V. Abnormal Sexual Behavior

1. What is abnormal sexual behavior?

Sexual behaviors of human beings are so diverse that it is extremely difficult to say which behaviors are normal and which are abnormal. The criteria for determining abnormal sexual behaviors vary significantly by social and cultural standards and by researchers.

The Diagnostic and Statistical Manual of Mental Disorder-IV (DSM-IV; APA, 1994) classifies “sexual dysfunction and gender identity disorder” into sexual dysfunction, sexual perversion (paraphilia), and gender identity disorders. Here, sexual perversion or paraphilia is characterized by (the use of) abnormal sexual objects, acts and situations, and repetitive and strong sexual impulses, fantasies, and behavior. This may lead to serious pain or disorder in social, occupational, and other major functional areas.

Sexual perversion or paraphilia includes exhibitionism, fetishism, frotterism, pedophilia, transvestitism, voyeurism, and other forms of sexual perversion that are not classified separately.

This chapter limits the scope of discussion to sexual perversion. Paraphilia is not only condemned by society as abnormal sexual behavior but also constitutes unlawful behavior that causes physical and mental damage to others. Paraphilia is shown in the form of an attempt to select a sexual object in an abnormal way or to obtain sexual satisfaction from an abnormal behavior.

According to DSM-IV (APA, 1994), one’s behavior is diagnosed as paraphilia if any of the following three conditions is met:

(a) Selecting a certain, non-human object for sexual excitement;
(b) Selecting a human being but using sadistic or humiliating measures, as in the case of sadism and masochism; and
(c) Continuing sexual behavior with someone not wanting such behavior for over six months, as in the case of pedophilia, exhibitionism, and voyeurism.

These acts of paraphilia bring about considerable mental suffering to others; people with paraphilia cannot be satisfied with normal sexual behavior between two sexes. For these people, their notion is sex is far from normal behavior such as human relationships, love, and reproduction.
1. Types of abnormal sexual behavior

A. Voyeurism (Peeping Tomism)

Voyeurism is about gaining sexual excitement by surreptitiously looking at the naked body of the opposite or same sex or into a sexual intercourse by the others rather than by making sexual contact with the opposite sex. Such peeping is intended to derive sexual pleasure, and usually no sexual contact with the person viewed is attempted. A voyeur enjoys experiences orgasm, usually by masturbation, during peeping or when later recalling what he/she witnessed. A voyeur often has fantasies of having sex with the person that was seen, but this rarely happens in reality. In some severe cases, peeping is the only form of sexual act for the voyeur.

A. Exhibitionism

An exhibitionist shows his penis to women or children passing by, seeking sexual satisfaction only from their fear, anxiety, and startled reaction. The very focus of sexual excitement for the exhibitionist is to expose his penis to total strangers. Sometimes he may masturbate while exposing his penis or imagining such exposure.

Exhibitionists make these behaviors not because they are manly but because they wish to prove their manliness. They are introversive and shy people, who have never been satisfied from sexual relationships with women or who feel unease when encountering the opposite sex. Psychoanalysts explain that, as in the case of voyeurism, the emotional development of exhibitionists is halted.

B. Transvestism (transvestic fetishism)

Transvestism means one wears clothes of the opposite sex in pursuit of sexual excitement or emotional composure. Transvestites are generally classified into two groups: (a) those who enjoy wearing a single item of the opposite sex (e.g. shoes) throughout their lives; and (b) those who dress themselves completely in female clothes.

C. Fetishism

Fetishism is characterized by the use of “objects.” Fetishists typically collect women’s underwear, stockings, brassieres, panties, girdles, hair pins, hair bands, or handkerchiefs, and more rarely body hairs, cut fingernails, footprints, or other objects for sexual provocation. They touch, rub,
People who make offensive sexual phone calls usually have a voice related-fetish. They dial randomly and start talking about physical features, private parts or other indecent things, especially when a young girl or a woman answers the phone. They also make pornographic descriptions or express their desire to have sexual relationship with the woman answering the phone call. According to a report, 95.5 percent of respondents said they received a sexually abusive phone call from a male. 63.8 percent estimated that the age of the offender was 20s to 30s.

D. Sadism

Sadism is one of the following forms of conduct: first, subjecting a victim to physical or psychological pain repeatedly and intentionally for sexual pleasure; second, frequent infliction of consensual humiliation or suffering to the counter party for the purpose of sexual pleasure, or inability to otherwise achieve sexual excitement; third, infliction of extensive, prolonged, or fatal bodily injury on a consensual basis to reach sexual excitement.

Psychoanalysis explains that sadism is the desire of control over the victim, a form of conquering sexual impotence in a morbid way.

E. Masochism

Masochists show one of the following symptoms: first, humiliation, beating, whipping, binding or other forms of suffering is frequently adopted for sexual pleasure, or proven to be the only way to arouse sexual excitement; second, they tend to consciously commit their body to actions that could cause bodily injury or loss of life.

Some individuals with masochistic tendencies do not later proceed to harmful conduct but other individuals show escalating intensity of their masochistic actions over time, inflicting serious injuries or even death to themselves.

F. Frotterism

People with frotterism contact or rub their body part onto someone else who does not want such contact. In a crowded public place where they do not need to worry about being arrested (e.g. crowded subway train or bus), they rub their penis or hand onto the dressed bodies of women or touch
these women, seeking pleasure from imagining themselves having a secret physical relationship with the victims.

G. Pedophilia

For people with pedophilia, the focus of their sexual perversion is on sexual intercourse with young children before adolescence (generally at the age of 13 or younger). Pedophiliacs are either at the age of 16 or older or at least five years older than the victimized young children. In general, patients with pedophilia are reported to be attracted to young children within a certain age range.

3. Causes and prevention of abnormal sexual behavior

A. Causes

1) Physiological or temperamental factors

Sex hormones may be one reason behind abnormal sexual behavior of people with paraphilia. In animal tests, the animals show clearly different sexual behaviors when castrated or injected with sex hormones. When castrated, the animals showed no sexual behavior; they showed more sexual behavior with an increase in sex hormones in their blood. For human beings, it has been reported that they are less affected by sex hormones than animals. Many studies have reported that an increase in sex hormones does influence one’s sexual motivation or behavior. Other studies, in contrast, view that sexual behavior is more affected by cultural norms or experiences.

2) Experiences of frustration and suppression during the process of growth

From the perspective of psychoanalysis, one may develop wrong or abnormal sexual behaviors if his/her psychological satisfaction, which should be made at each stage of sexual growth, is frustrated or excessively suppressed, as the person cannot learn how to properly sexually express himself or herself in the future. Perverse sexual behaviors are often found in people who are obsessed with a sense of inferiority or have a timid and introersive personality—especially among those who, during their childhood, were taught to excessively repress their sexual desire.

3) Learning and reinforcement

Perverse sexual behaviors may be caused by physiological and temperamental factors but also by the physical and psychological environment that one faces in the process of growth. The argument that environmental factors lead human beings to learn certain behaviors is the point of view
of behaviorists, who suggest that one acquires perverse sexual behaviors as his/her accidental behaviors are reinforced or rewarded. In other words, one may witness and mimic abnormal sexual behaviors seen in a variety of obscene media, derive sexual excitement during the period, and repeat those behaviors, and this can be one reason of paraphilia. Thus, behaviorists treat people with paraphilia based on a systematic desensitization method, that is, by desensitizing their acute reactions to certain types of stimulation.

4) Ignorance about sex

   Lack of knowledge on the criteria of normal sexual behaviors may be another reason. With no sexual value system or sex education in place, one may not have learned what constitutes normal sexual behavior and what is wrong, and this could led him or her to conduct in sexual behavior in a socially unacceptable way or based on a wrong value system.

B. Educational countermeasures against abnormal sexual behaviors

   The social order is maintained because we all conduct educated, socialized behavior in our daily lives, and sexual behavior can be no exception. The role of education is crucial for human beings to learn how to satisfy their social desires. If one’s abnormal sexual behaviors have already developed into medical problems, these behavior issues can only be remedied by medical doctors. Persuasion of people with abnormal sexual behaviors, based on reeducation, may not be as effective as we would like it to be, but strenuous efforts should be made to address these issues in consideration of their parents and social causes. Possible causes of abnormal sexual behaviors should also be taken into account so that these causes can be prevented in the first place.