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LAY BELIEFS ABOUT OVERCOMING FOUR SEXUAL PARAPHILIAS: FETISHISM, PAEDOPHILIA, SEXUAL SADISM AND VOYEURISM

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Summary—This study investigated lay people's beliefs about the importance of 24 contributors to overcoming four paraphilias, wherein there is a sexual attraction to unusual objects and that involve sexual activities that are unusual in nature, namely fetishism, paedophilia, sexual sadism and voyeurism. One hundred participants were asked to complete an eight-page questionnaire that involved rating the importance of each of the contributors in overcoming each of the four problems in turn, as well as a personality measure and one of sexual attitudes. Factor analysis (with varimax rotation) of the coping strategies were performed, revealing three factors labelled 'self-reliance', 'seeking help' and 'external control', almost identical to those of Furnham and McDermott (1994). A number of multiple regression analyses indicated that various demographic details predicted beliefs about the importance of each of the three curative factors. Trait measures, as measured by the EPQ-R (short scale) and attitudes to sex, as measured by an adaptation of the Inventory of Attitudes to Sex (Eysenck, 1970) were weakly related to curative beliefs. As in previous studies, 'will-power' or self-reliance was seen as the most important factor in overcoming these paraphilias. © 1998 Elsevier Science Ltd. All rights reserved

INTRODUCTION

Most people during their lifetime will experience a number of personal problems, such as obesity, phobias, marital problems or depression, which they will naturally try to overcome at some stage (Mellinger *et al.*, 1983). People may consult professional therapists or medical doctors; they may rely on their own willpower, possibly join self-help groups, or look to outside forces to help them such as God. Numerous studies have been performed within this area to discover whether there are specific factors or treatments that people see as important when overcoming personal problems (Furnham, 1989; Furnham & Henley, 1988; Furnham & McDermott, 1994; Henley & Furnham, 1988; Knapp & Delprato, 1980; Knapp & Karabenick, 1985; Luk & Bond, 1992). This study is concerned with beliefs about overcoming paraphilias and also whether people's attitudes to sex and their personalities affects those beliefs.

The paraphilias being used in this study are fetishism, paedophilia, sexual sadism and voyeurism. Each has been taken from the DSM-IV, and are all seen as having a paraphiliac focus (when the person is dependent upon socially unacceptable stimulus conditions to cause arousal, and is obsessively concerned with erotic stimuli) and have been defined as follows. Fetishism involves the use of non-living objects to cause arousal. The most common fetish objects are women's underwear. The fetishist most often asks a sexual partner to wear the object, or will become aroused whilst holding, feeling, touching or smelling the object. This problem tends to arise in adolescence and is usually chronic. DSM-IV states three major criteria for diagnosing a fetishist. Firstly that for a 6-month period there are "recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving the use of nonliving objects" (APA, 1994). Secondly that "the fantasies, sexual urges, or behaviours cause clinically significant distress or impairment in social, occupational, or other important areas of functioning" (APA, 1994, p. 526). Finally the third criteria of the fetish is not limited to cross-dressing or articles of female clothing, but may include a wide variety of objects.

Paedophilia is described as involving sex with, or having sexual urges or fantasies about prepubescent children, generally under 13 years of age. The paedophile must be, by definition, 16 years

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or over and be at least 5 years older than the child. There tends to be an attraction to children of a particular age. Paedophilia with females is most often reported. However, children of either sex may be preferred. Paedophiles can be attracted to their own child, a stepchild, a relation of theirs, or a child outside the family. DSM-IV distinguishes between two types of paedophile: an exclusive type who is sexually attracted only to children and a non-exclusive type who can sometimes be sexually attracted to adults as well. When questioned, a paedophile often rationalizes, or excuses their behaviour, by saying that the child derived sexual pleasure from the experience, or that the child provoked them sexually. Paedophilia usually begins in adolescence, but can sometimes be delayed until middle age. This type of sexual problem can also fluctuate with psychosocial stress and tends to be chronic (DSM-IV, 1990). Once again, the criteria for diagnosis is similar to fetishism in that the behaviour or thoughts have to occur for at least a 6-month period, and the fantasies, sexual urges, or behaviours must cause clinical distress in important areas of functioning (DSM-IV, 1990).

DSM-IV describes sexual sadism as involving real acts where psychological or physical suffering is inflicted on a victim for sexual excitement/arousal. Sadistic fantasies usually mean having complete control over their victim(s) and can involve restraint of another person, blindfolding, whipping, rape or killing. The severity of these fantasies tends to increase with time (DSM-IV, 1990). When the fantasies become severe, or when they are associated with an antisocial personality disorder, the sadist may kill their victims. This behaviour is likely to have been present in childhood and it is chronic. Again the criteria for diagnosing this problem is that the behaviour or fantasies have been occurring for 6 months or more and that these cause clinically significant distress.

Finally voyeurism is defined as observing unsuspecting people naked, in the process of disrobing, or having sex. It is the act of looking that causes the sexual excitement. The voyeur often has the fantasy of taking part in a sexual experience with the observed person, but rarely seeks this outcome (DSM-IV, 1990). DSM-IV suggests it usually starts before 15 years of age. Again the criteria for diagnosis is that this behaviour occurs for at least a 6-month period, and causes clinically significant distress.

So-called paraphilias hold many more taboos within our society than do any other group of personal problems. This may be due to the fact that they are labelled as 'deviancy'. Deviancy suggesting that it is not normal and is, therefore, taboo. Nunnally (1961) found that when mental illness labels were changed to non-deviant labels, there was less rejection of mental illness. Hence the attempts on the part of various groups to have the paraphilias regarded as non-pathological.

This study considers the nature of people's lay theories or beliefs about how to overcome or 'cure' four specific paraphilias. Knapp and Delprato (1980) asked 465 lay student *S*s to rate on a seven-point scale how necessary they believed willpower to be in overcoming 24 problem behaviours. These problem behaviours included gambling, smoking, stuttering, shoplifting and bed-wetting. They found a general belief in the necessity of willpower across all 24 problems. The importance of this willpower, however, differed in accordance with the problem behaviour. Specifically the results showed that for self-indulgent problems (for example, smoking or gambling) and for some non-self-indulgent problems (for example, shyness or fear of flying) the necessity of willpower was very high. Knapp and Karabenick (1985) found consistent ratings of the necessity of willpower with those of Knapp and Delprato (1980) when they asked 225 students to indicate the importance of 20 contributors (including willpower) in overcoming smoking, stuttering, nightmares, excessive fear of dogs, hearing voices, and overeating.

Both Knapp and Delprato (1980) and Knapp and Karabenick (1985)'s research have been extended by a programmatic series of studies produced by Furnham. He investigated lay theories or beliefs about the importance of 24 different contributors in overcoming innumerable common health and psychological problems. Overall, it was found that the rated importance of the coping strategies listed (which were the same in every study) differed considerably, depending on the 'psychological problem' being considered. Henley and Furnham (1988) asked 112 *S*s to indicate the importance of 24 contributors in overcoming four relatively common problems: alcoholism, depression, sexual dysfunction, and shyness. The results indicated that *S*s believed there to be seven factors most important in overcoming these problems. These were inner control or willpower, receiving help, understanding, social consequences, genetic/physical basis, avoidance of fellow sufferers, and fate. Each of these factors were seen as differentially necessary in overcoming the