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Shame, Pride, and Disclosure: Exploring Paths to Distress in Individuals with Paraphilic Fantasies

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SHAME, PRIDE, AND DISCLOSURE: EXPLORING PATHS TO DISTRESS IN INDIVIDUALS WITH PARAPHILIC FANTASIES

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ABSTRACT

Despite the newfound prevalence of paraphilias, few studies have directly examined paraphilic populations. Fewer still have examined the experience of distress and dysfunction in these populations, which is surprising given the importance of these outcomes in distinguishing between a paraphilia and paraphilic disorder. While prior studies have examined distress/dysfunction in paraphilic populations via the constructs of sexual compulsivity and sexual distress, the current study sought to evaluate possible mechanisms that might mediate the relationship between paraphilic interests and these outcomes. Specifically, the current study proposed and tested an adapted Minority Stress model framework examining disclosure, sexual shame, and sexual pride as possible mediators in the relationship between paraphilic fantasies and sexual compulsivity and distress. Data was collected via an online questionnaire distributed to a college-aged population. Results indicated that paraphilic fantasies were relatively common, and overall results supported the adapted Minority Stress model: frequency of paraphilic fantasies was related to higher levels of both shame and pride, which in turn were both positively related to compulsivity (contrary to our expectations), and positively and negatively related to sexual distress (respectively). Furthermore, disclosure was found to relate to higher levels of pride, but did not relate to shame. Overall, results suggest the importance of further examination of sexual shame and pride in predicting sexual health outcomes, as well as further developing possible mechanisms by which engagement in paraphilic fantasies, as well as the process of disclosure, might result in experiences of sexual shame and pride, perhaps simultaneously.

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CHAPTER 1: INTRODUCTION

Despite several studies indicating that between 60% and 70% of college-aged individuals have at least one self-identified kink or paraphilia (Ahlers et al., 2011; Castellini et al., 2018), paraphilias in and of themselves have remained a vastly under-studied and frequently misunderstood topic. One particular gap in the literature lies in our understanding of the predictors of distress and dysfunction in paraphilic individuals. The majority of the literature has focused on two key outcomes, sexual distress and sexual compulsivity (De Silva, 1995; Kafka, 1997), and scholars have only recently begun investigating potential mechanisms that can explain distress in individuals with paraphilic fantasies (Castellini et al., 2018). In particular, some scholars have proposed adopting a theoretical approach akin to Meyer's Minority Stress Theory (Meyer, 1995; Meyer, 2003) when considering pathways to negative psychological outcomes including distress and compulsivity specific to individuals with paraphilic fantasies (Waldura, Arora, Randall, Farala, & Sprott, 2016; Sprott & Hadcock, 2018). Based on the Minority Stress Model, three constructs that have emerged to explain sexual compulsivity and distress in LGBTQ+ populations but which have yet to be applied to paraphilic populations are sexual shame, sexual pride (Rendina, López-Matos, Wang, Pachankis, & Parsons, 2019), and disclosure of sexual interests (Chaudoir & Quinn, 2010). The current study thus tests pathways involving sexual shame, sexual pride, and disclosure of paraphilic interests through examining the link between paraphilic fantasies and the experience of sexual distress and sexual compulsivity.

Paraphilia vs. Paraphilic Disorder

When exploring outcomes of distress and compulsivity in paraphilic populations, it is imperative to clearly define the distinction between a paraphilia and a paraphilic disorder. Clinical definitions of paraphilia have expanded outwards from purely forensic applications in recent iterations of the Diagnostic and Statistical Manual of Mental Disorders (DSM), particularly with the recent distinction between "paraphilia" and "paraphilic disorder" in the DSM-5 (American Psychiatric Association, 2013). The DSM-5 defines paraphilia as "any intense and persistent sexual interest other than interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners" (American Psychiatric Association, 2013). Thus, a paraphilia is essentially any sexual interest in a non-genital-centric activity or theme. Terms often used in colloquial settings to describe non-normative sexual fantasies include "fetish" or "kink." Importantly, the DSM-5 distinguishes between paraphilia and paraphilic disorder by emphasizing the necessity of clinically-impairing distress or dysfunction as a result of paraphilic interests in order to distinguish whether someone might meet criteria for a paraphilic *disorder* as opposed to simply having a paraphilia, which is not the cause of clinical concern. However, it is unclear what level of distress or dysfunction might warrant consideration of a paraphilic disorder. Prior case studies examining the experience of distress in individuals reporting to therapy because of their paraphilic interests have displayed a wide range of experiences leading to treatment-seeking. Some individuals appear to be distressed by just having any thoughts that deviate from the sociosexual norm, while others report with more tangible concerns of

being out of control or engaging in behavior that is illegal or impairing as a result of their paraphilic fantasies (Lykins & Cantor, 2014).

An understanding of the mechanisms of distress and compulsivity behind paraphilias is essential for a more improved and reliable understanding of paraphilic disorder. Scholars have repeatedly called current diagnostic criteria into question for being too vague or too generalizable (Balon, 2013). Indeed, some have claimed that all paraphilias ought to be associated to some degree to distress simply because of their deviation from socio-sexual norms (Soble, 2004). However, studies show that the experience of distress as a result of paraphilias is relatively uncommon (Ahlers et al., 2011; Waldura et al., 2016; Castellini et al., 2018). Despite the recent diagnostic clarification, treatment providers have proven unreliable in distinguishing paraphilic disorders from other similar presentations such as obsessive compulsive disorder with sexual obsessions. For example, one study of 1,172 practitioners found a 70% misdiagnosis rate of OCD with pedophilic obsessions (Glazier, Swing, & McGinn, 2015). Much of this diagnostic confusion is due to a lack of understanding of the nature of impairment and distress when it occurs as a result of paraphilic interests.

Sexual Compulsivity

A large portion of research directly examining impairment in paraphilic disorders has focused on the outcome of sexual compulsivity (Coleman, 1987) or out-of-control sexual behavior (Giugliano, 2006), which often appears in the "hypersexuality" literature (Kafka, 1997). Sexual compulsivity is defined by aspects of preoccupation and lack of control with sexuality (both thoughts and behavior) (Kalichman & Rompa, 1995). Primarily, sexual compulsivity involves a feeling of being out of control, or a persistence

in personally distressing behaviors despite a lack of interest/motivation to engage in those behaviors. This concept is similar to ritualistic behaviors in individuals with obsessive-compulsive spectrum disorders (Coleman, 1990). Sexual compulsivity has become increasingly relevant in discussions of paraphilias after a recent study found that, in individuals with and without paraphilic interests, the reported severity of global measures of psychopathology was dependent on compulsivity rather than paraphilias themselves (Castellini et al., 2018). However, although this study suggested a link between paraphilic interests and both sexual dysfunction and compulsivity, it did not elucidate the mechanisms by which paraphilic interests might be associated with these outcomes. Thus, there is a need for further examination of possible mechanisms by which paraphilic interests might relate to sexual compulsivity and sexual distress/dysfunction.

An Adapted Minority Stress Model

Recently, some scholars examining paraphilic populations have begun applying models used to explain risk factors for distress in sexual minority populations such as LGBTQ+ individuals. The rationale behind this movement is the beliefs that both populations, although quite different, are similar in their minority/non-normative sexual interest, equating them to sexual subcultures (Giovanelli & Peluso, 2006). Recent studies have posited that similar mechanisms as those indicated in Meyer's Minority Stress Theory (Meyer, 1995; Meyer, 2003) might be influencing the experience of stigma and associated distress/impairment in individuals with kinks or paraphilias (Pitagora, 2016; Waldura, Arora, Randall, Farala, & Sprott, 2016; Sprott & Hadcock, 2018). However, few prior studies have directly examined paraphilic/kink communities from a minority stress lens.

Minority stress theory is important to the study of paraphilias as it was developed to explain the type of stressors experienced by other individuals with minority identities, such as sexual identity, gender identity, and ethnic identity. The theory identifies proximal stressors, such as self-directed stigma, concealment, and internalized homophobia, as well as distal stressors, such as experienced stigma, experienced discrimination, and perceived prejudice (Meyer, 2003). These stressors are, in turn, thought to lead to a variety of mental health outcomes, including depression, suicidality, substance use, sexual risk-taking, sexual distress and dysfunction, and sexual compulsivity (Russell, 2003; Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Hamilton & Mahalik, 2009; Kuyper & Vanwesenbeeck, 2011; Pachankis et al., 2015). While it is unclear whether certain types of stresors are particularly relevant in predicting these outcomes, shame has received considerable attention as a proximal stressor in its application to sexual minorities.

Sexual Shame

Shame is typically defined as an internal self-directed belief that one is inherently wrong, disgusting, inferior, or bad. Shame is considered to be a self-conscious emotion as it requires global/generalized self-evaluation in comparison to external institutions such as norms, values, or ethics (Proeve & Howells, 2002). Often, individuals who are high in shame feel that others are judging them (i.e., external shame) or that they are defective or inferior in some way that might be concealable (i.e., internal shame). In the context of minority stress theory, shame is typically thought to arise from the experience of stigma (Rendina, López-Matos, Wang, Pachankis, & Parsons, 2018), wherein individuals with a sexual minority identity are inherently ostracized from the normative population by

nature of their minority status and thus are more prone to viewing themselves as "wrong" or inherently "bad" (Hequembourg & Dearing, 2013).

The experience of shame has been associated with a wide variety of negative outcomes in sexual minority communities specifically. Namely, shame is particularly relevant to the literature on sexual interests, as sexual interests are internal processes that lend themselves to concealment and stigma. Indeed, shame has been examined in conjunction to sexual compulsivity numerous times, with some treatments arguing that shame reduction is a key mechanism of change in treatment for sexual compulsivity (Adams & Robinson, 2001). Some models of the etiology of sexual compulsivity also identify shame as a potential cause of ritualistic sexual behavior. Drawing on models of compulsive behavior in obsessive compulsive disorder, scholars have proposed models of sexual compulsivity wherein certain sexual thoughts are met with feelings of shame. As a result of this shame, compulsive behavior (e.g., masturbation) is engaged in to mitigate this negative affect (Amico, 1997; Adams & Robinson, 2001; Gilliland, South, Carpenter, & Hardy, 2011). Through this conceptualization, sexual behavior becomes a tool that eliminates feelings of shame resulting from sexual fantasy, rather than a method to enjoy the sexual fantasy itself. This cycle lends itself to a lack of control. This model is particularly applicable to the development of compulsivity in paraphilic disorders, wherein there is likely a particularly high "risk" of sexual fantasies being perceived as distressing or shameful simply due to their non-normative nature. However, no prior studies have directly examined this connection between paraphilic fantasies and sexual compulsivity through the experience of shame.

One notable study examining the role of shame in predicting sexual compulsivity in sexual minority populations involved the development of the "Sexual Shame and Pride Scale" (Rendina, López-Matos, Wang, Pachankis, & Parsons, 2018). This study moved away from the general construct of "shame," often used in prior studies on sexual compulsivity, and instead specifically examined the construct of "sexual shame," wherein an individual must feel shame specifically about their sexual fantasies or behaviors. Furthermore, this study helped to establish sexual shame as a construct that operates independently from sexual compulsivity, as evidenced by correlations ranging across time points from $r = .38$ to $r = .44$. Despite this construct's specificity and relevance to the consideration of sexual compulsivity and the paraphilias, no prior studies have applied it to a paraphilic/kink-identified population. This scale was also notable in that it included the construct "sexual pride," a sense of comfortability and self-esteem derived from one's sexual interests or behaviors.

Sexual Pride

The construct of pride does not necessarily operate directly opposite to shame. Indeed, theoretical models of LGBTQ+ identity development allow for simultaneous experiences of shame and pride (e.g., pride parades, which can be seen as a celebration of pride in opposition to the stigma inflicted by societal norms; Davidson, 2007). Furthermore, a dearth of shame does not necessarily equate to a wealth of pride: individuals with normophilic sexual interests do not necessarily feel pride in this fact, but they are theoretically protected against stigma and shame. Certain theorists have also posited that engaging in behaviors that are in defiance of norms or expectations results in a feeling of pride in many individuals (Goss & Allan, 2009). Shame and pride have also

been studied within the context of other psychiatric conditions. For example, tudies on disordered eating showed that shame and pride jointly contribute to impulsive eating behaviors, which was speculated to be the product of a sense of pride in rejecting social norms and the use of pride as a defense mechanism against shame (Goss & Allan, 2009).

In addition to developing the Sexual Shame and Pride Scale, Rendina and colleagues (2018) also presented a theoretical model of how minority stress might influence sexual compulsivity through the experience of shame. Specifically, they argued that sexual minority individuals would be more prone to sexual shame, and that this shame in turn would put them at higher risk for sexual compulsivity. Similarly, they argued that a sense of sexual pride would serve as a protective factor related to resilience, therefore negatively relating to sexual compulsivity (Rendina, Matos, Wang, Pachankis, & Parsons, 2018). This model has yet to be directly applied to non-male individuals, nor has it been applied to other sexual subcultures that might experience similar modes of minority stress-based shame such as individuals with paraphilias. Furthermore, this model does not include the aspect of sexual distress as a potential cause of impairment in individuals with paraphilic disorders.

Disclosure and Concealment

A final aspect of the minority stress model that is particularly relevant in paraphilic communities is concealment/disclosure of kink/paraphilic interests (Waldura et al., 2016). Concealment of identity is a type of proximal stressor in Meyer's minority stress model (2003), and literature on concealment and "outness" in LGBTQ+ populations reveals consistent links between concealment and negative physical health outcomes (Cole, Kemeny, Taylor, & Visscher, 1996a; Cole, Kemeny, Taylor, &

Visscher, 1996b) as well as between impairments in occupational functioning and feelings of "belonging" (Newheiser, Barreto, & Tiemersma, 2017). A study of over 85,582 sexual minority individuals across 28 European countries found evidence that sexual identity concealment mediated the influence of societal stigma on general life satisfaction, such that societal stigma promoted concealment which, in turn, related to significantly worse life satisfaction (Pachankis & Bränström, 2018).

Other studies examining the inverse of concealment, disclosure of sexual identity, have found negative associations between stigma and disclosure, but positive links between disclosure and healthcare utilization (Whitehead, Shaver, & Stephenson, 2016). This highlights the importance of disclosure and concealment in predicting healthcare-seeking behaviors, a major concern in paraphilic communities in the past (Waldura et al., 2016). The construct of "outness" was also positively associated to self-esteem and lower depressive symptoms, despite the risk of victimization, among approximately 8,000 secondary school students that identified as gender identity minorities. (Kosciw, Palmer, & Kull, 2015). Another study found that gay and bisexual men who were out to their mothers and who had higher self-esteem had lower sexual compulsivity (2015); In addition to disclosure, self-esteem is a construct often linked to shame (Greene & Britton, 2013) and sexual compulsivity, supporting the consideration of both shame and disclosure as possible distinct predictors of compulsivity. The protective effects of disclosure have also been found to generalize across several concealable stigmatized identities even outside of sexual identities (Chaudoir & Quinn, 2010), further suggesting its applicability in paraphilic identities. The importance of examining disclosure in paraphilic populations is exemplified by studies that indicate only 38% of individuals

with paraphilias are “out” to care providers about their sexual interests (Waldura et al., 2016). This statistic is even more striking considering that a sizable proportion of individuals report wishing they could be “out” about their sexual interests (Waldura et al., 2016). Taken together, these results point to the potential beneficial effects of the removal of proximal stressors, such as shame and concealment, despite the negative effects of distal stressors such as experienced stigma. However, due to a dearth of research on disclosure in kink-identified populations, it is unclear to what extent disclosing a kink identity might relate to feelings of shame and pride and, by extension, sexual compulsivity and distress.

The Current Study

In summary, the minority stress model could be adapted to explain current gaps in the literature regarding the role of minority stress factors as potential mediators in the experience of distress and compulsivity in paraphilic communities. To test whether this model can add to the extant literature, the current study examined the relationship between the frequency and amount of paraphilic fantasies, disclosure of sexual interests, shame and pride, and sexual compulsivity and distress. Specifically, we hypothesized that paraphilic fantasies would be related to disclosures, which in turn would relate to both sexual shame and pride. Sexual shame and pride were expected to correlate, and both were expected to relate to outcomes of sexual compulsivity and sexual distress, which were in turn expected to correlate. Thus, our model sought to examine the indirect effects of paraphilic fantasies on sexual distress and compulsivity through disclosure and through sexual shame and pride. For a visual depiction of the hypothesized model, see Figure 1.

CHAPTER 2: METHOD

Participants

Our sample consisted of students who attended or were attending the University of Vermont (UVM) from November 2018 to January 2020. Participants were recruited via in-class announcements in Psychology, Economics, and Biology classes, as well as through the SONA system. As of January 15th, 2020 a total of n = 405 participants had completed the study. Participants were overwhelmingly female (80.50%), white (88.60%) and heterosexual (72.70%), with a mean age of M = 19.60, SD = 2.17.

Measures

Demographic Information. Participants responded to nominal demographic measures assessing their gender, sexual orientation, and romantic relationship status. Participants also responded to open-ended questions assessing race and age. Responses to the question assessing "race" were coded into nominal categories (White/Caucasian, Black/African-American, Hispanic/Latinx, Asian/Pacific Islander, Mixed/Other, and Refuse to Answer/Participant Error) by the investigator.

Paraphilic Fantasy. Participants were provided with a list of 50 paraphilic fantasies building off items used in the Wilson Sex Fantasy Questionnaire (Wilson, 1988) and paraphilias that have been previously examined in literature (Aggrawal, 2010). Participants rated how frequently they had fantasized about each item. Participants were instructed to only consider times they had fantasized about an item and been sexually aroused by that fantasy to account for potential overlap with sexual obsessions, intrusive thoughts, or non-arousing "daydreams" etc. Participants rated the frequency of each paraphilic fantasy during periods of arousal on a seven-point Likert scale ranging from 0

= *Never* to 6 = *All the time.* Items included fantasies such as *"Performing acts while strangers watched"* and *"Being physically hurt by my sexual partner."* A sum score was used in analyses to represent both the frequency and number of different paraphilic fantasies, with higher scores indicating a higher frequency and higher number of paraphilic fantasies. Participants also responded to two items assessing the frequency of general sexual fantasies surrounding intercourse, "*Sexual acts of any kind with someone of the same gender"* and *"Sexual acts of any kind with someone with a different gender."* These two items will be included as covariates in analyses to remove variance associated with the overall frequency of sexual fantasy in order to isolate the frequency of paraphilic fantasies specifically.

Disclosure of Sexual Fantasies. Participants were asked to respond to four items asking whether they had told any friends, family members, health professionals, or online friends about their sexual fantasies. Items were created based on the Disclosure Processes Model (Chaudoir & Fisher, 2010). Responses were dichotomous, with 0 = *no* and 1 = *yes*. To create a continuous variable for use in mediation, scores were summed to create a total "outness" score representing the degree to which individuals had told others in various areas of their life.

Sexual Shame and Pride. Sexual shame and sexual pride were measured using the Sexual Shame and Pride Scale (SSPS; Rendina, Lopez-Matos, Wang, Pachankis, & Parsons, 2018). Participants rated 12 items on a six-point Likert scale of 1 = *not at all like me* to 6 = *exactly like me.* Items assessing shame included statements such as "*I often feel embarrassed by the sexual activities that I like"* and "*I'd be ashamed if people knew the kinds of things I have done sexually."* Items assessing pride included statements such as

"*there are people with whom I regularly discuss my sex life"* and "*I am comfortable telling my partners what I want or need sexually".* Preliminary inter-item correlation analyses indicated good reliability for the shame subscale at α = .83 and good reliability for the pride subscale at α = .88. Prior studies have established the SSPS' discriminant validity with the measure of sexual compulsivity used in this study as well as measures of depression, anxiety, and sexual behavior outcomes involved in the measurement of sexual distress (Rendina, Lopez-Matos, Wang, Pachankis, & Parsons, 2018).

Sexual Compulsivity. Sexual compulsivity was measured via the Sexual Compulsivity Scale (SCS; Kalichman & Rompa, 1995). Participants rated ten items on a four-point Likert scale ranging from 1 = *not at all like me* to 4 = *very much like me.* Items included statements such as "*I sometimes get so horny I could lose control"* and "*I have to struggle to control my sexual thoughts and behavior".* Preliminary inter-item reliability analyses revealed good reliability for the sum scale score at α = .89. The SCS has shown discriminant validity with measures of obsessive compulsive tendencies, anxiety, depression, and self-esteem (Kalichman & Rompa, 1995), as well as a variety of negative sexual outcomes such as sexual risk-taking (McBride, Reece, & Sanders, 2008) and has been used in conjunction with the SSPS on sexual minority populations in the past (Rendina, Lopez-Matos, Wang, Pachankis, & Parsons, 2018).

Sexual Distress. Sexual distress was measured via the Female Sexual Distress Scale (FSDS; DeRogatis, Rosen, Leiblum, Burnett, & Heiman, 2002) and its male counterpart, the Sexual Concerns Inventory – Male (SCI-M; DeRogatis, Rosen, Goldstein, Werneburg, Kempthorne-Rawson, & Sand, 2012). The FSDS was only presented to participants who identified as cisgender female and the SCI-M was only

presented to participants who identified as cisgender male, as these are the populations on which the scales are normed. This unfortunately resulted in the exclusion of nonbinary and non-cisgender individuals in the consideration of sexual distress. Eligible participants were asked to read a series of feelings or problems and rate how often each problem has bothered them or caused them distress over the past 30 days. Participants rated a series of 13 items on a five-point Likert scale ranging from 0 = *never* to 4 = *always.* Items included problems such as "*Stressed about sex"* and "*dissatisfied with your sex life."* Each scale had both gender-specific statements unique to each scale and general statements used in both scales. Sum scores were used as a measure of total distress for both men and women, a method that has been used in prior validation studies (DeRogatis, Clayton, Lewis-D'Agostino, Wunderlich, & Fu, 2008). Preliminary inter-item reliability analyses revealed good reliability for the FSDS at $\alpha = .92$ and good reliability for the SCI-M at $\alpha = .87$.

Procedure

Participants were directed to complete an online survey hosted on UVM's Qualtrics server. Participants either registered for the study via SONA or received a link through an in-class presentation intended to expand recruitment outside the Psychology department to increase external validity. Participants completed a digital informed consent form and were directed to the survey. The survey took roughly 20 minutes to complete and included a variety of scales and items assessing sexual attitudes and experiences as well as gender role expression. As compensation, participants were given the opportunity to choose between receiving SONA credit or to be entered into a raffle

for a $50 Amazon gift certificate awarded to one in ten participants. All participants were eligible for these rewards, even if they had elected to stop the survey prior to completion.

Data Analysis

Analysis of frequency distributions and skewness and kurtosis statistics for each variable revealed significant skewness and kurtosis (compared to *SESkew* = .14 and *SEKurt* = .27) for the frequency of paraphilic fantasies (*Skew* = 1.67, *Kurt* = 5.26), as well as for sexual shame (*Skew* = 1.73, *Kurt* = 2.66,), and sexual compulsivity (*Skew* = 1.72, *Kurt* = 2.38), such that all above variables were positively skewed with notable peaks near their respective floors. Sexual distress was found to be slightly skewed (*Skew* = .96), but not kurtotic (*Kurt* = .62). This is to be expected, as we derived our results from a general population, and as a result would expect scores on clinically-relevant measures such as shame, compulsivity, and distress to be positively skewed. Similarly, paraphilic fantasies were only present in a portion of the sample, explaining a notable portion of the positive skewness in that variable. To account for possible effects of skewness and kurtosis, the above variables were transformed via natural log, and analyses were completed on both log-transformed and "raw" variables – no significant differences (calculated via Fisher's z-test for any noticeable shifts) in the size or directionality of effects was observed between trials, so for simplicity of interpretation we have presented results based on the non-transformed data.

In addition to analysis of skewness and kurtosis, an exploration of possible outliers was conducted via examination of studentized deleted residual plots as well as Cook's Distance and Leverage statistics. One case was found to be more than two SD above the mean score for frequency of paraphilic fantasies, and was the only case that

had both a high Cook's Distance of D = .037 and a notable Centered Leverage Value of CLV = .049, the second-highest in the dataset. As a result, this case was removed from analyses. Multicollinearity was assessed via examination of Variance Inflation Factor statistics for each variable included in a simultaneous regression on sexual compulsivity – values ranged from VIF = 1.099 to 1.590, and thus did not come close to the typical significance cutoff of VIF = 10, suggesting there is no evidence for multicollinearity between study variables.

The proposed model was tested via the path analysis function available in MPlus (Muthén & Muthén, 1998-2011). Missing data was estimated using Full Information Maximum Likelihood (FIML) estimation built into MPlus. The final model included covariates of gender, race, sexual orientation, and relationship status to account for variance due not only to basic demographic differences, but also in differences that could specifically result in other minority identifications that could confound the emphasis on paraphilic identity. Similarly, frequency of normophilic sexual fantasies (fantasies surrounding sexual intercourse with one other person) were included as covariates in an attempt to account for "general arousability." This helps to ensure that the frequency measure of paraphilic fantasy is not confounded with the frequency of sexual fantasies overall.

CHAPTER 3: RESULTS

Descriptive Statistics

Analysis of frequencies and descriptive statistics revealed that 89.1% of participants reported being aroused by a paraphilic fantasy at least one or two times, while 64.2% of participants reported being aroused by a paraphilic fantasy at least

"sometimes." Additionally, 53.2% of participants reported paraphilic fantasies at least "often," 28.3% at least "most of the time," and 11.1% "all the time." Regarding disclosures, we found that the majority of participants had disclosed to only one person (see Table 2). Sexual shame was generally positively skewed, with a mean of $M = 1.72$, $SD = .84$, whereas sexual pride was more normally distributed but with higher variance ($M = 3.39$, $SD = 1.47$). Sexual compulsivity also showed notable variability ($M = 20.10$, $SD = 12.95$), as did sexual distress ($M = 24.13$, $SD = 9.85$).

Bivariate correlations conducted between all study variables revealed significant correlations between all variables included in our model except for the relationship between disclosure and shame (see Table 3). However, in agreement with our hypotheses, disclosure was found to significantly relate to pride. Contrary to our expectations, pride was found to positively relate to sexual compulsivity ($r = .23$). However, in accordance with our hypotheses, sexual pride did negatively relate to sexual distress ($r = -.26$). To directly assess the applicability of our proposed model with the inclusion of covariates and consideration of variance explained by all study variables, we then conducted a path analysis via MPlus.

Model Fit

Considerations of model fit must be taken into account when interpreting individual pathways of a proposed model; if a model does not adequately fit the data it is intended to represent, it indicates that the model is potentially theoretically mis-specified. In cases where indirect and direct pathways are largely significant, but model fit is not ideal, we can assume that there is another theoretically-relevant variable present in the dataset that is not being accounted for in the proposed model. Tests of model fit revealed

acceptable overall fit for the ML-estimated model based on CFI and SRMSR statistics, but not via chi-square and RMSEA statistics. (χ^2 = 73.73, p < .01; RMSEA =.22, 95% Confidence Interval [.18, .26]; CFI = .84; TLI = .41, SRMSR = .075). Note that in order to achieve accurate model fit statistics, covariates were not included in the tested model when estimating fit, but were included when examining specific pathways. Significance and directionality of pathways did not change when covariates were included vs. excluded. While models with large sample sizes are prone to not meeting fit criteria via chi-square and SRMSR, we still conducted exploratory changes to our path model to examine possible relationships that could be influencing fit by being excluded from our model. Analysis of the covariance matrix of study variables revealed a notably significant positive direct relationship between the frequency of paraphilic fantasies and sexual compulsivity, which was not originally included in our model due to our intent to consider indirect effects that explain this previously-indicated direct effect. Including this direct relationship in the model significantly increased model fit, as indicated by ΔAIC = 65.96, resulting in a model with overall good fit (χ^2 = 3.77, p = .15; RMSEA =.049, 95% Confidence Interval [.00, .12]; CFI = 1.00; TLI = .97, SRMSR = .017). However, to remain true to our hypothesized model, only the original model was included in analyses.

Direct Pathways

Examination of direct pathways in the original model with covariates of gender, race, sexual orientation, relationship status, and frequency of non-paraphilic sexual intercourse fantasies are illustrated in Table 2 showing the complete path model with direct effect beta coefficients. We found a significant positive direct effect of frequency of kink fantasies on disclosure (β = .41, t = 8.50, p < .001), sexual shame (β = .26, t =

3.78, $p < .001$), and sexual pride ($\beta = .27$, $t = 4.74$, $p < .001$), and a significant positive direct effect of disclosure on pride ($\beta = .16$, $t = 2.93$, $p = .003$). However, disclosure did not have a significant effect on shame ($\beta = -.06$, $t = -.94$, $p = .35$). Furthermore, results indicated a significant positive direct effect of sexual shame on both sexual compulsivity ($\beta = .45$, $t = 8.41$, $p < .001$) and sexual distress ($\beta = .47$, $t = 9.52$, $p < .001$), as well as a significant positive direct effect of sexual pride on sexual compulsivity ($\beta = .33$, $t = 6.87$, $p < .001$) and negative direct effect of sexual pride on sexual distress ($\beta = -.15$, $t = -3.09$, $p = .002$). Similar to patterns in bivariate correlations, sexual pride was found to negatively relate to sexual distress, as hypothesized, but positively relate to sexual compulsivity, which is contrary to our hypothesized directionality. Analysis of bi-directional effects within our model revealed a significant negative relationship between shame and pride ($\beta = -.35$, $t = -7.49$, $p < .001$), as expected. There was, however, no statistically significant relationship between sexual compulsivity and sexual distress ($\beta = .07$, $t = 1.35$, $p = .18$), contrary to the significant positive relationship found in bivariate correlations.

Indirect Pathways

Examination of indirect pathways revealed a significant total indirect effect from frequency of paraphilic fantasies to sexual compulsivity through disclosure, shame, and/or pride ($\beta = .22$, $t = 4.92$, $p < .001$), with significant specific positive indirect effects through shame ($\beta = .12$, $t = 3.02$, $p = .003$), through pride ($\beta = .09$, $t = 3.32$, $p = .001$), and through disclosure and pride in tandem ($\beta = .02$, $t = 2.58$, $p = .01$). The combined indirect effect to sexual compulsivity through disclosure and shame was not significant ($\beta = -.01$, $t = -.91$, $p = .37$). The positive nature of these indirect effects suggests that overall,

higher frequencies of paraphilic fantasies related to higher levels of both shame and pride, which in turn were both related to higher sexual compulsivity. Higher frequency of paraphilic arousal was also related to higher amount of disclosures, which in turn was related to higher levels of sexual pride and, through pride, greater levels of sexual compulsivity.

Additionally, the total indirect effect from frequency of paraphilic fantasies to sexual distress through disclosure, shame, and/or pride approached significance (β = .06, t = 1.75, p = .08), though all specific indirect effects in this pathway were significant with the exception of, again, the pathway including disclosure and shame in tandem (β = -.01, t = -.91, p = .37). Results indicated a significant indirect effect through shame (β = .12, t = 3.90, p < .001) and through pride (β = -.04, t = -2.60, p = .009) as well as through disclosure and pride in tandem (β = -.01, t = -2.05, p = .04). Similar to the prior pathways, these results suggest that higher frequency of paraphilic fantasies relates to higher levels of both shame and pride, with pride relating to lower levels of sexual distress and shame relating to higher levels of sexual distress. Higher frequency of paraphilic fantasies was related to higher amount of disclosures, which in turn was related to greater pride and, by extension, lower sexual distress.

Additional Analyses

To further examine the types of disclosures that were most linked to the frequency of paraphilic fantasies, we conducted a series of bivariate correlations between the frequency of paraphilic fantasies and each type of disclosure. Analysis of these correlations revealed that individuals with a higher frequency of paraphilic fantasies were more likely to disclose to friends and online friends (r = .34, p < .001 and r = .31, p <

.001, respectively) compared to disclosures to family (r = .14, p = .009) and health professionals (r = .10, p = .05), though it should be noted that the frequency of paraphilic fantasies was significantly positively related to all disclosure types.

Furthermore, because our sample provides a unique opportunity to examine the applicability of these models to women with paraphilic interests, a historically under-studied population, we re-ran our model with only cisgender female participants' data included to ensure that our results remained consistent. Results were largely identical, with a significant total indirect effect (β = *.22*, t = 4.91, p < .001) from paraphilic fantasies to compulsivity, with significant indirect effects through shame (β = .10, t = 2.55, p = .01), through pride (β = .10, t = 3.57, p < .001), and an approaching-significant effect through disclosure and pride together (β = .01, t = 1.83, p = .07). Similar to the comprehensive model, there was no significant indirect effect through disclosure and shame together (β = .00, t = .00, p = .99). There was an approaching-significant total indirect effect from paraphilic fantasies to sexual distress (β = *.07*, t = 1.73, p = .08), with significant specific indirect effects through shame (β = *.10*, t = 2.94, p = .003), through pride (β = -.03, t = -2.01, p = .04), but nonsignificant indirect effects through pride and disclosure together (β = -.00, t = -1.40, p = .16) or through shame and disclosure together (β = .00, t = .002, p = .99).

The primary difference between the women-only model and our comprehensive model is the lack of a significant indirect effect through disclosure and pride together in predicting distress and compulsivity. To further examine possible gender effects on the link between disclosure and pride, we ran a simple moderation analysis using Andrew Hayes' PROCESS module for SPSS, examining gender (dummy-coded to a binary

cisgender male/female variable) as a moderator in the relationship between amount of disclosures and sexual pride. Despite an overall significant model (F [3, 348] = 8.13, p < .001), results did not support a moderation effect, indexed by a nonsignificant interaction effect (b = -.20, t = -.79, p = .43).

Gender. To explore possible mean differences in study variables based on gender, we ran a one-way ANOVA with post-hoc Bonferroni tests. ANOVA results indicated significant effects of gender on the frequency of paraphilic fantasies (F [2, 364] = 5.92, p = .003), on the amount of disclosures (F [2, 386] = 5.43, p = .005), and on sexual compulsivity (F [2, 369] = 8.79, p < .001). Post-hoc Bonferroni tests revealed several specific significant differences, though for all differences comparing means for non-cisgender individuals it is important to note the low sample size for this group prevents any assumption of reliability of these differences. See Table 4 for a summary of group mean differences.

CHAPTER 4: DISCUSSION

This study examined the utility of an adapted minority stress model by focusing on mediating variables of sexual shame, sexual pride, and disclosure of sexual fantasies in explaining the link between frequency of sexual fantasies and outcomes of sexual compulsivity and sexual distress. Results largely supported our proposed model: overall indirect pathways including both shame and pride were significant. While disclosure was not found to significantly relate to shame, it was found to significantly relate to pride and both compulsivity and distress through the indirect effect of pride. Despite the weak relationship between disclosure and shame, it appears that all variables included in the model did play a role in predicting the experience of both distress and compulsivity that

might occur in individuals with paraphilic fantasies. Importantly, this model introduces several possible mediators to the direct relationships found between paraphilic fantasies and sexual compulsivity, suggesting that indeed both shame and pride, as well as disclosure through pride specifically, appear to be factors in predicting the experience of sexual compulsivity outside of just the frequency of paraphilic fantasies. This model also provides insight into the link between paraphilic fantasies and sexual distress, showing that not only was there a positive link between the frequency of paraphilic fantasies and the experience of sexual distress, but that this link is also explained by similar pathways of disclosure, shame, and pride as sexual compulsivity, suggesting a common mechanism.

Disclosure

The positive link between frequency of paraphilic fantasies and amount of disclosures suggests that the more individuals fantasize about a paraphilia, or the more paraphilias individuals have, the more likely they are to disclose their sexual interests (or vice versa, depending on directionality). This could reflect the heightened desire to disclose expressed by individuals with paraphilias in prior qualitative studies (Waldura et al., 2016), but could also indicate the role of community factors, wherein individuals with paraphilias might be more likely to seek out communities specific to their sexual interests that would then necessitate disclosure in order to participate in said communities, as per the hypothesis put forth by Rosenmann and Safir (2016). Indeed, when we consider bivariate correlations between frequency of paraphilic fantasies and specific disclosures, we find that the frequency of paraphilic fantasies was most strongly related to disclosures to friends and online friends, compared to disclosures to family and health professionals.

This suggests that disclosures for individuals with high frequency of paraphilic fantasy are seemingly primarily occurring with friends and online friends specifically, further speaking to the role of community-centric goals of disclosure rather than professional help-seeking or family-related goals as specifically assessed by Waldura and colleagues (2016). Further research on the motivations of disclosure, especially those comparing ecological versus egological motivations as per the Disclosure Processes model (Chaudoir & Fisher, 2010), is necessary to further examine the link between the frequency of paraphilic fantasies and the amount of disclosures.

Contrary to prior studies examining disclosure in LGBTQ+ populations, we did not find a significant relationship between amount of disclosures and sexual shame, complicating the indirect effects of pathways including this disclosure/shame path. A possible explanation for this lack of significance could be an issue of directionality – the Minority Stress Model does not clearly establish temporal precedence of concealment to more attitudinal proximal stressors such as internalized homophobia and shame, instead including both under the umbrella of proximal stressors (Meyer, 2003). Perhaps individuals base their disclosure decisions on their extant levels of shame and/or pride, resulting in a complicating temporal factor wherein individuals who just disclosed might have done so because of a heightened sense of shame that has not yet reduced as a result of the disclosure experience. Thus, shame and pride could act as both motivators and outcomes for disclosure. Indeed, studies examining the Disclosure Processes model in samples of individuals with concealable stigmatized identities have found a latency in the reduction of shame post-disclosure: for some individuals, particularly those whose motivations to disclose resulted from a desire to relieve personal distress, disclosing their

identity initially resulted in a heightened level of distress, that then dissipated into a net lower level of distress over time (Chaudoir & Fisher, 2010). This could have also led to a testing effect within the current study, wherein the experience of disclosing paraphilic interests alone within the survey might have activated the experience of shame in some individuals but not others, dependent on their prior disclosure experiences. Future studies should also consider the valence of disclosure, specifically examining whether disclosure was a positive or negative experience, whether it was met with acceptance or rejection from the confidant.This could serve as a confound that explains some of the discrepant results regarding the link between disclosure and shame – if some individuals had a negative disclosure experience, the Disclosure Processes model would predict that they would be more prone to developing increased shame as a result of the disclosure, compared to individuals with positive disclosure experiences.

Furthermore, the current study was limited in that it did not include disclosure to sexual partners – this is particularly pertinent with regards to sexual distress, as prior studies have found that a lack of disclosure of sexual interests to sexual partners is related to significantly higher sexual dysfunction and lower sexual satisfaction (Rehman, Rellini, & Fallis, 2011) – disclosing sexual interests to a partner allows for the engagement in sexual acts that are directly related to one's fantasies, which theoretically would then lead to higher sexual satisfaction during partnered sex. Thus, a consideration of possible differential effects of disclosure to sexual partners on pathways leading to sexual distress specifically is needed.

Sexual Shame

The direct effect of sexual shame on sexual compulsivity further solidifies the shame-compulsivity link's applicability to paraphilic populations, suggesting that shame operates similarly in individuals with paraphilias as in LGBTQ+ populations with regards to compulsivity specifically (Rendina et al., 2018). The comparably-strong link between shame and sexual distress also provides a new lens through which to consider mechanisms behind the experience of sexual dysfunction in paraphilic populations, as previously shame has been thought to primarily relate to compulsivity. It is unclear whether this mechanism is unique to paraphilic populations or whether it might generalize to other sexual minority populations, and thus future studies should continue to explore the relationship between sexual shame and the experience of sexual distress and dysfunction. It is important to note, however, that while the current model places the experience of shame prior to the experience of distress or compulsivity in accordance with prior causal models (Hastings, 1998; Adams & Robinson, 2001), it is certainly possible that there is an effect in the opposite direction, with compulsivity and sexual distress leading to higher levels of shame. Indeed, the Obsessive-Compulsive model for sexual compulsivity argues that compulsivity and shame coincide in a cyclical fashion to facilitate each other, making it difficult to disentangle which might occur first in temporal/causal order.

Sexual Pride

Contrary to the findings of Rendina et al., (2018), wherein sexual pride was found to negatively predict sexual compulsivity in LGBTQ+ populations, sexual pride positively predicted sexual compulsivity in the current sample. This finding echoes

studies of shame and pride in eating disorder populations where both shame and pride are speculated to jointly contribute to compulsive eating behaviors (Goss & Allan, 2009). Scholars have explained this dual contribution despite a negative relationship between shame and pride as resulting from a complex reaction to the experience of stigma. They argue that, in communities that are prone to external stigma, pride serves as a defense mechanism against shame, such that the experience of pride is proportional to the experience of shame (Davidson, 2007). However, this phenomenon may result in individuals under-reporting shame while over-reporting pride. It is possible, therefore, that there are different interactions of shame and pride in predicting compulsive behaviors. Some individuals might be utilizing pride as a defense mechanism to acknowledge the experience of shame. Other individuals might be more proud in the absence of shame. And yet other individuals might experience shame without experiencing pride at all. Indeed, one concrete takeaway from the current study is shame's consistent positive relationship to negative sexual outcomes, both in terms of sexual compulsivity as well as sexual distress.

Another possible explanation for the positive link between pride and compulsivity could be a conflation of certain items on the sexual pride subscale and the construct of sexual narcissism. Sexual narcissism is defined by an egocentric view towards sexuality and sexual behavior, typically involving an inflated sense of sexual self-worth and a sense of entitlement towards sexual behavior (Widman & McNulty, 2010). Scholars have found that sexual nacisism relates to a variety of negative outcomes such as sexual aggression (Widman & McNulty, 2010) as well as sexual preoccupation, a construct similar to sexual compulsivity (Hurlbert, Apt, Gasar, Wilson, & Murphy,

1994). It is possible that individuals high in sexual pride might also be high in sexual narcissism to a certain extent, as sexual pride necessitates a certain degree of confidence in one's sexual prowess or worth. Further examination of the interplay between sexual pride and sexual narcissism is necessary to disentangle these constructs and their possible differential relationships with sexual compulsivity specifically.

Limitations and Future Directions

This study was limited by our participant demographics; although all demographic variables were included as covariates, it cannot be ignored that this study relied on a sample that was overwhelmingly white, female, and heterosexual. We remain confident that our results can generalize across gender, as prior examinations of sexual compulsivity in paraphilic populations have found identical relationships between frequency of sexual fantasies and compulsivity in both men and women (Dawson, Bannerman, & Lalumière, 2016). However, it should still be noted that the relatively low sample size of men to women prevents thorough analyses of gender differences in the relationships examined. This gender imbalance can also be seen as a strength, however, as prior examinations of sexual compulsivity in particular, especially as it pertains to paraphilias, have relied on overwhelmingly male samples. The significance of pathways in our model remained largely the same when using a female-specific sample, despite lowered power, and thus, our majority-female sample could provide evidence for generalizability of models originally conceptualized on cisgender men.

This study was also limited by its cross-sectional design. While an exploratory cross-sectional study design is still valuable in lines of research involving niche populations with a particular dearth of prior published research, this design is inherently

limiting in its ability to assess the directionality or causal nature of study variables. A consideration of directionality is particularly pertinent to studies such as this that examine mechanistic relationships. It is our hope that now that we have described and found evidence for the existence of a model, that future studies will continue to evaluate the proposed directionality of this model through experimental and longitudinal methodologies in order to explore these hypotheses in a more structured, less exploratory framework.

Our model is specifically limited in its consideration of the temporal ordering of shame, pride, and disclosure. As mentioned previously, shame and disclosure share a complex relationship such that the amount of shame an individual is experiencing could shift their likelihood of disclosure. One possible adaptation of the disclosure-processes model could be to consider decision-making around disclosure as having an almost U-shaped relationship to the experience of shame. Individuals with low shame might be more comfortable disclosing their sexual identity because they experience less fear of negative reactions. Additionally, individuals with high shame might experience anxiety around the disclosure process, but feel more compelled to disclose in an attempt to alleviate their shame. Indeed, studies examining online paraphilic communities have argued that these communities might serve as safe havens for individuals who experience higher levels of shame and distress as a result of their fantasies, and are thus specifically seeking normalizing and comforting interactions (Rosenmann & Safir, 2013). Thus, both high and low shame could theoretically relate to likelihood of disclosure, but through different mechanisms. As discussed previously, according to the Disclosure Processes model the experience of disclosure itself could in turn relate to differential susceptibility

to shame depending on whether the reaction of the confidant post-disclosure was positive and accepting or negative and rejecting. Indeed, prior studies have shown that perceived partner response to disclosure of child sexual abuse has a direct relationship with sexual and relationship satisfaction in couples, with positive perceived reactions to disclosure relating to higher dyadic sexual satisfaction and negative perceived reactions relating to lower dyadic relationship satisfaction (De Montigny Gauthier et al., 2019). Thus, the importance of not only the process of disclosure but specific perceived reactions to disclosure seems important in predicting sexual outcomes in populations with concealable stigmatized identities, warranting further exploration in paraphilic communities.

Our model is also limited in its lack of consideration of other aspects of the Minority Stress Model (Meyer, 2003). Indeed, similar to the reasoning behind exploring differential outcomes of disclosure, future studies should consider including aspects of both proximal and distal stressors around experienced and anticipated stigma or prejudice events, both of which are thought to mediate the link between minority status and mental health outcomes. Furthermore, little research has been done on the construct of paraphilic/kink identity salience, despite the fact that minority identity salience is a prominent moderator between stressors and mental health outcomes in Meyer's original model (2003). Prior studies indicate that kinks and paraphilias often inhabit a particularly salient role in individuals' conceptualizations of both their sexual identity and identity overall (Sprott & Hadcock, 2017). Application of literature surrounding the effects of minority identity salience on links between stressors and mental health outcomes in paraphilic communities could also further clarify the link between paraphilic fantasies

and both sexual distress and compulsivity. Perhaps there are differences in the mechanistic pathways between paraphilic fantasies and compulsivity/distress in individuals with high kink-identity salience vs. low kink-identity salience.

In addition to examining disclosure, future studies should also examine the role of coping and social support derived from the paraphilic community at large, in line with the Minority Stress Model (Meyer, 2003), which anticipates social support as directly moderating the link between stressors and negative mental health outcomes. Indeed, prior studies examining the role of community in LGBTQ+ individuals have found that loneliness and a lack of close peer relationships with other individuals in the LGBTQ+ community mediated the link between minority identity and distress alongside shame. True, shame was seen as temporally preceding community closeness/loneliness in this model, suggesting a possible further mediated relationship between shame and outcomes involving psychological distress (Mereish & Poteat, 2015). Community involvement is inherently linked to disclosure, as active involvement in paraphilic communities necessitates the acknowledgment of one's fantasies to other community members to some degree. However, community remains distinct from disclosure particularly in the context of paraphilic communities, which thrive in online settings and often involve a protective layer of anonymity as a result (Rosenmann & Safir, 2013). Thus, community involvement remains a relatively under-explored factor in studies of individuals with paraphilias.

This study begins to tap into the concept of community and a more social model of considering impairment and distress in individuals with paraphilias via the construct of disclosure. Indeed, a consideration of social-relational models of mediators possibly

explaining links between shame and negative mental health outcomes in sexual minority populations has been proposed in the past (Mereish & Poteat, 2015). Furthermore, both community and the experience of isolation have been examined as prominent mediators involved in the Minority Stress Model (Meyer, 2003). The experience of community and isolation is an essential topic in Social Psychology in particular, and some recent findings from this field have yet to be adequately examined in clinical contexts. For example, one factor that has yet to be considered in paraphilic communities, but which has recently gained traction in its applicability to minority individuals, is the construct of existential isolation. Theoretically related to both disclosure and community, existential isolation describes the experience of feeling as though one is ultimately alone in their experience of life, others cannot understand their experience, and one does not share others' experiences (Pinel, Long, Murdoch, & Helm, 2017). Individuals in sexual minority populations specifically have been found to have higher rates of existential isolation than non-minority individuals (Yawger et al., in preparation). Prior literature on the motivations for participating in online paraphilic communities has indicated that the majority of individuals participate in these communities for the purpose of interacting with others who share their experience, or to feel less alone in their sexual interests (Captein, Rellini, & Lopez, in preparation). These are goals that strongly align with the "seeking of similarity" in the subjective "I" experience prominent in individuals prone to existential isolation (Pinel, Long, Landau, & Pyszczynski, 2004), further encouraging the use of an existential isolation framework. Examining the effects of this experience of "I"-sharing in the context of communal identity has the opportunity to provide unique insight

into not only the mechanisms operating behing concealment and disclosure, but also the experience of shame as potentially driven by existential isolation.

Overall, future studies must strive to consider the Minority Stress Model in its entirety when examining paraphilic communities, and seek to disentangle the temporal precedence of stressors, disclosure, community, and identity. Furthermore, it is recommended that future studies include the possibility of positive outcomes of paraphilic fantasies. Limiting the focus on negative outcomes could run the risk of not only pathologizing what is an experience that is common and that is already subject to immense stigma, but could also lead to a failure of supporting individuals searching and needing a sense of community, and looking for a more concrete sense of identity. Ultimately, in our consideration of a more complete application of the Minority Stress Model to paraphilic populations, it will also become necessary to consider social-relational lenses in predicting the experience of distress and impairment, particularly considering studies indicating the co-occurrence of these more community-centric variables and the experience of shame (Mereish & Poteat, 2015). The experience of having a paraphilic sexual interest, despite seemingly being the majority experience, is both isolating in its anonymity and oft-perceived stigmatization, but also uniting in its opportunity for connection with similarly-interested individuals. Internet forums dedicated to communication, dating, and platonic friendships between individuals who share paraphilic interests have boomed since the popularization of social media, an advent that has been lauded as the creation of true safe havens for individuals with paraphilias (Rosenmann & Safir, 2006). Within the context of both positive and relational approaches to paraphilias, it is therefore imperative that we continue to consider not only

reactions of shame, but also of pride and its interaction with disclosure and effects on stigmatization.

Table 1: Participant demographics

Variable	*n*	*%*
Gender	405	
Male	68	16.80%
Female	326	80.50%
Nonbinary/Other	11	2.70%
Sexual Orientation	405	
Heterosexual	293	72.7%
Homosexual	16	4.00%
Bisexual	60	14.90%
Pansexual	7	1.70%
Unsure/Asexual	18	4.50%
Refuse to answer/error	9	2.20%
Race	405	
White/Caucasian	359	88.60%
Hispanic/Latinx	3	0.70%
Black/African-American	4	1.00%
Asian/Pacific Islander	28	6.90%
Mixed/Other	8	2.00%
Refuse to answer/error	1	0.20%
Relationship Status	402	
Single	231	57.30%
Committed Relationship	155	38.30%
Open Relationship	10	2.50%
Married	3	0.70%
Other	3	0.70%

Table 2: Types and amount of disclosures reported by participants

Variable	*Total n*	*Frequency (Valid %)*
Type of Disclosure	391	
Disclosed to friends	390	213 (54.60%)
Disclosed to family	390	16 (4.10%
Disclosed to Healthcare Professional	391	17 (4.30%)
Disclosed to online friend	390	49 (12.60%)
Cumulative Amount of Disclosures	390	
No disclosures		159 (40.80%)
One disclosure		177 (45.40%)
Two disclosures		45 (11.50%)
Three disclosures		8 (2.10%)
Four disclosures		1 (0.30%)

Table 3: Bivariate Pearson correlations and (N) for each model variable

	Disclosure	Shame	Pride	Compulsivity	Distress
Freq. Fantasy	.42** (363)	.24*** (347)	.34*** (346)	.53*** (353)	.17** (336)
Disclosure		.05 (334)	.28*** (364)	.24*** (373)	.11* (358)
Shame			-.24*** (360)	.37*** (364)	.50*** (349)
Pride				.23*** (361)	-.26*** (345)
Compulsivity					.20*** (352)

*$p < .05$; **$p < .01$; ***$p < .001$

Table 4. Means, standard deviations, group sizes, and post-hoc comparisons between gender for each study variable.

Variable	Mean (*SD*)		
	Cis Male	Cis Female	Other
Freq. of Paraph. Fantasies	58.20 *(19.84)*^{*O}	57.16 *(18.90)*^{*O}	77.64 *(28.90)*^{*M*F}
	N = 59	*N* = 297	*N* = 11
Amount of Disclosures	.94 *(.84)*	.70 *(.70)*^{*O}	1.27 *(1.35)*^{*F}
	N = 63	*N* = 315	*N* = 11
Sexual Shame	1.60 *(.66)*	1.72 *(.85)*	2.05 *(.95)*
	N = 60	*N = 296*	*N* = 10
Sexual Pride	3.46 *(1.47)*	3.39 *(1.46)*	2.76 *(1.59)*
	N = 59	*N = 293*	*N = 11*
Sexual Compulsivity	25.95 *(15.96)*^{*F}	18.68 *(11.59)*^{*M}	21.91 *(14.94)*
	N = 62	*N = 299*	*N = 11*
Sexual Distress	24.41 *(8.31)*	24.11 *(10.14)*	*N/A (measure is*
	N = 58	*N = 299*	*cisgender-specific)*

**p < .05 per post-hoc Bonferroni test.*

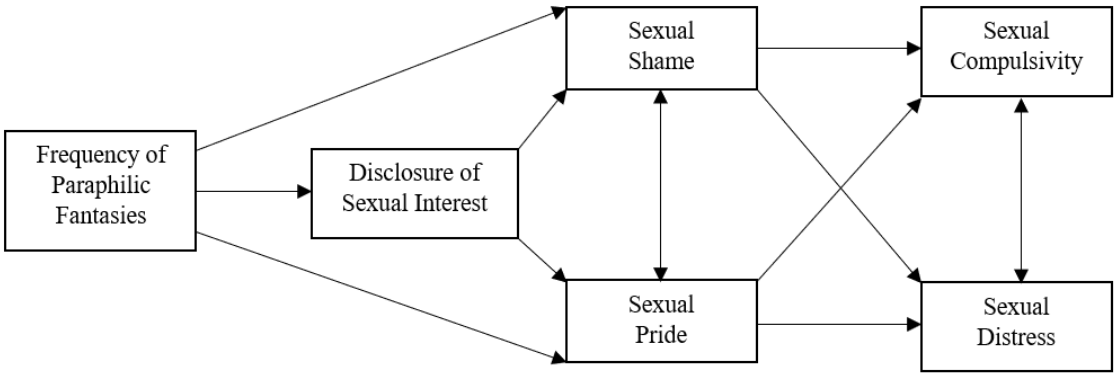
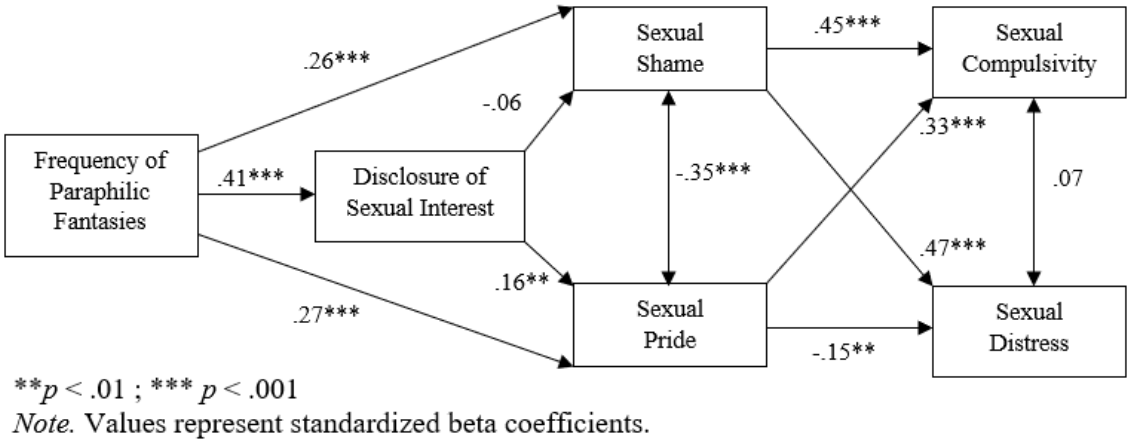


Figure 1: Hypothesized path analysis model



$^{**}p < .01$; $^{***}p < .001$

Note. Values represent standardized beta coefficients.

Figure 2: Completed path analysis model

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APPENDIX A

Sexual Fantasy Questionnaire. Adapted by the research team from the Wilson Sex Fantasy Questionnaire (SFQ; Wilson, 1988) with additional items based on paraphilias previously mentioned in the literature and paraphilias outlined by Aggrawal (2008) in a semi-comprehensive list of paraphilias.

Below is a series of sexual fantasies that some people might have. Please read each option below and rate how frequently you fantasize about each theme. Note that you can fantasize about the items below during everyday life as well as during sex and masturbation, but in order for it to be considered a sexual fantasy you must derive some sort of pleasure or sexual arousal from the fantasy itself.

Note that there are 3 spaces for "other" where we encourage you to write fantasies that were not listed and rate how frequently you fantasize about them.

LIKERT: 0-6 (Never, one or two times, rarely, sometimes, often, most of the time, all the time.)

1. Being forced to do something.
2. Forcing someone to do something.
3. Fantasies about forcing someone to do sexual things against their will.
4. Being tied up or bound/restricted.
5. Tying up or binding/restricting another person.
6. Being dominated/overpowered/controlled by another person in any way.
7. Dominating/overpowering/controlling another person in any way.
8. Being humiliated or degraded by a sexual partner.
9. Humiliating/degrading a sexual partner.
10. Exposing my genitals to an attractive stranger
11. Performing sex acts while strangers watched
12. Bare feet and/or foot coverings such as shoes, boots, or high-heels
13. Objects and clothes made of rubber, latex, or other shiny, smooth textures
14. Objects and clothes made of leather material
15. Specific non-genital human body parts such as hands, necks, hair, etc.
16. Looking through a bedroom window at an unsuspecting couple having sex
17. Watching an unsuspecting person getting undressed and taking a shower
18. Touching or rubbing against a stranger
19. Being insulted or humiliated by my sexual partner
20. Being physically hurt by my sexual partner
21. Physically hurting my sexual partner

22. Hypnotizing another person or being hypnotized.
23. Wearing clothing typically worn by another gender
24. Furry art/fursuiting/anthropomorphic animal characters
25. Hyper (unnaturally large genitals or other specific body part)
26. Bloodplay, gore, or guro (drawing blood from a partner, cutting a partner, or other gory acts)
27. Soft vore (swallowing or consuming a partner whole)
28. Hard vore (consuming a partner after cutting them up or cooking them)
29. Zoophilia (Having sex with an animal)
30. Wearing or having a partner wear a specific costume (e.g. nurse, football player)
31. Wearing diapers or being treated like an infant/baby.
32. Scat or Watersports (Watching someone urinate/defecate or urinating/defecating yourself.)
33. Contracting or transmitting a disease.
34. Gaining lots of weight or encouraging a partner to gain lots of weight.
35. Micro (being shrunk down to a minuscule size or thinking about a partner being giant to you)
36. Macro (being giant-sized or thinking about a partner being much smaller in size than you.)
37. Wetlook/sploshing (being covered in water, oil, food, or other shiny and/or viscous material)

APPENDIX B

Sexual Shame and Pride Scale (SSPS; Rendina, Lopez-Matos, Wang, Pachankis, & Parsons, 2018)

Please rate the following statements on how accurately they apply to you personally. There are no right or wrong answers.

LIKERT 1-6 – not at all like me (1) to exactly like me (6)

1. I often feel embarrassed by the sexual activities that I like.
2. I'd be ashamed if people knew the kinds of things I have done sexually
3. I'm often embarrassed to tell my sexual partners about my sex life
4. I tend to feel bad or dirty after sex
5. Shortly after sex, I'm often ashamed of what I have just done
6. I'm often embarrassed about the people who I have sex with
7. I often try to hide the people I have sex with or keep them a secret
8. I am ashamed by my sexual capabilities
9. I think that I make a great sexual partner
10. I tend to describe my sexual fantasies and/or fetishes to sexual partners
11. I'm comfortable being naked in front of my sexual partners
12. I know that I am skilled at performing the kinds of sexual acts that I enjoy
13. There are people with whom I regularly discuss my sex life
14. I don't have difficulty telling my sexual partners about what I do or don't like sexually
15. I am comfortable telling my partners what I want or need sexually
16. When I want to have sex with someone, I have no problem approaching them

APPENDIX C

Sexual compulsivity scale (SCS; Kalichman, Kelly, Johnson, & Bulto, 1994)

Please rate the degree to which you agree with the following statements.
LIKERT 1-4 [not at all like me – very much like me])

1. My sexual appetite has gotten in the way of my relationships
2. My sexual thoughts and behaviors are causing prob lems in my life
3. My desires to have sex have disrupted my daily life
4. I sometimes fail to meet my commitments and responsibilities because of my sexual behaviors
5. I sometimes get so horny I could lose control
6. I find myself thinking about sex while at work
7. I feel that sexual thoughts and feelings are stronger than I am
8. I have to struggle to control my sexual thoughts and behavior
9. I think about sex more than I would like to
10. It has been difficult for me to find sex partners who desire having sex as much as I want to.

APPENDIX D

Sex-specific Measures of Sexual Distress: FSDS-R (Derogatis et al., 2008) and SCI-M (Derogatis et al., 2012)

FSDS-R (Derogatis et al., 2012)

Below is a list of feelings and problems that women sometimes have concerning their sexuality. Please read each item carefully, and indicate the number rating that best describes how often that problem has bothered you or caused you distressed during the past 30 days including today. (LIKERT: 0-4 never, rarely, occasionally, frequently, always)

1. Distressed about your sex life
2. Unhappy about your sexual relationship
3. Guilty about sexual difficulties
4. Frustrated by your sexual problems
5. Stressed about sex
6. Inferior because of sexual problems
7. Worried about sex
8. Sexually inadequate
9. Regrets about your sexuality
10. Embarrassed about sexual problems
11. Dissatisfied with your sex life
12. Angry about your sex life
13. Bothered by low sexual desire

SCI-M (Derogatis et al., 2012)

Below is a list of feelings and problems that men sometimes have concerning their sexuality. Please read each item carefully, and indicate the number rating that best describes how often that problem has bothered you or caused you distressed during the past 28 days including today. (LIKERT: 0-4 never, rarely, occasionally, frequently, always)

1. Dissatisfied with your sex life
2. Concerned about the firmness of your erections
3. Worried you can’t keep your erections long enough
4. Frustrated or stressed by sexual difficulties
5. Self-doubts because of sexual problems
6. No sexual interest
7. Sexually inadequate
8. Concerned about ejaculating (coming) too quickly
9. That sex was a lot better before than it is now
10. Upset because of problems with orgasm (coming)
11. Unhappy with your sexual function
12. Worried about low sexual desire
13. A lack of confidence in your sexual performance.