

PARAPHILIC-LIKE BEHAVIORS, DISTRESS, AND RELIGIOSITY

PARAPHILIC-LIKE BEHAVIORS AND THEIR RELATION TO DISTRESS AND
RELIGIOSITY

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ABSTRACT

The current study aimed to explore whether the relationship between ‘paraphilic-like’ sexual behaviors—sexual behaviors that might be deemed unusual or taboo in Western culture—and self-reported distress depends on level of religiosity. A sample of students from the University of Hawaii at Manoa were recruited to participate in an online survey. Results revealed that, consistent with the main hypothesis, religiosity served as a significant moderator when examining the relationship between sexual behaviors (both arousal by paraphilic-like behaviors and frequency of participation in these behaviors) and self-reported distress when thinking about oneself participating in these behaviors. Overall, sexual behaviors predicted distress to a greater degree for people who were higher (vs. lower) in religiosity. These results fill in some of the lack of literature about the prevalence of paraphilias and paraphilic-like thoughts and behaviors, as well as potentially suggesting future directions for research and clinical treatment planning.

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Paraphilic-Like Behaviors, Distress, and Religiosity

Of the many sexual behaviors that people may participate in throughout their lifetime, paraphilias are a category that to some is both particularly intriguing and mysterious. From *Eyes Wide Shut* to *50 Shades of Grey*, unusual or taboo sexual behaviors titillate and captivate mainstream media and audiences. However, scientifically this subject is a bit more obscure. Paraphilias can be defined as recurrent, persistent, and intense sexual interests in atypical objects or activities; DSM-5 examples of this might include such diagnoses as voyeurism, exhibitionism, and sadism (American Psychiatric Association, 2013). Voyeurism is when a person desires to spy on an unsuspecting and nonconsenting person during private activities, while exhibitionism is the desire to expose one's genitals to a nonconsenting person, and sadism involves the desire to cause pain, harm, or suffering to others for sexual pleasure (American Psychiatric Association, 2013). A paraphilia by itself is not necessarily disordered, though many can lead to personal distress as well as harm to oneself or another. This may be why paraphilias at the disorder level are mostly seen in forensic and correctional settings, as the contents of some of these aforementioned paraphilias can be illegal if acted on; additionally, they can be found within the setting of psychiatric care if for example the desire to pursue these sexual behaviors leads to personal or relationship distress (Seto, Kingston, & Bourget, 2014). It is within these cases that people may seek personal or marital therapy or other kinds of treatment to deal with the distress or the behaviors themselves.

Furthermore, the connection between unusual sexual behaviors and religiosity, one facet of many peoples' daily lives, is also not well explored. There is evidence that religiosity is connected to personal health and wellbeing and can have a variety of positive effects on both

mental and physical health (Fetzer Institute, 2003). Religion often prescribes what desired behaviors in a person's life might be, which holds implications in the realm of sexual behavior as well. Examining the contents of various religions and religious texts can give clues as to how religions treat sexual behaviors and what kinds of things are taboo within these contexts (Browning, Green, & Witte Jr., 2009). Perhaps one easily accessible example would be that of the emphasis on pre-marital abstinence found within Christianity. For those who participate in sexual activity before marriage while holding this belief, it might be assumed that some amount of shame or distress might follow. However, there is a lack of research focusing specifically on paraphilic-like behaviors and their relation and interaction with both religious affiliation and level of religiosity.

This study aimed to explore the relationship between sexual behaviors that might be deemed unusual or taboo and self-reported distress levels and whether religiosity moderated this relationship. This study is not limiting itself to including only those with clinical diagnoses of a paraphilic disorder, and so the term 'paraphilic-like' is being used to include any thoughts or behaviors that might fall in the realm of paraphilic. The main research questions were, do those who report being more religious (or higher in self-reported religiosity) experience more distress when imagining participating in taboo or paraphilic behaviors?

Paraphilias and Distress

Distress can be defined as the subjective feelings of disturbance that a person might experience, and this can be measured in a variety of ways (Field, Diego, Pelaez, Deeds, & Delgado, 2010). A person might experience distress in the form of intrusive thoughts or images that are difficult to control, or attempting to avoid associated thoughts and feelings, for example. In the scope of the DSM, experiencing distress to the level of disorder could be considered a

phobia, PTSD, or other diagnosis depending on symptoms experienced. It is important to note once more that experiencing distress in relation to sexual behaviors a person participates in might be a reason that a person seeks psychiatric help, and one thing that might be present when a person is actually diagnosed with a paraphilic disorder (Seto et al., 2014).

Shame and guilt are additional negative emotions that a person might subjectively experience as distress. Shame might be conceptualized as viewing the self negatively, while guilt might be conceptualized as viewing a behavior as negative (Gilliland, South, Carpenter, & Hardy, 2011). Again, there is little existing in the literature regarding shame, guilt, and paraphilias, but from the little that does exist we have a small window into the emotional experiences of those with paraphilias. In a treatment-seeking sample of hypersexual men, researchers found that shame was the strongest predictor of hypersexuality, and it seems that working to reduce and resolve said shame is important in trying to correct hypersexual behavior patterns (Gilliland, South, Carpenter, & Hardy., 2011). From here, we might wonder if similar patterns could be seen across the paraphilias.

Overall, there is a lack of previous research on paraphilias, and there is little epidemiological data about sexual deviance (Ahlers et al, 2011). Furthermore, it is difficult for there to be agreement as to what normal sexuality and sexual behavior is comprised of; the specific paraphilias selected for inclusion in the DSM-5 were placed there because of their relative commonness within the scope of paraphilias, potential for harm, and criminality (Beech, Miner, & Thornton, 2016). Unfortunately, there is still a large insufficiency in the literature here for a number of reasons. People who experience sexual desires that might not be socially acceptable rarely seek clinical attention, and social shame and taboos preclude discussion of these issues (Silva & Baltieri, 2015). These taboos are something we suspect might contribute to

the overall lack of knowledge surrounding paraphilias, as well as contributing to the lack of research being done on these sexual desires and experiences. Case studies are found frequently throughout the literature and are useful for understanding individual experiences of paraphilic behavior, but they aren't as useful for examining the prevalence and nature of paraphilias in the general population. One case study on women with paraphilias described their experiences participating in these behaviors at a clinical, disordered level. This article presented 14 cases of women who had been diagnosed with a variety of paraphilic disorders such as pedophilia, exhibitionism, and frotteurism (Fedoroff, Fishell, & Fedoroff, 1999). Some of the women in these reports were experiencing other psychiatric disorders that may have added to the fact that they acted on unusual sexual desires; some were facing treatment due to legal pressure and others were not. While an intriguing look at this specific population, this case study highlights the fact that so much of the current research comes from individuals either seeking treatment or in legal trouble because of their behaviors, as opposed to providing a broader view of paraphilias in the general population.

Additionally, paraphilias often co-occur with one another, so a person who participates in one type of paraphilic behavior may also participate in another, or in behaviors that overlap; paraphilias are also frequently co-morbid with other psychiatric disorders such as mood disorders and anxiety disorders (Seto et al., 2014). Despite this, the sheer volume of paraphilic interest or behavior among the general population is difficult to estimate. From the little research that does exist, it can be conservatively estimated that pedophilia, one form of paraphilia, exists at a prevalence of 1% - 3% of men in specific community settings (Seto et al., 2014). This number itself might only be extrapolated from the literature because pedophilia is one of the highly illegal kinds of paraphilias when acted upon.

It is important to note once more that paraphilias by themselves are not necessarily distressing, harmful, or disordered. In fact, many may be familiar with the non-disordered portrayals of certain types of paraphilias in mainstream media today. Fetish and goth scenes have arisen as a form of community and social experience, complete with dress codes and the purposeful violation of social norms and taboos (Ménard, 2005). We wouldn't jump to the conclusion that any person participating in this sort of event or activity is disordered or distressed. It is important for scientists to try to determine the prevalence of the paraphilias in the general population, as well as examine criminal and clinical populations, and not just to focus research solely on the latter. It is precisely because of these behaviors existing in mainstream culture as a recreational behavior that research focus needs to be given to them as well; presumably more people are participating in an enjoyable and consensual array of sexual behaviors than a distressing or criminal array. However, religion and religiosity are also a part of that mainstream culture, in some cases helping to create those social norms that are being violated, and so this is something to keep in mind as the nuances of normal versus unusual or disordered categorization of desires and behaviors are examined.

Distress in relation to sexual behaviors could be one thing preventing accurate measurements of paraphilic prevalence, as previously mentioned. Where the literature does exist on attempts to explain the scope of paraphilic behaviors, the theorizing is often somewhat flawed. For instance, most of the paraphilias at a disorder level are seen as male-dominated, but many traits of these paraphilias can be found in women as well, and so far this discrepancy has yet to yield much by way of explanation (Fedoroff, Fishell, & Fedoroff, 1999). The overall dearth of information about paraphilias at a distress level that would likely warrant diagnosis as a

disorder makes it more difficult to connect these behaviors to other theories, more so with behaviors at a sub-clinical level.

Additionally, engaging in sexual behaviors that society deems to be unacceptable can lead to high subjective distress. Previous literature has found that, for example, some individuals using the internet to find pornographic material focusing on paraphilias experience greater depression or anxiety, and hypersexual men using Internet pornography report high personal distress (Silva & Baltieri, 2015). Shame, stigma, and the taboo of 'unusual' sexual behaviors again are the potential driving factors behind these negative feelings and experiences, and the source of these taboos could partially be from the religion that an individual follows as well as how closely they follow that religion.

Religion as a Moderator of the Link between Paraphilias and Distress

Religiosity can be defined as a combined set of beliefs, practices, emotions, and thoughts regulated by a formalized system of beliefs within a particular religious tradition (Dedert et al., 2004). Previous research has found that religiosity and spirituality are connected to different aspects of physical and psychological health. The act of following a religion often promotes physically healthy behaviors, can provide happiness and satisfaction in life, and helps create a social support system (Fetzer Institute, 2003). Religion is an extremely vital part of many people's lives, to the point where it influences a range of external behaviors and beliefs. For example, in the past, presidential candidates have frequently reached out to those of various religious backgrounds to use their religiosity to sway voter support (Croucher, Spencer, & McKee., 2014). It makes sense that religious affiliation, as well as religiosity or adherence to a religion, could possibly influence sexuality, sexual expression, and sexual behaviors as well. Religions can directly ritualize sex, or condemn certain sexual practices as inappropriate

(Ménard, 2005). And of course, one might assume that individual levels of religiosity and actual adherence to religious practices would dictate whether or not a person actually does follow these rituals or condemnations. Various specific aspects of religiosity and spirituality can influence health and behaviors as well, beyond the overall scope of religion and religiosity. This includes dimensions such as the search for meaning, values, beliefs, and private religious practices (Fetzer Institute, 2003). Values are goals which we seek to fulfill, while beliefs are more specific edicts that differ from religion to religion (Fetzer Institute, 2003). Sexual behaviors and their rules and taboos might fit into these definitions and can be examined from this framework. Religious taboos are one reason why paraphilias may seem so unusual or inappropriate. Some religions dictate the appropriate times and situations in which having sex is allowed, such as only during marriage between a man or a woman, which sexual acts specifically are good or bad, and how and when procreation should take place (Browning, Green, & Witte Jr., 2009). Since religious affiliation affects laws, politics, and general social norms, sexual rules that are dictated by a religion might become more general social taboos that are viewed as deviant when broken. It could be extrapolated that breaking these sexual norms and taboos could in turn create a varying amount of subjective distress, and indeed this has been found within the limited clinical data available (Silva & Baltieri, 2015). This leads to the question of whether a person with paraphilic desires will experience different amounts of distress depending on their religious beliefs.

Religion and its views are frequently used to guide its followers in the realm of sex. Ideals and norms of intimacy can vary between religions, and these assist in shaping the sexual lives of people, even when the actual behaviors stray from what a particular religion might deem to be correct (Bouma, 2014). While religious communities provide social support, the shame and self-isolation that may come along with paraphilic-like sexual behaviors seems to run counter to

this, and one might hypothesize that those engaging in these behaviors might not be particularly religious because of this. One previous study found no connection between guilt, shame, religion, and hypersexual behavior (Gilliland, South, Carpenter, & Hardy, 2011), but similar research on other types of deviant sexual behavior is simply lacking. From what literature we have examined in this review though, it could be hypothesized that religions that discourage deviant sexual behaviors could have followers who would feel a great amount of distress by breaking these taboos.

The Present Study

This study explored prevalence of paraphilic-like thoughts and behaviors within a student sample. While this is still not ideal for the eventual goal of having information that can be applied to the general population, at its best it will serve as another piece of the scattered puzzle that is the existing literature. Perhaps just adding to the volume of research that exists will help psychology to have a better idea of what paraphilias look like. This study will also provide a look at the possible interactions between religiosity, sexual taboos, and distress. It is possible that those who closely adhere to religions with stricter sexual norms and taboos might experience higher levels of subjective distress if they participate in sexual behaviors that go against those norms. Unfortunately, not a wide enough spread of religions was collected in the present sample to examine type of religion as a variable, but religiosity was still examined, which can serve as a starting point for survey work that can be adjusted and expanded to larger populations. This survey directly asked participants what they find arousing, how often they participate in paraphilic behaviors, how much distress they feel from their participation, and how much they adhere to various aspects of religion and spirituality. The specific research questions here are: do those who report higher levels of religiosity experience more distress when thinking about their

participation in taboo or paraphilic-like behaviors when actual arousal and frequency of participation are measured? Secondly, if adequate data can be gathered, does the association between religiosity and distress depend on the faith of the participant?

Method

This study explored connections between distress and unusual sexual behaviors as well as the moderating effects of religious affiliation and religiosity. This study was approved by the University of Hawaii at Manoa Institutional Review Board on May 30th, 2018 under protocol number 2018-00208. Modifications were made to the items within the Paraphilias Scale in order to conform to ethical concerns.

Participants

The final sample ($N = 146$) consisted of students at the University of Hawaii at Manoa. The majority were female ($n = 92$), and heterosexual ($n = 110$). About a third of participants were male ($n = 52$). No other genders were reported. A minority of participants identified themselves as homosexual ($n = 14$) or bisexual ($n = 15$). Ethnically, most participants were Asian ($n = 82$), then White ($n = 67$), with other ethnicities making up the remaining response options. Thirty-one participants identified as multiracial.

Thirty participants were removed from the sample, giving us the total of 146. Most were removed for not completing a majority of the survey items. Participants must have completed at least three of the four measures presented (arousal, frequency, distress, and religiosity). Additionally, five of these participants were removed for indicating that they were only 17 years old in the demographics section and thus ineligible to participate given IRB requirements for the current study.

In regard to religious affiliation, most participants identified themselves as Christian ($n = 50$), having no religion ($n = 38$), or Catholic ($n = 21$). Having no religion was categorized separately from atheism or agnosticism; participants were only put into those latter categories if they specifically used that terminology in order to attempt to eliminate the potential for mixing up belief systems that may differ between those who use these different labels.

It is important to note here again that although there is potential to examine religious affiliation as an additional moderator variable in this study, no analyses were conducted with religious affiliation because there was not a large enough sample of different religious affiliations to draw meaningful conclusions. It was decided that focus should remain on the main research question on level of religiosity; however, means for the key measures are reported both for the overall sample and separated by the largest religious affiliations in the sample (Table 2).

Measures

Two measures were used to assess religiosity and participation in paraphilic-like thoughts and behaviors. Additionally, a created measure asked participants directly about their subjective feelings of distress in relation to their sexual behaviors.

Paraphilias Scale. Since few psychometricians have investigated the links between religion, religiosity, sex, and distress, we were unable to find an array of paraphilia scales with established validity and reliability from which to choose. It appeared that the best measure available in the literature was the Paraphilias Scale, with subscales on arousal and frequency of behavior. This is a two-part measure, each section consisting of 40 items rated on a Likert scale (Seto, Lalumière, Harris, & Chivers, 2012). Scoring for arousal ranged from -3 (*very repulsive*) to 3 (*very arousing*). Scoring for frequency ranged from 1 (*never*) to 5 (*once a week or more on*

average). This was recoded in analysis to a scale to 1 to 7, as all other scales avoid using negative numbers. After review by the UH Manoa IRB, the Paraphilias scale was reduced to 10 items in the first section (arousal) and 11 items in the second section (frequency), in order to protect subjects. Items are identical in each section, except for one extra allowed item in the frequency section, but in the first section participants are asked to rate levels of arousal to each item, while they are asked to rate frequency of participation in each item in the second section (See appendix I). Example items include “You are having sex with an adult woman” and “You are kissing, fondling, and touching someone's feet”. In administration, items were mixed so that similar paraphilic-like behaviors were not grouped together. Centered means were utilized for analysis. The categories included in this measure include pedophilia, exhibitionism, voyeurism, sexual sadism, sexual masochism, frotteurism, fetishism, and transvestism.

This measure was developed specifically for the original authors’ study examining the sexual interests of sexual sadists in comparison to non-sadists (Seto, Lalumière, & Chivers, 2012). Although this study had a small sample size it was additionally backed up with phallometric data to confirm physical arousal did indeed correlate with reported arousal. One question has been altered to use the word “genitals” in place of “penis”, to make the questions reflective of the survey using more than just male-bodied participants. The reliability in the current study was found to be acceptable for the arousal section ($\alpha = .71$), though questionable for frequency ($\alpha = .64$).

The Santa Clara Strength of Religious Faith Questionnaire (SCSORF). This is a 10-item measure developed to measure strength of religious faith; it is designed to do so without depending on religious affiliation (Plante & Boccaccini, 1997). Each item in the measure is rated on a 4-point Likert-like scale ranging from “strongly disagree” to “strongly agree”. Items ask

about aspects of faith relating to prayer habits, comfort in religion, and personal importance, among others (See Appendix II). Higher scores indicate a higher level of self-reported religiosity, with a total score calculated by adding each rating together. This measure has been used in a variety of populations ranging from college students to the elderly and shown to have high internal reliability as well as high convergent and discriminant validity (Freiheit, Sonstegard, Schmitt, & Vye, 2006). The reliability in the current study was excellent ($\alpha = .977$). The language in this measure, however, does focus more on monotheistic religions though it does not specifically seek to measure religiosity within any particular faith.

Distress. Distress was measured by questions developed specifically for this project. These questions used a combination of the Paraphilias Scale and a modified version of the Subjective Units of Distress scale (Wolpe, 1969). The items from the Paraphilias scale were repeated word for word here, but this time the participants were asked to rate the amount of distress they experience while imagining that they are participating in these behaviors, on a 6-point Likert-like scale ranging from “No distress; totally relaxed” to “Highest anxiety/distress that you have ever felt. This measure was prefaced by an explanation of distress worded as: “Distress is something that can be experienced in reaction to many life experiences. Feelings of distress might include physical or emotional discomfort, anxiety, guilt, or intrusive thoughts and feelings that are difficult to control. People may put a lot of effort into avoiding things that cause these uncomfortable thoughts and feelings.” The reliability in the current study was found to be acceptable ($\alpha = .792$).

Procedure

Students were recruited through the SONA system available to them online. Confidentiality was maintained as the survey is completed totally anonymously online, and

participants are identified only by their research ID number. No IP information was collected, and participants were free to leave the survey at any time that they did not wish to continue. Additionally, informed consent was collected before any survey questions were presented, and the participants were informed that the survey involves questions of a sexual nature that some people might be sensitive to.

Participants were first presented with the SCSORF, then the Paraphilias Scale, followed by series of demographic questions. All the participants encountered the same questions in the same order. They were also able to skip individual questions. Resources were presented at the end of the survey in case any participants felt distress from the subjects presented and questions asked during the survey. The end of the survey reads as such: “As researchers we are not qualified to provide counseling services and we will not be following up with you after this study. If you feel upset after completing the study or find that some questions or aspects of the study triggered distress, talking with a qualified clinician may help.” The full resource list provided in the survey is shown in Appendix IV.

Analyses

Data was analyzed using linear regression to examine if those who report higher levels of religiosity tended to also report higher levels of distress in regard to imagined participation in paraphilic-like behaviors, with frequency of participation and arousal to behaviors as independent variables. Gender and age were controlled for by adding these variables into step 1 of the regression analysis. Gender was coded as 1 for female and 2 for male. This was done in order to eliminate other possible variables affecting the targeted relationship aside from the main independent variables of frequency and arousal, and the moderator. It is possible that different trends in general sexual behavior between genders could affect the results of this particular

analysis. Previous studies have shown that there are differences between gender when it comes to willingness to participate in sexual behaviors (Clarke & Hatfield, 1989). Additionally, there could be general differences in frequency of behaviors related to age because of participants being in different stages of their lives, or potential differences in social pressures or acceptance between generations.

Categories of religion were pulled directly from the demographic section with the intention of examining if category or type of religion might further affect the relationship between distress and paraphilic-like behaviors. However, this analysis was unable to be run as the variation in types of religions in the collected data was restricted; if participants are too clustered in one or two categories of religion, the information is not as useful as a more representative spread. Centered mean scores of the total Paraphilias Scale scores were taken for use in analysis; the subjective distress measure was scored the same, as the items are identical to those of the Paraphilias Scale. Additionally, both sections of the Paraphilias Scale were analyzed separately (arousal and frequency). Centered mean scores from the SCSORF were used for analysis.

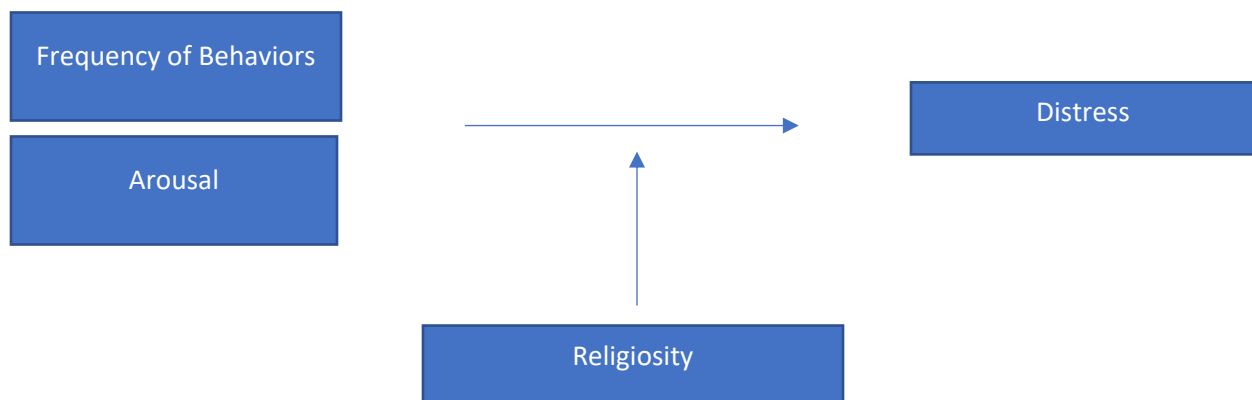


Figure 1. Visual representation of the use of religiosity as a moderator in the relationship between behaviors and arousal, and distress.

Results

Preliminary Analyses

In the current study, for the arousal section participants reported a mean individual item score of 3.0247 and a standard deviation of .961 after recoding the variables to a 1 to 7 scale. For frequency, the mean individual item score was 1.612 and the standard deviation was .519. In regard to frequency two items had especially high response levels; many participants had been tied or handcuffed (33.6 percent of participants) or controlling or dominating someone (45.9 percent of participants) at some frequency in their lifetime.

For the SCSORF, participants reported a mean individual item score of 2.127 and a standard deviation of .915.

Finally, on the created distress measure, participants reported a mean individual item score of 3.288 and a standard deviation of 1.228.

When direct correlations were run between averages of scores of the various measures as a preliminary analysis prior to regression, several significant results were found. As expected, there was a negative correlation between frequency of paraphilic-like behaviors and religiosity as well as distress, while a positive correlation existed between frequency and arousal. The strongest (negative) correlation found here was that between distress and arousal.

Table 1

Variable Correlations

	1.	2.	3.	4.
1. Religiosity	1	-.004	-.241**	.124
2. Arousal		1	.295**	-.488**
3. Frequency			1	-.252**
4. Distress				1

** - Correlation is significant at the .01 level (2-tailed)

Additionally, means were analyzed for the overall sample as well as for the most frequently reported categories of religion. As expected, those identifying as having no religion or being agnostic tended to score lower on the measure of religiosity. Interestingly, Catholics and agnostics also tended to score higher on the measure of arousal as well as frequency of participation. Potentially, other variables outside the scope of this study might be influencing the variations in mean scores for this particular group.

Table 2

Mean Scores

	Overall Sample	Christian	No religion	Catholic	Agnostic
SCSORF	2.13	2.71	1.34	2.38	1.43
PS Arousal	3.02	2.91	2.88	3.24	3.41
PS Frequency	1.61	1.62	1.63	1.48	1.90
Distress	3.29	3.32	3.49	3.14	2.86

Main Analyses: Religiosity as a Moderator

For the main analyses, the mean scores were first centered and interaction terms (cArousalxcRelig, cFreqxcRelig) were created. In the first regression analysis, arousal and religiosity were included to examine the association with distress as an outcome. Using SPSS data analysis software to perform a linear regression, the dependent variable (distress mean) and independent variables (centered arousal mean, centered religiosity mean) were entered into the second step, with the interaction term (cArousalxcRelig) entered into the third step. As shown in figure 1, arousal and religiosity accounted for a significant amount of variance in self-reported distress, $R^2 = .289$, $F(2, 130) = 26.075$, $p < .001$. When including the interaction term cArousalxcRelig and controlling for age and gender in the first step, it was found that religiosity served as a marginally significant moderator accounting for additional variance in the relationship between arousal and distress than arousal and religiosity alone, $\Delta R^2 = .310$, $F(1, 129) = 4.869$, $p = .029$.

Table 3

The interactive effects of reported arousal to behaviors and religiosity.

	<u><i>b</i></u>	<u><i>S.E.</i></u>	<u>β</u>	<u><i>t</i></u>	<u><i>Sig.</i></u>
Gender	-.201	.185	-.079	-1.047	.280
Age	-.018	.018	-.077	-1.047	.297
Religiosity	.110	.096	.083	1.143	.255
Arousal	-.672	.091	-.536	-7.366	.000
Arousal Religiosity	.219	.099	.160	2.207	.029
Interaction					

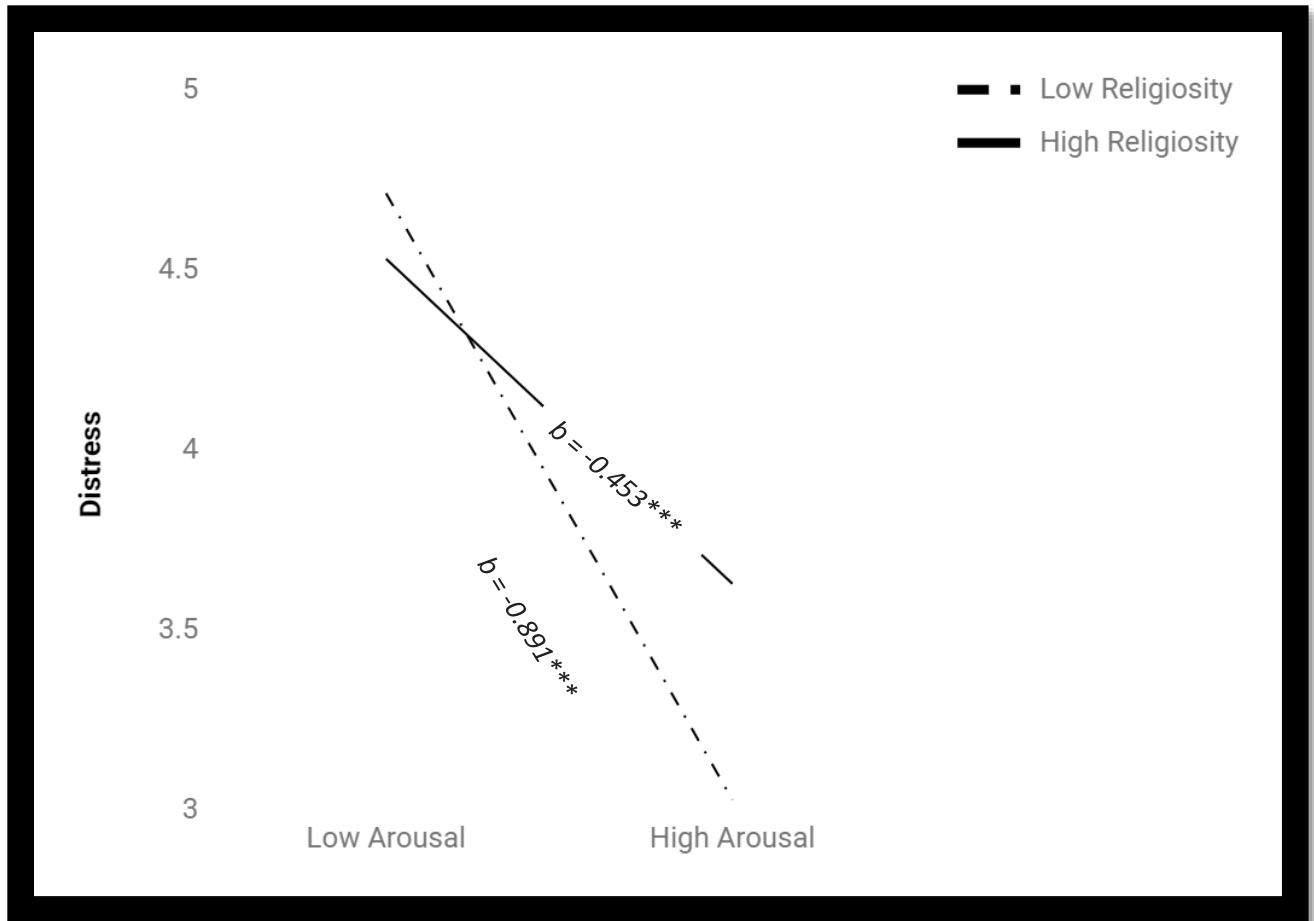


Figure 2. Relationship Between Arousal and Distress

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

Here, we can see that higher religiosity by itself was not significant in predicting lower distress ($b = 0.110$, $p = .255$), but higher arousal predicted lower distress ($b = -0.672$, $p < .001$). The interaction was also marginally significant ($b = .219$, $p < .05$). Low religiosity represents one standard deviation below the mean while high religiosity represents one standard deviation above the mean; low arousal represents one standard deviation below the mean while high arousal presents one standard deviation above the mean. Probing this interaction found that arousal predicts lower distress for people high in religiosity ($b = -0.453$, $p < .001$) and predicts lower

distress for people low in religiosity ($b = -0.891, p < .001$); however, the interaction indicates that this relationship is stronger for people low in religiosity. Participants who did not report much arousal to the paraphilic items seemed to experience similar levels of distress whether they were higher or lower in religiosity.

In the second regression analysis, frequency and religiosity were included to examine the association with distress as an outcome. Using SPSS data analysis software to perform a linear regression, the dependent variable (distress mean) and independent variables (centered frequency mean, centered religiosity mean) were entered into the second step, with the interaction term (cFreqxcRelig) entered into the third; gender and age were controlled for as well in the first step. As shown in figure 2, frequency and religiosity accounted for a significant amount of variance in self-reported distress, $R^2 = .104, F(2, 130) = 5.056, p < .01$. When including the interaction term FreqxRelig, religiosity also served as a moderator accounting for additional variance in the relationship between frequency of participation and distress than frequency or religiosity alone, $\Delta R^2 = .137, F(1, 129) = 4.909, p < .1$.

Table 4: The interactive effects of frequency of participation and religiosity

<u>Variables</u>	<u>b</u>	<u>S.E.</u>	<u>β</u>	<u>t</u>	<u>Sig.</u>
Gender	.235	.210	-.092	-1.119	.265
Age	-.031	.020	-.128	-1.549	.124
Religiosity	.028	.113	.021	.250	.803
Frequency	-.567	.198	-.245	-2.886	.005
Religiosity	.490	.221	.184	2.216	.028
Frequency					
Interaction					

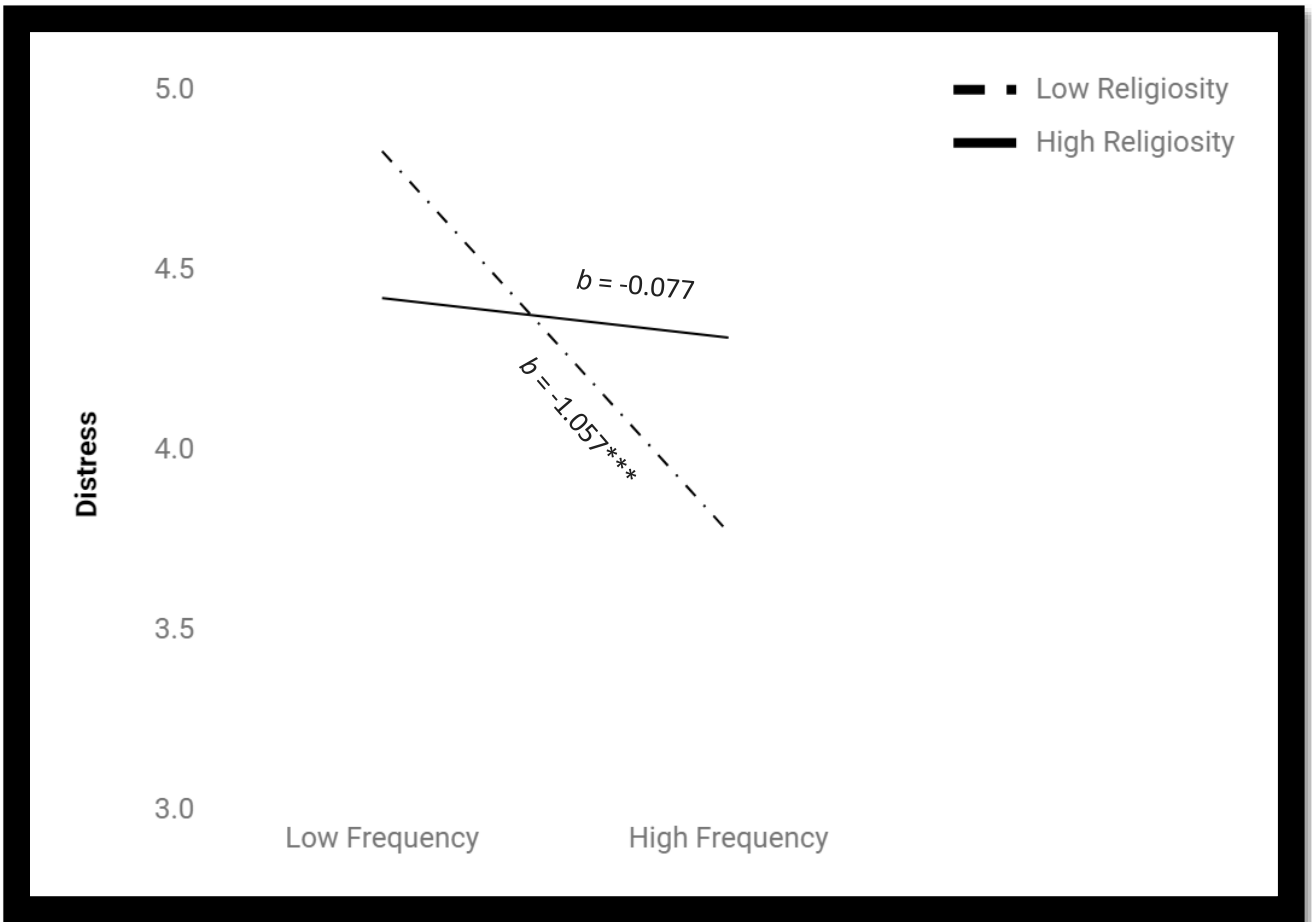


Figure 3: Relationship Between Frequency and Distress

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

Here we can see that higher frequency predicted lower distress ($b = -0.567, p < .01$). Low frequency here represents one standard deviation below the mean while high frequency here represents one standard deviation above the mean. Interestingly, those who were high in religiosity didn't have such a large range in distress in this analysis. Religiosity did not predict distress ($b = 0.028, p = .803$). Probing this interaction, it was found that frequency predicts distress for those low in religiosity ($b = -1.057, p < .001$), but not for those high in religiosity ($b = -0.077, p = .804$).

Discussion

Our results here show that within this population, those who reported lower levels of religiosity tended to feel higher levels of distress towards the activities that they did not frequently participate in, but lower levels of distress towards the activities that they participated in more frequently. Additionally, they experienced higher levels of distress towards the behaviors they were not aroused by, and lower levels of distress towards the activities they were more aroused by.

For those reporting higher levels of religiosity, distress stayed relatively stable for activities no matter how frequently or infrequently they participated in them. In the case of lower reported arousal however, those rating higher in religiosity tended to have a similar distress level to those rating lower in religiosity. This declined in the case of higher arousal. Again, distress levels in regard to higher arousal did stay higher than those who reported low levels of religiosity.

The findings suggest that religiosity does play a role in moderating the relationship between arousal to or frequency of participation in behaviors and self-perceived distress. A person might be expected to feel a lot of distress towards a behavior that they find themselves aroused from even if they choose not to participate in it. If a person is aroused by a particular behavior that their religion dictates as wrong or immoral, they would be likely to feel upset by that arousal despite not ever actually exhibiting that behavior and would likely be dissuaded from participation because of this experienced distress. In fact, the negative relationship between arousal and distress in both the high and low religiosity groups found in this study suggest that finding pleasure in a sexual behavior might be a powerful enough motivator to curb possible distress brought on by outside sets of morals and rules, as is frequently found within religion. As found previously in the literature, we know that religion often teaches people what should be shameful and inappropriate (Ménard, 2005), but religion cannot control the things that people are aroused by; it can only influence the degree of positivity or negativity to this arousal.

Religiosity was also found to be moderator for the effects of frequency of participation and self-reported distress. If a person is participating in a behavior, particularly if they are doing this often, then they are already likely to be aroused by it and feel relatively okay with it. There is the potential that a person is participating in a behavior that they do not want to participate in, or they are just ‘trying something out’, which could have the potential for generating higher levels of distress if they are not wanting the behavior to occur or are discovering that they do not like the behavior that they are trying. Besides this, participation in a certain behavior does not necessarily have to align perfectly with arousals and desires; people may act in many ways despite having no negative or positive feelings about it or may only participate in an activity to make their partner happy. From the results here we can see that choosing to participate or not in

a behavior didn't seem to make much of a difference in distress levels for those who were more religious. It may be inferred that those who are low in religiosity and participating in an activity a lot owe their lower levels of distress to the presumed pre-existing comfort or arousal level, while the more religious participants have some other factor pushing them to participate in these sexual behaviors even though their distress is not decreasing with increasing frequency.

It is important to note that there are additional variables that are likely to affect the relationship between frequency or arousal and distress. Type of religion practiced is a possibility here, as would be value and moral systems that a participant may have gained from their cultural and familial backgrounds (Dedert et al., 2004). Additionally, without being able to ask participants some of the more extreme items within the Paraphilias Scale, it is a possibility that the effects found within this study could be stronger or weaker when other behaviors are taken in to account. Specifically, it is possible that asking about the more highly taboo or even illegal behaviors within the original Paraphilias Scale could have yielded results with differing distress levels from what was found here because of moral or religious codes that deem these behaviors to be especially inappropriate, causing shame when these norms are broken (Silva & Baltieri, 2015). An assumption could therefore be made that the effects found here would be stronger if these more extreme behaviors were included, because of their greater connection to distress and shame.

Further variables that might assist in explaining the results here might include those associated with religiosity, such as social support and ingroup identity. It may be the case that those who feel more supported by their religious communities might have this support as an additional buffer against distress, despite frequently participating in taboo behaviors. It could also be the case that feeling strongly like religion and religiosity are important parts of one's

personal identity as a member of a religious group would mean one's distress levels are strongly affected by participating in or being aroused by taboo behaviors, because they go against the moral code or values of the religion. This could overlap somewhat, but not entirely, with the measure of religiosity presented here. These variables would be perfect to consider for future research.

Future research should seek to test a wider demographic range, particularly a wider range of religions. It may be a good idea to try to test particular religious groups such as churches, temples, or religious study groups; while these would not be generalizable to the broader public either, it could give more insight into how particular religions might affect feelings about sexuality and sexual behavior and could potentially be compared to one another. A quasi-experimental study could be implemented in which religious participants are recruited solely, and religion would be manipulated as salient or not. From here, it might be possible to see how great an effect this religious salience has on how distressed the participants report feeling in regard to the listed sexual behaviors. Future research might also take into consideration surveying clinical populations to see if differences exist here in direct comparison to a non-clinical population, though these populations tend to be small, hidden, and understandably protected.

Implications

This research fills in some of the gaps in the literature about the prevalence of paraphilias and paraphilic-like thoughts and behaviors (Ahlers et al, 2011). While this study cannot and should not be used for diagnosis at the clinical level, it might help to assess how many people in this particular population are participating in potentially distressing or shameful sexual activities, which is in line with the original goals of the study and analysis. This would lead into further

studies in which a larger or more varied sample could be collected, using participants outside of a university setting. Within this study, it was interesting to find that a large number of participants had been tied or handcuffed (33.6 percent of participants) or controlling or dominating someone (45.9 percent of participants) at some frequency in their lifetime. Besides the items asking about having sex with an adult, which would not be paraphilic, these items were the most frequently participated in. This suggests that some paraphilic-like behaviors might actually be fairly common within non-clinical and non-criminal populations. This leads to further questions about how common more illegal or taboo behaviors might be in comparison to current clinical or criminal estimates, if they follow a similar pattern to what was found here with the items like the handcuffing or the domination.

Furthermore, this data and future data regarding similar interactions has the potential for usage in clinical settings. Recognizing the factors that may interact with a person's levels of distress in response to behaviors and arousals, both wanted and unwanted, could assist in treatment planning and execution. Additionally, it is hoped that the dissemination of information and data on paraphilic-like behaviors could perhaps encourage those wanting help to seek it if they are currently feeling held back from this because of shame, distress, and feelings of being 'weird'.

Limitations

Limitations include the sample being used as well as some of the measures being used. As this is an exploratory survey poised to be a starting point for additional survey work and research, a convenience sample of university students, which will likely not reflect the general population, was used. Specifically, college students tend to represent a narrower age range than a more general sample, usually a younger one. Samples of college students may tell us a lot about

college students, but it is uncertain exactly how much can be extended to others or what variables matter in a more general sense. Perhaps it is the case here that the spirit of broadening horizons and exploration that often is associated with going to college could affect students' behaviors and thoughts around sexuality; the planned extension of the survey to more general samples should provide further insight into this, and will hopefully shed more light into the generalizability of the current findings.

For the measures being used, while the Santa Clara Strength of Religious Faith Questionnaire has high internal reliability as well as high convergent and discriminant validity, the other measures used in this study do not have such psychometric data to back them up. This is something that should be kept in mind as a potential limitation, but this isn't overly troubling when remembering that the current survey is a starting point for further survey work of a much greater scope. It is hoped that further usage and testing with these measures can help in providing more psychometric data; specific testing of the Paraphilias Scale in general, clinical, and criminal populations is recommended for future work in order to ensure its validity and usefulness in research on taboo sexuality. It is important to note that this measure is a relatively new one and relies mainly on one set of data without reported reliability, however it does possess content validity. It asks directly about sexual behavior with all categories of paraphilias condensed together, and so it does seem to be the measure of best fit for this survey, especially considering the lack of other paraphilia focused measures in existence. Further psychometric testing of this scale would be useful for future use in research.

There is the potential for cultural differences within this sample in comparison to the rest of the United States, as Hawaii is a unique population in regard to race, ethnicity, culture, and region, and as such may not be representative of other areas in the US or in the rest of the world.

Religion and religiosity are frequently tied to culture, so different regions of the world with different religious and cultural composition may respond very differently to the measures and items presented here. Future research should address this and attempt to examine cross-cultural comparisons in sexual thoughts and behaviors. This unique population may additionally lead to the potential for replications to not find the same results, however, the methodology itself should be easily replicable for most researchers across the US. Finally, the nature of the measures being completely self-report could mean that some answers may not be completely truthful or accurate. Using privacy and anonymity is the best way that we can reduce this effect, but it is still certainly a possibility.

Finally, as previously mentioned, lack of variety in religions represented in the study could have an effect on the outcome of the analyses. With a quarter of the participants identifying as Christian and about a third identifying as not having any religion, it is hard to tell at the present moment if other religions, particularly non-western religions, might change the amount of distress that a participant believes they would experience in regard to the various behaviors asked about in the survey. Those who do not follow a particular religious affiliation might not associate much shame or distress with their sexual behaviors and attractions, as might those with a religious affiliation that is more lenient in regard to the kinds of sexual behaviors that are considered acceptable. Those who have a more sexually strict religious affiliation might feel more distress.

Conclusion

Taboo or unusual sexual behaviors are often intriguing and fascinating to those learning about them, but the paraphilias in particular are behaviors that have not yet been thoroughly researched (Ahlers et al, 2011). While many sexual behaviors that could be considered odd are

practiced by consenting adults safely, some behaviors are illegal or cause distress that would lend them to being labeled as disordered (Seto, Kingston, & Bourget, 2014). Additionally, the religious practices that are followed can shape the beliefs and values in a person's life (Fetzer Institute, 2003), which means that these practices have the potential to affect the way that a person feels about their sexual attractions and behaviors in a positive or negative way.

This study sought to examine the relationship between arousal to paraphilic-like behaviors as well frequency of participation in these behaviors and self-reported levels of distress; religiosity was examined as a moderator in this model. Perhaps the most important finding from this study was that in regard to arousal, religiosity doesn't seem to make a difference in feelings of distress around the behaviors that a person doesn't feel much arousal towards, while higher arousal levels meant less distress even when a person was highly religious. It is fascinating to consider the many possible reasons behind this finding, and that feelings of arousal could potentially lessen the effects of social structures like religiosity on a person's sexual experience. When comparing the relationship between frequency and distress to this, it seems clear that religiosity can dictate negative feelings around participating in sexual activities, but it cannot control arousal itself. Despite a limited sample population, this study does open the door to further research to fill the gap in paraphilias literature and to further give scientists a better view of just how frequently paraphilic-like behaviors are happening within a non-clinical and non-criminal population. Perhaps even just by better understanding these behaviors, a door can be opened to improved perception, safety, and treatment in the case of distress and disorder.

Appendix I

Paraphilias Scale – Arousal

Please rate how sexually arousing or repulsive you currently find each of the following:

PS Arousal: Response Frequencies

	-3 Very repulsive	-2 Somewhat repulsive	-1 Mildly repulsive	0 Indifferent	1 Mildly arousing	2 Somewhat arousing	3 Very Arousing
You are having sex with an adult woman	38	6	9	18	14	20	41
You are touching a material like rubber, PVC, or leather	38	11	11	73	7	6	0
You are kissing, fondling, or touching someone’s feet	66	19	17	25	12	5	2
You are having your feet kissed, fondled, and touched	63	17	12	26	18	7	2
You are touching an object like, shoes, gloves, or plush toys	47	15	15	62	6	1	0
You are having sex with an adult man	43	7	0	2	9	33	51
You are imagining yourself as someone of the opposite sex	69	15	10	30	11	5	5

You are controlling or dominating someone	30	8	5	39	26	24	13
You are dressing up as someone of the opposite sex	78	19	12	32	3	0	1
You are seeing someone unconscious or unable to move	101	9	5	21	5	3	1

Paraphilias Scale - Frequency

Please rate how frequently you have engaged in each of the following activities in your lifetime:

PS Frequency: Response Frequencies

	Never	Once or twice ever	Once a year or more on average	Once a month or more on average	Once a week or more on average
You are having sex with an adult woman	100	12	13	8	13
You are touching a material like rubber, PVC, or leather	101	15	12	8	9
You are kissing, fondling, or touching someone's feet	119	17	3	2	4
You are having your feet kissed, fondled, and touched	113	15	10	4	4
You are touching an object like, shoes, gloves, or plush toys	107	9	5	6	18
You are having sex with an adult man	69	5	12	22	38
You are imagining yourself as someone of the opposite sex	120	14	5	4	3
You are being tied or handcuffed	97	23	11	12	3

You are controlling or dominating someone	79	28	12	18	9
You are dressing up as someone of the opposite sex	140	6	0	0	0
You are seeing someone unconscious or unable to move	135	4	4	3	0

Appendix II

Santa Clara Strength of Religious Faith Questionnaire

Each item to be rated on a 4-point Likert-like scale ranging from “Strongly disagree” to “Strongly agree”

SCSORF: Response Frequencies

	Strongly disagree	Disagree	Agree	Strongly Agree
My religious faith is extremely important to me	43	43	42	18
I pray daily	62	52	21	11
I look to my faith as a source of inspiration	52	31	42	19
I look to my faith as providing meaning and purpose in my life	48	41	37	20
I consider myself active in my faith and church	63	51	23	9
My faith is an important part of	50	36	44	16

who I am as a person				
My relationship with God is extremely important to me	49	31	39	27
I enjoy being around others who share my faith	47	39	47	12
I look to my faith as a source of comfort	46	35	48	16
My faith impacts many of my decisions	52	41	39	14

Appendix III

Distress Measure

Distress is something that can be experienced in reaction to many life experiences. Feelings of distress might include physical or emotional discomfort, anxiety, guilt, or intrusive thoughts and feelings that are difficult to control. People may put a lot of effort into avoiding things that cause these uncomfortable thoughts and feelings.

Think about the sexual behaviors we asked about previously. How much personal distress do you imagine you might feel if you were to participate in these?

You may skip any question or page that you do not wish to answer.

Distress Measure: Response Frequencies

	No	Minimal	Mild-to-	Moderate-	Very	Highest
	distress,	anxiety/ distress	moderate anxiety/distress	to-strong anxiety or distress	anxious/ distressed	anxiety/distress that you have ever felt
You are	40	34	19	14	12	26
having sex						
with an						
adult						
woman						

You are 64 28 15 11 7 15
 touching a
 material
 like
 rubber,
 PVC, or
 leather

You are 34 23 14 15 22 34
 kissing,
 fondling,
 or
 touching
 someone's
 feet

You are 41 23 15 17 18 29
 having
 your feet
 kissed,
 fondled,
 and
 touched

You are 68 22 21 6 10 16
 touching
 an object
 like, shoes,
 gloves, or
 plush toys

You are 59 22 13 6 8 37
 having sex
 with an
 adult man

You are 33 15 19 9 19 47
 imagining
 yourself as
 someone
 of the
 opposite
 sex

You are 27 12 11 14 25 53
 dressing
 up as
 someone
 of the
 opposite
 sex

You are 11 8 8 9 17 88
 seeing
 someone
 unconscio
 us or
 unable to
 move

Appendix IV

Resources for Participants

Thank you for participating in this survey.

As researchers we are not qualified to provide counseling services and we will not be following up with you after this study. If you feel upset after completing the study, or find that some questions or aspects of the study triggered distress, talking with a qualified clinician may help. If you feel you would like assistance, please contact:

For research projects with UHM students (when relevant, include information of other UH campus counseling services)
Counseling and Student Development Center (CSDC) 808-956-7927, Monday-Friday 8:00 am - 4:30 pm, http://manoa.hawaii.edu/counseling/our_services/personal_counseling.php

Hawai'i

Hawai'i Psychological Association (HPA) <http://www.hawaiipsychology.org/default.aspx>

24 Hour Crisis Text Line 741-741 Text "HELLO" or "ALOHA"

Mental Health America of Hawai'i (MHA-HI), (808) 521-1846, <http://mentalhealthhawaii.org/>

YWCA Sexual Assault Support Services 24 Hour Crisis Line, (808) 935-0677

Crisis Line of Hawai'i 24 Hour Support, 1-800-753-6879

National

National Help Line Center <http://www.helplinecenter.org/>

National Alliance on Mental Illness (NAMI) <https://www.nami.org/>

National Suicide Prevention Lifeline <https://suicidepreventionlifeline.org/>

Psychology Today <https://therapists.psychologytoday.com/rms/>

PRIDE Counseling <https://www.pridecounseling.com>

In the case of an emergency please call 911.

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