious and should be treated.



Summary

Sexual Variations and Paraphilic Behavior

- *Sexual variation* is behavior in which less than the majority of individuals engage or that is outside of the “mainstream” of sexual behavior. Variant sexual behavior is not “abnormal” or “deviant” behavior, the definition of which varies from culture to culture and from one historical period to another.
- The American Psychiatric Association (APA) defines *paraphilia* as an intense and recurring sexual interest and impulse other than sexual interest in genital stimulation or preparatory fondling with a normal, physically mature adult.
- *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, a distinction was made between relatively harmless and relatively harmful sexual behaviors. *Paraphilia* is considered an out-of-the-ordinary sexual behavior that does not necessarily require psychiatric treatment; a *paraphilic disorder* is a persistent and recurring (for at least 6 months) sexual behavior that causes distress or social impairment and whose satisfaction

entails personal harm, or risk of harm, to others. This distinction is a major change in the *DSM-5*, reflecting greater acceptance of some unconventional sexual behaviors.

- The distinction between sexual interests, variations, and behavior that might be classified as *paraphilic* or *paraphilic disorder* is often vague and often more a difference of degree than kind.
- *Paraphilic sexual interest disorder* describes a particular paraphilic impulse that does not cause personal distress nor impaired function and there is no history of the person acting on the impulse.
- Paraphilic behaviors may be noncoercive or coercive. *Noncoercive paraphilias*, such as *domination and submission*, *fetishism*, and *transvestism*, are considered relatively benign or harmless because they are victimless. *Coercive paraphilias* represent nonconsensual sexual activity with children and adults; examples include *voyeurism*, *sexual masochism*, *sexual sadism*, *frotteurism*, and *pedophilia*.

Types of Paraphilias

- *Fetishism* is sexual attraction to inanimate objects or nongenital body parts. The fetishism is usually required or strongly preferred for sexual arousal.
- *Transvestism* is the wearing of clothes of a member of the other sex, usually for sexual arousal, and is also called cross-dressing.
- *Zoophilia* involves animals as the preferred sexual outlet even when other outlets are available. It is also called bestiality.
- *Voyeurism* is the nonconsensual and secret observation of others who are naked, disrobing, or having sex for the purpose of sexual arousal.
- *Exhibitionism* is the exposure of the genitals to a nonconsenting stranger.
- *Telephone scatologia* is the nonconsensual telephoning of strangers and often involves the use of obscene language.
- *Frotteurism* involves touching or rubbing against a nonconsenting person for the purpose of sexual arousal.
- *Necrophilia* is sexual activity with a corpse.
- *Pedophilia* refers to sexual arousal and contact with children aged 13 or younger by adults. A person with pedophilia must be at least 16 and at least 5 years older than the child. Child sexual abuse is illegal in every state.

- *BDSM* is an acronym used to describe the combination of bondage, discipline, sadism, and masochism.
- *Domination and submission (D/S)* is a form of consensual fantasy sex involving no pain with perceived power as the central element.
- *Sexual sadism* refers to *disorder* sexual urges or fantasies of intentionally inflicting real physical or psychological pain or suffering on a person.
- *Sexual masochism disorder* is the recurring sexual urge or fantasy of being humiliated or made to suffer through real behaviors, not simulated ones.
- *Autoerotic asphyxia* is a form of sexual masochism linking strangulation with masturbatory activities.

Origins and Treatment of Paraphilias

- Paraphilias are likely the result of social/environmental, psychological, and biological factors.
- Paraphilic disorders are difficult to treat, and relapses often occur.
- Prevention programs may be the most effective way to address paraphilic disorders.

Questions for Discussion

- Are you comfortable with the term “sexual variations”? If yes, why is it a good term for you? If no, which term do you like to describe “unusual” sexual behavior? Explain.
- Do you consider certain sexual behaviors to be “deviant,” “abnormal,” or “perverted”? If so, how did you come to believe this?
- From the types of paraphilias discussed in this chapter, do you find any of them to be repulsive or even “pathological”?
- Do you agree with new *DSM-5* clarification of out-of-the-ordinary sexual behavior as paraphilia and paraphilic disorder? In your opinion, is this separation a progression of the APA toward a greater acceptance of sexual variation? Explain.
- Do you think that labeling certain sexual behaviors as paraphilic is a reflection of efforts to control and discourage behaviors that society does not want expressed? If yes, should any sexual behaviors, such as pedophilia, be controlled? If no, why do you think certain sexual behaviors are labeled paraphilias?

Sex and the Internet

Paraphilias

The web is one resource for locating information about paraphilias. Go to the Google website (<http://www.google.com>) and type “paraphilias” in the Google Search box. As you can see, there are a wide range of sites posted. Look over the posted sites and answer the following questions:

- What types of websites are listed?
- Are the sites primarily from medical and academic organizations, individuals, or commercial groups?
- Are there sites for specific paraphilias?
- Which sites provide the most valuable information to you? Why?
- Did you learn anything new about paraphilias from the websites? If so, what?
- Do you believe that any of the sites contain inaccurate or harmful information? Explain.

Suggested Websites

AllPsych Online

<http://allpsych.com/disorders/paraphilias>

Offers information on numerous psychiatric disorders, including symptoms, etiology, treatment, and prognosis for paraphilias and sexual disorders.

American Psychiatric Association

<http://www.psych.org/home/search-results?k=paraphilias>

Provides information on the APA's classification of paraphilias and paraphilic disorders with highlights of the changes in the latest version of the DSM.

WebMD

http://www.webmd.com/sexual_conditions/paraphilias

Describes common paraphilias and provides a search for paraphilia information.

Suggested Reading

Frances, A. (2013). *Saving normal: An insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma and the medicalization of ordinary life*. New York: William Morrow. The author presents a history of medical illness and an account of an explosion of psychiatric disorder in the United States. He cautions the mislabeling and diagnosis of normal daily issues as mental illness.

Greenberg, G. (2013). *The book of woe: The DSM and the unmaking of psychiatry*. London, UK: Penguin Books. Psychotherapist Gary Greenberg details a critical historical analysis of the APA's *Diagnostic and Statistical Manual of Mental Disorders* with interviews of persons on both sides of the treacheries and valuable strengths of the DSM.

Kleinplatz, P. J., & Moser, C. (2006). *Sadomasochism: Powerful pleasures*. Binghamton, NY: Harrington Park Press. Articles from leading experts discuss the results of research into practitioners' behaviors and perspectives and stresses greater tolerance and understanding of S&M.

Laws, D. R., & O'Donohue, W. (Eds.). (2008). *Sexual deviance: Theory, assessment and treatment* (2nd ed.). New York: Guilford Press. A collection of papers that examine the theories, assessment procedures, and treatment techniques for a spectrum of sexually variant behaviors.

Money, J. (1989). *Lovemaps*. Buffalo, NY: Prometheus Books. A description of variant and paraphilic behavior.

Tyler, A., & Bussell, R. K. (Eds.). (2006). *Caught looking: Erotic tales of voyeurs and exhibitionists*. San Francisco: Cleis Press. A collection of 20 short fiction stories with the theme being voyeurism and exhibitionism.

Valdez, N. (2010). *A little bit kinky: A couple's guide to rediscovering the thrill of sex*. New York: Broadway Books. This book, for both men and women, provides ideas for the “kinky” side of sex, from the little bit kinky to the kinkiest behaviors.