Psychological and social correlation of fetishism among young adults

Jaisika Narzary
M.A Clinical Psychology, School of Social Science and Languages, Lovely Professional University

Dr. Sanjay Ghosh
Assistant Professor Psychology, School of Social Science and Languages, Lovely Professional University

Abstract---The study was undertaken to determine some psychological and social correlations of fetish people. The four districts of Assam were taken namely Guwahati, Gossaigaon, Udalguri, and Tezpur. 80 subjects were taken (40 each for fetish and non-fetish group) randomly and were matched in age, sex, education, and occupation. Self-esteem scale, FIAT-Q-SF interpersonal relationship questionnaire, Adjustment inventory for college students, Achievement motivation scale, and Self-confidence inventory were employed with each of these subjects in two sessions. Results reveal that fetish subjects showed less prominence in self-esteem, interpersonal relationship, and overall adjustment compared to non-fetish subjects. Whereas, they showed prominence in the domain of social adjustment, achievement motivation, and self-confidence due to inner perfection towards their sexual choice and are more comfortable with their favourable community, but in terms of overall adjustment and the interpersonal relationship they showed the lack of ability to adjust and in turn, has affected their self-esteem.

Keywords---sexual deviance, paraphilia, fetish, self-esteem, interpersonal relationship, adjustment, achievement motivation, self-confidence.

Introduction

Fetishism in psychology is a form of sexual deviance that involves non-human objects to begin or enhance sexual arousal (APA, 2000). It gets its name from the use of some special and usually inanimate objects in the religious practices of pre-literate or primitive societies which relate power, comfort and welfare to the magical object or fetish. Fetishists may or may not be predominantly asexual and

---

are only interested in their chosen inanimate objects. The fetish object is usually necessary for their sexual functioning and the absence may result in a lack of erection or ejaculation.Fetishists are nearly always men and according to the DSM (APA, 1994), the most common fetishes involve women's undergarments and shoes.

In ICD 11 MMS (WHO, 2018), the list of paraphilias includes exhibitionism, voyeurism, pedophilic disorder, coercive sexual sadism and frotteurism in addition to other paraphilic disorder involving non-consenting individuals, paraphilic disorder involving solitary behaviour or consenting individuals and paraphilic disorders, unspecified. Hence, fetishism and transvestism has been removed from ICD 11 and are not considered as a disorder anymore, but there is still a need to understand and study the psycho-social factor in depth.

Psychoanalytical explanation by Freud relied on the notion of castration anxiety, which is when the boy discovers that his mother does not have a penis for the first time and so he can potentially lose his. According to Binet, fetish can be caused due to early childhood experiences where the fetish had an unusual emotional impact, but he also believed that a certain predisposition is necessary. On the other hand, a study (Freund, Seto& Kuban, 1996) suggests that the family situation or the physical development in childhood is unlikely to develop fetish. Biological view includes the notion that paraphilias are related to hormones, levels of androgens or altered brain functioning as a result of early developmental trauma (Colen&Galynker, 2002). But researchers have failed to show this relationship between hormonal levels and atypical sexual urges, fantasies or behaviours (Krueger & Kaplan, 2002). Cognitive-behavioural and learning explanations focus on early sexual experiences with the emphasis on subsequent thoughts and behaviours and their consequences. A simple principle on which the classical conditioning is based says that whatever stimuli were present during the initial sexual experiences becomes paired with the sexual arousal and orgasm. Therefore, if the person experienced, typically during childhood or adolescence, they continue to seek the same experience or replay the experience in his/her mind.

The origin of fetishism is still obscure but the most accepted hypotheses state that fetish is a substitute for a sex partner, one that makes no demands and is not dangerous in itself. Another is that some forgotten or repressed compulsive demand, originated during early childhood which later on asserts itself into the adulthood (Cameron Norman,1963). Low self-esteem has been found to relate to deviant sexual interests. One of the reasons was that they never had the chance to satisfy their emotional and/or sexual needs so they focus on doing it by themselves. The low self-esteem increases the fear of humiliation and rejection which is why sexual deviants often rely on fantasies to sexual needs during adolescence (Marshall & Eccles, 1993; Marshall et al., 1993).According to Freud, fetishists try to overcome their feelings of low self-confidence and inadequacy by leaning towards inanimate objects (SafakTaktak, Mustafa Karakus, & Salih Murat Eke, 2015).

It has been found that Fetish had low interpersonal warmth and intimacy needs and others may see them as self-seeking and antagonistic. They have rich fantasy

life and seek activities that are exciting and stimulating and prefer pleasure more than on the self-disciplined or goal directed behaviour, meaning they have low conscientiousness (Fagan, Thomas, Schmidt, Ponticas&Marshall, 1991). The research supports that paraphilia is also a stable facet of general personality and cognition. Adjustment or having poor relationship with paternal figure is also seen to have the chance to increase any paraphilic preference (Klapilova, Androvicova, Bartova, Krejcova& Weiss, 2018).

Paraphilic population that had high level of paraphilia have been found with certain demographic variables such as high incidence of physical and/or sexual abuse, low educational achievement and highest likelihood of unemployment or disability. The same population also reported alcohol abuse, major depression and conduct disorder compared to low population (Kafka, 2002). Treatment is difficult since the symptom yields pleasure and as a result hard to relinquish. The treatment for paraphilia itself is unclear but the secondary crisis can be successfully treated. Cognitive-behaviour therapy and group therapy are often combined with relapse prevention, medication to reduce sexual drive and dynamic psychotherapy or psychoanalytic therapy. But the outcome of these therapies differs case by case depending on the individual and there is also a high chance of relapse. In reality, most paraphiliac enactments that entail a victim are designated as sex offenses, and the perpetrators receive cognitive-behavioural therapy (CBT) or psychopharmacological treatment. Those who are self-referred and who seek individual treatment are more likely to receive dynamic psychotherapy and cognitive-behavioural therapy.

Perverted fantasies are very commonly seen in adult sexual behaviour and are not perceived as a problem. Hence, fetishism is not considered a criminal behaviour unless it is followed by stealing of the fetish objects. Generally, fetishists adapt to this lifestyle and do not complain about this behaviour but may request help when the behaviour of the person are extreme and reach a level that may be offensive in the society. There are very few or limited studies done in the field to understand why this behaviour occurs, what may be the factors leading to it and what are the consequences of these. This study is an attempt made to understand the psychological and social correlation of fetishism among young adults.

Method

Significance of the Study

The present study aims to investigate the relation of self-confidence, self-esteem, nature of interpersonal relationship, adjustment and achievement motivation among fetish and non-fetish young people. The aim is to find any difference about the mentioned factors in fetishism. It is very pertinent to present in the society and after successful completion of the data collection and results and discussion, the study will indicate the dynamics of fetishism in terms of the mentioned variables. From this a comprehensive work plan may be developed for ant successful intervention of fetish people in the national level.

Research Objectives

1. To determine the self-confidence and self-esteem of young fetish person compared to that of non-fetish young person.
2. To investigate the nature of interpersonal relationship of a young fetish person compared to that of a non-fetish young person.
3. To see the nature of adjustment of young fetish person compared to that of a non-fetish young person.
4. To evaluate the achievement motivation of young fetish person compared to that of a non-fetish young person.

Research Hypothesis

1. There is no significant difference in the self-confidence and self-esteem of young fetish person compared to that of non-fetish young person.
2. There is no significant difference in the nature of interpersonal relationship of a young fetish person compared to that of a non-fetish young person.
3. There is no significant difference in the nature of adjustment of young fetish person compared to that of a non-fetish young person.
4. There is no significant difference in the achievement motivation of young fetish person compared to that of a non-fetish young person.

Variables: In the present study the dependent variable is fetish and the independent variables are self-esteem, interpersonal relationships, adjustment, achievement motivation and self-confidence.

Research Design: The study consists of quantitative and non-experimental research.

SampleTechnique: Sample consisted of 80 young adults within the age range of 20-30 years through stratified random sampling method.

Instruments

The following standardized questionnaires were used in the study:

1. Fetishism Scale by Kurt Freund, Stein and Chan (1982). The scale consists of 8 items with the reliability coefficient is 0.94.
2. Self-esteem scale by Rosenberg (1965). The scale consists of 10 items. Internal consistency reliability ranges from 0.77 to 0.88, test-retest reliability range from 0.82 to 0.85 and the validity is 0.55.
3. Functional Idiographic Assessment Template-Questionnaire Short Form (FIAT-Q-SF) Interpersonal Relationships Questionnaire by Callaghan (2014). It has 32 items to measure the interpersonal relationship. It has reliability coefficient is 0.94.
4. Adjustment inventory for college students by A.K.P. Sinha & R.P. Singh (1968). It consists of 102 items and has 5 dimensions (home, health, social, emotional and education). The reliability according to split half, test-retest, Hoyt's method and K-R formula are 0.94, 0.93, 0.94 and 0.92 respectively.
5. Achievement Motivation Scale by P.S. Goregaonkar and R.D. Helode. It consists of 40 items. The reliabilities are 0.91 and 0.78.

6. Self-confidence Inventory by Rekha Gupta (1987). It consists of 56 items. The reliability coefficient according to split-half, K-R Formula and test-retest are 0.91, 0.89 and 0.78 respectively and the validity coefficient is 0.82.

Procedure of Data Collection

The tools for administering the test were used both in traditional paper-and-pencil format and the online format. Participants for the traditional format were approached at universities and the online format was distributed by using virtual platforms (WhatsApp groups, e-mail and Facebook) using Google forms. Anonymity was guaranteed to all participants, the confidentiality of their data is to be maintained and only voluntary participation was done. Before responding the participants were asked to read and accept the consent form, which also provided them the purpose of the study and maintain the confidentiality and privacy.

Statistical Techniques

For statistical analysis descriptive statistics (Mean, SD) and inferential statistics (t-test)were computed by the assistance of SPSS 20.0 version.

Results and Discussion

Table 1:Presents Non-Fetish sample scores according to the variables and the mean scores (M) and SD scores (SD).

S no.	Self-esteem	Inter-personal Relationship	Adjustment	Home	Health	Social	Emotion	Education	Achievement Motivation	Self-confidence
1	10	99	55	6	8	11	20	10	17	31
2	27	116	44	6	5	11	14	8	10	48
3	32	107	65	6	10	16	22	11	15	40
4	25	111	65	7	9	12	22	15	15	40
5	32	105	55	7	6	9	19	14	16	45
6	30	92	44	7	4	13	14	6	16	24
7	13	114	70	11	10	15	22	12	17	46
8	18	107	52	4	12	13	13	10	12	31
9	31	110	60	9	6	17	19	9	13	48
10	21	101	54	6	5	12	18	13	17	44
11	37	91	46	9	2	13	15	7	18	22
12	27	78	44	9	4	8	14	9	18	40
13	34	67	17	4	0	6	3	4	10	22
14	23	131	61	5	8	18	16	14	19	45
15	31	91	34	1	8	9	6	10	22	35
16	30	79	34	5	5	5	11	8	17	50
17	32	88	31	5	3	8	8	7	19	45
18	23	114	45	5	3	10	20	7	17	49
19	26	79	35	5	2	11	12	5	14	23
20	26	100	71	14	11	12	25	9	18	30
21	21	81	59	9	7	11	22	10	13	40
22	28	120	49	12	4	9	14	10	24	27
23	31	115	71	11	9	12	25	14	15	24
24	13	102	46	6	5	9	16	10	22	32
25	29	95	39	6	3	11	11	8	20	31
26	38	53	25	3	7	8	4	3	28	28
27	33	94	26	3	3	5	8	7	21	22
28	17	107	32	6	5	5	10	6	21	36

29	39	82	22	3	1	8	6	4	19	40
30	26	104	77	4	15	18	25	15	15	44
31	24	128	97	16	16	21	27	17	11	45
32	22	115	62	8	10	13	19	12	15	40
33	20	110	57	4	8	10	22	13	11	27
34	26	129	65	9	8	11	23	14	18	31
35	39	92	26	7	4	6	6	3	23	50
36	28	84	34	6	4	8	8	8	17	27
37	30	94	60	8	9	14	20	9	22	41
38	20	141	82	13	13	19	24	13	22	30
39	19	105	48	8	2	11	20	7	11	45
40	31	113	82	14	12	14	26	16	13	29
M	26.55	101.1	51.02	7.17	6.65	11.3	16.22	9.67	17.02	36.17
SD	7.03	17.94	18.38	3.37	3.84	3.9	6.76	3.66	4.15	9.04

Table 2:Presents Fetish sample scores according to the variables and the mean scores (M) and SD scores (SD).

S no	Self-esteem	Inter-personal Relationship	Adjustment	Home Adj.	Health Adj.	Social Adj.	Emotion Adj.	Education Adj.	Achievement Motivation	Self-confidence
1	32	91	59	10	10	12	19	8	19	35
2	13	107	45	5	9	10	15	6	14	12
3	17	93	48	12	2	10	17	7	15	39
4	37	48	34	7	5	9	7	6	24	26
5	25	118	60	9	12	9	19	11	17	24
6	36	79	27	6	4	4	6	7	19	11
7	30	97	49	6	9	10	17	7	13	31
8	26	103	41	3	7	11	14	6	16	37
9	33	87	45	7	6	11	14	7	21	13
10	33	103	57	7	6	11	20	13	24	16
11	26	117	63	10	8	15	17	13	19	22
12	37	59	35	8	1	8	12	6	24	33
13	34	108	38	9	7	8	9	5	23	11
14	22	114	76	12	13	12	27	12	17	12
15	29	103	45	11	8	10	9	7	21	24
16	32	97	74	10	11	13	23	17	22	10
17	29	109	74	11	7	17	25	14	19	17
18	32	86	21	5	3	5	6	2	21	35
19	31	89	42	7	4	9	15	7	14	11
20	19	105	64	11	11	10	22	10	24	33
21	12	148	87	10	19	16	26	16	23	31
22	33	110	28	5	2	9	6	6	16	13
23	20	115	86	12	14	16	26	18	11	45
24	34	135	41	5	8	7	14	7	19	11
25	24	140	59	4	8	12	25	10	21	55
26	24	124	62	6	10	13	20	13	21	35
27	21	116	57	10	7	13	18	9	15	24
28	31	79	33	7	2	10	6	8	5	22
29	23	79	37	7	4	9	11	6	18	12
30	32	64	25	3	3	5	9	5	19	33
31	29	100	51	2	8	12	18	11	25	10
32	32	100	64	6	7	12	23	16	19	39
33	27	99	69	5	13	10	22	19	20	35
34	32	111	69	9	10	13	22	15	9	40
35	26	119	70	8	10	8	26	18	15	23
36	35	84	17	5	1	6	1	4	10	31
37	24	87	50	6	3	11	11	19	20	22
38	24	108	51	7	9	11	13	11	11	24
39	13	127	74	10	13	13	25	13	16	15
40	26	141	66	10	12	13	18	13	19	20
M	27.37	102.47	52.32	7.57	7.65	10.57	16.32	10.2	17.95	24.8
SD	6.60	21.55	17.72	2.68	4.07	2.95	6.92	4.58	4.61	11.42

Table 3. The t-values of the mean scores (Ms) and SD scores (SDs) of Non-fetish and Fetish samples of each variable

Dimensions		Mean	SD	t-value	Remarks
Self-esteem	*NF*	26.55	7.03	0.537	Not significant
	F	27.375	6.60		
Interpersonal Relationship	*NF*	101.1	17.94	0.310	Not significant
	F	102.475	21.55		
Overall Adjustment	*NF*	51.025	18.38	0.321	Not significant
	F	52.325	17.72		

Home adjustment	*NF*	7.175	3.36	0.587	Not significant
	F	7.575	2.68		
Health adjustment	*NF*	6.65	3.84	1.128	Not significant
	F	7.65	4.07		
Social adjustment	*NF*	11.3	3.90	0.936	Not significant
	F	10.575	2.95		
Emotional adjustment	*NF*	16.225	6.76	0.065	Not significant
	F	16.325	6.92		
Educational adjustment	*NF*	9.675	3.66	0.565	Not significant
	F	10.2	4.58		
Achievement Motivation	*NF*	17.025	4.15	0.942	Not significant
	F	17.95	4.61		
Self-confidence	*NF*	36.175	9.04	4.939	Significant
	F	24.8	11.42		

Self-esteem is what we think about the self, involving both positive and negative evaluations. From the results, it has been found that the M of fetish samples (F) is slightly higher than the M of non-fetish samples (NF), (NFM=26.55 < FM=27.37). So, it may be inferred that the F have shown less self-esteem compared to NF. From SD values, it has been seen that NF showed more variability than the F (NFSD=7.03 > FSD=6.60). The t-value (0.537) has not been found significant. So, it may be said that the difference between the two scores may be due to chance factor. The results of this dimension are found in line with other research studies (Horley, 2007; Healey and Beauregard, 2015; Dzansi& Biga, 2017).

Interpersonal relation is an association between two or more people, which may be based on inference, love, solidarity, daily communication or other social commitments. In the dimension of interpersonal relation, we can see in the present study that the M of F is slightly higher compared to NF (NFM=101.1 < FSD=102.47). Thus, indicating that F showed less competence compared to NF. From the SD values, we may infer that F showed more variability of scores compared to NF (NFSD=17.94 < FSD=21.55). The t-value (0.310) has not been found significant.Present findings are in contrary to other research studies (Fagan, Wise, Schmidt, Ponticas& Randall D. Marshall, 1991).

Adjustment is a process involving both mental and behavioural responses by which an individual strives to cope with inner needs, tensions, frustrations and conflicts and to bring harmony between these inner needs and those imposed upon him by the world which he lives. In the domain of overall adjustment, it has been seen in the present study that the M of F is higher than the M of NF (NFM=51.02 < F=52.32). So, it may be said that F has shown unsatisfactory adjustable pattern compared to NF. The SD values indicates that the NF scores are more variable than the scores of F's (NFSD= 18.38 > FSD=17.72). The t-value (0.321) has not been found significant, so it may be inferred that the difference between the Ms is due to chance factor.The results are closely associated with the past research evidences (Taktak,Karakus& Murat Eke, 2015; Klapilova, Androvicova, Bartova, Krejcova& Weiss, 2018).

Home adjustment is a measure of whether the individuals are satisfied or dissatisfied with their home life and associations. In the section of home adjustment of the present study, it has come out that the M of F is higher than the M of NF (NFM=7.175 < FM=7.57). It reveals that F have shown less prominence in home adjustment compared to NF. From SD values, it may be said that F showed less variability compared to NF (NFSD=3.36 > FSD=2.68). The t-value (0.58) has found not significant so, the difference between the M may be due to chance factor.

Health adjustment is a measure of whether the individual had been ill, had operation, suffered from minor ailments and their extend of illness. In the domain of health adjustment, it may be inferred that the M of F is high compared to M of NF (NFM=6.65 < FM=7.65). It implies that NF are better adjusted in compared to F. From SD values (NFSD=3.84 < FSD=4.07), F showed more variability than NF. The t-value (1.128) has not been found statistically significant. So, the difference between M is due to chance factor.

Social adjustment is a measure of whether the individuals are shy, retiring, submissive, introverted and aggressive in social contacts. In the field of social adjustment, the present study shows that the M of NF is slightly higher than that of F (NFM-11.3 > F=10.57). It indicates that F are better adjusted in the social domain compared to NF. From SD values (NFSD=3.90 > FSD=2.95), we find that F showed lesser variability compared to NF. The t-value (0.936) has not been found statistically significant.The findings are in opposite to other research study (Taktak, Karakus& Murat Eke, 2015; Weinberg, Williams& Calhan, 1995).

Emotional adjustment is the measure of whether the individuals are easily disturbed, nervous, depressed, irritated and excited. In the emotional sphere of adjustment, the present study reveals that the M of F is slightly higher than the M of NF (NFM=16.22 < F=16.32). It refers that NF are slightly better adjusted in emotional field in comparison with F. From SD values (NFSD=6.76 < FSD= 6.92), the F showed more variability of scores compared to NF. The t-value (0.065) has not been found significant, so the difference of two M may be due to chance factor.

Educational adjustment is the measure of whether the individuals are easily disturbed by academics, achievement and performance, continue to study or not. Individuals scoring high tend to be unstable in this section of adjustment and scoring low tend to be better adjusted. In the field, the M of F is slightly higher than that of NF (NFM=9.67 < FM=10.2). It refers that the NF are better adjustment than that of their F counterparts. From the SD values (NFSD=3.66 < FSD=4.58), it may be said that F showed more variability of scores compared to NF. The t-value (0.565) has not been found significant.

Achievement motivation is an individual's need to meet realistic goals, receive good feedback and experience a sense of accomplishment. In this section, the F scored slightly more than that of their NF counterparts (NFM=17.02 < FM=17.95). It implies that F showed more achievement motivation than NF. From SD values (NFSD=4.15 < FSD=4.61), F have shown greater variability of scores compared to

NF. The t-value (0.94) has not been found significant. The finding is in contrary with another research evidence (Kafka, 2002).

Self-confidence is having trust in one's abilities, capacities, and judgement. It is a belief that one is capable of successfully completing a demand of a task. In this area, NF subjects scored more than that of F (NFM=36.17 > FM=24.8), it signifies that F are much self-confident than NF. From SD values (NFSD=9.04 < FSD=11.42), it may be said that F showed more variability of scores compared to NF. The t-value (4.93) has been found significant at 0.01 level, so the difference between two means have been found to have statistical significance.The findings have also found to be contrary with other research findings (Weinberg, Williams, Calhan, 1995).

In the overall discussion of the present study, we may infer that F have shown lower prominence in self-esteem, interpersonal relationship, overall adjustment, home, health, education and emotional adjustments, and showed higher prominence in social adjustment, achievement motivation and self-confidence. Fetish behaviour gives inhibition to the individual making it a sacred, forbidden activity, that is why fetishists may experience guilt which can reflect in their spheres of self-esteem, interpersonal relations and adjustments. In case of self-confidence, achievement motivation, the higher score may signify that they may be satisfied in their own concern. When it comes to the relation with others, F showed lesser competence compared to the NF, only in case of social adjustment we can get the reverse result. That reverse result may be due to chance factor. Therefore, in terms of intrapersonal domain, F showed higher competence than that of the NF. When it comes to deal with other people maybe those guilts, inhibition reflect in their behaviour and expressions, which is more evident in the present study. So, the present study has given a trained of the expression of fetish people when it is compared with the non-fetish counterparts.

Conclusion

From the above results, it may be concluded that fetish subjects showed less prominence in self-esteem, interpersonal relationship and overall adjustments. In the domain of social adjustment, achievement motivation and self-confidence they showed more prominence than non-fetish subjects. Their prominence in the mentioned fields may be due to their inner perfection towards their sexual choice and they are more comfortable with their favourable community but, in terms of overall adjustment and interpersonal relationship with other people showed that they lack the ability to adjust and it also has affected in turn their self-esteem. Hence, null hypothesis has been rejected in every objective and alternative hypothesis has been accepted. It implies that there is a significant relation between fetish and non-fetish subjects on the variables like self-esteem, interpersonal relationship, adjustment, achievement motivation and self-confidence.

Research limitations

1. More variables could have been taken to explore other correlates of fetishism like, physical health and other cognitive correlates.

2. More subjects could have been taken in these domains so that a board spectrum of result could have been come out.
3. Method of collecting the data through online platforms may have been a hindrance for the participations to understand the questions.

Research conflict: No Research conflict

Acknowledgment

Reference

Adrian Furnham & Emmy Haraldsen. (1998). Lay Theories of Etiology and "Cure" for Four Types of Paraphilia: Fetishism; Pedophilia; Sexual Sadism and Voyeurism. *Journal Of Clinical Psychology*, 54(5), 689–700

Ahlers, Schaefer, Mundt, et.al. (2011). "How unusual are the contents of paraphilias? Paraphilia-associated sexual arousal patterns in a community-based sample of men". *The Journal of Sexual Medicine*. 8 (5): 1362–1370. Doi:10.1111/j. 1743-6109.2009.01597.x. PMID 19929918. S2CID 205894747.

Ahuja Niraj. (2011). *A Short Textbook of Psychiatry* (Seventh ed. 20th Year Edition). Jaypee Brothers Medical Publishers (P) LTD. ISBN: 978-93-80704-66-1. Pp. 121-132

Apter Emily. (2021). *The Epistemology of Perversion: From Pathology to Pathograph.* Feminizing the Fetish: Psychoanalysis and Narrative Obsession in Turn-of-the Century France. Cornell University Press.

Cameron Norman. (1963)*Personality development and Psychopathology, A Dynamic Approach(First Edition).* Yale University. Vakils, Feffer and Simons Private Ltd. Bombay, India. ISBN-10: 0718602137, ISBN-13: 978-0718602130. Pp 668.

Clark Brendon.B. (1994). The Genesis of Variance. *The Development and Treatment of Sexual Fetish.* University of Canterbury.

Darcangelo, S. (2008). *"Fetishism: Psychopathology and Theory".* In Laws, D. R.; O'Donohue, W. T. (eds.). Sexual Deviance: Theory, Assessment, and Treatment, 2nd edition. The Guilford Press.

Diagnostic and Statistical Manual of Mental Disorders. (2013) DSM-5™ American Psychiatric Publishing, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209 3901.

Fagan Peter J., Wise Thomas N., Schmidt Chester W., PonticasYula., Marshall Randall D.&Costa Paul T. Jr. (1991). A Comparison of Five-Factor Personality Dimensions in Males With sexual Dysfunction and Males with Paraphilia. *Journal of personality assessment, 57*(3), 434-448

Healey Jay & Beauregard Eric. (2015). The Impact of Persistent Deviant Sexual Interests and Persistent Low Self-Esteem on Sexual Homicide. *Criminal Justice and Behaviour.* 42 12, 1225-1242https://doi.org/10.1177/0093854815605874.

Joyal, C. C., Cossette, A., & Lapierre, V. (2014). *"What Exactly Is an Unusual Sexual Fantasy?". The Journal of Sexual Medicine.* 12 (2): 328-340. doi:10.1111/jsm.12734. PMID 25359122. S2CID 33785479.

Kearney Christopher.A& Trull Timothy.J. (2012). *Abnormal Psychology and Life: A Dimensional Approach.* Wadsworth/Cengage Learning, Sydney.

Klapilová, K., Androvičová, R., Bártová, K, Krejčová, L. & Weiss, P. (2018). *Sexual Abuse, Desired Frequency of Sexual Activities and Poor Relationship with Father is Associated with Prevalence of Paraphilic Preference.* National Institute of Mental Health. Charles University, Faculty of Humanities.

Martin P. Kafka. (2007). *Paraphilia-Related Disorders: The Evaluation and Treatment of Nonparaphilic Hypersexuality.* Principles and practice of sex therapy. Leiblum Sandra R 4th edition. The Guilford Press. A Division of Guilford Publications, Inc. 72 Spring Street, New York, NY 10012

Paraphilic Disorders. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (Fifth ed.). Washington, DC London, England. American Psychiatric Publishing. 2013. Pp. 685-686

TaktakSafak, Karakus Mustafa & Eke Salih Murat. (2015). The Man Whose Fetish Object is Ejaculate: A Case Report. *J Psychiatry* 18:3 doi: 10.4172/2378-5756.1000276

The ICD 11 Classification of Mental and Behavioural Disorders. (2018). *Diagnostic criteria for research. International Classification of Diseases - Mortality and Morbidity Statistics*

Thibaut Florence, Barra Flora De La, Gordon Harvey, Cosyns Paul, Bradford John M.W &the WFSBP Task Force. (2010). *The World Federation of Societies of Biological Psychiatry (WFSBP) Guidelines for the biological treatment of paraphilias.* The World Journal of Biological Psychiatry, 2010; 11: 604–655.

WiedermanMichael.W. (2003). *Paraphilia and Fetishism. The Family Journal.* July 2003 DOI: 10.1177/1066480703252663