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Book Reviews: Technical Books Section

...COMPREHENSIVE AND HIGHLY INFORMATIVE ...The editor Dailey must be congratulated for bringing together such a valuable book. This book should find its place on the shelves of everyone who deals with paraphilias. The book would specially appeal to psychologists, psychiatrists, psychotherapists, sexologists, sex therapists, forensic psychiatrists, forensic medicine personnel and a host of other professionals including law enforcement officials. Even an intelligent layman curious to find out this little known phenomenon would find this book useful. Highly recommended...

The Sexually Unusual - Guide to Understanding and Helping edited by Dennis M. Dailey. Softcover, 8.2" x 6.0" x 0.6".
Harrington Park Press, Inc, Inc. (a subsidiary of The Haworth Press Inc.), 10 Alice St., Binghamton, NY 13904, United States, (US/Canada). . (US/Canada); . Publication Date January 1989. 166 pp. with Index., Hard Cover / ISBN-13: 978-0-86656-786-0 / ISBN-10: 0-86656-786-0. Soft Cover / ISBN-13: 978-0-918393-63-0 / ISBN-10: 0-918393-63-9. Price Hard Cover: $59.95. Soft Cover: $17.95

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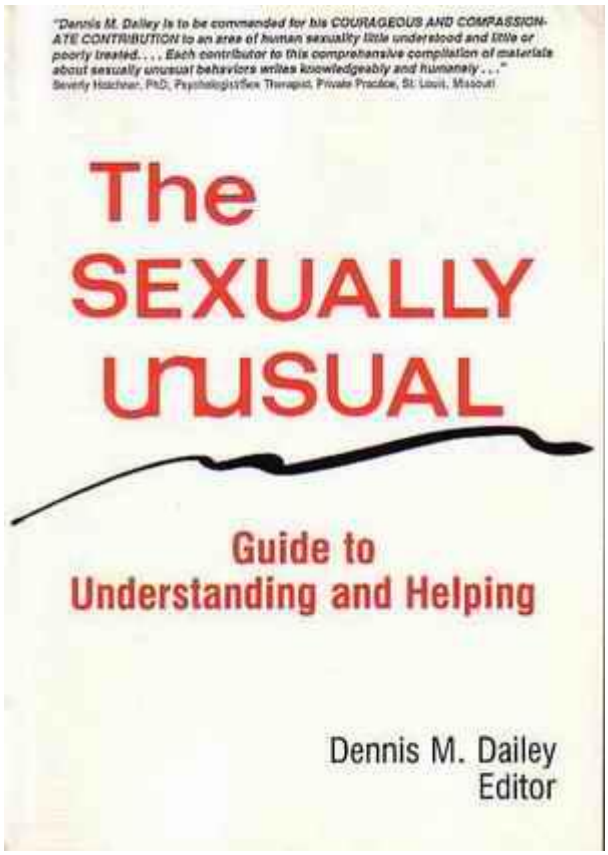

Very few topics in the realm of human behavior are more fascinating, exciting, or perhaps contentious and controversial than sex. It is interesting, intriguing and sometimes even disturbing. It has stimulated more attention than any other aspect of human behavior. Still more curiosity is aroused by sexual practices deemed unusual, deviant or deplorable. Known variously as sexual perversions, sexual deviations or more commonly paraphilias, these practices range from the commonly known sadism, masochism, fetishism and voyeurism to such uncommon and esoteric as homilophilia (sexual arousal from hearing or giving sermons), choreophilia (sexual arousal from dancing) and tripsolagnia (sexual arousal from having hair shampooed)!

According to the revised fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), all sexual disorders are divided into three groups (i) The Sexual Dysfunctions, characterized by inhibitions in sexual desire or dysfunction of the psychophysiological changes that characterize the sexual response cycle. These are the most common of all sexual disorders (ii) The Paraphilias, (previously 'deviations') characterized by arousal in response to sexual objects or situations not part of normal arousal-activity patterns, and which may interfere with a capacity for reciprocal, affectionate sexual activity and (iii) The Gender Identity Disorders, characterized by distinct and continuous identification with the opposite sex and persistent discomfort with one's own.

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It is important to realize that these categories are neither totally satisfactory nor mutually exclusive. However in the absence of any better divisions it is probably inevitable that these categories should continue to be used.

...The book under review is an excellent collection of essays on paraphilia. The topics include fetishism, sadomasochism, transvestism, transsexualism, pedophilia, exhibitionism, voyeurism,

obscene phone calls and lot more. The material in the essays is scientifically accurate and exhaustive. It is also valuable, because much of it is not easily available in other forums...

Of the three, paraphilias are perhaps unique in the sense that they attract a lot of attention, both from the general public as well as the legal system, because they frequently involve victimization and brutality, are generally considered inappropriate and are frequently illegal.

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The editor Dailey must be congratulated for bringing together such a valuable book. This book should find its place on the shelves of everyone who deals with paraphilias. The book would specially appeal to psychologists, psychiatrists, psychotherapists, sexologists, sex therapists, forensic psychiatrists, forensic medicine personnel and a host of other professionals including law enforcement officials. Even an intelligent layman curious to find out this little known phenomenon would find this book useful. Highly recommended.

Excerpts from the book:

Paraphilas are understood only very sketchily, and the book under review does an extremely good job by giving a detailed and uptodate information on all paraphilias. So marvellous is this book, that the editors at the journal office thought, a mere review may not be able to convey to the reader how useful this book could be to them. So it was unanimously decided to run some select excerpts from this book.

Author Charles Moser describes sadomasochism very lucidly. Here is what he has to say on S/M practices on pages 48-50

S/M BEHAVIORS

S/M behaviors can be generally divided into two types, physical and psychological. Usually, S/M practitioners enjoy some combination of these two types, but some individuals are quite specific about which behaviors they enjoy and which they do not. These preferences are not only within groups like physical, but may be as specific as being beaten with a blue whip 2'3" long by a blonde woman who speaks soothingly. It should be noted that participation in any of the following behaviors does not mean that an individual is involved in S/M. The following behaviors include behaviors common to some S/M practitioners, but not every S/M practitioner enjoys any or all of these behaviors.

Physical behaviors: The physical behaviors may be further subdivided into the following categories: bondage, physical discipline, intense stimulation, sensory deprivation, and body alteration. These categories are not meant to be mutually exclusive.

Bondage or restraint ranges from being held down or tied in such a manner that the person could escape if he or she tried, to behaviors involving elaborate restraints that leave a person completely immobilized. This category also includes the partial immobilization through the use of handcuffs, leashes, constricting clothes (e.g., corsets), etc.

Physical discipline ranges from slapping to whipping to caning. These behaviors can be of low intensity such that no marks are left, of moderate intensity such that only a redness that will disappear in a few hours or days is left, or of high intensity, so that extensive bruising, welts, or other lesions are left for several days or even weeks. Often, the recipient of these blows does not recognize what level of tissue damage has been inflicted nor does the intensity of the pain experienced necessarily relate to the tissue damage inflicted.

Intense stimulation activities include scratching, biting, the use of ice on skin, hot wax on skin, etc. These are activities that produce strong sensations with little or no tissue damage. The range of these behaviors usually involves duration or manner. Scratching someone's back a few times can be quite pleasing, but scratching someone's back for an hour can be quite painful. Also included in this category are any behaviors or devices that increase sensation. For example, a spanking on wet skin is more intense than on dry skin; dropping hot wax from several feet above someone is a very different sensation from dropping it from a few inches above them.

Sensory deprivation can also heighten sensations as well as intensify feelings of vulnerability. For example, a blindfold deprives the wearer of knowing when or where the next blow is to be struck. Not being braced for the blow may increase the sensations as well as focusing the recipient on the sensation without any other distractions. Other examples of sensory deprivation devices include hoods, ear plugs, gags, etc.

Body alteration activities involve tattooing, piercing, branding, burns, etc. While many of these activities are meant to be permanent, they often are not. These behaviors may be seen as proof of S/M commitment, beautifying, or as sensory enhancements.

It should be noted that the activities that cause more physical damage have the lowest frequency (Moser et al., in press). S/M practitioners want to engage in the behavior. If the behavior disabled the recipient, then that person would not be available for S/M interactions in the future. In addition, the dominant partner would gain a reputation for "going too far" and other submissive partners would be hesitant to become involved with that dominant. The result is that most S/M organizations stress and teach safety, and serious injury is rare.

Psychological feelings: Psychological pain is induced by feelings of humiliation, degradation, uncertainty, apprehension, powerlessness, anxiety, and fear. These feelings are often triggered by specific acts for each individual. In the S/M subculture the most common psychological aspect of the interaction is humiliation, but there is no behavior that is universally humiliating to everyone. It is important to note that some people would find submission very humiliating and not desire it, while obviously some people seek out this feeling. Given that not everyone has the same likes and dislikes, it should not be surprising that S/M participants view these feelings differently.

These psychological feelings are generated by both verbal statements and actions taken. For example, verbally berating the submissive (e.g., "You are a poor excuse for a slave"), requiring the submissive to do menial or embarrassing acts (e.g., clean the toilet or kissing the dominant's feet), being left alone in a vulnerable position (e.g., being left alone without money, keys, or identification), etc.

Both physical and psychological behaviors are devised to emphasize the transfer of power from the submissive to the dominant partner. S/M practitioners often report it is this consensual exchange of power that is erotic to them and the pain is just a method of achieving this power exchange.

TYPES OF CLINICAL PROBLEMS

S/M practitioners, like members of any other sexual orientation, can have psychiatric problems. These problems may or may not have any connection to the individual's sexual interests. The determination of whether S/M interests are causing, exacerbating, or irrelevant to the problem is difficult, and requires considerable knowledge of the S/M community and the spectrum of S/M practices. Given that there are few experts on sadomasochism, a nonjudgmental approach and a desire to learn more about S/M is essential to anyone dealing with S/M practitioners. Recognition that S/M is not a comfortable subject for the clinician is adequate reason for referral.

The author then goes on to reveal some further interesting aspects about sadomasochism.

And here are some excerpts from pages 115-8, which describe a very important paraphilia telephone scatologia. Telephone scatologia - also known as obscene phone calling - is a paraphilia where the perpetrator dials a victim - usually a woman and begins a sexual chat with her, threating her with dire consequences if she hangs up. In chapter 9 entitled "Obscene phone callers" the author Ord Matek discusses the etiology and characteristics of this paraphilia. Here is what the author has to say on pages 115-8 regarding the offender characteristics of obscene phone callers.

The behavior patterns of obscene telephone callers vary greatly. Generally, they do not select a specific victim, but choose numbers at random from the phone book, or by chance dialing. Sometimes they masturbate during the telephone encounter. Others stimulated by the telephone experience may masturbate afterwards (Russell, 1971; Gebhard, R. H., Gagnon, J. H., Pomeroy, W. B. and Christenson, C. V., 1965). On occasion an individual will memorize a telephone number and name of a female while standing in line behind her as she pays her bill by check in a supermarket or some other business with checkout lines. He will then call anonymously and terrify her all the more in that he knows her name, address, general physical appearance, some food preferences, etc. (author's case files). Some obscene phone callers do not speak. Instead, they emit sounds of sexual pleasure into the phone, or breathe heavily. Others reveal their masturbatory activity to the victim. Sometimes it is clear to the victim that the man on the phone may be intoxicated because of slurred speech, mild incoherence, etc. Other callers are simply crude and utter profanities and obscenities. Some callers bluntly ask for sex and otherwise make inappropriate overtures for getting together. More sophisticated callers profess to know the victim through a mutual acquaintance or by having met at a social gathering. There are also obscene phone callers who present themselves as "taking a survey" with the respondent's data to be kept confidential as they ask increasingly personal and private information. Alternatively the caller may present himself as a policeman or representative of a manufacturer of feminine products (vaginal douche, menstrual pads, etc.) with a "recall of product" warning and discussion of symptoms. Sometimes instructions will be given: "Open your legs and look to see. . . . "

Mead (1975) chooses to classify the types of obscene phone callers into three major groupings. In the first group, which he calls the most common, is the caller who proceeds almost immediately to use profanity and/or make obscene propositions. The majority of these callers Mead believes are juveniles. Mead calls the second group "the ingratiating seducers." In this instance the caller intrigues the woman with a somewhat believable story of mutual friends or previous contacts or his admiring of her from afar, until ultimately, he manages to raise her suspicions or he finally offends her. This caller, Mead cautions, may become a repeat caller particularly if he gets the victim to talk even briefly on subsequent calls. The third group is named the "trickster." This refers to

individuals who falsely present themselves or someone with a "legitimate" reason for talking with the victim about personal matters (survey taker, etc.).

The telephone masturbators who call a crisis telephone center are not easily fitted into Mead's three major groupings except in rare instances. The female crisis line volunteer may be asked a legitimate question by the caller. In fact, it is often the kind of question commonly asked by many callers - except that this caller is interested in the woman's voice and her response to him, more than the "answers" she may provide. The caller may profess problems of impotence with a request for guidance. Or he may inquire as to how does one go about pleasing a woman, or ask for information as to how can a man tell if a woman is "turned on." All the while he is likely to be masturbating. If the woman does not realize this from the tones of his voice and/or his breathing, he is likely to inform her. If she turns the call over to a male volunteer, he hangs up. If she hangs up on the caller, he is as likely as not to call back or call another crisis phone service if one is available (author's case files). Moreover, these callers generally are repeat callers. The volunteers over time get to recognize their voices, their style of talk, etc. and even assign identifying names for them in their conversations with one another at their regional crisis line conferences. This is not to say that they are unperturbed by being exploitively used as an unwilling sex object. It bothers them greatly (author's case files).

Explicit sex conversations with unwilling listeners are illegal. But even with modern technology it is not always simple to locate the perpetrator of such calls. The information, therefore, that accurately describes the personality makeup and the underlying dynamics of the obscene phone caller is insufficient. 1t is based on too small a sample - those who were somehow apprehended or discovered and available personal history for study. Gebhard et al., in a sample of 1356 males convicted as sexual offenders, found only 6 obscene telephone callers (Gebhard et al., 1965). Of these six, three were also exhibitionists. What has been written suggests a similarity to male exhibitionists (Gebhart et al., 1965; Nadler, 1968). In fact, Lester (1977), in discussing telephone counseling and the masturbator, particularly makes reference to psychotherapy with exhibitionists by way of emphasizing some of the obstacles in therapy by telephone with the masturbator who exploits the crisis telephone services.

It is not difficult to find parallels in the behaviors of male exhibitionists and male obscene telephone callers. Sadoff (1976), in his discussion of sexual deviations, separates what he describes as "aggressive" deviations (such as rape, pedophilia, sadomasochism) from a second group which he calls "anonymous" deviations. He defines this latter group as sex behaviors "that appear to be on a continuum and yet involve gradually decreasing contact with the object of sexual desire" (pp. 430-431). He lists frottage (anonymous furtive sexual contact with a selected victim in a crowd) at one end of his continuum and moves through exhibitionism, voyeurism, obscene telephone calling, and finally, fetishism at the other end of the continuum. The anonymity he suggests is important in that it defends the perpetrator from the anxiety he experiences with respect to "direct confrontation or contact with the desired sexual object" (p. 432). It is Sadoff's belief that these "anonymous" sex deviates may fantasize having sexual intercourse but are too anxious about it to be able to really go through the process of doing so.

The best brief statement that may help clarify the behavior of the exhibitionist (and, to the extent of similarity, the obscene phone caller) can be found in Hobson's (1983) explanation of exhibitionist motives. He writes, it is

> ... a complex and multidetermined behavior that may serve a variety of purposes for different individuals. For some, it is a way of expressing aggression and hostility in a manner that usually does not result in counter-aggression. For others, it is a means of demonstrating their power over others (especially when the victim reacts by losing her self-control . . . .). In some cases, exhibiting is an attempt at asserting their masculinity and gaining recognition or approval, and finally, for some men the behavior is a way of validating themselves to compensate for their sense of inadequacy. (pp. 91-92)

Hobson further states "like any symptom it in part expresses a need, reflects a conflict and defends against anxiety. It never resolves the underlying problem, and therefore becomes self perpetuating and self defeating.

There are a toal of 12 information packed chapters in the book like the ones excerpted above. There is a very comprehensive subject index at the end. The book is full of practical information related to the paraphilias and sexual crimes. We are sure our readers would enjoy the book as much as we at the journal office did.

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Editor's recommendation. This book is recommended by the editor.