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## Indulgence or restraint? Gender differences in the relationship between controlled orientation and the erotophilia-risky sex link

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### Abstract

The present research evaluated the relationships among controlled orientation, erotophilia, and risky sexual behavior. Erotophilia was expected to be positively associated with risky sexual behavior and the link between erotophilia and risky sexual behavior was expected to be stronger among more controlled individuals, especially for men. Participants ( $N = 111$ : 64 women, 47 men) completed self-report measures of self-determination, erotophobia–erotophilia, and risky sexual behavior. Being more controlled was associated with engaging in more risky sexual behavior, and for men, a stronger link between erotophilia and risky sex. Results suggest that favorable attitudes and responses to sexual cues are more strongly associated with risky behaviors among individuals who are more controlled. Differential norms for men and women regarding the acceptability of risky sexual behavior are probable moderators of the stronger erotophilic-risk link among more controlled individuals.

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## 1. Introduction

Risky sexual behavior has consequences on both individuals and society. Individuals who engage in risky sexual behavior are at greater risk for negative consequences including sexually transmitted diseases (STDs) and unwanted pregnancies. The Centers for Disease Control and Prevention estimates that there are more than 19 million STD infections occurring each year in the United States (Weinstock, Berman, & Cates, 2004). In addition, research has estimated that in the United States there are more than three million unintended pregnancies each year (Henshaw, 1998). Risky sexual-related problems change lives at the individual level by creating serious health problems and unexpected financial responsibilities, which in turn affect society by increasing the burden and costs associated with the United States' health care system. In the United States, negative consequences from STDs have direct medical costs estimated as high as \$15.5 billion in a single year (Chesson, Blandford, Gift, Tao, & Irwin, 2004). Given the seriousness and degree to which negative consequences of risky sexual behavior affect individuals and society, it is important to identify individual differences associated with this behavior. We expect to replicate the previously found association between erotophilia and risky sexual behavior as well as expand this link by evaluating its relationship with controlled orientation and sex. A long term goal of this research is to aid in the development and improvement of effective prevention strategies designed to reduce harmful consequences associated with risky sexual behavior.

## 2. Individual differences in erotophilia

The Sexual Behavior Sequence Model (Byrne, 1977, 1983; Fisher, 1986) proposes that individuals learn how to respond affectively to sexual cues and/or repeated exposure to links between sex and negative emotions or between sex and positive emotions. The model further proposes that these repeated links result in learned attitudes toward sex. These learned responses then act as mediators of individual sexual behavior. The Sexual Behavior Sequence Model proposes the emergence of individual differences along an erotophobic–erotophilic continuum. Erotophobia is described as a general negative reaction to sexual cues whereas erotophilia is a general positive reaction toward sexual stimuli (Fisher, Byrne, & White, 1983).

Because of the negative response to sexual cues, previous research has suggested that erotophobes avoid sexual stimulation and activities, whereas erotophilics have a positive reaction to sexual cues and show more approach tendencies to sexual stimulation and behavior. Prior research has shown that there are risky sexual behaviors associated with being higher in erotophilia. For instance, previous research has demonstrated that erotophilia is associated with risky sexual behaviors such as multiple sexual partners (Bogaert & Rushton, 1989) and greater willingness to engage in sexual activities outside the context of a committed relationship (Wright & Reise, 1997). There is some evidence to suggest that the risk from multiple casual sexual partners among erotophilics is buffered by a greater likelihood of initiating communication regarding condom use, checking partners for STDs, and among women, more regular gynecological exams (Fisher et al., 1983; Freimuth, Hammond, Edgar, McDonald, & Fink, 1992; Yarber & Fisher, 1983). Although taking precautionary behaviors when engaging in sexual activities with multiple partners may reduce health risk, performing these behaviors does not eliminate all health risks.

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