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Psychosocial determinants of abnormal sexual behaviours and the efficacy of behavioural psychotherapy : a study of the Nigerian clergy and catholic reverend sisters

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PSYCHOSOCIAL DETERMINANTS OF ABNORMAL SEXUAL BEHAVIOURS AND THE EFFICACY OF BEHAVIOURIAL PSYCHOTHERAPY: A STUDY OF THE NIGERIAN CLERGY AND THE CATHOLIC REVEREND SISTERS

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ABSTRACT

The incidence of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sister, which is becoming rampant, is the problem that prompted this study. The study investigated the role of certain psychosocial factors in the incidence of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters. Secondly, it tested the efficacy of the multiple-target attitudinal change psychotherapy and covert sensitization psychotherapy (a variation of aversive therapy) on these abnormal sexual behaviours and their attendant psychological distress.

The assessment part of the study investigated the psychosocial variables of attitude towards the values of chastity, self-esteem, sex and the nature of chastity as possible factors determining abnormal sexual behaviours (homosexuality, fetishism, fornication or extra-marital sexual intercourse). 402 subjects were randomly selected from seven Nigerian clergy and religious institutions which are national in their composition. The mean age of the 402 subjects was 35.18 years (SD =± 8.40) with the length of vocation of the subjects ranging from 1-34 years. The 402 subjects responded to the Abnormal Sexual Behaviour Questionnaires (ASBQ). The ASBQ comprised the Sexual Problem Questionnaire (SPQ), Religious Sexual Attitude Scale (RSAS), Self-Esteem Scale (SES) and the Abnormal Sexual Behaviours Response Scale (ASBRS). Five hypotheses were tested using a 3-way factorial and independent subject designs. Analysis of variance (ANOVA) and multiple regression were used to analyze the data collected.

The treatment phase of the study utilized 48 subjects randomly assigned to experimental and control groups. Their mean age was 34.2 years (SD = 6.59) with ages ranging from 23 to 50 years. The subjects were pretested on the Abnormal Sexual Behaviour Questionnaires including the Abnormal Sexual Behaviour Distress Scale. The experimental group's subjects were then exposed to the two forms of psychotherapy. All the subjects were post-tested on the instruments seven weeks after, and again five months later. Two hypotheses were tested using the pretest-post-test control group design. Analysis of covariance (ANCOVA) statistical procedure was utilized to analyse the data collected.

In the assessment part of the study, ANOVA results revealed a statistically significant main effects of attitude towards the value of chastity and self-esteem, $F(1,394) = 192.33$, $p < 0001$, $F(1,394) = 3,84$ $p < .05$ respectively on abnormal sexual behaviours. In the multiple regression result the R-squared (R^2) values showed that attitude and self-esteem contributed 40.00 and 41.00 percent respectively to the variation in abnormal sexual behaviours among the subjects. In the treatment phase, the ANCOVA result revealed a statistically significant main effects of the psychotherapies on abnormal sexual behaviours and their attendant distress $F(2,32) = 26.96$, $p < .001$; $F(2,32) = 44,41$, $p < .0001$ respectively.

From the study, it can be concluded that attitude towards the value of chastity and self-esteem were good predictors of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters. The two types of psychotherapy were found to be effective intervention for abnormal sexual behaviours.

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CERTIFICATION

I certify that this work was carried out by Idahosa Mary clare with matric number 21998 in the Department of Psychology, University of Ibadan, Ibadan.

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DEDICATION

To the Glory of God for His Faithfulness, love and Mercies.

To the loving memory of my late father Pa Cosmas Idahosa and my late mother Mrs. Agnes Idahosa.

They guided my footsteps along the path of hardwork and excellence.

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INTRODUCTION

1.1 BACKGROUND

The issue of religion has preoccupied the attention of men down the ages. Religion has been defined as a system of beliefs and values that serves as a plan for living (Bergin, 1991). Basically psychologists quiz about the compatibility between religion and mental health.

Beliefs and values represent conceptions of the desirable that influence human behaviour. To analyze human behaviour in terms of religion is to ask serious questions about what people believe and value, and whether the believing and the valuing hamper or assist proper functioning of the human person psychologically and socially.

The Freudian and Ellis psychological schools of thought presented religions as the direct and indirect cause of virtually all neurotic problems. They stated emphatically that devout religiosity tends to be emotionally harmful. Devout religiosity was defined as pietistic, rigid and dogmatic religion. In a contrary vein, Bergin (1991)had opined that religion and spiritual experiences make a difference in behaviours and that the spirit of God can influence the life-style of human beings positively. Furthermore, social pyschological studies have shown that there is a positive correlationship between religiosity and perceived well-being and

that religious involvement is negatively correlated with problems of social conduct such as sexual permissiveness and suicide.

However, the most outstanding contribution to the religious dimension to mental health is the study about intrinsic and extrinsic aspect of religiousness. According to Allport and Ross (1967), the extrinsic religious person uses religion as a means of obtaining security or status, whereas the intrinsically religious person internalizes religious values and lives by them regardless of social pressure. For example in this study, the subjects of the study who are the Nigerian clergy and the Catholic Reverend Sisters have pledged themselves publicly to live the values of chastity. As a consequence of this public commitment to live a life of chastity, they are held in high esteem and are accorded high social status and recognition. Therefore the commitment to live the value of chastity and the high social status this commitment consequently places them are interrelated. Their commitment to live the value of chastity, hinges on their attitude towards the values of chastity. The Nigerian clergy and the Catholic Reverend Sister who have positive attitude towards the values of chastity as manifested in their cognitions of chastity for example "chastity is a source of inner peace" would endeavour to live up to the demands of the chaste life they have publicly professed to live. Such Nigerian clergy and Catholic Reverend Sisters with this perception of the value of chastity have internalized the value of chastity and their religiosity would be intrinsic. Their behaviour will concommitantly be in consonance with their positive attitude towards the value

of chastity. They would avoid any behaviour that would be incompatible with the value of chastity, such as fornication, homosexuality and fetishin. Besides their self-esteem would be high and accord with their social status.

On the other hand the Nigerian clergy and Catholic Reverend Sisters who have negative attitude towards the value of chastity as exemplified in their cognitions about chastity, for example "there is nothing wrong in a clergy or a Catholic Reverend Sister stimulating himself/herself sexually with an object" give indication of extrinsic religiosity. They have not internalized the value of chastity. Religion for them is only for social status. Their perception of the value of chastity is negative and this will be manifested in behaviours that are a negation of the value of chastity such as fornication, homosexually and fetishism. Their self-esteem would be correspondingly low and would not be commensurate with their high social status.

Although Freud (1963a) views abnormal sexual behaviours such as homosexuality and fetishism as serving some sort of defensive mechanism warding off castration anxiety and McGuire, Carlisle and Young (1965) maintained that they are as a result of a conditioning experience. However, Bandura (1977) sees them as a result of environmental and situational determinants, while other researchers (Baron and Byrne, 1977; Siegelan, 1974; Bell, 1974; Bell and Winberg, 1978) have refuted these claims. It became important to consider other explanations for the causation of abnormal sexual behaviours generally and specifically among

the Nigerian clergy and the Catholic Reverend Sisters. This study focussed on psychosocial factors of gender, attitude toward the value of chastity, self-esteem and the nature of chastity.

Social psychologists maintain that attitude and self-esteem could precipitate maladaptive behaviour. According to Allport (1924) and Norman (1975), attitude is a psychological enduring system with a cognitive component, and affective component and a behavioural tendency. When the cognitive and affective components of an attitude are not consistent with one another, maladaptive behaviour could occur. In this regard, Festinger's (1957) notion of cognitive dissonance is very relevant. He observed that engaging in counter attitudinal behaviour produces the most dissonance and exerts pressure to change, especially when there is no compensating consonant reason for engaging in the behaviour. The clergy and the religious who are fornicating, homosexual or fetishistic, therefore, have an attitude towards the value chastity whose cognitive and affective components are not consistent. And even if their behaviour is counter attitudinal, they are sure to experience cognitive dissonance and a consequent pressure to change. Thus, there is the possibility of attitude and behaviour change for them through therapy.

In connection with self-esteem, Rogers (1959) defines the "self" as constituting attitudes, feelings, perception and evaluation of the self as object. He describes the "self" along two dimensions the "ideal self" and the "real self". He posits that a large discrepancy

between the ideal self and the real self results in an unhappy, dissatisfied person and in behaviours that are less ideal.

An initial interaction with the population of the clergy and the Catholic Reverend Sisters in Nigeria, revealed that the abnormal sexual behaviours prevalent among them are fetishism fornication or adultery and homosexuality/ lesbianism. This research study therefore would investigate some of the psychological factors that could cause and maintain abnormal sexual behaviours among them. In addition, the study, in a comparison of treatment outcomes, will employ as intervention, two behavioural therapies that could effect behaviour change in them. Such behavioural therapies include covert sensitization therapy (a variant of aversive therapy) which will differentially reinforce the relative adaptive behaviours. This therapy will be used in conjunction with multiple-target attitudinal change therapy (MACT) developed by the researcher in a comparison of treatment outcomes. MACT is being utilized as an intervention by the researcher because it is a religious orientation therapy which is sympathetic to religious values. Besides, it takes into consideration the attitude construct which is quite important in behaviour change.

Analytically, we shall now discuss the abnormal sexual behaviours evidenced in some of the Nigerian clergy and the Catholic Reverend Sisters and how they are acquired vis-a-vis their ministerial vow of chastity. Firstly, it has to be noted that some of the Nigerian clergy and the Catholic Reverend Sisters take a vow of celibacy which obliges them to live a life of

perfect continence in celibacy. It entails refraining from all sexual acts. Secondly, the Nigerian cultural environment in which the Nigerian clergy and the Catholic Reverend Sisters operate, lays great premium on giving birth to children. Fidelity in observing the vow of celibacy therefore requires great self-denial and self-control. The Nigerian clergy and Catholic Reverend Sisters who are experiencing problems with their commitment to chastity may be utilizing inappropriate coping strategies in resolving the conflicts inherent in the demands of their chaste life and that of societal sexual allurements. It has to be noted that the effort to resolve such conflicts could be stressful, therefore there is need to adopt appropriate coping strategies. The conflict experienced by the Nigerian clergy and the Catholic Reverend Sisters is the approach - avoidance conflict. In living their life of chastity, they have reasons for accepting the chaste style of life and rejecting the contrary. These reasons are the incentives. And the attitudes based on these incentives express their general desire to rewards and avoid punishment. However, if for an individual Nigerian clergy or Catholic Reverend Sister the incentives for opting for the chaste life and rejecting the opposite are relatively weak, an approach avoidance conflict situation sets in. In resolving such conflict the problem - focussed coping strategy have proved useful and effective (Nezu, Nezu and Perri, 1989). It consist of a process by which a person attempts to manage stressful demands by focussing on the specific problem or situation that has arisen and trying to find some ways of changing it or avoiding it in future. Problem - focussed strategies can also be directed inward: the person

can change something about himself or herself instead of changing the environment for example be more industrious rather than be indolent. Changing levels of aspiration, finding alternative source of gratification such as engaging in acts of charity and learning new skills are examples. If a Nigerian clergy or Catholic Reverend Sister confronted with a conflict situation that has to do with his/her fidelity to the observance of the vow of chastity adopts emotion - focussed coping strategies which focus on alleviating the emotions associated with the stressful event, he/she may not successfully cope. This is so because such coping strategy has to do with behavioural strategies of engaging in physical exercise to get the mind off the problem, using alcohol or venting anger or seeking emotional support. It could also include cognitive strategies which consist of temporarily setting aside thoughts about the problem (for example, "I decided it was n't worth worrying about") and reducing the threat by changing the meaning of the situation (for instance "there is nothing actually wrong in such acts of sexual intercourse) (Moos, 1988).

Besides it has to be understood that the particular life style of these Nigerian clergy and Catholic Reverend Sisters requires a measure of social isolation. Those of them who socially expose themselves unnecessarily may be inadvertently exposing themselves to social spheres of influence that may be inimical to chaste life.

On the other hand, we have the non-Catholic clergy whose ministerial life as consecrated public representative figures should show the primacy of giving themselves

wholly to a life of chastity and the performance of the duties of their office. For those of them who experience infidelities, the problem is still that of adopting inadequate coping strategies.

The above combined factors may constitute opposing forces that render adjustment to the value of chastity in their life difficult. They consequently precipitate in them the afore-mentioned abnormal sexual behaviours of fetishism, fornication or adultery and homosexuality/lesbianism. It may be pertinent at this juncture to look at the practice of chastity in the christian churches among its clergy and the Catholic Reverend Sisters.

1.2 THE PRACTICE OF CHASTITY IN THE ORTHODOX CHRISTIAN CHURCHES AMONG THE CLERGY AND CATHOLIC REVEREND SISTERS

All christians are called to lead a chaste life in keeping with their particular state of life in imitation of Christ who is the model of all chastity (Gal. 3:27). At the moment of baptism the christian is pledged to lead his affective life in chastity. Some christians profess chastity in the form of consecrated celibacy which enjoins them to live in perfect continence giving themselves completely to God alone with an undivided heart (1 Cor. 7:32-35) in a remarkable manner. Others live chastity in the form of conjugal chastity. It is noteworthy that while the Catholic clergy and Catholic Reverend Sisters profess consecrated celibacy, the non-Catholic clergy profess conjugal chastity. This study has focussed on Orthodox Christian Churches because there is similarity of beliefs, doctrines and practices between them.

The requirement for celibacy was formally abolished in the church of England in 1549. Since that time, and continuing in the present time, there is no requirement for celibacy even among single clergy within the Anglican communion. Indeed the point has been made again only very recently in the report from the House of Bishops on Human Sexuality that "celibacy cannot be prescribed for anyone. What is needed is that the single should live in the form of chastity appropriate to their situation" (Hope 1993). What is true of the Anglican communion is applicable to the other non-Catholic churches such as the Methodist and Baptist.

The House of Bishops report further dealt on the issue of the ordination of the homosexual person. The Bishops concluded that the very fact that a person is homosexual by orientation should be no bar to ordination. They however maintained that because of the distinctive nature of their calling, status and consecration, the clergy should inevitably observe the restriction of not living in a sexually active homophile relationship.

In 1998, however, the LAMBETH world-wide nine-yearly conference held in Canterbury Cathedral in England debated intensely the controversial issue of homosexuality. There were two positions: (1) All the major Western Bishops supported the stance that homosexuals be allowed to remain in the church, to wed and be ordained; (2) Secondly, there was the African and Asian Bishops stance which opposed its acceptance as a normal sexual preference. For them, it is sodomy and a sexual perversion. Pastorally, they maintain that

homosexuals should be treated as sinners who need restoration and encouragement to engage only in heterosexual relationships. Hence, there was no consensus. For the next nine years, therefore, in the Anglican communion the issue of homosexuality remains controversial and unresolved.

On the other hand, the life of chastity demanded of the Catholic clergy and Catholic Reverend Sisters is that of consecrated celibacy which entails life-long abstinence from marriage. This prescription of the Catholic church hinges on the celibate life of Christ himself and on the biblical counsel of the Pauline text I corinthians 7:32-35 where the Apostle speaks of those called to consecrate themselves with undivided heart to the Lord and his affairs and on Matthew 19:22 about celibacy "for the sake of the Kingdom of heaven". Pope Paul VI (1967) in is encyclical "Sacerdotalis Coelibatus" (nn 17-35) indicated the reasons for celibacy. The reasons enunciated the christological, ecclesiastical and eschatological significance of sacred celibacy. Christologically, celibacy is relevant because our Lord Jesus Christ chose to live in celibacy. Like Christ the Nigerian clergy and the Catholic Reverend Sisters are called to give themselves with undivided heart to God and the brethren even to the sacrifice of themselves. Ecclesiastically, celibacy is viewed as a charism which the Holy Spirit bestows on some in the function of a good that redounds to the good of the whole church. Eschatologically, celibacy is conceived as a reality which will last for all eternity. Although there has been a lot of controversy in recent years over the removal of the obligation of celibacy for Catholic clergy of the Western or Latin Rite, the Catholic ecclesiastical

authorities still insist on the practice of celibacy for its clergy. Even in the Oriental Rite Catholic churches and Catholic Orthodox churches where there are married clergy, great ecclesiastical and social regard is only given to those who opt for celibacy for they are only the ones who can be elevated to the bishopric position in the church.

The postulate of celibacy on the part of the Catholic church of the Western Rite (to which the Catholic church in Nigeria belongs) is clear in its requirements: to embrace perfect and perpetual continence which precludes the prerogative of marriage and illicit use of one's sexuality. Consequently the Catholic church demands that candidates for the priestly and Catholic Reverend Sisters' life refrain from fornication and masturbation and enjoins on them the practice of true and pure friendship, self-control and prayer.

From the above enunciation, it seems evident that the practices of chastity in both the Catholic and non-Catholic Christian churches does not countenance homosexuality, fetishism fornication or adultery among their clergy and Catholic Reverend Sisters. It becomes expedient therefore that those Nigerian clergy and Catholic Reverend Sisters who experience these abnormal sexual behaviours be helped through psychotherapy to overcome their abnormal sexual behaviours in order to experience psychological well-being.

We shall now look at these abnormal sexual behaviours individually. Homosexuality/lesbianism refers to relations between men and women who experience an exclusive or predominant sexual attraction towards persons of the same sex. Its psychological

genesis remains largely unexplained. Basically, it is a sexual behaviour among men and women directed toward a member of their own sex (Coleman, J,C.; Butcher, V.B. and Carson, 1980).

From the time DSM II was published in 1968 until 1973, it listed homosexuality which is the male counterpart of lesbianism as one of the sexual deviations. DSM-III (1980) categorized it as egodystonic homosexuality. It pertains to people whose sustained overt homosexual arousal has been unwanted and a persistent source of distress and for whom changing sexual orientation is a persistent concern and need treatment. For such people loneliness is particularly common. In addition guilt, shame, anxiety and depression may be present. The factors that are thought of as disposing to Ego-Dystonic homosexuality are those negative social attitude toward homosexuality that have been internalized. In addition, features associated with heterosexuality such as having children and a socially sanctioned family life may be viewed as desirable and incompatible with a homosexual arousal pattern. Egodystonic homosexuality could also develop when a homosexual is frustrated or hurt by social prejudices against his or her desire to establish a home with another person of the same sex.

There has been a lot of controversy over the consideration of homosexuality as a sexual disorder and so need therapy or treatment. Some researchers into sexuality view homosexuality as only a variant of normal sexuality. They argue that the very existence of

sexual orientation therapy programmes strengthens prejudices against homosexuals and increases their self-hatred and embarrassment. Others on the contrary, maintain that the question of whether homosexuality and lesbianism are normal is entirely irrelevant to the question of whether an individual seeking therapy or treatment should have access to it. For them, the primary issue is that of "the right to treatment" of those individuals who desire sexual orientation therapy.

Davidson and Neale (1998) suggested that if DSM-IIIR explicit support of homosexuality is able to help win for the life-style greater acceptance than it has today, eventually there will be fewer social and legal sanctions against homosexual partners setting up households and raising children who are offsprings of an earlier heterosexual liaisons or are adopted. The DSM - IV (1994) will have influenced itself out of this new category - egodystonic homosexuality. This has occurred, for DSM-IV (1994) contains no specific mention of homosexuality as a disorder in its own right. Instead, in its catchall category of "sexual disorders not otherwise specified", there is given the example of "persistent and marked distress about one's sexual orientation".

There has been political manoeuvres to legalize homosexuality in the United States of America. In October 1999, Bill Clinton, the U.S.A. President, sent a bill to the U.S.A. Senate ruling out all forms of discrimination on the basis of sexual preference.(the Voice of America. The debate on the bill is currently on. The implication for the U.S.A. Armed Forces

if the bill is accepted is that it can them recruit homosexuals which will destroy the psychology of combraderie that is needed in the army. All these have implications for the Nigerian Clergy and the Catholic Reverend Sisters. It has to be realised that the issue of homosexuality is unacceptable to the Orthodox Christian Churches.

For the Catholic clergy and Catholic Reverend Sisters whose life of perfect continence is diametrically opposed to any involvement in sexual act, the experience of homosexuality or lesbianism is quite unique. This is so because theirs is not a case of merely changing their sexual orientation. It is a case of drastically changing their whole sexual orientation of lesbianism or homosexuality to total non-involvement in any sexual act. The issue is therefore compounded. A single or married man and woman who have homosexual or lesbian orientation may be considered as having no problem or sexual disorder because his/her distress may be due to social prejudice against homosexuality which may be changed. Besides, their homosexual or lesbian orientation could be given heterosexual re-orientation through therapy. On the contrary however, for the Nigerian clergy and Catholic Reverend Sister with homosexual/lesbian orientation, the issue is that of incompatibility between their sexual orientation and the values of their clergy and religious life irrespective of there being social prejudice against homosexuality and lesbianism or not. Their "persistent and marked distress" is therefore due to inability to live a life of perfect continence, as a preferred way of serving God and humanity. Their homosexual or lesbian orientation causes them to perform sexual

acts which fills them with shame, a sense of guilt, and a general feeling of being inadequate as a clergy or Catholic Reverend Sister. They therefore need therapy.

For the non-Catholic clergy, it is obligatory for them to observe the restriction of not living in a sexually active homosexual relationship. Those of them who find themselves in an active homosexual relationship therefore need therapy.

Pertaining to fetishism, the essential feature is the use of non-living objects as a repeatedly preferred or exclusive method of achieving sexual excitement. Fetishism takes the form of recurrent, intense sexual urges and sexually arousing fantasies, of at least six months duration involving the use of non-living objects. The fetishist is sexually enthraled by some inanimate subject. The range of fetishistic objects include hair, ears, hands, underclothing, shoes, perfumes and similar objects associated with the opposite sex. The mode of using these objects for the achievement of sexual gratification varies considerably. Not infrequently, fetishistic behaviour consists of masturbation in association with the fetishistic objects.

Subjectively, the attraction felt by the fetishist toward the object is involuntary and irresistible. The degree of erotic focalization distinguishes fetishism from ordinary attraction that certain objects may hold for other people. Invariably, the fetish is required or strongly preferred for sexual excitement. The disorder usually begins by adolescence, although the fetish may have acquired special significance for the individual even earlier during childhood.

For the Nigerian clergy and the Catholic Reverend Sisters heterosexual relationships such as fornication or extra-marital affair (adultery) could be regarded as sexual deviant

behaviours. Fornication/adultery is a carnal union between a man and a woman who are not married (cf Catechism of the Catholic Church, n 23530). It is considered as gravely contrary to the dignity of the persons concerned and of human sexuality. Besides it is regarded as a grave scandal when corruption of the young is involved. There is a great measure of lack of self-control and self-discipline in such individuals and accompanying sense of guilt and shame.

From the above, it seems obvious that the clergy and the religious who are fornicators, homosexual or fetishistic are invariably plagued by a sense of helplessness which impinges on their self-esteem. The nature of chastity and their attitude towards the value of chastity could also be implicated in an attempt at mental readjustment. Research studies on homosexuality and fetishism have not investigated psychological variables such as attitude and self-esteem as far as the causation of these abnormal sexual behaviours are concerned. This study carried out such investigation.

1.3 STATEMENT OF PROBLEM

The incidence of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters which is becoming rampant is the major problem that prompted this present study. Among the Nigerian clergy and the Catholic Reverend Sisters, the life of chastity they live exerts some demands that could be physiologically and psychologically stressful. Stress occurs when people are faced with events they perceive as endangering their

physical or psychological well-being. These events are usually referred to as stressors and people's reactions to them as stress responses. Due to personality differences the appraisal of the stressful events inherent in living the chaste life differs among the Nigerian clergy and the Catholic Reverend Sisters. Some of them appraise these stressful events optimistically. They see themselves as being able to measure up which results in a positive attitude towards the value of chastity and high self-esteem. Consequently they do not experience anxiety that could be neurotic. They are able to cope with and control there stressful situations, remain chaste and maintain their psychological well-being. On the other hand there are others who appraise the stressful events of their chaste life pessimistically and perceive them as uncontrollable. Consequently they are not able to cope. They perceive themselves as helpless which results in low self-esteem and a negative attitude towards the value of chastity. They experience internal conflict and their stress responses are marked with neurotic anxiety which results in abnormal sexual behaviour and impair their psychological well-being.

The Nigerian clergy and the Catholic Reverend Sisters form a vital segment of society as the custodians of moral values. It becomes tantamount to a gross contradiction if in their lives there exist abnormal sexual behaviours that could jeopardise their effective service to society. Attention needs to be paid to their psychological well-being which will enhance the performance of their onerous moral duty.

It has to be noted that the abnormal sexual behaviours experienced by the Nigerian clergy and the Catholic Reverend Sisters are inimical to their psychological well-being. Such clergy and Catholic Reverend Sisters are oppressed by a sense of guilt, they are filled with shame and have a general feeling of being inadequate as clergy and Catholic Reverend Sisters. They think themselves worthless and are filled with thoughts of apprehension, anxiety and a sense of insecurity that causes them great psychological distress. In fact, there have been cases of some of them having mental breakdown and they have to be subjected to psychiatric treatment. This makes the incidence of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters not merely a spiritual phenomenon but also a clinical issue. They require psychological intervention which could prevent them from developing psychopathology.

A pilot study carried out on the population of Nigerian clergy and the Catholic Reverend Sisters revealed the prevalence of homosexuality fetishism and fornication or extra-marital affairs among them. Of the 280 clergy and Catholic Reverend Sisters sampled (166 males and 114 females) 143 subjects (51.1%) engage in fornication or extra-martial affairs; 145 subjects (51.8%) engage in fetishism; 190 subjects are homosexuals. Of the 190 homosexual subjects, 119 (62.63%) are males while 71 (37.37%) are females. It is noteworthy that subjects who scored high in fornication/ adultery also scored high in homosexuality hence it is a serious clinical problem.

In the contemporary Nigerian society, there is great dissatisfaction among the populace with regard to the moral life of the clergy and Catholic Reverend Sisters. Although the Nigerian society is a promiscuous society with gross moral decadence as can be attested to by the growing number of prostitutes, sexual abuse, infidelities, the people still look on the clergy and the Catholic Reverend Sisters as the oasis of moral rectitude to give them moral hope and a sense of moral direction and guidance. Unfortunately, this is not forthcoming. The media reports are replete with incidents of sexual misdemeanour which make very juicy headlines. For instance in the classique magazine of May 4 1992, Vol 5, No 17, on its front cover there was the caption "After Incredible sex scandal Pastor X Goes Haywire". The paper went on to give an account of Pastor X (the founder of Evangelical Church of Yahweh) alleged sexual escapades with one of his adherent's wife and how his unscrupulous sexual activities have caused crisis and faction in the church. Also in the vintage people magazine of August 31 - Sept. 6 1990, Vol 2, No 4, we have the caption "HOMOSEXUALITY IN THE HOUSE OF GOD: (1) Priest confesses that he kisses and cuddles men (2) young men testify to acts of seduction (3) church elder says only God can save the priest. The shepherd of the church: Celestial Church of Christ, Benin, Evangelist, X, allegedly not only makes love overtures to the female members of his church but also to male members especially boys whom he constantly lures into the act with food and money. Now the members of the church congregation were up in arms against him. Evangelist X said that

when the urge comes on him, he cannot resist and that he prays hard to conquer the feelings.In the same vein the Vintage people magazine of August 17 - 23 1990 had as one of its headlines: 60 YR-OLD REV. FATHER IN SEX-SCANDAL WITH 20 YR-OLD GIRL. Rev. Pastor X a Methodist Pastor of the United Methodist Church Agege, Lagos was caught stark naked in the girl's room. "Forgive me, I was tempted by satan" he pleaded.

Such occurrences (whose list we cannot exhaust) together with many often whispered statements about sexual improprieties among the clergy and the Catholic Reverend Sisters in the area of homosexuality, fetishism, fornication or extra-marital affairs informed the researcher's decision to carry out this study.

Disciplinary records of clergy and religious in the Dioceses and religious congregations are indicative of how cases of sexual misconduct have been handled by the Ecclesiastical authorities. Worthy of note are cases of extra-marital affairs. In the Catholic fold, instances of clergy fornicating, especially if it result in pregnancy have been meted with immediate expulsion by the Bishop. Such clergymen are relieved of their priestly function and instructed to direct their attention to the responsibility of care for their wife and children. Others who are discovered engaging in fornication but without accompanying pregnancy are seriously admonished and counselled. Invariably they are sent to the monastery to undergo some acts of penance and a rethinking of their priestly commitment with a view of ascertaining if they wish to continue. If they do not change they are punished with suspension

and later dismissed (Can. 1395). For the religious, especially female religious, if they are discovered to be indulging in fornication it is automatic expulsion by the provincial superior or Superior General and their councils. Those who are not discovered and yet are dissatisfied with their abnormal sexual behaviours go to spiritual directors for counselling. Others continue causing scandal to the people until their unscrupulous sexual activities are brought to the attention of the authorities who take appropriate disciplinary action against them. Those who also engage in active homosexual relationship if discovered are expelled. Other still experience mental breakdown in some of the Catholic Institutions (about three on the average) and are given psychiatric medical care and helped to change.

In the non-Catholic churches, for example in the Methodist church if a pastor is involved in adultery, the case is taken up by the ministerial disciplinary committee composed of only clergymen. He would be warned and counselled. If it is a case of his pregnating another man's wife, he would be defrocked. There are many cases of adultery or extra-marital affairs among the clergy in all the non-Catholic churches (ten on the average) but normally such clergymen are counselled to desist from such practices. Of the forty-four Catholic Dioceses in Nigeria, thirty-five have experienced causuality of clergymen derailing in this regard (Personal interview). The number of deviating clergymen vary from one Diocese to another. Incidentally the disciplinary records indicate only those that were brought to the attention of the church authorities (the Bishops and their consultors). The number ranges

from between five to about ten. Among the religious groups, the number also vary - from two to about ten. Statistics as contained in church records on abnormal sexual behaviours among the clergy and Catholic Reverend Sisters in both the Catholic and non Catholic church institutions do not give a comprehensive picture of the magnitude of the problem because the only cases handled are those brought to the knowledge of the authorities and they are mostly cases of fornication. Since acts of abnormal sexual behaviours (homosexuality, fetishism, fornication or extra-marital affairs) are done secretly, the most reliable statistics would be the one got from the pilot study of this study.

One may ask why do we have abnormal sexual behaviours such as homosexuality, fetishism and fornication/adultery among the Nigerian clergy and Catholic Reverend Sisters? Do we attribute the cause of these abnormal sexual behaviours to personality and social variables in the individual Nigerian clergy and Catholic Reverend Sisters or to the demand of their chaste life-style? In other words, is the chaste life-style of the clergy and the religious psychologically stressful? If yes, why do some Nigerian clergy and Catholic Reverend Sisters not experience these abnormal sexual behaviours? Is the personality of those who manifest abnormal sexual behaviours different from that of those who do not? How prevalent are these abnormal sexual behaviours among the Nigerian clergy and Catholic Reverend Sisters? Do these abnormal behaviours manifest themselves differentially according to sex and according to the nature of chastity professed? Do such Nigerian clergy and Catholic Reverend Sisters

with abnormal sexual behaviours experience psychological distress? What psychological treatment intervention would be more efficacious in helping the affected Nigerian clergy and Catholic Reverend Sisters overcome their abnormal sexual behaviours and achieve psychological well-being?

An attempt will be made in this study to provide answers to the above questions by investigating some personality and social factors that could precipitate abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters. Given consideration were personality variables such as self-esteem attitude towards the value of chastity and gender difference. In addition the social factor of the nature of chastity professed was also investigated. Of paramount importance to this study was the investigation of the most effective psychological treatment intervention for homosexual, fornicating and fetishistic clergy and Catholic Reverend Sisters in Nigeria.

Empirical studies on abnormal sexual behaviours such s fetishism, fornication/adultery and homosexuality have been carried out among the general populations but there is a dearth of empirical information about the causation and treatment of these sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters. Specifically, there is the lack of empirical verification about the personality variable such as attitude, self-esteem and sex and the social variable of the nature of chastity professed that could cause and maintain such abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters and

in fact few studies (Clemens, Corradi and Wasman, 1978 and Quackenbos, 1983) have investigated psychotherapeutic issues that pertain to clients with religious commitment such as the Nigerian clergy and the Catholic Reverend Sisters.

This study will fill the lack by determining if there is any relationship between the aforementioned variables and adult sexual preference among the Nigerian clergy and Catholic Reverend Sisters. The study sought also to provide empirical information to confirm if the multiple-target attitude change therapy (MACT) developed by the researcher is a more efficacious psychotherapeutic intervention than covert sensitization therapy for the Nigerian clergy and the Catholic Reverend Sisters with these abnormal sexual behaviours. In addition, the study investigated to what extent MACT and covert sensitization independently and conjointly mediated behaviour change in the Nigerian clergy and the Catholic Reverend Sisters with these abnormal sexual behaviours. In the circumstance the following research questions guided the study.

1. Are the attitude towards the value of chastity and self-esteem causal factors of abnormal sexual behaviours among the Nigerian clergy and Catholic Reverend Sisters?
2. Will attitude towards the value of chastity and self-esteem as casual factors of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters be affected by gender differences?

3. Will the nature of chastity be a causal factor of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters.

4. Will the multiple-target attitudinal change therapy be a more efficacious treatment intervention than the covert sensitization therapy for the Nigerian clergy and the Catholic Reverend Sisters with abnormal sexual behaviours?

5. To what extent would the multiple-target attitudinal change therapy and covert sensitization therapy independently and conjointly affect behaviour change and reduce psychological distress among the Nigerian clergy and the Catholic Reverend Sisters with abnormal sexual behaviour?

Thus, there was the need for some reliable data on the psychological, personality and social factors that could cause abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters. Important also was the need to investigate the most effective treatment intervention. This study, to a certain extent, attempted to fulfil these needs.

1.4 PURPOSE OF STUDY

The overriding objective of this research is to investigate the role of certain psychosocial factors in the incidence of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters and to test the efficacy of behavioural psychotherapy on these abnormal sexual behaviours and their attendant psychological distress. Accordingly the following objectives were pursued in this study:

1. Investigation of the psychosocial factors of self-esteem, attitude towards the value of chastity, sex and nature of chastity as determinants of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters.
2. Testing of the efficacy of the covert sensitization and the multiple-target attitudinal change psychotherapies on abnormal sexual behaviour and their attendant psychological distress.
3. Development and validation of the instruments of the study
4. Provision of clinicians with psychological intervention that would take cognisonance of religious values and integrate them with psychotherapy
5. Investigation of the prevalence of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters.
6. Proffering of valuable recommendation on the prevention and amelioration of the incidence of abnormal sexual behaviours to individual Nigeria clergy and the Catholic Reverend Sister and the church authorities.
7. Provision of church authorities with psychological tools for determining the suitability of candidates for

admittance to training for the clergy and Catholic Reverend Sisters life of chastity.

8. Contribution to the corpus of literature on abnormal sexual behaviours in terms of determinants and treatment intervention.

1.5 RELEVANCE OF STUDY

In the field of clinical psychology, there are clear indicators of the need to provide more empirical data on the relation of religion to mental health and on the role of religious values in psychotherapy. This study would furnish clinical psychologists with a repertoire of essential information about psychological problems which could be caused by unhealthy ways of being religious. It would also make available empirical information about therapeutic techniques that clinicians could utilize as treatment intervention in psychotherapy involving value issues consideration. Such information hopefully would assist clinicians in solving psychological problems of not only the Nigerian clergy and the Catholic Reverend Sisters in Nigeria but of the majority of the members of the public who are religiously inclined.

In particular, it would create an awareness among the Nigerian clergy and the Catholic Reverend Sisters about the possible causes of abnormal sexual behaviours among some of them. It would spur them to forestall the occurrence of abnormal sexual behaviours in their life by making conscious effort to cultivate healthy ways of being religious through intrinsic values internalisation. Consequently, this would enable them to be more effective in their service to the many people who come to them for spiritual and moral guidance.

In addition, the result of this study would provide religious authorities with guidelines on the possible criteria to adopt in the selection of candidates for the clergy and religious life and in designing their training programmes. It would enable them emphasize issues in the

process of their candidates' training that will make for intrinsic religiosity and prevent the occurrence of abnormal sexual behaviours in the future life of their Nigerian clergy and the Catholic Reverend Sisters.

Besides the recommendations of this study on the prevention of abnormal sexual behaviours would be of high relevance to the church and have the merit of providing guideline on matters of sexuality to church personnel.

Recent studies indicate that some clients want psycho-logical interventions that are capable of addressing their religious concerns and values. Many clients have been found to turn to clergymen when they are confronted with psychological problem. Such clients consider religious values to be important as far as their mental and psychological well-being is concerned. Thus the need to integrate religious values with psychotherapy exists for some people.

Moreover, other people who experience internal conflicts because of the dichotomy between their religious values and their life's experience and who need a value orientation therapy would be helped by the result of this study. Besides, there are abundant indicators in the Nigerian society today that people live their lives in total disregard for the values of their religious persuasion. All these make this study a necessity because it hopes to provide information to clinicians on the incorporation of religious value in psychotherapy. This would assist them in their interaction with the population of religious clients who may thus be better served.

Most importantly, since studies on the sexual problem experiences of the clergy and the Catholic Reverend Sisters are scarce, the present study would help develop the Abnormal Sexual Behaviours Distress Scale (ASBSA), the Religious Sexual Attitude Scale (RSAS) and the Abnormal Sexual Behaviours Response Scale (ASBRS) for use in this area among researchers in Nigeria. Moreover, the results of the study based on the investigation at the assessment and treatment phases would facilitate the proffering of recommendations that would be useful to clinical psychologists as far as the prevention and treatment of abnormal sexual behaviours among patients with religious commitment is concerned. Contemporary clinical psychologists are adopting a trend in psychotherapy which is a movement from the strait-jacket theories that are applicable only to specific psychological disorders and are adopting an eclectic approach. For psychotherapy, the study hoped in its utilization of the multiple-target attitudinal change therapy (MACT) not only to be eclectic but also integrative by focussing on the cognitive, affective and behavioural dimensions of abnormal sexual behaviour modification. The cognitive - behaviourists hold that a target behaviour can be evoked by the use of behaviour modification techniques while incorporating procedures designed to change maladaptive beliefs. The humanistic psychologists emphasize the individual's natural tendency towards growth and self-actualization. The therapist therefore is to facilitate exploration of the individual's own thoughts and feelings and to assist the individual in arriving at his or her own solution. Both the cognitive-behaviourists and humanistic theorists give no cognisance to the attitude construct in behavioural change, yet

psychotherapy at heart is a process of attitude change (Stricker (1992). It is this gap that the multiple-target attitudinal change therapy hoped to fill. It would be an effort at improvement on the applicability of some relevant theories and making the therapeutic intervention holistic, meaningful and productive of attitudinal and behavioural change for the Nigerian clergy and Catholic Reverend Sisters with abnormal sexual behaviours.

In this chapter, there has been a general discussion of the relationship between religion and mental health. Emphasis has been laid on unhealthy ways of being religious which could precipitate psychological disorders. There was focus specifically on the incidence of abnormal sexual behaviours of homosexuality fornication/adultery and fetishism among the Nigerian clergy and the Catholic Reverend Sisters as consequences of unhealthy extrinsic religiosity. The statement of the problem identified attitude towards the value of chastity, the nature of chastity, self-esteem and gender differences as possible psychological causative factors of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters which was given attention in the study. Considered also is the treatment intervention with the causative factors as base-line. The objectives of the study and their theoretical, practical and clinical relevance were discussed.

In chapter two, we shall proceed to a review of some relevant psychological theories. These will include psychopathological theories, personality theories, social behaviour theories and psychological intervention theories.

CHAPTER TWO

THEORETICAL FRAMEWORK AND REVIEW OF RELEVANT LITERATURE

2.1 THEORETICAL BACKGROUND

In approaching the study of abnormal sexual behaviours, psychopathologist and psychotherapists have had recourse to various models (which are essentially analogous to existing theories) for the conceptualisation of the problem that faced them. In this chapter there will be an overview of such models or theories which are necessary for an explanation and understanding of the psychosocial factors causing and maintaining abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters. The personality and social factors include attitude, self-esteem, gender differences, the nature of chastity; and their relationship with abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters. Theoretical approaches also include theories on psychological intervention. To be critically reviewed are relevant literature derived from the theories of interest. The literature emphasized empirical studies that provide valid support or refutation for these theories highlighting where evident their inadequacies which the present study sought to supply. In this study, the theoretical approaches have been used to provide explanations for the experience of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters and psychological intervention for them. This is unique to this study.

2.1.1 ATTITUDE THEORIES

The primacy of the attitude construct in behaviour change was highlighted by Stricker (1992) when he postulated that attitude change is at the heart of psychotherapy. The role it plays in the development of behaviour is of considerable interest in this study which has set out to investigate attitude towards the value of chastity as a causative factor of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters. Paramount attention is thus given to theories of attitude formation and change as a conceptual framework for this study.

ATTITUDE FORMATION AND CHANGE THEORIES

Social psychologists consider attitude as an enduring system with a cognitive component, an affective component and a behavioural tendency. The cognitive component consists of the beliefs about or factual knowledge of the attitude object or person; the affective component consists of a person's evaluation of liking or emotional response connected with beliefs; and the behavioural tendency is referred to as the readiness to respond in a particular way, that is, the person's overt behaviour directed towards the object or person (Allport, 1924, Norman, 1975; Kelley and Mirer, 1974).

The major theoretical framework within which attitude have been studied are;

(1) conditioning and reinforcement

(2) incentives and conflicts

(3) functionalism

(4) cognitive consistency.

All except the functionalism theoretical framework have been taken into cognisance because of their relevance to the subject under consideration in this study.

CONDITIONING AND REINFORCEMENT PERSPECTIVE

The conditioning theorists (Fazio and Zanna, 1981) hold that attitudes are as habit and are similar to anything else that is learned; principles that apply to other forms of learning also determine the formation of attitudes. The basic assumption is that in developing an attitude, the individual acquires information and feelings by the process of association, reinforcement and initiation. Associations are formed when stimuli appear at the same time and in the same place. Learning the characteristics of an object, a person or an idea implies learning an attitude. An attitude therefore consists of that knowledge plus some evaluative components based in part on that knowledge. Thus the simplest factor in the formation of attitudes is the development of associations between the object and other words or qualities. Learning also occurs through reinforcement. If one takes a drug and has a pleasant experience, the act of taking the drug is reinforced; one would be more likely to take the drug in future. Finally attitudes can be learned through imitation. People imitate the behaviour of others, particularly if the others are strong, important people. Children tend to imitate their parents and this imitation extends to both behaviour and attitudes. Individuals learn many different attitudes

by imitating different people. They often find they have learned contradictory values from different people and are under great stress to resolve the conflicts. According to the conditioning theorists therefore, the acquisition of attitudes occur through association, reinforcement and imitation. For the Nigerian clergy and Catholic Reverend Sisters who have negative attitude towards the value of chastity, the acquisition of this attitude would have been reinforced by a sexual behaviour which is associated with pleasurable consequences, for example the sexual satisfaction derived from fornication. Hence, their acquisition of negative attitude towards the value of chastity occurs mostly through association and reinforcement.

THE INCENTIVE AND CONFLICT PERSPECTIVE

The theory based on incentives and conflict is particularly relevant to attitude change. The incentive theory proposes that a person adopts the attitude that maximizes his gains. Herek (1986) views the attitude situation in terms of an approach-avoidance conflict. The individual has certain reasons for accepting one position and other reasons for rejecting and accepting the opposite position. These reasons are the incentives. And the attitudes based on these incentives simply express specific instances of our general desire to benefits or rewards and avoid punishment. According to the incentive theorists (Andrew and Kandel, 1979) the relative strengths of the incentives determine an individual's attitude. The incentive theory thus emphasises what the individual has to gain or loose by taking a particular position. In its applicability to the attitude a Nigerian clergy or a Catholic Reverend Sister holds towards the

value of chastity (whether negative or positive) this theory explains why a particular Nigerian clergy or Catholic Reverend Sister would maintain a certain attitude towards the value of chastity. The Nigerian clergy or Catholic Reverend Sister who holds a positive attitude towards the value of chastity may maintain that attitude because of the security and personal integrity it guarantees for him or her in life.

COGNITIVE CONSISTENCY THEORY OF ATTITUDE

There is the cognitive consistency theory which asserts that people tend to seek harmonious relation among cognitions and behaviour. It emphasizes acceptance of ideas that are consistent with previous attitudes, that is, individuals tend to accept attitudes that fit into their overall structure.

Abelson, Aronson, McGrucre, Newcomb, Rosenberg and Tannenbaum (1968), Heilder (1958), and Festinger (1957) hold the assumption that there is a tendency for people to seek consistency among their cognitions and that is a major determinant of attitude formation. An individual who has several beliefs or values that are inconsistent with one another strives to make them consistent; similarly, if his cognitions are inconsistent and he is faced with a new cognition that would produce inconsistency, he strives to minimize the inconsistency.

Abelson et al (1968), Festinger and Carlsmuth (1959) and Heiler (1958) have propounded different theories of cognitive consistency these are:

(1) the balance theory

(2) the congruity theory

(3) the affective cognitive consistency theory, and

(4) the cognitive dissonance theory.

THE BALANCE THEORY

Heilder (1958) proposed the balance theory. The major point of the model is that a system in a state of unbalance will move toward a state of balance. The system consists of two objects (one of which is often another person), the relationship between them and an individual's evaluation of them. In the system, there are three evaluations - the individual's evaluation of each of the objects and of the relationship of the objects to each other. Thus the evaluations involve a triad, that is three elements. The affective relationship between each pair of elements can be described as either positive (good, like, favourable, approve, support, endorse) or negative (bad, dislike, unfavourable, disapprove, oppose). This then yields three affective relationship within the triad. Assuming that each evaluation is positive or negative, with no difference in strength, there are four possible situations: (1) all evaluations can be positive (2) two can be positive and one negative (3) one can be positive and two negative (4) all can be negative. The first and the third situations are considered balanced or cognitively consistent. The simple rule is: the triad is balanced when an even number of these three relations (that is, either zero or two) is negative; it is unbalanced when it is the reverse.

Heilder further posited that unbalance leads to pressure to change in order to restore a state of balance. For example if Joe loves Susan, but she likes cigarettes and he does not, the triad is unbalanced (negative). To produce a balance structure, Joe will decide either to put up with cigarettes, perhaps deciding they are not so bad after all, he may diminish his affection for Susan; or he may try to persuade her to give them up. On the whole the balance model makes it clear that in a given situation there are many ways to resolve an inconsistency. It focuses our attention on one of the most important aspects of attitude change: the factors that determine which of the various models of resolution is adopted. Applied to the kind of attitude a Nigerian clergy holds towards the value of chastity, we may have a situation where he loves to be a clergyman and remain chaste but he loves a woman who does not want to remain chaste. To produce a balance structure he will decide either to diminish his affection for her or he may try to persuade her to remain chaste.

e 2.1: A Schematic Representation of the Balance Theory

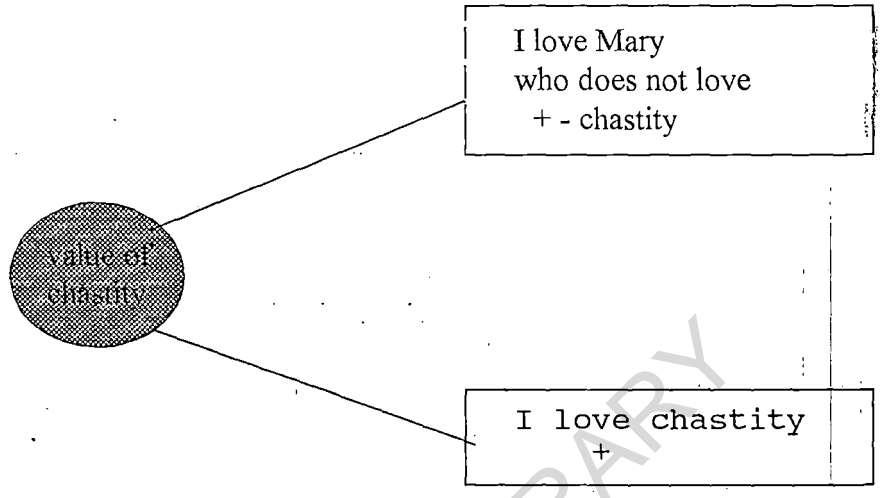

Fig. IA

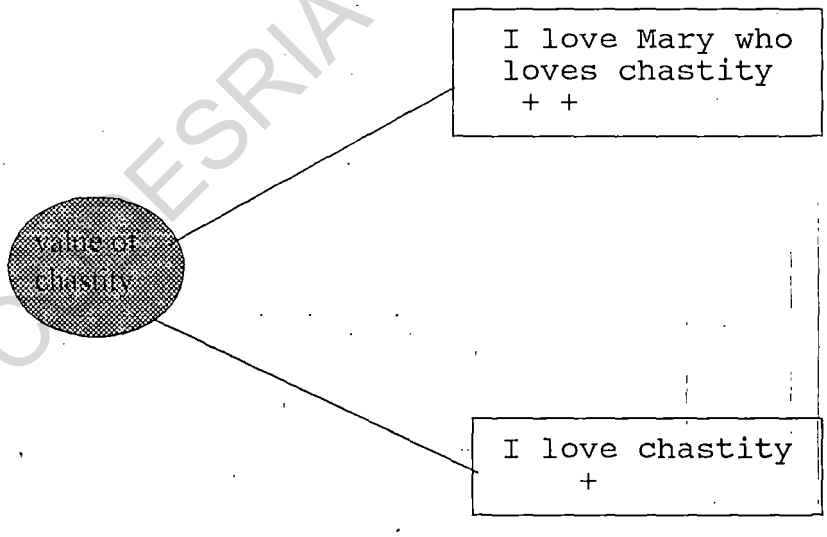

Fig. IB

In the above diagrammes, in Fig. IA, the triad is unbalanced (one negative) whereas in fig. IB riad is balanced with all the evaluations being positive.

AFFECTIVE-COGNITIVE CONSISTENCY THEORY

The affective-cognitive consistency theory holds that our beliefs, our knowledge and our convictions about the facts of a matter are determined in part by our affective preferences. In other words, people try to make their cognitions consistent with their affect. For example, if a student dislikes a lecturer because of his position on student discipline, he will come to have different beliefs about him: he may think of him as being wicked, not so intelligent, proud etc. In the same way if for example a Catholic Reverend Sister likes to fornicate, she will come to have different notions about it: "she may think there is nothing wrong in fornicating; after all it is a mere satisfaction of a basic human need; it is impossible to remain chaste".

DISSONANCE THEORY

Finally, there is the cognitive dissonance theory proposed by Festinger (1957). Cognitive dissonance theory like cognitive consistency theory, assumes that there is a drive toward cognitive consistency; two cognitions that are inconsistent with one another will produce discomfort that motivates the person to remove the inconsistency and bring the cognitions into harmony. However, the most distinctive focus of cognitive dissonance theory has been upon inconsistency between beliefs and overt behaviour. It is concerned about two principal sources of belief-behaviour inconsistency, the effects of making decision and the effects of engaging in counter attitudinal behaviour.

Festinger argues that each alternative involved in a decision could be thought of as having positive and negative attributes. When a person makes a decision between two alternatives, the positive attributes of the chosen alternative, and the negative attributes of the rejected alternative are consistent with the decision. However, dissonance arises because usually the chosen object has some bad attributes and the rejected object has some good ones. Both represent cognitions that are dissonant with the decision. And most decision carry with them some dissonance, no matter how deliberate or rational they are.

They are also cases in which people engage in behaviour which is counter to their attitudes. Sometimes they are forced into it; sometimes guilt makes them do it. Thus they are a number of reasons why people do things they do not believe in. The point here, is that engaging in behaviour discrepant from attitudes leads to cognitive dissonance. Although cognitive dissonance theory addresses several kinds of inconsistency, it has been the most provocative in predicting that engaging in behaviour that is counter to one's attitude creates dissonance pressure to change the attitude so that they become consistent with the behaviour. The theory further states that engaging in counter attitudinal behaviour produces the most dissonance and hence the most behaviour change, when there are no compen-sating consonant reasons for engaging in the behaviour.

Cognitive dissonance theory therefore spells out a number of the conditions affecting the magnitude of dissonance and the mechanism of dissonance reduction most likely to occur.

In cases involving attitude-behaviour discrepancies, the two major modes of dissonance reduction are revoking the behaviour in some way or changing one's attitude.

Furthermore, to buttress the assumption that attitude determines behaviour, the relation between attitude is also examined in the light of the correspondence between attitudinal and behavioural entities. Such entities are defined by the action, the target at which the action is directed, the time at which the action is performed and the context in which the action is performed. Regarding context when situational pressure are very strong, attitudes are not likely to be as strong a determinant of behaviour as when situational pressures are relatively weak. Hence there is need for situational analysis in ascertaining the attitude-behaviour relationship. This is easy to see in the Lapiere's (1934) study. Well-dressed, respectable-looking people asking for rooms are hard to refuse, despite feelings of prejudice against their ethnic group.

The external pressures are even clearer when there is a law requiring rental to anyone. The generality or specificity of each element also depends on the measurement procedure employed.

Clearly, one set of important conditions concerns the attitude itself: it needs to be a strong and clear one that does not change before the behaviour measure is taken and one that is specifically and directly relevant to the behaviour in question. Inconsistencies can come from weak or ambivalent effects. Kelley and Mirer (1974) found that most attitude-vote

inconsistencies come from voters with conflicted or weak attitudinal preferences to start with. And Norman (1975) found that attitudes and behaviour were closely related when both the cognitive and affective components of the attitude were consistent. Similarly the attitude towards the value of chastity among the Nigerian clergy and Catholic Reverend Sisters and their sexual behaviour have been found to be related when both the cognitive and affective components of the attitude were consistent. For example the Nigerian clergy and Catholic Reverend Sisters who have positive attitude towards the value of chastity did not experience abnormal sexual behaviour. Besides their cognition about chastity (chastity is a source of inner peace) was consistent with their affect (I feel secure).

According to Fazio and Zanna (1981) the acquisition of attitudes occur through association, reinforcement and imitation. This is the conditioning and reinforcement perspective. Applied to the population of the Nigerian clergy and the Catholic Reverend Sisters, this theory is tenable as far as its reinforcement and association components are concerned. It is however inadequate in its imitation dimension. The significant others in the life of the Nigerian clergy and religious are invariably models of fidelity to the value of chastity. There may be cases where imitation may constitute a precipitating factor for abnormal sexual behaviours among them but such cases are exceptional. However the extrinsic religiosity of the Nigerian clergy and the Catholic Reverend sister with abnormal sexual behaviour is well capsulated by Herek's (1986) view of attitude in terms of an

approach-avoidance conflict situation. However the incentive inherent in engaging in abnormal behaviour by a Nigerian clergy or a Catholic Reverend Sister diminishes in proportion to the dent on one's good reputation and chastisement incurred. The Nigerian social environment is too antagonistic towards abnormal sexual behaviour among the Nigerian clergy and Catholic Reverend Sisters as to provide any appreciable incentive. Capturing and explaining explicitly the phenomenon of the attitude of the Nigerian clergy and Catholic Reverend Sister towards the value of chastity is the cognitive consistency theory of attitude. It is the most relevant of the attitude behaviour theories because seeking consistency is a major determinant of attitude formation and change. This is one of the major preoccupation of this study. The theory is important from two perspectives

(1) As a theory for the explanation and understanding of attitude as a possible causation factor of abnormal sexual behaviours

(2) As a therapeutic theory for change.

2.1.2 SELF-ESTEEM: HUMANISTIC THEORY

Humanistic theorists consider self-esteem or self-concept as people's attitude about themselves, their picture of the way they look and act, the impact of what they believe have on others and their perceived traits, abilities, strengths and weaknesses. Hence self-concept

constitutes the attitudes, feeling, perceptions and evaluations of the self as an object (Hall and Lindzey, 1970; Rogers, 1959).

According to Rogers (1959, 1961), self-concept consists of all the ideas, perception and values that characterize "I" or "Me"; to includes the awareness of "what I am" and "what I can do". This perceived self, in turn influences both the person's perception of the world and his or her behaviour.

Rogers theorized that the individual evaluates every experience in relation to his or her self. People want to behave in ways that are consistent with their self-concept. For example, a woman who perceives herself as strong and competent perceives and acts upon the world differently from a woman who considers herself weak and ineffectual. However experiences and feelings that are not consistent and threatening may be denied admittance to consciousness. This is essentially Freud's concept of repression, although Rogers felt that such repression is neither necessary nor permanent.

The more areas of experiences that a person denies because they are inconsistent with his or her self-concept, the wider the gulf between the self and reality and the greater the potential for maladjustment. An individual whose self-concept is incongruent with personal feelings and experiences, must defend himself or herself against the truth because the truth will result in anxiety. If the incongruence becomes too great, the defence may break down, resulting in severe anxiety or other forms of emotional disturbance. The well adjusted person,

in contrast, has a self-concept that is consistent with thought, experience and behaviour, the self is not rigid, but flexible, and can change as it assimilates new experiences and ideas.

Rogers also postulates regarding self-concept what he refers to as the 'ideal self', that is, our conception of the kind of person we would like to be. He argues that the closer the ideal self is to the real self, the more fulfilled and happy the individual becomes. A larger discrepancy between the 'ideal self' and the 'real self' results in an unhappy, dissatisfied person.

He posited further that two kinds of incongruence can develop: one, between the self and the experiences of reality, the other between self and the ideal self. Rogers hypothesized about how these incongruences may develop. He believed that people are likely to become more fully functioning if they are brought up with unconditional positive regard. This means that they feel themselves valued by parents and others even when their feelings, attitudes and behaviours are less than ideal. If parents offer only conditional positive regard, the child is likely to distort his or her self-concept. He is not likely to regard himself positively. Instead the child values himself in terms of certain external standards such as achievement or an attractive appearance. This produces what Rogers calls "conditions of worth". When one experiences such conditions of worth, it is inevitable that one's sense of self and one's experience will not be congruent. For example feelings of competition and hostility toward a younger sibling are natural but parents disapprove of hitting a baby brother or sister and usually punish such action instead of explaining the reasons why hitting is not acceptable.

Children must somehow integrate this experience into their self-concept. They may decide that they are bad and so may feel ashamed. They may decide that their parents do not like them and so may feel rejected. Or they may deny their feelings and decide they do not want to hit the baby. Each of these attitudes contains a distortion of the truth. The third alternative according to Rogers, is the easiest for children to accept, but in so doing they deny their feelings which then becomes unconscious. The more people are forced to deny their real feelings and to accept the values of others, the more uncomfortable they feel about themselves. If they encounter a new threatening experience, such persons, already vulnerable to anxiety, will begin to behave in a defensive way in order to protect their already fragile identity. This defensive functioning distorts experience and may lead to chronic interpersonal difficulties and a deep sense of inadequacy.

Rogers (1951) developed the nondirective, client-centred therapy to reduce the discrepancies that often arise between people's "ideal" selves and their imperfect "real" selves. In Roger's view, maladjustment occurs when these discrepancies are sizeable and painful. The therapy is therefore based on the assumption that these discrepancies and the pain they provoke can be reduced.

Rogers (1970) believed that the basic force motivating the human organism is the actualization tendency - a tendency towards fulfilment or actualization of all the capacities of the organism. The client-centred therapy's assumption is that psychological disorders arise

when the process of reaching one's potential is blocked by circumstances or by other people who try to channel the person's development along lines they find acceptable. When this occurs, the person begins to deny his true feelings. The persons awareness of his uniqueness becomes narrowed and the potential for growth is reduced.

The therapy further assumes that every individual has the motivation and ability to change and the individual is the person best qualified to decide on the direction that such change should take. Rogers argues that people are capable of working out solution to their own problems. He maintains that the goal of the therapy is to help people get in touch with their real selves and to make deliberate choices regarding their lives and behaviour. It aims at helping the client become more fully the person he or she is capable of becoming. The client-centred therapist only facilitates the exploration of the individual's own thoughts and feelings and assists the individual arrive at his or her own solutions.

Rogers (1959) believed that the client-therapist relation-ship should be designed to support the client's own pursuit of wholeness. He, like Maslow (1967), posited that people are naturally motivated to fulfil their potential and to become self-actualized. Unfortunately, the path to self-actualization is often blocked and people may be unable to grow because they are out of touch with themselves.

Rogers (1970) proposed that the therapeutic relationship to be effective must have specifically the following qualities:

1. That therapist must have empathy for the client, that is, an ability to understand the client's view and feelings.
2. The therapist must give sensitive and unconditional positive regard which will enable the client have the courage to perceive and accept their denied experiences and to examine, reevaluate and feel more positive about themselves.
3. The therapist must be genuine, that is, open spontaneous and caring.
4. The therapist uses non-directive techniques such as reflection of feelings to facilitate client's awareness.

Roger's (1959) theory of personality and psychopathology centres around the self: self-actualization, self-maintenance, self-enhancement and experience based on the phenomenological field and congruence. It does not seem quite adequate in a culture, such as the Nigerian culture, that lays great premium on social relationship and interaction, though it may be suited to the individualism that characterize the American culture. Besides it cannot be applied wholesale in explaining the experiences of abnormal sexual behaviour among a group such as the Nigerian clergy and Catholic Reverend Sisters without some modifications. Moreover, the self and therapeutic conditions of Rogers are not comprehensive enough for the Nigerian clergy and Catholic Reverend Sisters clients whose life is entrenched in religious values. The theories are necessary only in actually modified ways but not sufficient on the forms of relationships and insight. Insight is not enough in a culture where action

demonstrates and indicates verbal intention and feelings; the therapist for the clergy and religious client cannot afford to be just nondirective. He must bring in a measure of active and directive intervention to the therapeutic process in helping the clergy and religious client solve their problem.

Nevertheless, Roger's self theory has implication for this study both in terms of psychopathology and psychotherapy. The theory proposed that psychopathology occurs when people behave in a way that is inconsistent with their perception of their inherent potentials and feelings. The Nigerian clergy and Catholic Reverend Sisters with abnormal sexual behaviours therefore have abandoned behaviours that are in consonance with their perceived potentials and feelings and adopted behaviours based on the values imposed on them by others. Regarding psychotherapy, the theory emphasizes the process of reintegration and restoration of the self by increasing the congruence between self and experience. The process is enhanced through reversing the process of defence and increasing unconditional positive self-regard by an empathic significant other. The psychological construct of self-esteem has never been considered in studies dealing with the cause and treatment of abnormal sexual behaviours. The present study incorporated the self-esteem construct in its investigation.

2.1.3 GENDER THEORIES

The concept of gender differences in consideration of the causation of homosexuality and fetishism assumes significance only from the perspective of gender identity and sex typing. The rationale for this stance is based on the relevance of gender nonconformity to an understanding of the development of abnormal sexual behaviours especially homosexuality in males. Gender nonconformity have been implicated as one of the causal factors of homosexuality (Barlow, 1974; Adams and Sturgis, 1977; Bell, Weinberg & Hammersmith, 1981). Thus the theories that will be reviewed in this study as far as gender differences is concerned are those that pertain to gender identity and sex-typing.

Gender identity and sex typing theorists hold that the human species comes in two sexes and most children acquire a firm sense of themselves as either male or female known as gender identity. They also posit that children are subjected to the acquisition of behaviours and characteristics that culture considers sex-appropriate called sex-typing. The quiz is about whether gender identity and sex-typing are simply the product of cultural prescriptions and expectations or whether they are in part, a product of "natural" development. In this regard, consideration will be given to the psychoanalytic theory, the social learning theory, the cognitive-developmental theory and the gender schema theory.

THE PSYCHOANALYTIC THEORY

According to Freud's (1933/64) psychoanalytic theory, children begin to focus on the genitals about age 3; he called this the beginning of the phallic stage of psychosexual development. Specifically, both sexes become aware that boys have a penis and that girls do not. During this same stage, they also begin to have sexual feelings towards their opposite-sex parent and feel jealous and resentful towards their same-sex parent; Freud called this the Oedipal conflict. As they mature further, both sexes eventually resolve this conflict through identification with the same-sex parents, modelling their behaviour, attitudes and personality attributes on those parents in an attempt to be like them. The process of forming a gender identity and becoming sex-taped therefore begins with he child's discovery of the genital differences between the sexes and ends with the child's identification with the same-sex parent (Freud, 1924/1961)). Thus Freud's assumption is "anatomy is destiny" and sex typing is universally inevitable and unmodifiable.

SOCIAL LEARNING PERSPECTIVE

In contrast to Freud's psychoanalytic theory, social learning theory proposed by Bandura (1986) emphasized both the

rewards and the punishment that children receive for sex-appropriate behaviour and sex-inappropriate behaviours respectively, and the ways in which children learn sex-typed

behaviour through their observation of adults. Bandura (1986), Mischel (1966), Perry and Bussey (1984) argue that children observe that adult male and female behaviours differ and develop hypotheses about what is appropriate for themselves. Through observational learning and modelling the significant same-sex adults they admire, children imitate and acquire sex-typed behaviours. Thus, like psychoanalytic theory, social learning theory has its own concept of modelling and identification, but it is based on observational learning rather than on inner conflict resolution. Besides, social learning theorists conceive sex-typed behaviours like any other learned behaviours. They postulate that there is nothing special about sex-typed behaviours; that they are neither inevitable nor unmodifiable. Children become sex-typed because sex happens to be the basis on which their culture chooses to base reward and punishment. They hold that if a culture becomes less sex-typed in its ideology, children will become less sex-typed in their behaviour.

THE GENDER SCHEMA THEORY

The gender schema theory developed by Bem (1985) which posits that the culture's rules and norms about sex-appropriate behaviours, roles and personality characteristics are for the child a set of lenses for looking at everything. At every turn, the child is encouraged to look at the world through the lenses of gender. Bem calls these lenses the gender schema. Bem (1993) theorized that children learn to evaluate their behavioural alternatives through

these lenses. Hence gender schema theory is a theory of sex typing. Children also learn to apply the lenses of gender to themselves, to organize their self-concepts around their maleness or femaleness, and to judge their self-worth in terms of their answer to the question: "Am I masculine or feminine enough?" Thus, gender schema theory is a theory of gender-identity as well as a theory of sex-typing.

The point that emerges from an overview of the gender theories is that homosexuals and fetishists have not been able to be properly gender-identified or sex-typed (Bell, Weinberg and Hammersmith, 1981). The question that arises is: Will males be more prone to gender nonconformity than females and consequently exhibit homosexuality and fetishism more than females? If yes, why?

Psychologists have proposed explanations for the development of psychopathology that could be applied to an understanding of the comparative male-female vulnerability to abnormal sexual behaviours. Three major explanations have been suggested: differential vulnerability hypothesis, differential exposure hypothesis and social role theory (Cleary and Mechanic, 1983; Rosenfield, 1980; Gove and Tudor, 1977).

DIFFERENTIAL VULNERABILITY HYPOTHESIS

Proponents of the differential vulnerability hypothesis, have argued that given similar exposure to life stresses and strains, there will be difference in male-female manifestation of symptoms of psychopathology. Researchers (Bell et al., 1981) have claimed that gender

nonconformity is one of the factors to be considered in delineating the causes of homosexuality. Kinsey, Pomeroy, Martin and Gebhard (1953) found that homosexual relationships were far less common among women. It follows then that given similar exposure to difficult parental interaction, the male child's resolution of the Oedipal conflict through identification with the same-sex parent (Freud, 1933/64) will be less effective than that of the female child. Speculation about the sources of a heightened male vulnerability to abnormal sexual behaviours e.g. homosexuality, has focussed on contextual factors, male personality characteristics and features of male socialization that may render them more aggressive towards their father, than women towards their mother. For example (1) Men experience unequivocal intense and overwhelming castraction anxiety than women (2) the mother of male homosexuals were particularly engulfing and sexually seductive toward their sons causing churning Oedipal conflicts (3) The male homosexuals were characterized by a distinctly concrete as opposed to an abstract mental structure that reduced the capacity for discharge of tension through fantasy or sublimation (4) They reported more incest experiences in their childhood, than women, which were postulated to result in disillusionments with superego figures and a feeling of exemption from normal superego standards (Hammer, 1981; Money & Lamaez, 1989; Bell et al., 1981).

DIFFERENTIAL EXPOSURE HYPOTHESIS

The differential exposure hypothesis as applied to development of homosexuality focuses on the role relationships with parents play in contributing to excess levels of homosexuality among men (Bell et al 1981). It is linked to the social learning theory of acquisition of sex-typed behaviours (Bandura, 1986; Mischel, 1966; Perry & Bussey, 1984) which emphasized the rewards and punishments that children receive for sex-appropriate behaviours and sex-inappropriate behaviours respectively. More men experience poor relationship with their fathers than women with their mothers (Apperson and McAdoo, 1968). The typical father of homosexuals was detached and hostile in his relations to his sons. This is considered the "classical pattern". On the other hand the role of the mother in predisposing the female to homosexuality is much less clear (Bene, 1965). Responsibility for appropriate sexual identification to the male is thought to rest heavily on the father (Mccandless, 1970). The more the parental relationships for any male approximates the "classical" pattern, the more inappropriate will be his sex-role identification because modelling observational learning will be rendered difficult.

THE SOCIAL ROLE THEORY

The social role theory is allied to the gender schema theory which posits that the culture's rules and norms about sex-appropriate behaviours, roles and personality characteristics are for the child a set of lenses for looking at everything (Bem, 1985). Thus the social

theory is frequently referred to as a sex-role theory (Rosenfield, 1980). As applied to the prevalence of homosexuality and fetishism among men, the explanatory framework developed as a result of research findings emphasizes the inability of more men than women to acquired the social skills needed for heterosexual relationship. Hence more men than women exhibit significant deficits in the social skills normally needed for successful adult heterosexual relationships (Kinsey, Pomeroy, Martin and Bebhard, 1953; Masters and Johnson, 1979).

Despite the plausibility of research studies that have instigated whether men are more vulnerable than women to homosexuality given exposure to similar situational variables, the result are not quite conclusive. Research findings are only conclusive as far as the role of the father in developing male homosexuality is concerned. The premise is that failure to establish a firm psychological gender identity accounts for more vulnerability of men than women to abnormal sexual behaviours such as homosexuality and fetishism (Bell et al, 1981). The role of the mother is much less clear from the results of the available empirical studies (Bene, 1965), Grundlach & Reiss, 1968). Such findings suggest the importance of further verifying gender differences in the incidence of homosexuality and fetishism especially among a population of subjects with religious commitment such as the Nigerian clergy and The Catholic Reverend Sister. The study carried out such investigation.

2.1.4 THE NATURE OF CHASTITY

Chastity is viewed as the successful integration of sexuality within the person and thus the inner unity of man in his body and spiritual being. The value of chastity therefore involves the integrity of the person and the integrality of the gift of self. (The catechism of the Catholic Church, 1994).

The chaste person maintains the integrity of the powers of life and love inherent in him. Such integrity ensures the unity of the person; it is opposed to any behaviour that would be inimical to it. It tolerates neither a double life nor duplicity (Matthew 5:37). With regard to the integrality of the gift of self, chastity under the influence of charity is a gift of the person. It requires self-mastery and it leads him who practises it to become a witness to his neighbour of God's fidelity and loving kindness. Chastity blossom in friendship and it shows the christian how to follow and imitate Christ who has chosen us as his friends (John 15:15).

Distinction is made by the church between chastity in perfect continence professed by Catholic clergy and Catholic Reverend Sisters and conjugal chastity practised by the Non-Catholic clergy. Chastity in continpence is perceived as enabling those who profess it to give themselves to God alone with undivided heart in a remarkable manner. Conjugal chastity is regarded as being for those who are married. It enables them to express their affection to their spouses in true fidelity and in a manner that belongs to married love. Both conjugal and

nonconjugal chastity which very only in degree of continence are highly esteemed because they make for the richness of the discipline of the church.

Existing concurrently with conceptions of chastity are notions about deviations from or offences against chastity. These are lust, masturbation (or fetishism), fornication, pornography, prostitution, rape and homosexuality. The church maintains that these offences against chastity are incompatible with either the conjugal form of chastity or chastity in continence.

According to Sepe (1993), chastity is relevant today because our Lord Jesus Christ who chose to live chaste and celibate is still relevant to our contemporary society. He asserts that chastity is obligatory for all of us whatever our vocation and that the problems encountered in a correct training for chastity are the same as anyone encounters who aims to attain full maturity of personality. Lejeune (1993) posited of chastity in continence that the feeling of belonging can find its highest form of development in celibacy. He further opined that the genital appetite, our most insistent and explosive of impulses on the physical level is the only biological function that does not produce a pathological conditioned if left unsatisfied. One cannot say the same for hunger thirst or the need for sleep.

Poltawska (1993) postulated of the two forms of chastity, that because of the growing tendency to permissiveness and the exaltation of the biological dimension of human nature, the modern world tends to deny people's ability to live chastely. He maintained that the

growing tendency to recognize the right of the young to sexual activity often means that preparation to live either forms of chastity will have been preceded by pre-sacramental fornication whether of the heterosexual or homosexual type. Experiences of this sort, to some degree condition the behaviour of the person and leave an imprint, a memory, which later make control of the individual's own reaction even harder.

Poltawska's greatest contribution to the notions of the nature of chastity, is his delineation of the factors that posit difficulties in observing chastity, whether conjugal or chastity in continence. These factors are:

1. Mistaken concept of sexuality: There are erroneous notions that human beings are biologically determined and that the male is in a sense compelled to sexual activity by virtue of the very fact of being male. People even think that the sexual act 'proves' one's virility; that without it, a man or a woman is in some way disabled, unrealized. Concepts of this sort, especially if repeated by medical authorities in the sexological field (as often happens) can easily be used to justify one's own deviant behaviour.
2. Physical and Psychical exhaustion: This factor accompanied by an excess of stimuli especially visual ones makes curbing of one's sexuality difficult. People react particularly intensely to visual impressions. If images of an erotic kind are added to stress, increased by the abuse of nicotine, caffeine and the like, the mechanism of self-control may be weakened. Chastity requires a constant discipline and a constant

hygiene in one's life style. By giving way to the stimulus, we cannot expect the body to resist the somatic reactions easily.

3. The weight of the past: Those who have committed sins of fornication in their youthful days find the obligation to chastity as adults difficult to observe. The same is true of those who had frequent exposure to pornographic pictures: the memory retained by the eye provokes excitement and internal conflict.

4. Lack of faith: When one analyzes the lives of those clergy and Catholic Reverend Sisters who have not managed to keep the obligation of chastity, one cause stands out as common to almost all of them: moral degradation. Usually this sets in with a crisis of faith and a rejection of the rules laid down by the church. Usually, the law of chastity (sixth commandment of God) is broken by clergy and Catholic Reverend Sisters who are not humble and too sure of themselves and therefore do not seek divine assistance. When the fervour for prayer grows cool, the clergy or Catholic Reverend Sisters becomes a prey to the pressure of his environment.

The above conceptions about the nature of chastity-conjugal or chastity in continence - have been crystallized in the whole notion of extrinsic and intrinsic religiosity as it affects internalisation of the value of chastity. This has been the main thrust of the present study.

2.1.5 PSYCHOLOGICAL INTERVENTION: AVERSIVE CONDITIONING THEORY-COVERT SENSITIZATION

Aversive therapists hold that behaviour can be modified by the use of stimuli or the removal of positive reinforcers that have been maintaining maladaptive behaviour. The basic idea is to reduce the "temptative value" of stimuli that elicit undesirable behaviour (Wolpe, 1969; Lovaas, 1977).

According to Rescorla and Solomon (1969), there are different kinds of aversive conditioning depending on whether an aversive event is used to weaken an existent response or to learn a new one. Considering punishment as an aversive event, they argue that punishment may involve either the removal of positive reinforcers or the use of aversive stimuli such as electric shock or drug. In this study the variant of aversive therapy used is covert sensitization. According to Cautela (1966) covert sensitization is a procedure of aversive therapy in which the obnoxious stimuli (punishment) is presented to the client via imagination. A hierarchy of appropriate punishments designed to extinguish the maladaptive behaviour is established. The client is instructed to pair the maladaptive behaviour with the punishments in imagination.

Steffy, Meichenbaum and Best (1970) upheld the efficacy of covert sensitization which they referred to as the cognitive-behavioural approach to aversive conditioning. In the same vein McFall and Lilles (1971) indicated the value of including such cognitive activity as

covert rehearsal behavioural treatment programmes for assertion behaviour. They maintained that such covert procedures protects subjects from an external evaluation, minimizes avoidance behaviour and emotional reactions and thus forsters learning.

In consonance with the above theories, Harris and Ersnerhershfield (1978) posited that primarily maladaptive responses can be stopped for a period of time during which there is opportunity for changing a life-style by encouraging more adaptive alternative patterns of behaviours that are rein-forcing in themselves. They maintained that electric shock as an aversive stimuli has diminished generally in use in recent years because of the ethical problems involved in its use and because the new behaviour induced by it do not automatically generalize to other settings. They postulated that less dangerous and more effective procedure or method of choice today is differential Reinforcement of Other Response (DOR), in which behaviours alternative to the undesired behaviour and incompatible with it are reinforced. This is based on the assumption that since maladaptive behaviours are learned, they can be unlearned via extinction and differential reinforcement. Extinction strategies are predicated on the hypothesis that many forms of behaviour have multiple consequences: Some positive, some negative. And often subtle positive reinforcement keep a behaviour going despite its obvious negative consequences. The reinforcers have to be identified by careful situational analysis and through extinction procedure a programme is arranged to withdraw the reinforcers in the presence of the undesirable responses. Withdrawal of reinforcement for the

undesirable behaviour extinguishes the behaviour. Differential reinforcement is based on the premise that maladaptive behaviour can be eliminated if behaviour alternative to the undesired behaviour and incompatible with it are reinforced. According to Tucker, Vuchinich and Downey (1992), aversion therapy if used at all seems best implemented in the context of broadly based programmes that partain to the patient's particular life circumstances. For example in this study the problem of abnormal sexual behaviour of the subjects is associated with their attitude towards the value of chastity, their self-esteem and the distress they experience. All these were taken cognisance of in designing a broad base programme of covert aversive therapy for them. The therapy was used in conjunction with the multiple-target attitudinal therapy in a comparative study of treatment outcomes.

2.1.6 PSYCHOLOGICAL INTERVENTION: THE INTEGRATIVE COGNITIVE-AFFECTIVE-BEHAVIOURIAL PERSPECTIVE (STRICKER, 1992)

The integrative cognitive-affective-behavioural approach is a synthesis of the conceptual frameworks of the cognitive-behavioural approach and humanistic psychology (Stricker, 1992). The cognitive-behaviourists hold that a target behaviour can be evoked by the use of behaviour modification techniques but it must also incorporate procedures designed to change maladaptive beliefs. On the other hand, the humanistic psychologists emphasize the individual's natural tendency toward growth and self-actualization and assumed that psycho-

logical disorder arise when the process of reaching one's potential is blocked by circumstances or by other people who try to channel the person's development along lines they find acceptable. When this occurs, the person begins to deny his true feelings. Thus values are important to individuals and the goal of the humanistic therapist is to facilitate exploration of the individual's own thoughts and feelings and to assist the individual in arriving at his or her own solutions. The multiple-target attitudinal change therapy is based on the theoretical framework of the integrative perspective.

The integrative perspective acknowledges the usefulness of incorporating cognitive-behavioural interventions with affective approaches in order to produce change for patients who present a complex attitude change (Stricker, 1992). Attitude change therefore is at the central focus of the integrative perspective. And as Stricker (1992) pointed out psychotherapy at heart is a process of attitude change. This statement recognizes that attitudes can be unconscious as well as conscious and that attitudes have three components: cognitive, affective and behavioural. Strupp (1978) definition of psychotherapy has a bearing on the integrative perspective. He defined psychotherapy as an interpersonal process designed to bring about modification of feelings, cognitions, attitudes and behaviour which have proven troublesome to the person seeking help from a trained professional.

The integrative perspective evolved out of the need to eradicate the limitations of both the humanistic approach as exemplified by Rogers's (1951) client-centred therapy and the

cognitive-behavioural approach (Beck, 1910). The short-comings of the humanistic approach which have been articulated by Kazdin and Wilson (1978) are: that humanistic psycho-therapies are best suited to verbal, intelligent, introspective, wealthy, and relatively well-functioning individuals and have little value to the vast numbers of people, including the lower class, children, aged and psychotics; that humanistic therapist have failed to carefully evaluate the effective-ness of the therapy they practice; that studies which support the effectiveness of humanistic therapies tend to use measures of success which lack reliability and validity; that for example the patient's self-report of progress is subjective and may be influenced by the expectancy of therapeutic gains rather than by the treatment itself; that self-report data may not reflect changes in the client's actual behaviour; that humanistic procedures which rely heavily on insight focus on the internal dynamics of the patient, while virtually ignoring maladaptive behaviours; that unless the patient learns new skills or ways of responding that are more adaptive, it is unlikely that treatment gains will be maximized; that patients who profit from humanistic therapies improve because the therapist reinforces appropriate behaviours or serves as an effective model for the individual and not only because of insight.

Cognitive-behaviour therapists believe that conscious thoughts play a major role in determining the way a person feels and behaves (Ellis, 1977; Beck, Rush, Shaw and Emery, 1979; Meichenbaum, 1977). Ellis (1977) contended that faulty or irrational pattern of thinking are at the root of much human suffering. Beck (1991) noted that negative thoughts of

emotionally disturbed patients occupied a dominant place in consciousness and were repetitive, negative thought about self, the present and the future. Although cognitive behavioural therapists may differ in the specific procedures they employ, they tend to agree that changing maladaptive thought patterns is a central therapeutic goal (Mahoney and Arnkoff, 1978). Cognitive behaviour therapists are careful to point out that successful treatment involves not only change in the way in which people "think" about their problems, but also the way they behave. With its emphasis on thought and behaviour, the cognitive-behavioural approach lack adequate recognition of the importance of the affective variable in therapeutic change. The direct focus of cognitive-behaviour approach is on conscious thinking pattern which makes it ignore the internal dynamics of the patient. It means that the affective component of the underlying emotions and motives of the human personality is set aside. The individual subjective views of the world, his or her perception of self, and his or her feelings of self-worth are replaced by superficial cognition of the self, the present and the future (Beck, 1991) devoid of in-dept consideration given to hidden motivations or unconscious processes to modify behaviour.

The integrative cognitive-affective-behavioural analysis has goals that are more encompassing than that of the humanistic psychology or the cognitive-behavioural approach, although it shares the methods of both. The integrative analysis seeks to change behaviours of particular persons by considering the affective, cognitive and behavioural components of

behaviour change. In fact it is concerned with the complexity of a patient's attitude change (Stricker, 1992). The integrative analysis shares the goals of cognitive behaviour approach because it emphasizes modification of conscious thought and behaviour. It does not, however, share the non-recognition of the patient's hidden motivations or unconscious processes to modify behaviour. In the same vein, the integrative approach because it emphasises the role of affective components and an understanding of the human personality in effecting behaviour change, shares the goal of humanistic psychology. It also shares the phenomenological and nondirective methods of humanistic psychology which assumes that every individual has the motivation and ability to change and that the therapists encounters the client as he/she is at this moment. The integrative analysis however unlike the humanistic approach does not ignore the consideration of the role of reinforcement in maximizing treatment gains. Besides, it does not rely too heavily on insights while ignoring the maladaptive behaviour. It helps the client learn new skills and adaptive way of responding. It is also not too reliant on self-report measures but considers seriously the behaviour outside of the therapy session.

The integrative cognitive-affective-behaviour approach is recommended for patients who present a complex attitude change. It is adapted for this study and was used in the form of the Multiple-target Attitudinal Change Therapy (MACT) developed by the researcher. MACT was used as a treatment intervention in the study for the Nigerian clergy and the Catholic Reverend Sisters who experience abnormal sexual behaviours because it takes

cognisance of the attitude construct and it is sensitive to religious values. The therapist was both non-directive to a certain extent (in facilitating the self-exploration of the client's own thoughts and feelings) and directive in helping the client solve his problems.

The integrative perspective has two aspects-descriptive and therapeutic. The descriptive derives from its cognitive, affective and behavioural components. It involves monitoring the interaction of these components in the therapeutic situation to effect behaviour change.

The therapeutic aspects include upholding the strong scientific tradition of precise measurement and validation of therapeutic manipulation of the goals of behaviour modification (Kazdin and Wilson, 1978). The criteria for the assessment of the therapeutic effectiveness will include the importance of the changes, the breath of the changes and the durability of the changes attributed to the therapy. Other criteria that will be considered are response rate, stimulus and response generalisation, and the client's satisfaction. In general, consideration will be given to the potential value of the treatment in relation to the specific therapeutic and social goals. The therapeutic sessions was conducted in group therapy in an attempt to explain the incidence of abnormal sexual behaviours and treatment intervention among the Nigerian clergy and the Catholic Reverend Sisters.

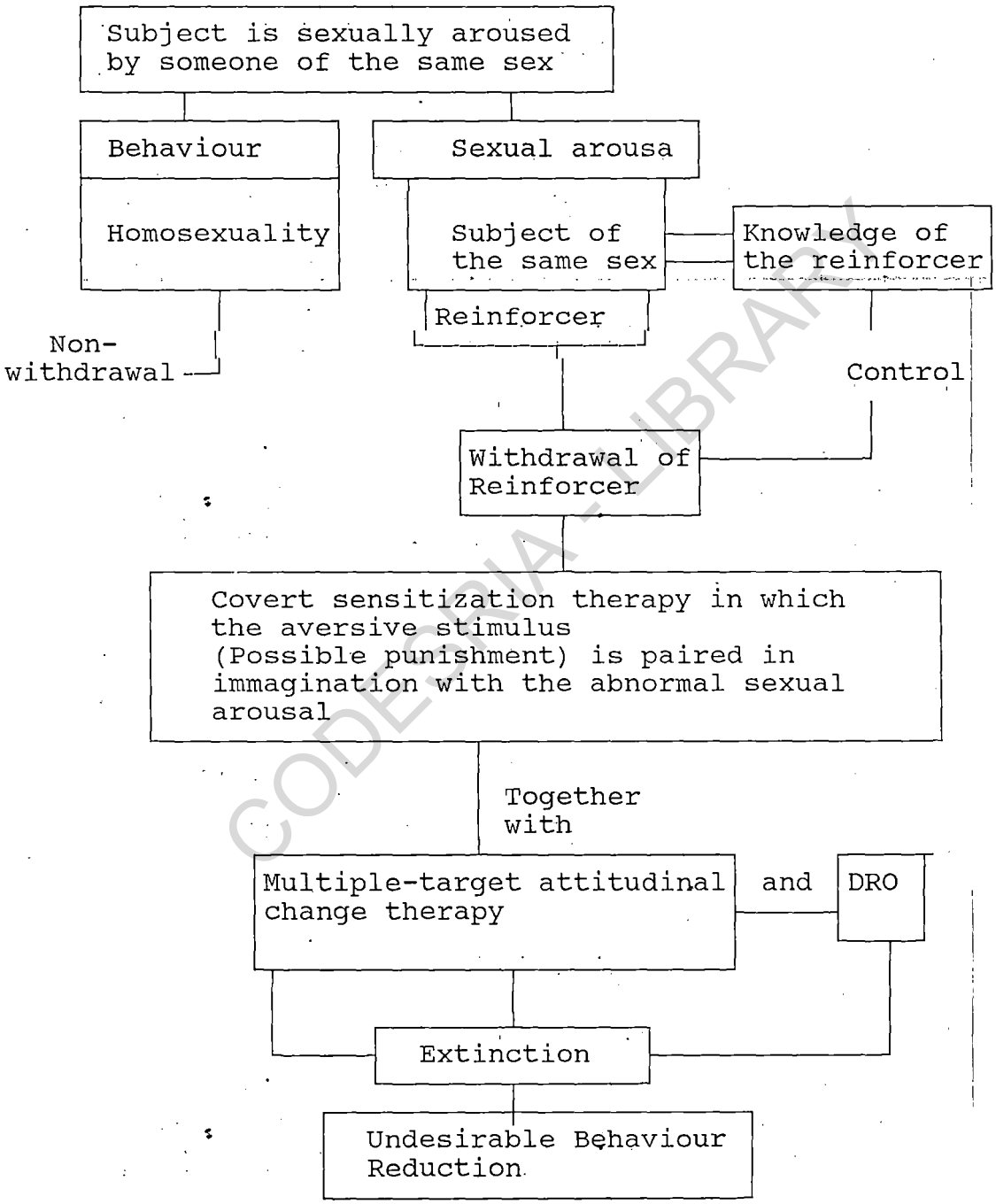

Figure 2.2: **A schematic representation of the Behavioural Psychotherapy used in this study**

2.1.7 PSYCHOLOGICAL INTERVENTION: GROUP PSYCHOTHERAPY

Group psychotherapy is based on the fact that many emotional problems involve an individual's difficulties in relating to others, including feelings of isolation, rejection and loneliness and the inability to form meaningful relationships. Although the therapist can help the individual to work out some of these problems, the final test lies in how well the person can apply the attitudes and responses to relationships in everyday life. Thus group therapy is a form of treatment in which carefully selected clients who are homogenous in their psychological, emotional needs are brought together in a group for the purpose of assisting one another effect psychological personality change under the professional guidance of a therapist. Group therapy is usually reserved for approaches in which the group interaction are the central focus of the therapy. The leader of the group, by means of a variety of technical manovuers and theoretical constructs, uses the group interactions to bring about the desired change. Group therapies describe the broad range in which the group format is used.

The popularity of group approaches has paralleled the increased demand for psychological services in the general population - a trend which became especially apparent in the years following World Ward II. Thus, group therapy has been used in a variety of settings: in hospital wards, out-patient psychiatric clinics, with parents of disturbed children and in correctional institutions. Group therapy has been tailored to suit the interests and meet the need of virtually anyone who seeks psychotherapy.

However, group psychotherapy has to be differentiated from the new groups such as encounter groups, T-groups and sensitivity training groups. The major difference is that psychotherapy groups are composed only of persons who are suffering from similar psychological problems. The group psychotherapy offers treatments, and the goal of the group is the amelioration and correction of psychological personality problems. On the other hand, T-group or the encounter groups are composed of normal adjusted people and the basic goal of such group is education not psychotherapy.

In organizing a group therapy, the therapist chooses patients who are sufficiently advanced in their understanding of themselves and are able to perceive themselves as they will appear in the group setting. Homogeneity in educational back-ground and intelligence is desirable but not imperative. Typically, the group should be of a small number of individuals ranging from 6-12 who have similar problems. A balance of males and females in the group allows members an opportunity to project and to experience feelings in relation to both sexes. At the first session, the members are introduced by their first names, and the purpose of the group discussion is clarified. In introducing the subject of the group therapy to all prospective members, the therapist may explain that the group is being organized for purposes of treatment. The length of a group therapy session is approximately 1½ to 2 hours. The frequency of meetings is one or two sessions weekly. The best seating arrangement is in a circle. Before the close of the first session, some therapists find it advisable to stress the

confidential nature of the meetings and to caution against any member revealing to others the identity of the group members and the subject matter discussed in the group sessions.

According to Wender (1940), the premise of group psychotherapy is that the human individual is a "group animal" seeking a satisfying social setting; that he is a social product whose inhibitions and repressions are motivated by the norms of the group; that difficulties in adjustment and failure to express his emotional troubles are the result of his inability to face the group and integrate properly in it. If this individual who has failed in the more complex setting is placed into a small group which is friendly to him and is composed of others suffering from allied disturbances, he will become enabled when he learns to understand the problems of the others, to associate with them, to release his aggressive tendencies, his hates, his loves, and his wishes without accompanying sense of guilt. By working out his adjustments in a small group, he becomes able to face the large group (the world) and to handle his emotional or social problems on a normal basis.

Psychoanalysis was Wender's theoretical orientation for group psychotherapy. He pointed out however that a group therapy approach involves a more active participation on the part of the therapist. The main factors in the group psychotherapy were noted by Wender as being: (1) Intellectualization, or insight, (2) Patient to patient transference (3) Catharsis, (4) Group interaction, which includes such phenomena as identification in the group and sharing of common experiences.

Berne (1966) in his Transactional Analysis group psycho-therapy theory proposed that anyone can learn to understand other people in his life and understand how to improve his interpersonal relations. He emphasized understanding the communication between people as a way to understand the different feelings between "ego states". And ego states consist of three parts of psychological realities within personality: the parent, the adult and child. He maintained that one way to understand peoples as individuals or as part of a groups is through transactional analysis which as a system consists of the behaviour of the client in terms of roles in the therapeutic transactions with the therapist as a role partner. Berne argues that it is from behaviour within the therapeutic transaction that understanding and changes arise.

Of great relevance to group therapy theory is the dynamic interactional theory. In its simplest form it states that the personality of a person is mostly the product of one's interaction with other significant people; that a person's psychological growth entails the development of a concept of the self which is based to a large extent on how he perceives the appraisal of himself by others. Therefore when an individual fails to perceive himself positively within the group, he will begin to manifest neurotic personality problems which can only be adequately treated in a group (Lieberman, 1975).

Levine (1979) and Lieberman (1975) maintained that group therapy guided by a trained therapist can help with almost anything that individual therapy can, provided an appropriate group is available and the individual will accept the group as the mode of

treatment. Group therapy permits clients to work out their problems in the presence of others, to observe how other people react to their behaviour, and to try out new methods of responding when old ones prove unsatisfactory.

They proposed that typically the group should consist of a small number of individuals (6 to 12) who have similar problems. The therapist should remain in the background allowing the member to exchange experiences, to comment on one another's behaviour, and to discuss their own problems as well as those of other members. However, in a group desensitization session, social skills training session, the therapist may be quite active.

Levine (1979) argues that group therapy has several advantages over individual therapy: It saves therapist time because one therapist can help several people at once. An individual can derive comfort and support from observing that others have similar, perhaps more severe problems. A person can learn vicariously by watching others behave and can explore attitudes and reactions by interacting with a variety of people not just with the therapist. Groups are particularly effective when they provide the participants with opportunities to acquire new social skills through modelling and to practice those skills in the group.

Yalom (1975) believed that there are "curative factors" in group therapy. These are:

1. Imparting information: In every therapy group, there is ample access to information provided by the therapist and group members. Group members have an opportunity

to receive suggestions, advice or direct guidance from the group relevant to commonly held problems or concerns.

2. Instilling hope: Hope is an essential ingredient of any therapeutic approach. Observing other group members who have coped successfully with similar problems or dilemmas may be a potent source of inspiration.

3. Universality: As group members share intimate feelings and disclosures, it may be comforting to learn that other share similar fears and concerns, have endured equally difficult situations, and have surmounted hurdles in life that some of the group members are only beginning to confront. The very knowledge that one is not alone in one's suffering and in one's struggles to cope effectively with life's challenges may be a source of relief as well as an impetus for change and growth.

4. Altruism: Clients often enter group treatment demoralized, unsure of themselves, and lacking in self-esteem. But over the course of the group experience, members can learn a valuable lesson that they can be of help and value to others. The contribution to the personal growth of other group members can lead to a greater sense of self-worth and a heightened awareness of personal resources.

5. Interpersonal learning: The complex interplay of relationships and personalities which fashion the shape of the group affords an excellent context for learning about interpersonal relationships, social skills, sensitivity to others and conflict resolution.

6. Imitative behaviour: Group members may acquire new behaviours by modelling desired and effective behaviours.

7. Corrective recapitulation of the primary family: The group experiences may offer the client a unique opportunity to explore and resolve conflicts and problems related to family members which continue to be expressed in relationships outsides the family content. Behaviours which may have been rewarded and even functional in the family of origin may come to be viewed as maladaptive and inappropriate in the context of the treatment group.

8. Catharses: The open expression of feelings toward others is an essential part of the group process. Learning how to express feelings in an open, honest and straightforward way leads to closer bonds between group members and a greater sense of mutual trust and understanding.

9 Group Cohesiveness: Group cohesiveness is one of the primary curative factors. It is the sense of "groupness" that binds individuals together serving much the same function as the relationship in individual therapy. In a tightly-knit group where members feel close to one another and a sense of trust exists, members may move freely, take risks, accept feedback from one another and experience a sense of self-esteem that derived from acceptance by the group. There is free flow of feeling and

interpersonal exchange which is essential to the emergence of the other curative factors.

On the whole, Yalom maintained that groups provide a rich context for change and growth. The group experience may help forster a sense of personal validation and self-worth. It may provide the impetus for interpersonal learning and the opportunity to profit from the experience of others; and it may offer the group members an opportunity to help others in their quest for change and growth.

The integrative cognitive-affective-behavioural intervention strategies have been recommended for patients who present complex attitude change. There have been no research studies investigating its use with patients who have a religious commitment and whose life-style is moderated by religious values. Besides the use of group therapy for the clergy and religious with abnormal sexual behaviours have not been reported by any research study. The present study therefore investigated the efficacy of the intergratively based intervention strategies in the context of group therapy on abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters.

2.1.8 SUMMARY OF THE THEORETICAL BACKGROUND

In this study, there has been an in-depth discussion of six major theories considered relevant to an explanation and understanding of the variables of the study. These theories

pertained specifically to the psychological variables and treatment interventions that are considered in this research. These theories include attitude theories, self-concept theory, gender theories, and psychological intervention theories.

The theories on attitude formation and change were discussed from three perspectives: conditioning and reinforcement, incentives and conflicts and cognitive consistency. The cognitive consistency theory was highlighted as most relevant to the study. Rogers self-concept theory was discussed emphasizing its pathological and psychotherapeutic importance for the study. The gender differences theories on susceptibility to abnormal sexual behaviours were critically analysed from two perspectives gender identity and sex typing. Using these two perspectives as base, further explanation was then made applying differential vulnerability hypothesis, differential exposure hypothesis and social-role theory. The conception of the nature of chastity was also highlighted delineating its two forms and its deviations. Their relevance to an understanding of the aetiology and development of abnormal sexual behaviours were pointed out. Psychological intervention theories were viewed from the covert sensitization conditioning perspective, the integrative cognitive-affective-behavioural perspective and group therapy.

Among all the theories discussed, attitude, self-concept, gender nature of chastity and psychological intervention theories are considered the most relevant in explaining the variables of this study: attitude, sex, self-esteem, nature of chastity and the psychological

interventions. Nevertheless, all the theories are relevant and are applicable to the variables of this study.

Empirically, evidence related to these theories, provided by different researchers was discussed under the review of literature.

2.2 LITERATURE REVIEW

The connection between religion and psychopathology has been the subject of debate since the inception of Freud psychology. Freud (1939) and later Ellis (1980) suggested that religiousness is irrational and inimical to psychological well-being. However, Bergin (1991) refuted these assumptions and claimed that spiritual value and experience can influence the behaviour and life-style of human beings positively. Studies corroborating this stance showed that there is a positive association between religiosity and self-esteem, family cohesion and perceived well-being (Rohrbaugh and Jessor, 1975; Gorsuch and Butler, 1976).

Allport and Ross (1967) made a distinction between extrinsic and intrinsic religiosity and proposed that intrinsic religiosity is emotionally enhancing. It has to be noted that the experience of abnormal sexual behaviours among the Nigerian clergy and Catholic Reverend Sisters is rooted in their ministerial vow of chastity. If the distinction between extrinsic religiosity and intrinsic religiosity is made applicable to them, such sexually deviant Nigerian

clergy and Catholic Reverend Sisters are therefore extrinsically religious as far as living their religious vow of chastity is concerned.

The possibilities of the interplay of attitude toward the value of chastity, self-esteem and gender differences and their implications for abnormal sexual behaviours and inter-vention among the Nigerian clergy and Catholic Reverend Sisters are reviewed below.

2.2.1 GENDER DIFFERENCES AND ABNORMAL SEXUAL BEHAVIOUR

In this research study, gender differences as a factor predicting abnormal sexual behaviours has been considered from the perspective of gender identity and sex typing. Although the most consistent findings in research on abnormal sexual behaviours such as homosexuality and fetishism is their prevalence among men, the origins of this sex difference remain unclear. In an extensive study by Bell, Weinberg and Hamersmith (1981) and Bell and Weinberg (1978), gender nonconformity has being implicated in the prevalence of homosexuality among men. Interviews with hundreds of homosexuals and heterosexuals about their early development, revealed that many fewer homosexuals than heterosexuals while growing up wanted to be like their fathers. Thus the male homosexuals and heterosexuals differ with regard to identifying with their fathers. On the other hand, in a study of females in extended analysis, Kaye, Beri, Clare, Eleston, Sgershwin, Gershwin, Kogan, Torda and Wilbur (1967) found no differences between female homosexuals and

heterosexuals in their early relationships with their mothers. Findings from this study, in which the data were supplied by the therapist, indicated a negative relationship of female homosexuals with their fathers. The father of the lesbian was seen as a superficially feared and puritanical person who was overly possessive of his daughter. In addition, he was seen as attempting to discourage her development as a female. Bene's (1965) lesbian subjects were more hostile toward and afraid of their fathers than heterosexual females. The lesbians also saw their fathers as weak individuals. Grundlach and Reiss (1968) found that lesbians reported their fathers as less warm and affectionate and more indifferent, acting like strangers towards their daughters. Results from these studies suggest that although the father may be centrally involved in the early interpersonal dynamics of the pre-homosexual girl and boy, for the boy it is more a problem of gender nonconformity than for the girl. The role of the mother is much less clear.

Consistent with the gender nonconformity theory of Freud (1933/1964), Hammer (1968) in a comparative study of 286 male sex deviant offenders mainly from a prison population and a control group consisting mainly non-sex offender prisoners found that sex offenders differed mainly in four areas: First, they experienced unequivocal intense and overwhelming "castration anxiety". Second, their mothers were particularly engulfing and sexually seductive toward their sons. Third, they were characterized by a distinctly concrete as opposed to an abstract mental structure that reduced the capacity for discharge of tension

through fantasy or sublimation. Fourth, the deviant group reported incest experiences in their own childhoods, which were postulated to result in disillusionments, with superego figures and a feeling of exemption from normal superego standards.

Recently, these researches have been corroborated by the findings of Money and Lamacz (1989) who were able to trace the development of paraphilias in seven males. Their findings pointed to difficulties in early sexual development. Some of them had strict anti-sexual upbringings with sex never being mentioned or being actively expressed. Others of the seven suffered traumatic incidents in childhood such as incest and physical sexual abuse. Furthermore, a large study involving interviews with hundreds of homosexuals and heterosexuals by Bell, Weinberg and Hammersmith (1981) on variables influencing sexual preferences is quite revealing. The results were based on interviews conducted in 1969-1970 with approximately 1,500 homosexual men and women living in the San Francisco Bay area. The investigators analysed the respondents relationships with their parents and siblings while growing up, the degree to which the respondents conformed during childhood to the stereotyped concepts of what it means to be male or female, the respondents relationships with peers and others outside the home and the nature of their childhood and sexual experiences. Statistical analyses traced the relationship between such variables and adult sexual preferences. The findings were as follows:

1. The respondents' identification with their opposite sex parents while growing up appeared to have no significant impact on whether they turned out to be homosexual or heterosexual.
2. For both the men and the women in the study, poor relationships with father seemed to play a more important role in predisposing them to homosexuality than the quality of their relationship with their mothers.
3. For both men and women, homosexuals were no more likely than heterosexuals to report a first sexual encounter with a member of the same sex.
4. By the time both the boys and the girls reached adolescence, their sexual preferences was likely to be determined, even though they might not yet have become very active sexually.
5. Among the respondents, homosexuality was indicated or reinforced by sexual feelings that typically occurred 3 years or so before their first "advance" homosexual activity. These feelings, more than homosexual activities, appeared to play a crucial role in the development of adult homosexuality.
6. The homosexual men and women in the study were not particularly lacking in heterosexual experiences during their childhood and adolescent years. They were distinguished from their heterosexual counterpart, however, in that they found such experiences ungratifying.

7. Among both the men and the women in the study, there was a powerful link between gender nonconformity as a child and development of homosexuality. However, the men were found to be more gender nonconformists than the women.

8. In so far as differences can be identified between male and female psychosexual development, gender nonconformity appeared to be somewhat more important for males and family relationships appeared to be more important for females in the development of sexual preference.

In studies of family backgrounds among males, Bierber, Dain, Drellich, Grand, Gundlack, Kremer, Reikin, Wilbur and Bieber (1962) and Evans (1969) found that more homosexuals than controls had a mother who was close binding and intimate with her son and minimizing toward her husband. The typical father of homosexuals was detached and hostile in his relations to his son. This is considered the "classical" pattern. Likewise, Bene (1965) found that compared with her controls, more of the male homosexual were hostile toward their father and saw their fathers as weak. However, Bene found no difference between experimental and controls in their perception of their mothers. Apperson and McAdoo (1968) also found that the reported relationship between homosexuals and their fathers was quite negative.

Responsibility for appropriate sexual identification is thought to rest most heavily on the father (McCandless, 1970). Evidence for this is relatively clear (Biller, 1970). Therefoe

based on the findings of Bieber et al. (1962). Bene (1965), Apperson and McAdoo (1968), and Evans (1969), it appears that homosexual males should exhibit a greater degree of inappropriate sex-role identification than heterosexual males.

Chang and Block (1960) supplied evidence that supports the notion that male homosexuals have inappropriate identification. They compared a group of adequately functioning male homosexuals with controls on a measure of parent identification. The homosexual group checked more of the same adjectives than the control group when asked to describe "yourself" and "your mother" and fewer of the same adjectives when asked to describe themselves and their fathers. Chang and Block concluded that these homosexuals more strongly identified with their mothers and more strongly disidentified with their fathers than the controls.

The relationship between early parent child interactions and sexual identity were investigated in studies carried out by Norman, Thompson, Schwartz, McCandless and Edwards (1973) among adequately functioning female and male homosexuals and heterosexuals. Female homosexuals reported having had more negative relations with their fathers in childhood than female heterosexuals, although a wide variety of parent-daughter relations was reported by both groups. The female homosexuals were neither mother nor father identified, but they were more distant form both parent and other people than their controls. The female homosexuals also reported a more masculine child-hood than the

heterosexuals, and they were masculine on an objective measure of masculinity-feminity compared with their controls; the male homosexuals reported more closely-binding intimate mothers and hostile, deteached fathers than the heterosexual controls. As with the two female groups, a wide variety of parent-son relations were reported. Homosexual males were not more mother identified than their controls, but, like the female group, they were more distant from parents and other people than the matched controls. Males homosexuals reported more feminine childhoods, and they were less masculine than controls on a masculinity-feminity test.

Siegelman (1974) examined the family constellation described by the preceding investigators among homosexual and heterosexual males and found that it did not distinguish among them, rather it was indicative of neuroticism or other psychopathology in both groups. Similarly the well-designed institute for sex research study has failed to turn up any consistent differences in the family backgrounds of homosexual as compared with heterosexuals (Bell, 1974, Bell & Weinberg, 1978). Kinsey, Pomeroy, Marin and Gebhard (1953) found that homosexual relationships were far less common among women.

Researches that give credence to the importance of rewards and punishment for the acquisition of sex-typed behaviour and its relatedness to the development of homosexuality fornication and fetishism abound. Bandura (1986) emphasized the significance of the reward

and punishment children received for sex-appropriate behaviours and sex-inappropriate behaviours respectively.

With regard to homosexual experiences and positive reinforcement, the development of homosexuality is frequently associated with pleasant homosexual experience during adolescence or early adulthood. In an early study of 79 homosexual, East (1946) found early homosexual experiences to be the most common environmental factor. More recent studies have tended to support this finding. In a study of 65 lesbian, for example, Hedblom (1973) found that two-thirds engaged in their first homosexual contact before the age of 20 years and had been willing and cooperative partners. Forty percent of the total group achieve organism at the time of their first homosexual experience.

In spite of these findings, it seems doubtful that early homosexual experiences lead to later homosexual life-styles except where they are reinforced by pleasurable repetition and/or meet the individual's emotional needs. This kind of emotional support is described in the following excerpts from the case of an adolescent girl who first entered into homosexual behaviours in a correctional institution for delinquent girls:

> "I have a girl, a simply wonderful girl... I need her ... I feel better toward all people. I feel satisfied. Now I have somebody to care for. Now I have somebody I want to make happy and somebody I will work hard for..."
> (Konopka, 1964, p 23).

Research studies have confirmed that negative conditioning of heterosexual behaviour may lead to conditioning in which heterosexual behaviours becomes an aversive stimulus. For example, where a boy or a girl is ridiculed, rebuffed and humiliated in an early effort to approach members of the opposite sex, homosexuality may seem safer sources of affection and sexual outlet. If parent catch their son "playing with" a girl and punish him for being "bad" they may be subtly telling him that heterosexual behaviours is evil. Also early sexual relations under unfortunate conditions may have a comparative effect. Konokpa (1964) concluded that girls who have been raped by their fathers (and they are not rare among delinquent girls) find relationship with men either threatening or disgusting and often turn to other girls for fulfilment of their emotional needs.

Similarly, finding in the large-scale study of homosexuals by the institute for sex research showed that some lesbians have shifted from heterosexual to homosexual partners. Conversely, some lesbian shifted to heterosexuality after disillusionment with the "gay" life (Bell and Weinberg, 1978). They noted that more than a third of the gay females and 20 parent of the gay males have been married. In fact, the great majority of the subjects has heterosexual relationships prior to adopting a gay life-style. They did not feel rewarded or satisfied with their heterosexual relationships.

In the same vein, in the Nigerian society, such dissatisfaction with heterosexual relationships have given rise to a thriving homosexual community in Jos. Quality Magazine

of June 21, 1990, Vol 5 No. 25 has on its front page the caption: THE HOMOSEXUAL COMMUNITY IN JOS. The homosexuals operate along Bauchi road and Audi Lane. Audi lane is the main centre of activity for the homosexuals. Most of them are from Zaria, Sokoto, Kastina, Abuja and Kano. The homosexuals are described as effeminate, dressing like women, with their faces made up exhibiting women mannerism. The female prostitutes teach the men female attitudes and mannerisms of the trade and how to talk and behave like women. Another dimension of the homosexual community in Jos is the monetary positive reinforcement. The homosexual community is highly patronised by rich men. Thus the homosexuals engage in homosexual practices because of the fun or pleasant homosexual experience and monetary gains they derive from such practices. The government is aware of the existence of this community but does nothing to dislodge them. Although the people hold them in discontent, they do not harass them. Homosexual groups also exist in other parts of Nigeria though secretly. What is true of homosexuality is true of fornication or adultery. The behaviour-reward relationship holds for them. People engage in such abnormal sexual behaviours because of the reinforcement they experience. Fornication and extra-marital sexual affairs can be likened to prostitution involving heterosexual relations for which the female is paid.

In most segments of our society, however, prostitution has traditionally been considered evil, and has been subjected to sanctions. Among the reasons commonly reported for men's frequenting of prostitutes are:

(a) Insufficient opportunity for other type of heterosexual experience, as is often the case with military personnel (and the single clergy).

(b) Desire to discover what such an experience has to offer, and in the case of older men, to have sexual relations with a much younger woman.

(c) Desire to avoid the responsibility generally associated with sexual relations

(d) Difficulty in securing sexual relations with other women-possibly because of timidity or a physical defect.

(e) Desire to find a partner willing to engage in otherwise unavailable variant of sexual practices.

Women are found to engage in prostitution invariably for the same reasons as men. Research studies have ascribed widely differing motives and characteristics to females who become prostitutes (Gagnon and Simon, 1973). In general, it would appear that the main consideration is money. Additionally, assuming a modicum of physical attractiveness, it may appear virtually impossible to be a "failure" in this work in terms of performance and client satisfaction. Haggerty (1973) has concluded that prostitution seems to be a natural "dumping ground" for uneducated and unemployed women in a male-dominated society. Often prostitutes come from unstable families and have histories of frequent sexual episodes.

The broad spectrum of reasons ascribed to a man patronizing prostitutes or women becoming prostitutes may not hold in all its entirely to a man or woman's involvement in

fornication or extra-marital sexual affair. However, there is much likelihood that some of these reasons and characteristics are applicable.

Gabnon and Simon (1973) have pointed out that conditions in the United States make leaving the life of prostitution more difficult than it is in many other countries. In the United States the prostitutes usually lack necessary skills for obtaining needed employment in other areas. In addition she may find it hard to adopt a new self-concept and new value orientation toward sex. Nevertheless many prostitutes do eventually marry and attempt to establish a more satisfying life pattern. Obviously serious problem may arise in the processes of such a readjustment. According to Gagnon and Simon (1973) the world of the prostitute is generally considered a difficult and ultimately unrewarding one. In a study of 22 former prostitutes, Bess and Janus (1974) reported that an adequate readjustment can be achieved both on inter-personal and occupational level.

Although studies on prostitution in Nigeria are rare, the picture that the Nigerian mass media presents of prostitution is that it is flourishing. The reasons alluded for prostitution in the United States apply to Nigeria.

On fornication, adultery or extra-marital affairs per se the quality weekly, Prime People and Vintage people magazines report incidents that convey the picture of the prevalence of these deviations in Nigeria. Worthy of particular mention are those in the Quality Weekly Magazine of Feb. 1. 1990 Vol. 1 No 5 an Feb. 8 1990 Vol. 5 No 6 which

reported respectively about "sexual harassment of sales advert executives" and on "what sugar mummies sacrifice to keep the boys and why boys cling to them". By far the most revealing and informative media report on these abnormal sexual behaviours in Nigeria is that on the investigation carried out by the same Quality Magazine of Feb. 15, 1990 Vol. 5, No. 7. Quality magazine's investigation revealed that adultery in Nigeria is regarded as an offence against the spouse. In most traditional societies such as the Igala, Idoma, Igbo, Hausa, Yoruba, Urhobo people the act is an an abomination against the gods and the land and the people of the community. Perhaps that is why adultery attracts various and varied sanctions from different individuals and communities. In most places, charges of adultery are heavily weighed against the wives, the women folk. In fact, the husband bears a lesser burden, unless in situation where they took the wives of their townsmen. For instance among the Igala people if a wife commits adultery and get pregnant, at the time of her delivery, she will not deliver the baby until she confesses. The Idoma people of Benue State have a more serious reaction to adultery. If a man has any sexual contact with another man's wife in the community, such an adulterer can never be the traditional ruler of his clan. The Igbos are perhaps well known for their physical assault on any man that flirts with their wives. The offended man could kill the man and also take a serious action against the wife such as making her buy a live goat, cock, kola and alligator pepper for a ritual called 'Ikwa ala' - cleansing of the land. The Hausa man sees his wife as a "very prized possession" that no man

should tamper with. The Hausa/Fulani like any of his counterpart in the Islamic world regard adultery as a very grevious offence and the koran stipulates that such a women be stoned to death. The Yorubas also view adultery with great indignation. In fact their traditional method of checking promiscuous tendencies is the well known "magun" which is a charm placed on the path of a flirting woman. If the wife goes to meet another man and they have sexual intercourse, the man will summersault seven times. If nothing is done before the seventh time he will drop dead. In some cases the man and the woman will stick together and can only be separated after a ritual. The Urhobo and Isoko will chop off the head of such a man. However, the Nigerian society have changed radically. The flood of civilisation and modernisation has swept away most of the traditional beliefs and sanctions against adultery. In Yorubaland, for instance people are finding anecdotes to "magun". With such an anecdote, you can have extra-marital sexual affair with another man's wife and nothing will happen to you. Generally, sanctions against adultery have not minimized or stopped the act. Infact it is snowballing into an all comers affairs. It is against this backdrop of the prevalence of homosexuality and fornication/ adultery in the Nigerian society that the sample for this study was drawn.

Furthermore, being rewarded with pleasurable experiences could account for fetishistic behaviour. Since the first prerequisite in fetishism which goes with masturbation seems to be a conditioning experience, Rachman (1966) demonstrated in an interesting

experiment, the endowment of a formerly neutral stimulus with sexual arousal properties, thus lending mild support to learning propositions. He created a mild fetish under laboratory conditions. Male subjects were repeatedly shown slides of women's boots. In time, the subjects came to exhibit sexual arousal - as measured by changes in penis volume - to the boot alone; this response then generalized to other types of women's shoes. The fetishistic attraction induced however was weak and transient.

In some instances, however, the association involved in fetishism are not easy to explain. An unusual fetishistic attraction was reported by King (1990) who described a twenty-six-year-old man who was aroused by other people sneezing.

Not infrequently, fetishistic behaviour consists of masturbation in association with the fetishistic object. Marchall (1974) reported a rather unusual case of a young University student who had a "trouser fetish": He would steal the trousers of teenagers and use them in physical contact during masturbation. Such activities can be devastating socially and personally, and people who engage in such activities often say they are simply overcome by an irrestible compulsion to perform the act.

A somewhat different, but not a typical pattern of fetishism is illustrated by the case of a man whose fetish was women's shoes and legs. Grant (1953) found that the fetishist in this case was arrested several times for loitering in public places, such as railroad stations and libraries, watching women's legs. Finally he chanced on a novel solution to his problem.

Posing as an agent for a hosiery firm, he hired a large room, advertised for model and took motion pictures of a number of girls walking and seated with legs displayed to best advantage. He then used these pictures to achieve sexual satisfaction and found that they continued adequately for the purpose.

Fetishistic patterns of sexual gratification usually became the preferred pattern only when they are part of a larger picture of maladjustment; such a picture typically involves doubts about one's masculinity and potency and fear of rejection and humiliation by members of the opposite sex. Males are most commonly involved in cases of fetishism - reported cases of female fetishism are extremely rare (Coleman, Butcher & Carson, 1980). By his fetishistic practices and mastery over the inanimate object - which come to symbolize for him the desired sexual object - the individual apparently safeguards himself and also compensates somewhat for his feelings of inadequacies.

From the literature reviewed above on sex differences, there seems to be obvious weaknesses in explaining the prevalence of abnormal sexual behaviours such as homosexuality and fetishism among men. Although homosexuals exhibit more gender nonconformity than lesbians, the role of the mother is yet to emerge. Even in the areas of family relationships, reinforcement and conditioning, the excess of symptomatology in males is not adequately substantiated empirically by the data of the research findings in the literature reviewed. In this study, however, sex differences, as it pertains to abnormal sexual behaviours was explained

in terms of male and female difference in self-esteem and attitude towards certain relevant values in their life; such explanation has not been made before.

2.2.2 SELF-ESTEEM AND ABNORMAL SEXUAL BEHAVIOUR

Another psychological factor of importance to this study is self-esteem or self-concept. Rogers (1959) contended that psychopathology occurs when the individual abandons his inherent potentials and feelings and adopts values that are imposed upon him by others. Empirical data in support of this theory as it applies to abnormal sexual behaviours are very sparse. However, the studies of some researchers (Dollard and Miller, 1950); Ellisworth, 1967; Evans and Murdoff, 1978, Kestinger and Carlsmith, 1959) give some credence to this theory.

Dollard and Miller (1950) carried out an analytical study of the self-concept of a female client with a severe sexual obsession. Careful probing of the client revealed that she was experiencing an approach-avoidance type of conflict with regard to her sexual feelings. She had grown up in an atmosphere of severe strictures against sexual expression of any kind, even in verbal expression. Her foster mother repeatedly emphasized that sex was wrong and "dirty". Thus she grew up regarding her own sexual thoughts and feelings as wrong, "dirty" and unworthy. She learned to cope by oscillating between distortion and denial. She distorted by sometimes adopting the view that she was a "dirty" evil person and proved her point by

going on binges of flirtation and sexual seduction even with truck drivers. She denied by being extremely restrained, almost prudish in her relation with her husband who is more educated than her and higher in social status. She was afraid that openly enjoying sex with him might make her seem "low - class". Neither pattern-distortion or denial - was an accurate reflection of the client's true self. Consequently, both pattern led to maladaptive sexual behaviour of the client. Rogers believe that in mature, adjusted people, there is congruence between the total person and the self and that well adjusted people can accept the full range of their experiences without distorting or avoiding them.

Ellisworth (1967) found in his study that individuals develop poor self-concept out of parental over protection in the course of their upbringing. Such individuals have negative self-concept and feelings of inadequacy.

In addition, Evan and Murdoff (1978) in their study revealed that self-concept takes shape in response to the rewards and/or punishment, approval and disapproval the individual received from significant others in their develop-mental experience. If the individual is praised and admired by his parents he regards himself as worth-while and admirable, he develop a high self-concept and behaves accordingly.

A formal and surprising illustration of self-perception theory as it relates to self-concept is provided by the induced - compliance experiment of Festinger and Carlsmith (1959). Subjects who had been paid only $1 stated that they had in fact enjoyed a dull task

while subjects who had been paid $20 did not find them significantly more enjoyable than control subjects who never spoke to another subject. This experiment confirmed Bem (1972) proposition that we make judgement about ourselves using the same inferential processes that we use for making judgement about others: they looked at their own behaviour (telling another subject that the tasks were interesting) and implicitly asked themselves "why did I do this?" They sought an answer the same way an outside observer would. The subjects paid $1 made a dispositional attribution (We did it because we really did enjoy the task). The subjects paid $20 made a situational attribution (We did to for the money). When the individual is paid only $1, the observer is more likely to make a dispositional attribution. He wouldn't be willing to say it for only $1, so he must have actually enjoyed the tasks. For the individual paid $20, the observer is more likely to make a situational attribution - Anyone would have done it for $20. This confirms the theory that a person's self-concept comprised the person's self-perception his attitude and the social roles he is expected to perform.

With these literatures reviewed on self-concept, it is evident that a lot more empirical studies need to be executed on self-concept and its relatedness to abnormal sexual behaviours. The present study attempts to rekindle research in this area.

2.2.3 THE NATURE OF CHASTITY AND ABNORMAL SEXUAL BEHAVIOURS

In this study, the nature of chastity as regards the two forms of chastity practised by the clergy and religious have been identified. Also identified are the offence against chastity

or sexual deviation. However the relationship of the two forms of chastity (chastity in continence and conjugal chastity) as determinants of abnormal sexual behaviours has not been investigated and ascertained. The present study attempted to supply this lack.

The Catholic clergy profess chastity in continence while the non-Catholic clergy practice conjugal chastity. Inspite of the varying forms of chastity existing among the two groups, abnormal sexual behaviours exist among them. However, any of the groups of Catholic and non-Catholic clergy may likely manifest significantly higher abnormal sexual behaviours then the other because of the nature of chastity professed. There is a dearth of empirical investigation on these issues and consequently no literature is available to be reviewed. The present study carried out such investigation.

2.2.4 ATTITUDE AND ABNORMAL SEXUAL BEHAVIOURS

There is a dearth of empirical studies on the implication of attitude in the aetiology and pathogenesis of abnormal sexual behaviours. Research investigations have instead focused on attitude formation and change and on attitude behaviour relations.

With regard to attitude formation, learning theorists maintain that learning principles could be applied to attitude formation and change. They postulate that in developing an attitude the individual acquires information and feeling by the process of information, reinforcement and imitation. The simplest factor in the formation of attitude is thus the

development of associations between the object and other words or qualities. Griffitt (1970) had people interact in small group in either a comfortable room or in one which was hot and uncomfortable. When asked to rate how much they liked the other people present in the room, individuals in the hot room reported liking the others less than did individuals in the comfortable room. Hence, in this manner, attitude can be formed simply by association.

Nisbett, Caputo, Legant and Marecek (1973) found that when students were explaining their reasons for choosing their college major, they tended to talk about both their own personal qualities and the qualities of the subject and saw these two as being equally important in their choice. On the basis of their own personal qualities, they formed an attitude toward the subject.

Dion and Bershield (1972) in their study revealed that physically attractive boys and girls (5 and 6 years of age) are more popular with their peers than less attractive children. Hence physical attractiveness is associated with attitude of liking formed by the children.

Dion (1972) had women read a description of an aggressive act committed by a 7-year-old child. The description was accompanied by a photograph of either an attractive or an unattractive child. The women believed that the attractive child was less likely than the unattractive child to commit a similar aggressive act in future. Thus even adults on the basis of a characteristic, form an attitude toward another person.

Credit for demonstrating the potential of reinforcement in attitude formation and change is given to Green spoon (1955). In his studies, he engaged participants in an interview situation during which they were asked to make comments on both sides of a controversial issue. He reinforced the expression of statements in the favourable direction for some participants and in the unfavourable for others by nodding, smiling, saying "good" or otherwise showing approval. His studies showed an increases in the frequency of the statements made in the reinforced direction over the course of the interview. Furthermore, when the participant attitudes were tested after the interview, it was found that many of the participants had changed their attitudes in the direction of the reinforcement and that this change seemed to persist over time.

A study of high school seniors and their parents reported by Jennings and Niemi (1968) showed that parents differentially reinforce the expression of certain attitudes by their children; hence a certain degree of similarity exist between the attitudes of parent and their children on certain topics. The greatest was on religious affiliation: 74 percent of the seniors had the same religious affiliation as their parents and only a negligible percentage had actively shifted to another religion.

Other researchers (Bryan and Test, 1967) in their study showed that attitudes can be learned through imitation. The investigators stationed a woman beside a car with a flat tire and checked to see how many drivers would stop to help her. A quarter of a male ahead of

the "distressed" woman, these cars passed a woman who was being helped with her flat (actually an experimental confederate). The drivers who had passed this "helpful" model and stopped to help the "distressed" woman were significantly more than those who had seen the model.

In the same vein, DeRicco (1978) in his study with college students showed that the rate of drinking beer was affected by the drinking rate of a model. Imitation was found to be optimized when the model has high attention value and possess characteristics attractive to the student.

Bandura, Ross and Ross (1963) in their study with 5-year old arranged for a group of them to observe models attacking an inflated "Bobo doll". Another group did not see the models attack the dolls. Children in both groups were then frustrated. Each child was allowed to start playing with some attractive toys, only to be interrupted and taken to a room that contained a Bobo doll and other toys. Children, in both groups reacted with aggressive behaviour, but children in the observational learning group focussed their aggressiveness on the Bobo doll much more than did the other children. In fact, some of the children who had seen the models attack the doll, attacked it in exactly the same ways and in the same sequence as the model had.

Evidently, children tend to imitate their parents, and their imitation extends to both behaviour and attitude. Through imitation, children learn to accept the values and attitudes

of their parents and other significant adults in their lives even when they are not overtly rewarding the child.

LaPiere (1934) carried out a research which illustrates the incentives and conflicts involves in attitude change. He travelled across the United States with a young Chinese couple. At that time there was quite strong prejudice against Asians and there was no law against racial discrimination in public accommodation. The three travellers stopped at over 200 hotels, motel and restaurant and were received at all the restaurants and all but one of the hotels and motels without problems. Later a letter was sent to all of the establishment visited asking them whether or not they would accept a Chinese couple as guests. Of the 128 replies received, 97 percent said they would not. In other words, these proprietors' attitude had changed.

In this study, the prejudiced proprietors may have found it difficult to act on their prejudices when actually faced with an Asian couple seeking service and in the company of a white man. In the absence of the Asian couple, the strength of these factors or incentives were minimized and the proprietors resolved the conflicting factors and adopted the position that maximized their gains.

Regan and Fazio (1977) measured the attitudes of students towards a housing crisis and their willingness to sign and distribute petitions or to join committees to study it. They found that for students who actually had to live in the temporary housing, there was a high

correlation between their attitude toward the crisis and their willingness to take action to solve it. Their attitude formed is instrumental to achieving the goal they have.

A lot of research studies have been conducted to support the cognitive consistency theory. Festinger and Carlsmith (1959) as cited earlier, conducted an induced compliance experiment to illustrate the cognitive dissonance theory of cognitive consistency which states that engaging in counter attitudinal behaviour produces the most dissonance and hence the most change. The result of the study showed that the small incentive ($1) for complying with experimenter's request to say that they enjoyed a dull task - not the large incentive ($20) - led individuals to believe what they had heard themselves say. This is so because being paid $20 provides a very consonant reason for complying with the experimenter's request to talk to the waiting subjects and hence they experienced little or no dissonance. The inconsistency between behaviour and their attitude was outweighed by the far greater consistency between the compliance and the incentive for complying. Accordingly, the subjects who were paid $20 did not change their attitude. On the other hand, the subjects who were paid $1 had no consonant reason for complying. They, therefore experienced dissonance which they reduced by coming to believe that they really did enjoy the tasks.

Experiment with children by Freedman (1965) gave credence to the congruity theory of cognitive consistency. They found that if children obey a mild request not to play with an attractive toy, they come to believe that the toy is not as attractive as they first thought- a

belief that is consistent with their observation that they are not playing with it. However, if the children refrain form playing with the toy under a strong threat of punishment, they do not change their liking for the toy. It would be incongruous for then to change their attitude because the strong threat of punishment is a sufficient reason to refrain from playing with the toy without changing their attitude. Thus, the result of the experiment confirm the congruity theory which state that the amount of change in each element will be inversely proportional to its relative intensity, that is, we will change the most intense evaluation least.

To corroborate balance theory, researchers (such as Chaiken, 1979; Eagly and Chaiken, 1975) in their studies demonstrated that people who are attractive to us are more likely to sway us than those who are not. Such findings are in keeping with balance theory principles because if we are attracted to some one who likes X, the requirements of balance are met if we also like X. Besides brief sampling of commercials by these researchers showed that many advertising agencies are convinced that linking their product to attractive people is an effective strategy.

A group of psychologists (Walster, Aronson, Abraham and Rottman, 1966) in their study provided evidence in support of the affective-cognitive consistency theory. They set up a "computer dance" in which college men and women were randomly paired with one another. At intermission, everyone filled out an anonymous questionnaire evaluating his or her date. In addition the experimenter obtained several personality test scores for each person, as an

independent estimate of his or her physical attractiveness. The result showed that once a person was liked by his or her partner, the other measures of intelligence, social skills or personality traits were related to the liking. Here the subjects reconciled their other cognitions about one another to be consistent with their affective preference.

As a follow-up to the concept of consistency of attitudes, research studies have been implemented to verify attitude - behaviour relations. Although the research study of La Piere (1974) investigating racial prejudice refutes attitude-behaviour consistency, other researchers (Kelley and Mirer, 1974; Davidson and Jaccard, 1979; Veevers, 1971; Kothandpani, 1971; Janis and Hoffman, 1970; Nisbett, 1968) in their studies have confirmed the attitude - behaviour consistency.

In a survey of presidential campaigns from 1952 to 19 64, Kelley and Mirer (1974) found that 85 percent of the voters surveyed showed a correspondence between their attitudes 2 months before the election and their actual vote in the election.

It has been argued that La Piere study illustrates that behaviour is determined by many factors other than attitudes and these other factors affect attitude-behaviour consistency. One obvious factor suggested is the degree of constraint in the situation. Andrews and Kandel (1974) in their study revealed that a teenagers attitude towards marijuana is moderately correlated with his or her actual use of marijuana, but the number of marijuana- using friends the teenager has is even a better predictor of his or her marijuana use.

Ajzen and Fishbein (1973) suggested that in La piere's investigation of racial prejudice, the study was not a measure of evaluation but a measure of behavioural intention or of behavioural commitment. Besides the target elements differed.

Investigators (Veevers, 1971; Janis and Hoffman, 1970; Nisbett, 1968; Kothandapani, 1971) conducted research studies on attitude-behaviour consistency in the light of the correspondence between attitudinal and behavioural entities such as target and action. Veevers (1971) investigated the relation-ship between the attitudes and drinking behaviour of residents of two Alberta communities. Residents of the two communities reported the frequency of their drinking, and the amount and kind of alcoholic beverages consumed. On the basis of these self-reports, 25 heavy drinkers, 25 light drinkers and 25 abstainers were identified. Each respondent also completed five instruments measuring attitude toward drinking alcoholic beverages. Gamma coefficients were computed to assess the degree to relationship between each attitude measure and the self-reported behaviour. The five attitude measures were all significantly related to the behavioural criterion, the coefficients ranging from .46 to .72.

Kothandapani (1971) investigated birth control practices among 452 married black women. Attitudes towards personal use of birth control methods were measured by means of 12 attitudinal scales, 3 Thurstone scales, 3 Guttman scales, 3 Likert scales and 3 self-rating scales. The criterion was the self-report use or nonuse of birth control methods. All 12

attitude-behaviour correlations were significant and generally quite high. One correlation was .36 and the remaining correlations ranged from .54 to .82. The average correlation, after transformation to Fisher's was .69.

In their study, Janis and Hoffman (1970) found that, six month after participation in a programme to reduce smoking, the subjects whose attitudes toward cigarettes smoking were above the median, reported smoking 29 cigarettes per day. On the other hand subjects with attitudes below the median smoked only 9.4 cigarettes per day.

Nisbett (1968) in his study provided data concerning the relation between attitudes toward the ice cream that subjects had just eaten and the amount that they had eaten. A secondary analysis of the plotted data revealed a correlation coefficient of about .80 for the total sample of 168 college students.

In the same vein, Bandura, Brochard and Ritter (1969) obtained two measures of attitude toward snakes. The avoidance behaviour of 48 male and female subjects was then recorded with respect to a 29-item graced Guttman-type scale involving various interaction with a snake. Following the behaviour, attitude were assessed. Both attitude measures were found to predict the criterion with high degree of accuracy. When administered prior to the behaviour, the two attitude scales correlated, .73 and .56 with the criterion, respectively. Measured after the behaviour, the corresponding correlations were .87 and .90.

Strong attitude behaviour correlations were reported by Fishbein and Coombs (1974), who used attitudes toward Johnson and Goldwater to predict voting in the 1964 presidential election. Two means of attitude were obtained: the two measures of attitude toward Goldwater correlated .70 and .73 with voting,. respectively. Attitudes toward Johnson provided correlation of .51 and .72.

In addition Warner (972) measured students' attitudes toward legalization of marijuana by means of a standard likert scale. In one condition of the experiment, subjects could vote for or against legalization of marijuana by means of a secret ballot. In a second condition, they could sign a petition supporting or opposing legalization of marijuana. The two conditions were combined, since they yielded comparable results. A gamma coefficient of .71 attests to the relatively high attitude-behaviour relation.

Furthermore, researchers (Norman, 1975; Regan and Fazio, 1977; Davidson and Jaccard, 1979) have demonstrated in their studies that attitudes predict behaviour best when they are (a) strong and consistent (b) based on the person's direct experience and (c) specifically related to the behaviour being predicted.

Kelley and Mirer (1974) in their study provided evidence to support the assumption that strong and consistent attitudes predict behaviour better than weak and ambivalent attitudes. This is illustrated by the surveys of presidential voting mentioned earlier. It shows

that when the affective and cognitive components of an attitude are consistent with one another it is often easy to predict the behaviour.

Regan and Fazio (1977) in their study earlier cited that attitude based on direct experience predict behaviour better than do attitudes based or formed from just reading or hearing about an issue.

Similarly, Davidson and Jaccard (1979) in their study revealed that attitudes specifically related to the behaviour being assessed tend to predict better than attitudes only generally related. They found that attitudes toward birth control correlated on .80 with a woman's use of oral contraceptives over a 2 year span, but attitudes toward the pill in particular correlated .7 with that behaviour.

These studies reviewed showed that inspite of the strong controversy about attitude behaviour relations, people's actions are found to be systematically related to their attitudes when the nature of the attitudinal predictors and behavioural criteria are taken into consideration. However, the implication of the attitude factor in maladaptive behaviour generally and specifically in abnormal sexual behaviours have not been investigated in these studies. Thus the need to empirically research into the implication of the attitude factor in the development and treatment of abnormal sexual behaviours is of importance. The present study attempts to supply for the lack.

The review of literature in this present study high-lighted the significance of psychological factors as causative factors of abnormal sexual behaviours and its implication for psychological intervention among the clergy and the religious in Nigeria. Three psychological factors - sex differences, self-esteem and attitude have been implicated in the above literature reviewed. Their relevance as possible causative factors of abnormal sexual behaviours have been to a certain extent demonstrated. Their direct relevance, especially of attitude, is a subject of further research which the present study wishes to undertake.

There is considerable consistency in the result obtained so far especially with the gender difference in susceptibility to abnormal sexual behaviour research studies. Bell et al. (1981); Kaye et al. (1967); Bene (1965), Biller (1970); Norman et al. (1973) and Kinsey et al. (1953) have indicated males to be more vulnerable to homosexuality than females. The theoretical position which most succinctly provide the explanation for high prevalent rate among men are differential vulnerability hypothesis considered in the context of gender identity and sex-typing theories.

On self-concept, the sparse research studies (Dolland et al. 1950; Evans et al. 1978 and Festinger and Carlsmith, 1959) have shown that self-concept can be implicated in the development of maladaptive behaviour including abnormal sexual behaviours.

The result of research studies on attitude are not direct in indicating attitude as a causal factor of maladaptive behaviour. They are more concerned with establishing the

consistency between attitude and behaviour. Thus the present study has the onerous task of investigating the implication of attitude as a causative factor of abnormal sexual behaviours specifically homosexuality fornication and fetishism.

The literature reviewed thus far reveal that sex differences, self-concept or self-esteem and attitude are related to abnormal sexual behaviours. The incidence of abnormal sexual behaviours among the Nigeria clergy and the Catholic Reverend Sisters points to the necessity of designing psychological strategies on treatment for them so that their psychological well-being may be guaranteed.

There have been considerable research efforts investigating the therapeutic efficacy of group therapy as a psycho-logical intervention strategy in the treatment of psycho-logical disorders arising from various human conditions (Lindsay, 1986).

White, Jim and Keenam (1990) investigated the effect of group therapy on the management of people with generalized anxiety (free floating) disorder, aged 18 to 54 years. "Stress control" booklets, baseline diaries, pre-treatment questionnaires were utilized. The therapy package allowed 30 individuals to attend. Results were quite impressive and the therapeutic effort had significant effect on all the participants.

Roberts and Lie (1991) also describes an empirically based group therapy model for adult survivors of child-hood incest. Fifty-three female incest victims (age 9 - 48 years) referred to a rape crisis centre served as subjects. Instruments used to evaluate intervention

included: intake assessment questionnaire concerning demography, family history, medical and psychosocial status, symptomatology and self-reported functioning, standard and short version of the Becks Depression Inventory (BDI), a 42 item self assessment scale, a group Dynamic Evaluation Scale and a client satisfaction questionnaire. Subjects registered improvements in self assessment with group therapy and reported significant reductions in level of depression. Reduced level of depression were maintained 6 month after termination of intervention.

Lindsay, Gamssen and Hood (1987) designed a study to test the relative effectiveness of cognitive behaviour therapy, anxiety management training and treatment by benzediaxepones against a waiting list control. Measures were taken on both the process and outcome of treatment. Results showed that psychological intervention through group therapy had a more reliable and sustained positive effects without adverse drug reaction than the drugs.

According to Max Rosenbaum (1976), earliest group treatment techniques used in state mental hospitals consists of groups of patients organized with a leader presenting the material that was to be used for guided discussion. This, he says, is a directive - didactic approach and is still used in many hospitals. The emphasis is on conditioning pedagogy.

Bednar and Kaul (1978) reviewed the group therapy literature and concluded that group therapy seems to help people to attain more positive and perhaps more healthy

evaluations of themselves than no treatment and placebo treatments. Further, in some circumstances, group therapies have been found to be more effective than other psychological treatments with which they have been compared.

However, Bednar and Kaul (1978) caution against accepting the conclusion that group therapy "works" without heeding the following qualification: not all groups have uniformly positive and beneficial results. This observation appears to be warranted. Data provided by Lieberman, Yalm, Miles (1973) regarding the experiences of over 200 Stanford university students who participated in ten different types of group therapy (psychodrama, Gestalt therapy, NTL-T Group, psychoanalytically oriented groups etc), suggests that very desperate reactions may be elicited by group therapy. At least in terms of the subjects self-report of attitudes, self-concepts, and social values, a high degree of gains were experienced by a third of the group participants. But as groups apparently stimulated positive changes in some individuals, in others, negative and even harmful effects were experience as a result of their group participation. Eight percent of the participant were considered to be "psychiatric casualties. Their very negative reactions ranged from psychotic episodes to experiences of great discomfort and distress. Clearly negative but less serious problems were reported by another 11 percent of the sample studied. Thus participants in group therapy do not uniformly experience positive benefits from their group experience. They concluded by saying that with adequately screened clientele and with a trained and competent therapist, group therapy may

be a remarkable and effective means of maximising services to a wide variety of people in need of help.

Recent research suggests that psychological interventions involving aversive conditioning may help clients with abnormal sexual behaviours experience positive benefits (Bancroft, 1979; Freeman and Bayer, 1975; Blitch and Haynes, 1972; McConaphy, 1975; etc). There is some reason to believe that aversion therapy and other behavioural techniques can have some beneficial effects on abnormal sexual behaviours such as homosexuality and fetishism.

Freeman and Bayer (1975) used a classical conditioning paradigm and paired heterosexual slides with homosexual slides and masturbation activities. Homosexual arousal was subsequently eliminated by pairing the homosexual stimuli with electric shock designed to inhibit sexual arousal. The paradigm was arranged so that the individual moved from homosexuality through a bisexual state to heterosexuality. Self-monitoring data and penile responsibility were used as dependent measures. Seven of the nine subjects maintained an exclusively heterosexual orientation for 18 months after treatment, and all did so for a year. Of particular importance in this study was the fact that all six primary homosexuals achieve a heterosexual orientation for a year and four of the six maintained the preference at an 18 month follow-up.

Great success have been achieved, especially when a variety of techniques are used in a broad - spectrum, multifaceted treatment (Becker, 1990; Maletsky, 1991; Marshall, Jones, Ward, Johnson and Barabee, 1991).

Bancroft (1970) compared aversive and desensitization procedures in the treatment of homosexuality. He hypothesized that the two different treatment would have different effects as a function of the method employed. The group receiving aversion experienced electrical shock contingent upon penile response to slides of male stimuli. At a later phase, shock was used in conjunction with arousal in response to homosexual fantasy without usual stimuli. The subjects receiving desensitization were desensitized to a hierarchy of hetero-sexual situations that were individually constructed with the patients. Both groups showed significant decreases in homosexual behaviour. Only the desensitisation groups showed increase heterosexual behaviour. Aversion produced more effective short-term changes in attitudes, but the desensitization procedures yielded more stable long-term attitudes changes. Homosexual desensitization procedures yielded more significant changes in heterosexual attitudes.

Blitch and Haynes (1972) utilized a number of behavioural techniques in the treatment of a 22 year old secondary female homosexual. Relaxation training, systematic desensitization assertive training and orgasmic reconditioning through masturbation training were used in a multiple-target treatment procedure. Results and a 2-month follow-up revealed cessation of

homosexual ideation and activity accompanied by marked increases in the frequency and pleasure of heterosexual arousal and relationships.

McConaphy (1975) examined both aversive and positive conditioning paradigm for the treatment of homosexuality. Thirty-one clients were randomly assigned to receive aversive therapy in a delayed classified conditioning paradigm associating parodic shock and homosexual slides or were assigned to a positive classical conditioning situation with slides of nude males and later with slides of heterosexual relations. Measures of penile response served as the primary dependent variable. At a 1-year follow-up, about half of the clients reported an increase in heterosexual activity and feelings, which was accompanied by a decrease in homosexual activity and feeling. There was no evidence that the positive conditioning produced greater increases in heterosexual response than did aversive techniques. Moreover, at the termination of treatment, there was a slight trend toward more increased arousal among the individuals undergoing aversive therapy than among those experiencing positive conditioning.

Hanson and Adesse (1972) combined systematic desensitization, electrical aversion, masturbation training and hetero-sexual skills practice to modify homosexual behaviour in a 23-year old male. A multiple-baseline design across behaviours were used. Questionnaires were employed to assess heterosexual anxiety, sexual history, orientation and level of assertive-ness. Aversion techniques and imagery and "in vivo" desensitization were employed

concomitantly. A 6-month follow-up showed a marked increase in heterosexual experience and increase in positive attitude towards heterosexual activities. Homosexual ideation became quite rare and was accompanied by cessation of homosexual behaviour.

Rehm and Rosensky (1974) utilized self-management techniques, systematic desensitization, covert sensitization, aversive relief, orgasmic reconditioning and assertiveness training in a multi-dimensional, multiple-baseline therapy package for a 21-year old male secondary homosexual. Homosexual behaviours decreased significantly with the implementation of desensitization to females and covert sensitization to males. Heterosexual activity increased with desensitization, orgasmic conditioning and assertiveness training. A 40-week follow-up indicated the maintenance of treatment progress.

Biofeedback procedures employing social and monetary reinforcement were used by Barlow, Agras, Abel, Hanschard., and Young (1975) in an effort to increase heterosexual arousal in the case of one secondary and two primary homosexual males. The data did not confirm the effectiveness of biofeedback in altering heterosexual arousal or behaviour. Social and monetary reinforcement procedures produced only weak increases in the heterosexual arousal of two of the subjects. More recently biological efforts to suppress deviant sexual appetite have entailed the use of drugs such as Medroxy-progesterone acetate (MPA). Favourable results have been reported by Green (1992) and McConoghy (1994). However some reservations has been made about the ethical implication if this sexual appetite

suppressant has to be taken indefinitely including serious side effects such as infertility and diabetic (Gunn, 1993).

Sufficient reasons also abound to presume that aversion therapy can be effective intervention for fetishism, (Mark and Gelder; 1967; Marchshall and Barabee, 1990; Marks, Gelder & Bancroft, 1970). Although aversion therapy may not completely eliminate the attraction, in some cases it provide the partner with a greater measures of control over the overt behaviour (McConaghy, 1990, 1994). Raymond (1956) treating a perambulator fetishist used substantially aversive techniques. Raymonds's patient was shown a collection of handbags, perambulators and coloured illustration immediately after receiving an injection of morphine and just before nausea was produced. The treatment was given every 2 hours, day and night. No food was allowed, and at night amphetamine was used to keep him awake. After a week of this regime he spent 8 days at home. He then had several further days of the same type of treatment. He remained well for 3 years, at which time he began to find control more difficult, and received a further course of treatment. At the time of the last follow-up, 2 years later, he was still doing well.

Similarly, Oswald (1965) reported a long-term (54 months) follow-up of his fetishist patient. Cooper (1963) used ametine as the aversive stimulus, Raymond and Oswald, employed classical conditioning with a 100% reinforcement schedule in the treatment of a female clothes fetishist. In this case, the patient was actually required to carry out his

fetishistic acts. With the onset of nausea and vomiting, the patient was returned to bed and received intense moral instruction.

A very similar technique was used by Clark (1963), again with a female clothes fetishist. The emphasis on disgust placed by some therapists is shown by the following phrase from Clark.

> "At one session, by a particularly happy chance, one of the favourite pictures fell into the vomit in the basin so that the patient had to see it every time he puked". (p.405).

The follow-up was over three month period, at the end of which the patient was still doing well.

Barker (1965) reports the treatment of two patients. His first patient was treated with the use of apomorphine as the aversive stimulus, and slides of the patient in his female clothing were used as conditioned stimulus. Reinforcement was 100%, and 68 treatment trials were given every 2 hours for 6 days and nights. Barkert states that as far as he knew, the patient has remained symptom free for 18 months. Barkers second patient was treated with the use of electrical aversive simulation and his wearing of female clothes as the conditioned stimulus. Treatment sessions, each consisting of five trials were administered every 1/2 hours, with a minute between each trial. The patient began to do so until signalled to undress, either

by shocks from the grid or by a buzzer, randomly interspersed over the 400 trials. The patient is described as being symptom free for 14 months after treatment.

The aversive stimulus has also been presented in imagination, via covert sensitization (Cautela, 1966). Instead of being shocked or made nauseous with a drug while confronting the objects to which he is inappropriately attracted, the fetishists, with the assistance and encouragement from the therapist, pairs in imagination the unwanted (but pleasurable) arousal and an aversive stimulus. In a variation called covert punishment, the fantasized aversive stimulus may concern the aftermath of his act. In fact, there is some evidence for the effectiveness of covert sensitization in reducing unconventional arousal, although increases in conventional arousal seem to depend more on positive approaches such as orgasmic reorientation (Brownell, Hayes and Barlow, 1977).

As discussed earlier under social learning theory, most sexually variant acts cannot be adequately conceptualized simply as aberrations of sexual arousal. In most cases we need to look at the individual's level of response to adult hetero-sexual stimuli, overall degree of social skill with members of the opposite sex and gender identity development. A good illustration of the importance of this broadened view for both understanding and therapy is provided in findings of several studies on therapy of homosexual individual (e.g Barlow and Abel, 1979; Relm and Rosensky, 1974; Hanson and Adesso, 1972; Master and Johnson, 1979). Adams and Sturgis (1977), reviewing the evidence, concluded that multiple target treatment

procedures aimed at the three factor mentioned above plus the variant pattern greatly enhanced the likelihood of sexual orientation therapy in helping clients as compared with approaches focussed only on suppression of the variant sexual arousal pattern.

Studies reviewed above have confirmed the existence of abnormal sexual behaviour among adults population generally. Also, studies on group therapy have been reviewed. Most studies (e.g. Lindsay et al. 1987a; Bedner and Kaul, 1978; Lieberman et al, 1973) revealed that group psychotherapy can be a better treatment option than individual psychotherapy. In addition studies on treatment intervention for abnormal sexual behaviours have relied heavily on aversive therapy.

In sum, the general trend in the literature reviewed is indicative of the supposition that abnormal sexual behaviour such as homosexuality is due to a personality disorder that is gender identity based; a man can become homosexual because he has not adopted his society's definition of manhood. Making love to a man rather than to a woman is assumed to be possible only for men who do not share a given society conception of masculinity. Churchhil (1967) disputed whether homosexuals have an inappropriate gender identity. Only 2 percent of the homosexuals were rated by their analysts as effeminate (Bieber et al, 1962). This finding of masculinity among male homosexuals was borne out in a study by Evans (1969) in which 95 percent of the homosexuals rate themselves as moderately or strongly masculines Silverstein (1972) affirmed that many males homosexuals have a firm identification of

themselves as men. The same holds true of the lesbians, who usually identify themselves as women (Marin and Lyon, 1972). The stereotype of the limp-wristed, lisping "fag" and the butch" or "dyke" who wears her hair clipped and dresses in tailored clothing may have probably contributed to the misconception or at least over generalization of male homosexuality as feminine behaviour and of a lesbian as somehow less a woman and more of a man which seemed obvious in the general body of literature for this study. The literature presented fetishism as a preferred pattern of sexual gratification because of the pleasurable conditioning experience. The same holds true for fornication or extra-marital sexual affairs, although literature on these abnormal sexual behaviours are very sparse in this study.

From the above observation, it seems obvious that the few authors (Bell et al, 1981: Kaye et al, 1967; Kinsey et al, 1953) who have carried out empirical work on abnormal sexual behaviours have made conclusions that are considerably still unclear for an understanding of abnormal sexual behaviours. In addition to the above problem in the literature reviewed, some of the studies (Bell et al, 1981, Bell and Weinberg, 1978) only studied a particular area. In other words, data collection could not be said to have accurate representation of the people being studied. Also only a handful of experiments have been directed at systematically evaluating factors determining psychopathology and at the same time establishing a broad-based multiple-target intervention for abnormal sexual behaviours as recommended by Adams and Sturgis (1977). These are indicators of the need for further empirical psychological

research on the problem of abnormal sexual behaviours. The present study attempt to bridge the gap by empirically assessing some psychological factors and how these factors are implicated in abnormal sexual behaviour among the Nigerian clergy and the Catholic Reverend Sisters. The study will document with hard core data the prevalence of abnormal sexual behaviours and personality differences between the Nigerian clergy and Catholic Reverend Sisters with abnormal sexual behaviours and others from the general population of the Nigerian clergy and Catholic Reverend Sisters . There is a dearth of research in the area of treatment intervention for abnormal sexual behaviours among the Nigerian clergy and Catholic Reverend Sisters which was why studies concerning treatment intervention in Nigeria were not reviewed. Therefore there is need to empirically document studies relevant in this area. This present study attempt to bridge the gap by establishing empirically derived treatment intervention among the Nigerian clergy and Catholic Reverend Sisters. The study in a comparison of treatment outcomes, aims at establishing empirically a broad-based treatment intervention for abnormal sexual behaviours among the Nigerian clearly and Catholic Reverend Sisters.

2.2.5 HYPOTHESIS

1. The Nigerian clergy and Catholic Reverend Sisters who have negative attitude towards the value of chastity would report statistically significant higher level of abnormal sexual behaviours than those with positive attitude.

2. The Nigerian clergy and Catholic Reverend Sisters who have low self-esteem would report statistically significant higher level of abnormal sexual behaviours than those with high self-esteem.
3. The male clergy would report statistically significant higher level of abnormal sexual behaviour than the female Catholic Reverend Sisters.
4. There will be interactive effect of attitude towards the value of chastity, self-esteem and sex on abnormal sexual behaviours.
5. Abnormal sexual behaviours will vary according to the nature of chastity.
6. Subjects with abnormal sexual behaviours who received the behavioural group psychotherapy would manifest statistically significant reduction in abnormal sexual behaviours and distress than those assigned to the no treatment control group.
7. Subjects with abnormal sexual behaviours who received the group multiple-target attitudinal change therapy and the group covert sensitization therapy will manifest statistically significant reduction in abnormal sexual behaviours and distress than those assigned only to either the multiple-target attitudinal change therapy group or the covert sensitization therapy group.

Hypotheses 1,2,3 and 4 as stated above investigated the statistically significant differences between the effect of the independent variables on the dependent. Further analysis would include the determination of the contribution of each of the independent predictor variables mentioned in hypotheses 1,2,3 and 4.

2.6 OPERATIONAL DEFINITION OF TERMS

Psychosocial Determinants: refers to the independent variables of this study: attitude towards the value of chastity, self-esteem, sex and nature of chastity.

Attitude towards the value of chastity: refers to the mental disposition of the subjects with regards to the value of chastity. It has cognitive and affective components and a behavioural tendency. In this study, it is determined by the subjects aggregate score on the items of the Religious Sexual Attitudes Scale (RSAS). It is either positive or negative. Positive attitude towards the value of chastity is indicated by a score which is⅛ standard deviation below the mean while negative attitude is⅛ standard deviation above the mean.

Self-esteem: refers to the subjects' perception of themselves, their traits, abilities, strengths and weakness. It is determined in this study by the subjects' aggregate score on the items of the Self-Esteem Scale (SES). It is either low or high. Low self-esteem is indicated by a score which is⅛ standard deviation below the mean while high self-esteem is⅛ standard deviation above the mean.

Chastity: can be of two types depending on the nature it takes-chastity of perfect continence in celibacy professed by the Catholic clergy and the Catholic Reverend Sisters and conjugal chastity practised by those who are married.

Abnormal sexual behaviours: refer to homosexuality, fetishism and fornication/adultery which have been found to be prevalent among the subjects of this study. Each respondent had

a composite score on each of the subscales of the Abnormal Sexual Behaviours Response Scale (ASBRS) which measured the abnormal sexual behaviours experienced by the Nigerian clergy and Catholic Reverend Sisters.

Homosexuality: is sexual activity between persons of the same sex.

Fetishism: is the use of non-living objects as a method for achieving sexual excitement and satisfaction.

Fornication: is sexual intercourse between an unmarried man and woman.

Adultery: is extra-marital sexual intercourse.

Abnormal sexual behaviours distress: People who manifest abnormal sexual behaviours experience psychological discomfort which is psychological distress or basic anxiety. Anxiety is always an underlying cause of psychopathology. In this study, it is determined by the subjects aggregate scores in the Abnormal Sexual Behaviours Distress Scale (ASBDS).

Behavioural Psychotherapy: refers to the covert sensitization and the multiple-target attitudinal change psycotherapies utilized for subjects with abnormal sexual behaviours to effect a positive change of behaviour and reduction of psychological distress in them.

Group psychotherapy: refers to a structured and planned interpersonal interaction between the researcher and the Nigerian clergy and Catholic Reverend Sisters with abnormal sexual behaviours in a group setting. Problems targeted were discussed in groups of 12 subjects. The group psychotherapy aimed at providing them with the conducive environment for inhibited expression of their problems and eventual resolution of their abnormal sexual behaviours problem.

The Nigerian clergy and the Catholic Reverend Sister: In the context of this study, the term refers to a group of men and women respectively with a religious commitment to live a life of chastity which moderates their life-style and behaviour. They are of the Orthodox Christian Churches.

Assessment: In psychological research, it refers to the scientific study of individual and group differences through psychological measurement. It allows for the testing of variables under study and specific hypotheses about both normal behaviour and psychological dysfunctions. It is designed to provide new information that will increase our understanding of human functioning.

CHAPTER THREE

METHODOLOGY

This chapter consists of three sections: The first section is concerned with the models of psychometrics applicable to the development of the instruments for this study. The second section deals with the methodology for the assessment of the role of psychosocial factors in the incidence of abnormal sexual behaviours among the Nigeria clergy and the Catholic Reverend sisters. The third section tested the efficacy of the multiple - target attitudinal change therapy and covert sensitization therapy (a variation of aversive therapy) on abnormal sexual behaviours and their attendant psychological distress.

3.1 MODELS OF PSYCHOMETRICS APPLICABLE TO THE DEVELOPMENT OF THE INSTRUMENTS USED IN THIS STUDY

Psychometrics is defined as the theory and research pertaining to the measurement of psychological (cognitive and affective) characteristics (Aiken, 1997). The tools used to determine these measurable factors are tests and the process of measurement is testing. Thorndike (1918) postulated that whatever exists at all exists in some amount and McCall (1939) maintained that anything that exists in any amount can be measured. In this study, the measurable factors are the following:

(a) Attitude towards the value of chastity.

(b) Self-esteem

(c) Abnormal sexual behaviours responses and

(d) Abnormal sexual behaviour distress.

The tools used to determine these measurable factors are:

(1) Religious sexual attitude scale.

(11) Self-esteem scale

111) The abnormal sexual behaviour Response scale and

(1V) The abnormal sexual behaviour distress scale.

TWO MODELS OF PSYCHOMETRICS: Function and Trait

There are two models of psychometrics: trait and the functional. Within the strict functionalist approach, the design of a test construction provided by the functional model gives a definition of purpose, a breakdown of the areas relevant to the purpose in terms of, for example a job specification or educational curriculum or psychiatric diagnostic procedure, and the design of a test specification based on this task specification. The test specification or test blueprint is normally two dimensioned with a content axis (horizontal axis) and manifestation axis (vertical axis) and provides a regulated framework for the choice of test items. For example, in this study the content areas of the religious sexual attitude scale, the abnormal sexual

behaviour response scale and the abnormal sexual behaviour distress scale are fetishism homosexuality and fornication/adultery. The manifestations are various ways in which these content areas are manifested. These are feelings and beliefs about fetishism, homosexuality and fornication/adultery among the Nigerian clergy and Catholic Reverend sisters as far as the religious sexual behaviour response scale is concerned. The abnormal sexual behaviour response scale took more cognisance of affective and behavioural manifestations.

In the construction of these new instruments in line with the mentioned content and manifestations areas, the judgement of experts was utilized. The grid structures in Table 1, II and 111 indicate the blueprint used for developing the questionnaires.

Fig. 3.1: Grid structure of the instruments used in this study.

Table 1: The Attitude Scale

CONTENT AREAS

	A 33%	B 22%	C 28%	D 17%	No of items
A 72%	4	3	4	2	13
MANIFESTATION B 28%	2	1	1	1	5
No of items	6	4	5	3	18

KEY:

CONTENT AREAS

A = General attitude towards chastity
B = Attitude towards fetishism
C = Attitude towards homosexuality
D = Attitude towards fornication

MANIFESTATIONS

A = Cognitive
B = Affective

In the above grid structure, the content areas covered by the religious sexual attitude scale are along the horizontal. The content areas are four: (a) general attitude towards chastity (b) attitude toward fetishism, (c) attitude towards homosexuality and (d) attitude towards fornication. The manifestation, which are ways in which the content areas may

manifest themselves, are along the vertical axis. Percentages are assigned to each content areas and each manifestations. For example, the content area of general attitude towards the value of chastity designated (A) consisted of size items which is 33% of the total 18 items which made up the religious sexual attitude scale used for the pilot study. Of these six items, four indicated cognitive manifestations while two items indicated affective manifestation.

Table II
The Abnormal Sexual Behaviour Response Scale

CONTENT AREAS

	A 33.3%	B 33.3%	C 33.3%	No of items
A 80%	4	4	4	12
MANIFESTATION B 20%	1	1	1	3
No of items	5	5	5	15

KEY:

CONTENT AREAS
A = Fetishism
B = Homosexuality
C = Fornication/Adultery

MANIFESTATIONS
A = Behavioural
B = Affective

In the above grid structure, the content areas covered by the abnormal sexual behaviour response scale and their manifestation are along the horizontal and vertical axis respectively. The content area are three: (a) fetishism (b) homosexuality and (c) fornication/adultery. The manifestation are two (a) behavioural and (b) affective. For example there are four items (80%) of the total 5 items concerned with behavioural manifestations of the fetishism content areas which is 33.3%

Table III: Abnormal Sexual Behaviour Distress Scale

	CONTENT AREAS			
	A 33.3%	B 33.3%	C 33.3%	No of items
A 60%	3	3	3	9
MANIFESTATION B 40%	2	2	2	6
No of items	5	5	5	15

KEY:

CONTENT AREAS
A = Fetishism
B = Homosexuality
C = Fornication/Adultery

MANIFESTATIONS
A = Affective
B = Cognitive

In the above grid structure, the content areas covered by the abnormal sexual behaviour distress scale and their manifestation are along the horizontal and vertical axis respectively. The content areas are three: (a) fetishism (b) homosexuality and (c) fornication/adultery. The manifestations are two (a) affective, (b) cognitive. For example there are three items (60%) of the total 5 items concerned with affective manifestations of the fetishism content areas which is 33.3%.

Within the trait approach, the basis of individual differences in personality is assumed to be related to individual differences in the biological make up (biochemical, physiological, anatomical or neurological) of the human organism. Psychometric tests were thus devised to measure traits which were seen as representing biological variation in personality or aptitude. Construct validity is the primary form of validation underlying the trait related approach to psychometrics. It was used for this study and it will be discussed later under characteristics of the instrument for this study.

KNOWLEDGE-BASED AND PERSON-BASED QUESTIONNAIRES

There are several important distinctions that are made between type of test items and these affect the tests which contain them. Items can be either knowledge-based or person-based. A knowledge-based item is designed to find out whether a particular person knows a particular piece of information, and such tests measure ability, aptitude, and achievement.

Most educational and intelligence test are of this type as well as some clinical assessment instrument. A person-based test is designed to measure personality, clinical symptoms, mood or attitude. The instrument of this study are person - based test. They are designed to measure attitude towards the value of chastity, the clinical symptoms of abnormal sexual behaviours and the distress experienced by subjects engaging in abnormal sexual behaviours.

Apart from this, the scoring of knowledge-based items tends to be uni-dimensional in the sense that the person provides either the right or wrong answer. The scoring of person-based test on the other hand can go in either direction. Thus, someone with a low score on an extraversion scale would have a high score if the scale was reversed and redefined as an introversion scale. Since the test are person - based in this study, the scoring of the test items was done in either direction by reversing some of the items of the test as was the case in the religious sexual attitude scale.

OBJECTIVE AND OPEN-ENDED TESTS

Another distinction between test items is between the objective and the open-ended. The major type of psychometric item in use is the objective items, so called because its scoring is entirely objective. In educational settings, objective items can be contrasted with the open-ended, essay-type test which is relatively open-ended and therefore involves a certain amount of subjective judgement by the examiner during marking. In psychology, open-

ended tests have been suggested for use in creatively test and projective tests such as the Rorschach test (1942) where the respondent has to report on what they see in an ink blot. In writing the test items for this study, the type of items used in the question-naires is the objective rating scale items. The possible responses lie along a continum, for example `Strongly Agree', Agree', `Undecided', `Disagree' and `Strongly Disagree' (for the attitude scale), `not at all, `not often' `don't know', `often' and `very often' (for the abnormal sexual behaviour response scale) and `not at all', `sometimes' `not sure', `moderately so' and `very much so' (for the abnormal sexual behaviour distress scale).

NORM-REFERENCE AND CRITERION-REFERENCE TESTING

Furthermore an important distinction has been made between items which are said to be norm-referenced and items said to be criterion-referenced. When a test has been constructed with particular reference to performance on some objectively defined criterion, it is said to be criterion-referenced. When the major characteristic by which the score of a respondent on a test is judged is compared with the whole population of respondents, it is said to be norm-referenced. According to Popham (1978), it is performance on the criterion which matters, even if all individuals obtain the same score. He argued that there had been too much emphasis on normative factors in testing; that a normal distribution of test scores, and the purported need for as large a spread of scores as possible to obtain maximum discrimination between individuals had been over-emphasized at the expense of fulfilling the purpose of the

test. However the attempts to contrast norm and criterion referenced testing too strongly can be misleading, as the two approaches do have much in common. First, all items must be related to some criteria. For example in this study, the items of the abnormal sexual behaviour distress scale were all related to the criteria of distress. This criterion-referencing is a necessary aspect of the validity of the test. Secondly, there is the need for psycho-metric test items to be selected in such a way that the test scores would have a normal distribution if administered to a large sample, and could be easily standardized. This achieves the aim of obtaining the maximum discrimination between individuals and uses the performance of the whole group of individuals as the standard against which each individual was judge. The response of a person on a test was then generally interpreted in terms of his or her relationship to the average (mean). In this study, the degree of severity of the abnormal sexual behaviour that an individual experienced was determined by whether the individual's score was one or two standard deviations above or below the mean. Those who scored two standard deviations above the mean were regarded as manifesting a severe degree of abnormal sexual behaviour while those who scored one standard deviation above the mean were regarded as manifesting mild degree of abnormal sexual behaviour. Here we see that norm referencing has enabled the test to be standardized and made possible discrimination between the subjects of the study. Hence it can be said that criterion-referencing makes for the determination of the validity of a test while norm - referencing makes the standardization of a test possible.

TENDENCIES TO GUARD AGAINST IN PERSON - BASED QUESTIONNAIRES

1. **ACQUIESCENCE**: is a tendency to agree with items regardless of their content. This can be reduced by ensuring that an equal or almost equal number of items is scored in each direction. To do this, it is usually necessary to reverse some of the items. For example, six of the thirteen items of the religious sexual attitude scale were reversed.

2. **SOCIAL DESIRABILITY**: is the tendency to respond to an item in a socially acceptable manner. This can be reduced by excluding items which are clearly socially desirable or undesirable. If this is unavoidable due to the nature of the questionnaire the question should be asked indirectly to evoke a response which is not simply a reflection of how the respondent wishes to present himself or herself. For example in this study an item to measure homosexuality was subtly phrased as `I often feel incapable of resisting being attracted sexually to a person of the same sex with me' rather than `I like sexual relationship with people of the same sex with me'. Respondents can also be asked to give an immediate response rather then a careful consideration of each item to reduce the influence of social desirability.

3. **INDECISIVENESS**: this is a tendency to use the `don't know' or uncertain option. This is a common problem which can easily be eliminated by omitting the middle category. It is advisable to do so unless respondents are likely to become irritated by

item which they feel are unanswerable. In this study some of the items of the abnormal sexual behaviours response scale are such that some respondents may become irritated by them and are likely to feel that they are unanswerable, so the middle option was included. An example of such item is `I often incapable of resisting the urge to have sexual intercourse.

4. **EXTREME RESPONSE** is the tendency to choose an extreme option regardless of direction. Some respondents will use one direction for a series of items and then switch to the other direction. Again this can be reduced by the use of clear, unambiguous and specific items. In the religious sexual attitude scale in this study, clear, unambiguous, specific items were used such as "celibacy is a source of inner peace", `there is nothing wrong in a clergy or a religious person engaging in sexual intercourse'.

DESIGNING THE QUESTIONNAIRE

Good design is crucial for producing a reliable and valid questionnaire. Respondents feel less intimidated by a questionnaire which has a clear layout and is easy to understand and take the task of completing it seriously.

BACKGROUND INFORMATION: Include headings and sufficient space for the respondent to fill in his or her name, age, sex or whatever other information is required. It is often useful to obtain the date on which the questionnaire is completed especially if it is to be

administered again. In this study, for example, adequate background information was obtained from the respondents and sufficient space was provided in the questionnaire to fill such information.

INSTRUCTIONS: The instruction must be clear and unambiguous. They should tell the respondent how to choose a response and how to indicate the chosen response on the questionnaire. For example in the `religious sexual attitude scale' of this study, the instruction reads `please indicate your degree of agreement or disagreement with the statement below, circle the appropriate option. SA = Strongly Agree, A = Agree, UD = Undecided, D = Disagree, SD = Strongly Disagree'.

Other relevant instructions should be given e.g "respond as quickly as possible, respond to every item or respond as honestly as possible". Information which is likely to increase compliance e.g. regarding confidentiality should be stressed. For example in this study part of the instructions to the questionnaire is "kindly express your views and reactions on the issues indicated below, there are no right or wrong answers. Your response will be treated with the utmost confidentiality".

PILOTING THE QUESTIONNAIRE

The next stage in constructing a questionnaire is the pilot study. This involves having the questionnaire completed by people who are similar to those for whom the questionnaire is intended. In this study, for example, the Religious Sexual Attitude Scale (RSAS) the

Abnormal Sexual Behaviour Responses Scale (ASBRS) were administered to 280 Nigerian clergy and Catholic Reverend Sisters (166 males and 114 females). Similarly the Abnormal Sexual Behaviours Distress Scale was administered to 70 Nigerian clergy and Catholic Reverend Sisters (35 males and 35 females). Analysis of the data collected helped to select the best items for the final version of the questionnaires.

ITEM ANALYSIS

Item analysis usually takes place in a pilot study and it is the process by which the large number of possible items generated for a test are reduced to manageable number that still give the relevant information and in so doing to select the best items (Rust and Golombok 1995). This involves the **facility** and discrimination of each item. For knowledge based multiple choice items, it is also important to look at distractors.

1. Item Facility: Most questionnaires are designed to differentiate respondents according to whatever knowledge and characteristic is being measured. Item facility gives an extent to which respondents answer an item in the same way. A good item therefore is one for which different respondents give different responses. Item facility is obtained by calcu-lating the ratio of the number of respondent who give the wrong response to the whole number of respondents. This is in knowledge based items. For person based items, the item facility is obtained by summing the score for the item for each respondents and then dividing the total by the total number of respondents. This statistic is generally called the facility index. An item

with a facility index which is equal to or approaching either the extreme scores of an item should not be included in the final version of the questionnaire. Facility can be interpreted statistically if viewed within the context of norm referenced testing. One of the presupposition of norm referencing is that the purpose of the test is to spread out individuals score along a continum, and it follows from this, that the larger the spread the better. A large spread is equivalent to greater test variance and thus one way in which item can be judged for suitability for inclusion in the test is by examining whether or not they make a contribution to this variance. The variance of a group of respondents' scores on a test is made up of two components, one related to item variance and the other related to the correlation between the items. Thus an item which has a larger contribution with other items in the test and which has a larger correlations with other items in the test and which itself has a large item variance will be making a large contribution to the total variance of the test. If in item analysis we select only those items which make the larger contributions then the overall test variance will be larger, and the test will be improved.

2. Item Discrimination: is the ability of each item to discriminate respondents according to whatever the questionnaire is measuring, i.e. respondents who perform well on a knowledge based questionnaire or who exhibit the characteristic being measured by a person based questionnaire should respond to each item in a particular way. Items should only be selected for the final version of the questionnaire if they measure the same knowledge or characteristic

as other item of the questionnaire. Item discrimination is measured by correlating each item's score with the total score for the questionnaire. The higher the correlation coefficient, the more discriminating the item. The higher the correlation between the item and the overall questionnaire the better, and a minimum correlation of 0.2 is generally required. Items with negative or zero correlations are almost always excluded. The Pearson product-moment formula is generally used to calculate the correlation coefficient between each item and the total score for the questionnaire. The score for each respondent for an item is correlated with the total score for each respondent for the questionnaire by computer. For example in the present study, item analysis of the religious sexual attitude scale, the abnormal sexual behaviour response scale and the abnormal sexual behaviour distress scale using the Cronbach coefficient Alpha method of internal consistency correlational analysis revealed 13; 15 and 15 internally consistent items with coefficient alpha of 0.77; 0.95 and 0.93 respectively. These are the reliability coefficient of the respective scales.

FACTOR ANALYSIS

Factor analysis is an attempt to determine the common factors within a test so as to reduce the number of factors in the test by choosing the most relevant ones accountable for the concept under study (Spearman, 1927). Factor analysis identifies what are called `factors' in the data. These factors are underlying hypothetical constructs which often can be used to

explain the data. Factor analytic computer programmes give an estimate of how many such factors there may be in a set data and how these factor relate to the items. Factor analytic computer programmes also give eigenvalues (the second default option) of factors and percentage variance. The original set variable defined the total amount of variance in the matrix, each variable contributing one unit. Factor analysis rearrange this variance and allocates a certain amount to each factor while conserving the total amount. The quantity allocated to each factor is a function of statistics called the eigenvalue, and this is such that the sum of the squared eigenvalues of all the original factors adds up to the total number of variables. The larger the eigenvalue of a factor, the greater the amount of the total variance it accounts for and the more important it is. For example in this study, factor analysis revealed three factors for both the abnormal sexual behaviours response scale and the abnormal sexual behaviour distress scale. The three factors of both scales are fetishism, homosexuality and fornication. For the abnormal sexual behaviour response scale the eigenvalues for each of the factors are 9.57, 2.51 and 1.68 respectively. For the abnormal sexual behaviours distress scale, the eigenvalue are 8.51, 3.76 and 3.29 respectively. It follows then that in both scales fetishism which has eigenvalue of 9.57. and 8.51 respectively accounted for the greater amount of the total variance and as such is the most important factor.

PRINCIPAL COMPONENT: In the absence of guidance, statistical programmes operate default options. The first set of option provides the starting values which are estimate of reliability. It is useful to check these starting estimates to ensure that they are not spuriously high or low. A good way of doing this is to run the principal component analysis on the data as well (Guilford, 1967 and 1988). If the principal components, and factor analysis models produce more or less the same result then there is no problem at this level. If however, they give different results, this will probably be due to large `between item' variation in the item error.

VARIMAX ROTATION: is the third default option in factor analysis and its deals with rotation. Varimax rotation is the statistical process carried out on a test data to determine the loading on each factor (Thurstone, 1946b). It arises only in situations where one factor is inadequate to fully describe the data and two, three or more factors are required. If we take, for example, in this study where three factors have been discovered in the data, the first factor extracted which is fetishism accounted for most of the variance. On the whole, in this study, factor analysis using the principal component with varimax rotation method yielded a 3 factors 15 item scale for both the abnormal sexual behaviours response scale and the abnormal behaviours distress scale. All the 15 item had minimum factor loading of 0.40.

RELIABILITY

It is an estimate of the accuracy of a questionnaire it give an indication that a test will give reproducible and consistent results whenever it is administered to the same group of subjects on different occasions, provided the response has not changed in a way to affect his or her response to the questionnaire (Howell, 1997). Reliability is usually obtained by correlation two sets of scores obtained from the same individual on the same test by.

1. Repeating the test i.e. test-retest reliability
2. Giving the test in two different but equivalent forms i.e. parallel forms reliability
3. Treating each half of the test separately i.e. the split-half reliability
4. Correlating the scores obtained by a group of individual on each item with their total scores i.e. internal consistency reliability. For examples, in this study this was the method used to obtained the reliability of the questionnaire.
5. Correlating the ratings of two observers' subjective judgements i.e interrater reliability.

The concept of reliability, on the whole, refers to its relative freedom from unsystematic errors of measurement factors or variables which are:

1. The particular sample of question in the test
2. The condition of administration
3. The level of motivation or attentiveness of the examine at the time of testing.

Such unsystematic factors affect the error of variance of the test and hence its reliability. Test retest reliability coefficient eliminates only error variance due to different samples of test items. In the parallel-forms reliability procedures both error due to different samples of items and errors due to different conditions of administrations are eliminated. However, because the form is expensive and difficult to construct, a less direct method of assessing the effects of different sample of items on test reliability was devised and this is the internal consistency method. This method eliminate errors of measurement caused by different conditions of administration and errors of variance cause by different samples of test items. There are different methods of obtaining internal consistency coefficient:

1. Split-half method estimated by Spearman-Brown prophecy formula.
2. Kuder-Richardson method which solves the problem of which halving is best under certain conditions. It is used only when test items are scored 0 (wrong) or 1 (right)
3. Coefficient Alpha is a general formula for estimating the reliability of a test consisting of items of which two or more scoring weights are assigned. For example, in this study, the reliability of the instrument was determined by using Cronbach coefficient Alpha technique of internal consistency correlation analysis. This was done because five weights were assigned to the test items.

For Cronbach (1972), reliability as it pertains to norm-reference test is the reproducibility or dependability or generalizability of a test. This theory considers a test score to be one sample from a universe of possible scores and the reliability of that score is the precision with which it estimates a more generalised universe value of the score-the `true score'.

VALIDITY determines the extent to which a test measures what it was designed to measure. There are several categorization system used but the major groupings include face validity, construct validity and criterion-related validity.

FACE VALIDITY concerns the acceptability of the test items, to both test user and subject, for the operation being carried.

CONTENT VALIDITY of a test examines the extent to which the test specification under which the test was constructed reflects the particular purpose for which the test is being developed. Content validity is the principle form of validity for the functional approach to psychometrics and has sometimes been described as criterion related validity in circumstances where the test designer is using the criterion referenced framework for skills learning and curriculum. Content validity is fundamental to psychometrics and is the main basis by which any test construction programme is judge. In this study, for example content validity was used to determine the validity of the questionnaire.

CRITERION-RELATED VALIDITY is technically indicated or determined by correlating the test scores with scores of some external criterion of interest. Certain factors can effect criterion-related validity; group difference, test length and criterion contamination; (a) group of examinees differences - moderator variables such as age, sex and personality traits may affect the correlation between the test scores and that of the criterion. (b) Test length - in general the longer a test, the greater the variance. (c) Criterion contamination -sometimes the criterion itself is made less valid or contaminated by the particular method in which criterion scores are determined. Hence, the validity of a test can be limited by the validity of the criterion itself as a measure of the particular variable of interest.

CONSTRUCT VALIDITY of a test is determined by defining as clearly as possible the trait or construct to be measured and then relating the test scores to measures of behaviour in situations where that construct is thought to be an important variable. It is the primary form of validation underlying the trait related approach to psychometrics. It is the relation-ship between the test result to the psychological theoretical concept that test is trying to measure e.g. anxiety, extra-version. (Taylor and Russell, 1939). It uses evidence from studies of content validity and criterion related validity of a test. Among the sources of evidence are: (a) the judgment of experts that the content of the test pertains to the construct area of interest (b) an analysis of the internal consistency of the test (c) studies of relationship in both experimentally contrived and naturally occurring groups of test scores. In this study construct validity obtained for the abnormal sexual behaviour distress scale by correlation it with the

already validated abnormal sexual behaviour response scale was 0.75.

PREDICTIVE VALIDITY is the major form of statistical validity, and is used wherever test are use to make prediction. Predictive validity is represented as a correlation between the test score itself (predictor) and a score of the degree of success in the selected field, usually called `success on criterion' (Aiken 1997).

CONCURRENT VALIDITY is also statistical in conception and describes the correlations of a new test with existing tests which purport to measure the same construct. Thus a new intelligent test ought to correlate highly with existing intelligence test. For example, in this study concurrent validity was obtained for the questionnaire, by carrying out intercorrelational analysis between the state trait anxiety inventory and the instruments (See Appendix VII).

STANDARDIZATION once a test has been constructed it needs to be standardized. Standardization has two elements: first the need to obtain information on the test scores of a general population by taking appropriate sample, and second, the need to obtain a set of principles by which raw data from the test can be transformed to give a set of data which has a normal distribution. In this study the norms are presented in terms of means and standard deviation. In the attitude scale, for example 1/8 standard deviation below mean indicate positive attitude and 1/8 standard deviation above mean indicates negative attitude towards the value of chastity.

The above delineated step by step procedure indicate how the instruments of the study were developed taken into consideration theories of testing.

3.2 STUDY ONE

3.2 DESIGN

This Ex-Post facto study employed a Two - 3 - ways Factorial Design and an Independent subject design.

Three Independent variable - sex, self-esteem and attitude towards the value of chastity - yielding a 2 x 2 x 2 factorial analysis was used to investigate sex, self-esteem and attitude towards the value of chastity as predictive factors of homosexuality fetishism and fornication /adultery among the Nigerian clergy and the Catholic Reverend Sisters. The item on sex was examined at two levels - male and female; self-esteem was divided into two levels - high self-esteem and low self-esteem; attitude forwards the value of chastity was also divided into two levels-positive and negative attitude towards the value of chastity.

Another independent variable-nature of chastity had two levels-conjugal and nonconjugal was used to investigate the nature of chastity as a predictive factor of homosexuality, fetishism, fornication/adultery among the Nigerian clergy and the Catholic Reverend Sisters.

Abnormal sexual behaviours (homosexuality, fetishism, fornication/adultery) which is the dependent variable in this study was measured by the aggregate score of each respondent on the abnormal sexual behaviours response scale.

3.2.2 SUBJECTS

The subjects in the present study were 402 Nigerian clergy and Catholic Reverend Sisters drawn from a population of 818 Nigerian clergy and Catholic Reverend Sisters. Purposive sampling was used to select seven out of thirteen religious/clergy institutions in Nigeria which are national in their composition. The 402 subjects for the study were randomly sampled from the 818 population of Nigerian clergy and the Catholic Reverend Sisters in these institution as follow:

Fig. 3.2 Institution and sample selection

S/NO	INSTITUTION	POPULATION	SAMPLE	%
1.	Dominican Institute, Ibadan	86	42	48.83
2.	Claretian Institute, Owerri	100	50	50.00
3.	Catholic Institute of West African Port Harcourt	95	46	48.42
4.	Emmanuel College, Ibadan	130	65	50.00
5.	Baptist College of Theology, Ogbomosho	73	40	54.79
6.	Eucharistic Heart of Jesus Sisters Generalate, Ikeja	160	79	49.38
7.	Mercy Generalate, Umuahia	174	80	45.98
		818	402	

The sample size representative of the population in the seven institution was determined using the sample size formula: $n = \frac{Z^2 pq}{d^2}$
where n = desired sample size;

Z = 1.96 (for 2 standard deviation); P = The proportion in the target population of sexual deviants in the institutions; q = 1 - p and d = degree of accuracy desired (Krejcie and Morgan (1970).

The 402 subjects consisted of 243 males (60.45 percent) and 159 females (39.55 percent). Of the 243 males, 138 (56.38 percent) were Catholic male clergy and 105 (43.62 percent) were non-Catholic clergy. The ratio of the non-Catholic clergy subjects to the Catholic subjects was 1:3. Of the 402 subjects, 297 (73.88 percent) were Catholic, 45(11.20 percent) were Anglican, 43 (10.70 percent) were Baptist and 18 (4.50 percent) were Methodist. With regard to geographical zone, 76 (18.9 percent) were from the North; 115 (28.6 percent) were from the South; 103 (25.62 percent) were from the East and 108 (26.81 percent) were from the West. The mean age of the 402 subjects was 35.18 (SD = $\pm$ 8.40) with ages ranging from 20 to 62 years. The length of vocation of the subjects ranged from 1-34 years (mean = 9.54 years).

3.2.3 INSTRUMENTS AND MEASURES

Four major instruments were used in this study. These were contained along with other measures in a booklet tagged Abnormal Sexual Behaviours Questionnaire (ASBQ) form I and II (See Apendix I).

Form I is for the Nigerian Catholic clergy and the Catholic Reverend Sisters. From II is for the Nigerian non-Catholic clergy. The ASBQ has six sections:

Section A: Social Demographic Variables

Section B: Sexual Problems Questionnaire (SPQ)

Section C: Religious Sexual Attitude Scale (RSAS)

Section D: Self-Esteem Scale (SES)

Section E: Abnormal Sexual Behaviours Response Scale (ASBRS)

Section F: Abnormal Sexual Behaviours Distress Scale (ASBDS)

3.2.3.1 RELIGIOUS SEXUAL ATTITUDE SCALE (RSAS)

This instrument was developed by the researcher for this study. Employing the judgement of experts the researcher constructed an 18 - item simple short sentences drawn from the pilot study and review of literature. To establish the validity as well as the reliability of the instrument ,the scale was pretested on a sample of 280 Nigerian clergy and Catholic Reverend Sisters whose ages ranged from 19 to 60 years with a mean of 30.50 years and a standard deviation of $\pm$ 7.21.

Response to the items were coded on a five-points Likert type scale ranging from `Strongly agree' to `Strongly disagree'. These were assigned the scale value of 1 (Strongly agree), 2 (agree), 3 (undecided), 4 disagree) and 5 Strongly disagree). All the items were

scored in the normal form except items 5,6,8,10,11,12 that were scored in the reverse form. The item were selected in such a way that attitude towards the value of chastity was measured in subscales: (1) general attitude towards the value of chastity (2) attitude towards fetishism, (3) attitude towards homosexuality and (4) attitude towards fornication/adultery.

Psychometric properties of this scale were determined. Item analysis using Cronbach coefficient Alpha method of internal consistency correlational analysis revealed 13 internally consistent items with coefficient alpha of 0.77. Content validity was used to determine the validity of the scale since the 13 items selected were based on the responses of the 280 Nigerian clergy and Catholic Reverend Sisters. Factor analysis of the responses of the 280 clergy and Catholic Reverend Sisters using the principal component analysis with varimax rotation yielded a 3-factors, 13-item questionnaire which made up the religious sexual attitude scale. The factors are fetishism, homosexuality and fornication/adultery. All the 13 items had minimum factor loading of 0.40. Concurrent validity which was obtained for the scale by correlating it with the state Trait Anxiety Inventory was 0.76 and 0.71 respectively.

3.2.3.2 SELF-ESTEEM SCALE (SES)

Section D consists of items from the self-esteem scale developed by Adanijo and Oyefeso (1986). The scale consists of 15 items self-report questionnaire to which the respondent expresses his or her degree of agreement on a 5-point Likert-type format ranging

from `strongly agree' to `strongly disagree'. These were assigned the scaled value of 1 (Strongly agree), 2 (agree); 3 undecided), 4 disagree) and 5 strongly disagree). All items are scored the normal form except item 9 that is scored in reverse form.

Principal factor analysis with varimax rotation of the items yielded five components of self-esteem - confidence, worth, adequacy, competence and acceptability.

The authors have reported a split-half reliability of 0.79. ($P < .0001$, $N=420$) among bank officials, and reliability coefficients of 0.74 ($p < .0001$, $N = 250$) and 0.92 ($P < .0001$, $N = 250$) among undergraduates and high school students respectively.

A pre-test of the scale was carried out on 280 Nigerian clergy and Catholic Reverend Sisters whose ages ranged form 19 to 60 years (mean = 30-50 years). Cronbach coefficient Alpha method of internal consistency correlational analysis revealed 9 internally consistent items with coefficient alpha of 0.82. All 9 items had minimum factor loading of 0.40. Construct validity obtained for the 9 items scale by correlating the subjects scores in the scale with their scores in the 15-item scale was 0.95. This high correlation indicates that the 9 items self-esteem scale is highly suitable for use among the subjects of this study.

3.2.3.3 ABNORMAL SEXUAL BEHAVIOURS RESPONSE SCALE (ASBRS)

Section E contained the abnormal sexual behaviours response scale (ASBRS). The instrument was designed by the researcher for this study. the author constructed a 15 item

simple short sentences drawn from the pilot study and review of literature. The scale was pretested on a sample of 280 Nigerian clergy and Catholic Reverend Sisters whose ages ranged from 19 to 60 years (mean = 30.50 years). (SD = $\pm$ 7.21). The scale consists of 15-item self-report statements to which the respondent expressed his or her degree of agreement on a 5 -point Likert-type scale ranging from `not at all' to `very often'. These were assigned the values of 1 (not at all), 2 (not often) 3 don't know) 4 (often) and 5 (very often). All the items were scored in the normal form. Items were selected in such a way that sexual deviant responses were measured in sub-scales: fetishism, homosexuality and fornication/adultery.

Psychometric properties of the scale were determined. Item analysis using Cronbach coefficient Alpha technique of internal consistency correlation analysis revealed the 15 items to be internally consistent with coefficient alpha of 0.95. Content validity was used to determine the validity of the scale since the 15 items were based on the response of the Nigerian clergy and Catholic Reverend Sisters. Factor analysis using the principal component rotation method with varimax rotation yielded a 3 factor, 15 items scale. All the 15 items had minimum factor loading of 0.40. The three factors are fetishism, homosexuality and fornication/adultery (See Apendix V) for eigenvalue of factors and percentage variance). Concurrent validity which was obtained for the scale by correlating it with the state Traits Anxiety Inventory was 0.73 and 0.75 respectively.

3.2.3.4 ABNORMAL SEXUAL BEHAVIOURS DISTRESS SCALE

Section F contained the abnormal sexual behaviours distress scale. The instrument was designed by the researcher for this study. The author constructed a 15-item simple short sentences drawn from the pilot study and review of literature. The scale was pretested on a sample of 70 Nigerian clergy and Catholic Reverend Sisters (35 males and 35 females) whose ages ranged from 21 to 42 years (Mean = 33.5 = $\pm$ 5.34 years). The questionnaire consists of 15-items self-report statements to which the respondent expressed his or her degree of agreement on a 5 -point Likert-type scale ranging from `not at all' to `very much so'. These were assigned the values of 1 (not at all), 2 (sometimes), 3 not sure) 4 (moderately so) and 5 (very much so). All the items were scored in the normal form. Items were selected in such a way that sexual deviant responses were measured in sub-scales: fetishism, homosexuality and fornication/adultery.

Psychometric properties of the scale were determined. Item analysis using Cronbach coefficient Alpha technique of internal consistency correlation analysis reversed the 15 items to be internally consistent with coefficient alpha of 0.93. Content validity was used to determine the validity of the scale since the 15 items were based on the responses of the Nigerian clergy and Catholic Reverend Sisters. Factor analysis using the principal component rotation method with varimax rotation yielded a 3 factor, 15 items scale. All the 15 items had minimum factor loading of 0.40. The three factors are fetishism, homosexuality and

fornication/adultery (see Apendix VI for eigenvalue of factors and percentage variance). Guthman split-half reliability obtained for the scale was 0.65 indicating that the scale was highly reliable for use. Construct validity obtained for the scale by correlating it with the already validated Abnormal Sexual Behaviours Response Scale (ASBRS) was 0.75. The ASBRS has the same characteristics with the scale, hence this high correlation indicates that the scale was highly valid for use in this research study. Concurrent validity which was obtained for the scale by correlating it with the state Traits Anxiety Inventory was 0.72 and 0.76 respectively.

3.2.4 PROCEDURE

All the sections of the Abnormal Sexual Behaviours Questionnaires (ASBQ) except section F were administered to the randomly - sampled groups of Nigerian clergy and Catholic Reverend Sisters in each of the sampled institutions. Each group of clergy and Catholic Reverend Sisters was seated in a room provided by the authorities of the institution and each subjects was given a copy of the ASBQ. Subjects were instructed to fill the questionnaire as honestly as possible. Each subject completed sections A, B, C, D and E of the ASBQ.

The ASBQ required about 30 minutes to complete. On the whole 510 forms of the ASBQ were distributed 402 were collected and made use of for the study.

3.2.5 ANALYSIS OF DATA

Statistical techniques that were used include means, standard deviations, percentages, analysis of variance (ANOVA) and Multiple Regression.

To test hypotheses 1,2,3 and 4 which were set out to examine the psychosocial factors determining abnormal sexual behaviour among the Nigerian clergy and Catholic Reverend Sisters a 3 - way analysis of variance (ANOVA) was computed. A 2 x 2 x 2 factorial analysis of variance was computed for sex, attitude and self esteem. To test hypothesis five, a one-way analysis of variance was computed for nature of chastity. The rational for using the factorial analysis was to examine statistically not only the influence of the four independent variables on the dependent variable but also the individual effects of each variable separately and the internal effects of the four independent variables. Multiple regression was also used to determine the contribution of each of the independent variables mentioned in hypotheses 1,2,3 and 4.

3.3 STUDY TWO (PSYCHOLOGICAL INTERVENTION)

3.3.1 DESIGN

The design for the intervention phase was either the pre-test - post-test control group design (Cambell and Stanley, 1963) or before - after research design (Christensen, 1997). This design is depicted in fig 3.2. The design is a good experimental or classical design.

Fig. 3.3 Before - After Research Design

	Pre-response Measure	Treatment	Post - Response Measure	Difference
Experimental Group	Y	X	Y	Pre-Y-Post-Y
R				Compare
Control Group	Y		Y	Pre-Y-Post-Y

Source: Christensen, B.L. (1997) Experimental Methodology (Seventh Ed), Allyn and Bacon Inc., Boston.

3.3.2 SUBJECTS

The subjects for this study were 48 Nigeria clergy and Catholic Reverend Sisters (24 males and 24 females) whose scores in the abnormal sexual behaviours response scale were in the range of one or two standard deviations above the mean. 25 subjects had scores that

are one standard deviation above the mean while 23 subjects had scores that are two standard deviations above the mean. Using the table of random numbers, they were randomly selected from 80 Nigeria clergy and Catholic Reverend Sisters whose score in the abnormal sexual behaviour response scale were in the range of one or two standard deviations above the mean.

There were four experimental groups consisting of 12 subjects each. To randomly assign the 48 subjects to the four experimental treatment groups a list of random numbers was used with each participant given a number from 0 to 47.

The 12 subjects in each of the experimental groups were matched for age and sex. The ages of the subjects ranged from 23 to 50 years (Mean = 34.2 $\pm$ 6.59). Subjects length of vocation ranged from 2 to 25 years. 10 subjects (20.8 percent) from the Norther states, 8 subjects (16.7 percent) were from the Eastern states and 13 subjects (27.1 percent) were from the Western states. The subjects were from different denominations: 43 (89.6 percent) were Catholic, 2 (4.2 percent) were Anglicans and 3 (6.3 percent) were Baptists.

3.3.3 INSTRUMENTS AND MEASURES

Four main instruments were used in this study. These were the Religious Sexual Attitude Scale (RSAS), the Self-Esteem Scale (SES), the Anormal Sexual Behaviour Response Scale (ASBRS) and the Abnormal Sexual Behaviour Distress Scale (ASBDS). Their psychometric properties have been discussed earlier.

3.3.4 PROCEDURE

The 48 subjects identified as having abnormal sexual behaviours were brought together for group therapy.

All assessments were conducted at pre-test and at 6 weeks and later at 5 months post-test. Assessment was done at the Eucharistic Heart of Jesus Convent, Ibadan. Convenience was the major reason for the choice of the centre. Adequate rapport was established with the subjects before the psychological assessment.

BASELINE DATA

The baseline data was collected during the first session at the pre-test assessment stage. The instruments of the study were administered to the 48 subjects and from the result of the tests the baseline data on their attitude towards the value of chastity their self-esteem and their abnormal sexual behaviours were collected. Through systematic interview, a further baseline data was collected about their feelings and other psychological problems that are connected with their abnormal sexual behaviour. The format below indicates the details of the baseline data.

3.3.5 EXPERIMENTAL CONDITIONS OF BEHAVIOURAL PSYCHOTHERAPY PROGRAMME

Four separate groups consisting of 12 subject each were formed and utilized to determined the main and interactive effects of the psychotherapies by testing hypothesis 6 - 9. The groups were as follows:

1. Experimental group of sexually deviant Nigerian clergy and Catholic Reverend Sisters on covert sensitization.
2. Experimental group of sexually deviant Nigerian clergy and Catholic Reverend Sisters on multiple - target attitudinal change therapy.
3. Experimental group of sexually deviant Nigerian clergy and Catholic Reverend Sisters on multiple target attitudinal change therapy and covert sensitization therapy.(a variant of aversive therapy).
4. Control: No treatment group of sexually deviant Nigerian clergy and Catholic Reverend Sisters on no covert sensitization therapy and on no multiple - target attitudinal change therapy.

3.3.6 THERAPEUTIC PROCEDURE/TECHNIQUES

3.3.6.1 THE MULTIPLE - TARGET ATTITUDINAL CHANGE THERAPY GROUP PROCEDURE

The group consisted of 12 sexually deviant Nigerian clergy and Catholic Reverend Sisters - 6 males and 6 females. They were exposed to the multiple - target attitudinal change therapy. They met twice a week for seven weeks and hence had a total of 12 sessions. A session lasted for 90 minutes. Every session started with relaxation on exercise to release tension and anxiety. The following modules were followed:-

MODULE 1 - IDENTIFICATION OF PROBLEMS AND SPECIFIC GOALS TO BE ACHIEVED

The first week was spent on module 1. The researcher began with relaxation exercise using imagery and diaphramatic breathing to ensure anxiety control and the relieve of tension. The interaction between the therapist and the subjects was non-directional. The therapist requested the subjects to share their experiences of their abnormal sexual behaviour with the following lead question as guide.

1. When did you start experiencing your abnormal sexual behaviour?
2. What do you think about it?
3. How do you feel about it?
4. What have you done about it?
5. What is the present situation?

These `open' questions facilitated the subjects exploration of their own problems, thoughts and feelings and assisted them to arrive at their own solutions. The approach made the psychotherapy to be client-centred. One of the subjects said,

> I started experiencing this problem three years ago when I got attracted sexually towards another Catholic Reverend Sister of the same sex with me. I don't understand why I should have such attraction I am very unhappy and worried about it. Whenever I see this person talking to another person I feel jealous and annoyed I prayed about it but it's no better".

Another subject said,

> "I was sexually abused as a child by my aunty's husband up till the age of twelve years. I grew up with a distaste for men and that's how I developed attraction sexually toward persons of the same sex with me. I don't feel happy about it.

Through reflection of feeling and empathy from the therapist, such as,

> "So both of you are not happy about your abnormal sexual behaviour, I can feel with you: We will see during these sessions what can be done to help you".

the therapist was able to predispose them favourably to approach the therapy session with hope, enthusiasm and cooperation.

The researcher carried out identification of goals to be achieved, analysis of problem and formulation of behavioural strategies for changing it. The therapist got the subjects to produce written answers to the following questions.

1. How do you want to be different from what you are now?

2. What is it about yourself that you want to change?

3. What behaviours will you like to increase in frequency?

4. What behaviour would you like to decrease in frequency?

5. What behaviour would you like to perform under different circumstances?

The answers to these questions were variedly expressed but they culminated in an eagerness to be helped overcome their abnormal sexual behaviour. One of the subjects wrote.

> The thought of my abnormal sexual behaviour has always given me such grave concern that I want to be able to overcome it now. I have tried on my own to change but to no avail, so I said to myself. "God will not punish me for this. God knows we are weak human being. It is not only keeping chaste that will take one to heaven". Such thoughts pacified my conscience but it did not last. I will like to be able to think differently in a way that will help me improve.

Another said pointedly

> I want to stop my homosexual behaviour
> I want to overcome my unchaste acts
> I want to be able to avoid, the person
> that I am sexually attracted to.

After the therapist read out the answers of the group participants, they were asked if they identified with any of the response of their fellow participants and there was group discussion of these responses.

MODULE II: AETIOLOGY

During the second, third and fourth weeks, attention was given to module 2. An introductory lecture was given explaining the attitude construct as a predictor of abnormal sexual behaviour. The interrelatedness of the cognitive, affective and behavioral components of attitude construct and how an understanding of this dynamics of the components of attitude would help them change their abnormal sexual behaviours was explained. Their current cognitions, that is, beliefs about the value of chastity were elicited and highlighted. These beliefs, it was pointed out to them, are given expression in the form of "internal statement" or "internal dialogue" such as "there is nothing wrong on a clergy or Catholic Reverend Sisters engaging in sexual intercourse"; "There is nothing wrong in a clergy engaging in extra-marital affairs", "The clergy or Catholic Reverend Sisters who have homosexual or lesbian orientation should be free to express their love sexually in that manner". These internal statements (cognitive component) when acceded to produce a feeling or likeness (affective) for sexual intercourse or extra-marital affairs and homosexuality in the person which propels the person to engage in the relevant abnormal sexual act or behaviour (behavioral component). To eradicate or stop the abnormal sexual behaviour therefore, these internal statement have to be changed to, for example. "There is something wrong in a clergy or Catholic Reverend Sisters engaging in sexual intercourse", "There is something wrong in a clergy engaging in extra-marital affairs". "The clergy or Catholic Reverend Sisters who have

homosexual or lesbian orientation should endeavour not to express their love sexually in that manner".

Steffy, Meichnbaum and Best (1970) suggested that the inclusion of this mental rehearsal (a) leads to a better representation of the implicit stimuli that contributed to the maladaptive behaviour (b) it involves many more differential situational cues in the training and (c) it causes greater emotional involvement.

In accordance with the three phases enunciated by Frank (1974) in the change process, first, the subjects were made to become observers of their own behaviours, that is, engage in self-observation. Through heightened awareness and deliberate attention, they were made to monitor with increased sensitivity the thoughts, feelings, physiological reactions and/or interpersonal behaviours. As s result of the translation process that occurred in the therapy, the subjects developed new cognitive structures (concepts) which permit them to view their symptoms differently. Attending to their abnormal sexual behaviours took on a different meaning - a meaning that contributed to a heightened awareness. Second, the subjects were assisted through self-exploration to investigate some of the inconsistencies that may exist between their thoughts and behaviours particularly between their attitudinal statements and other ideas about the chaste life of a clergy or Catholic Reverend Sisters that they hold. For example such ideas expressed in overt statement as "It is good to give oneself totally to God's service" is incompatible or inconsistent with an attitude expressive in the

statement. "The clergy and Catholic Reverend Sisters being human beings can have sexual intercourse (or extra-marital affairs) when they feel the urge to do so". Thus the subjects were led to have a reconceptualization of their problem. Furthermore the subjects were assisted to begin to notice opportunities for adaptive behavioural alternatives. Third, the subjects were encouraged to produced more of these new behaviours in their everyday world and assess the behavioural outcomes. Understanding these tenets was considered requisite for corrective mediation and resultant behaviour change. Group discussion and home work assignments were given to facilitate understanding and execution. For their homework they were requested to do the following:

1. Engage in self-observation
2. Monitor their thoughts and feelings
3. Monitor their physiological reactions to objects and persons that constitute sexual arousals to them.
4. Investigate some of the inconsistencies that may exist between their thought and behaviours especially between their attitudinal statements and other ideas about the chaste life and make a list of these.
5. Take note of opportunities for adaptive alternative behaviour and record how many times they are able to produce such behaviour before the next session.

MODULE III

During the fifth and six weeks the subjects were introduced to Module 3 which consisted of cognitive restructuring, constructive thinking, thought stopping strategies and home-work assignment. A short introductory lecture was provided outlining RET'S A-B-C method of viewing human psychological functioning and its disturbances, starting with C (the upsetting emotional consequences, including feeling of worthlessness, hopelessness anxiety or depression) and moving to A (the activating experience). Group members were shown that between A and C, there is the intervening variable which Ellis labels B (the individual beliefs system). The belief system may be rational or irrational, but either case provides the basis of the connection between A and C through internal dialogue. The method for training participants to the identification of irrational assumptions was based upon an analysis of Ellis (1977) typical irrational beliefs. Under-standing these levels of rational judgement was considered requisite for corrective mediation and resulting behaviour change. Group discussion and homework assignment were used to facilitate understanding. As homework they were asked to observed and record their internal dialogues.

After the ground work was laid and group members began to understand how irrational internal dialogues precipitate emotional disturbance, the participants were encouraged to use their emotional reactions as cues to consider the question. "What am I telling myself about the situation that might be irrational?" As with any new skill, there was

an initial period of awkwardness and a pervasive sense of artificiality. However, with continued practice, the new response pattern of rational self-appraisal became habitual. To be optimally effective as on intervention technique, cognitive restructuring was combined with the emission of specific behaviours which were incompatible with the irrational belief system. For example, "It is impossible to remain chaste". In this treatment programme group members were required to emit behaviours which were incompatible with their sense of helplessness or lack of control of self and situations and negative self-image. Although the acquisition of problem-solving skills was programmed into the homework assignment, the usefulness of the procedures was occasionally demonstrated in the group session themselves. As homework they were requested to observe and record how many times they are able to manifest behaviours that are incompatible with their irrational beliefs.

MODULE V

During the seventh week the subjects were introduced to Module 5 which consisted of behaviour rehearsal modelling. As problems were specified and desirable courses of action identified, participant frequently communicated an ability to perform action leading to problem solving. To facilitate the participants incorporation of the desired behavioural action/response, specific behaviours were modelled by the researcher assuming the role of the participant whose problem was under consideration. Participants assumed their role of

interaction while remaining group members either played significant others in the situation or observed interaction. There was repetition of the modelling role playing situation depending on the type of behaviour being considered. The roles were switched to allow participants an opportunity to begin practising the desired behaviour. The procedure reinforced the participants in a skill development, shaped the participants into more sophisticated skill performance and supported generalization of the skill.

After the completion of behaviour rehearsal, the participants discussed the anticipated consequences of the newly incorporated skill. Group members provided further reinforcement to the participant in training through verbal feedback and encouragement to try the skill "*in vivo*". For example group members rehearsed various ways of responding to homosexual advances made by others to them (e.g. caressing, staring, touching). Individuals would report to the group their efforts to practice these responses "*in vivo*". These attempts frequently stimulated others to imitate their own efforts.

3.3.6.2 NO TREATMENT GROUP

Subjects assigned to this condition completed the abnormal Sexual Behaviours Questionnaires (ASBQ) at the pre- and post assessment periods but received no psychotherapeutic intervention.

3.3.6.3 COVERT SENSITIZATION (A VARIANT OF AVERSIVE THERAPY) GROUP PROCEDURE: ACHEMBACH 1982

The group was composed of 12 subjects (6 males and 6 females). They had exposure to covert sensitization which is a variant of aversive therapy. Two sessions of 90 minutes each were held each week for them. The therapy spanned a duration of seven weeks. Each session started with relaxation exercise.

MODULE I

During the first week, the subjects for the covert sensitization therapy were guided to share their experiences about their abnormal sexual behaviour, engage in identification of situational reinforcements and were helped to reach an agreement on the specific goals to achieve. The procedure used for the multiple - target attitudinal change therapy group was used for them. i.e through questions, answers and discussions.

MODULE II

During the second week, the subjects were introduced to Module 2. They were asked to list what they would consider punishment in their life as Nigerian clergy and Catholic Reverend Sisters. The following list of punishment emerged:

1. Being expelled from the clergy or Catholic Reverend Sister's life.
2. Being summoned before the religious authorities because of information reaching them about their abnormal sexual behaviour.

3. Being defrocked

4. Being sent to the monestery

5. Being despised by others because of their abnormal sexual behaviour.

6. Being deprived of certain positions of responsibility and privilege because of their abnormal sexual behaviour.

7. Having the incidence of their abnormal sexual behaviour put on the print mass media.

MODULE III

During the third and fourth week, the subjects were introduced to Module 3. The subjects were made to engage in relaxation exercise using imagery and diaphramatic breathing to ensure anxiety control. They were given a didactic explanation on aversive stimuli or punishment. They were instructed on how to pair in imagination any abnormal sexual arousal or fantasy with the listed aversive stimuli or punishment. Practice on this was carried out during the session. They were told to fantasize themselves engaging in an abnormal sexual behaviour in a relaxed mood. When they are excitedly enjoying the fantasy, they should introduce vividly an aversive imagery from the list of punishment. Homework was given to facilitate this; feedbacks were received during the next session. For homework:-

1. They were instructed to find a quiet place and go through the relaxation exercise.

2. They should fantasize an abnormal sexual imagery.

3. They should pair their imagery with a possible punishment.

4. They should record how they felt.

MODULE IV

During the fifth and sixth weeks' sessions, after receiving feedbacks on homework assignments given, they were introduced to Module 4 which consisted of behaviour rehearsal modelling and social skill training. The same procedure used for the multiple - target attitudinal change therapy group was used for them.

MODULE V

During the seventh week they were introduced to extinction strategies and differential reinforcement of other responses(DOR). One of the extinction strategies explained intensely was the avoidance strategy. The subjects were led through guided discussion to highlight possible avoidance strategies they could used when confronted with situation where they could succumb to abnormal sexual behaviour. This led to an excited, interesting and useful discussion where they shared their views and experiences as far as avoidance is concerned. The discussion created an awareness in them of the need to remove themselve physically from the proximate situation of contact with persons or objects that constitute reinforcers for their abnormal sexual behaviour. They were made to know that it involves a deliberate choice of avoidance. Homework assignments were given to facilitate the implementation and feedbacks were received.

They were introduced to differential reinforcement of other responses (DOR). They were made to come up with suggestions of behaviours alternative to the undesired behaviour and incompatible with it. They were encourage to engage in such behaviour and reinforced themselves with something they like best., for example, undertaking a pleasurable trip or going for a picnic anytime they succeed in not engaging in their abnormal sexual behaviour.

3.3.6.4 COMBINED MULTIPLE - TARGET ATTITUDINAL CHANGE THERAPY AND COVERT SENSITIZATION GROUP

The group was composed of 12 subjects (6 males and 6 females). They were exposed to both psychotherapies. They had two sessions a week for seven weeks. The sessions duration was 90 minutes. Each week they underwent the modules meant for both the covert sensitization therapy group and that of the multiple - target attitudinal change therapy group.

On the whole as the therapy sessions progressed, group members began to produce positive feedbacks from homework assignment. Through self-regulation which involves monitoring and observing ones' own behaviour, and by the use of the techniques of self-reinforcement, self-punishment, control of stimulus conditions, development of incompatible responses, the experimental group participant were able to change their abnormal sexual behaviours.

3.3.7 ANALYSIS OF DATA

Statistical techniques that were used for the present study include means, standard deviations, percentages, t-test for independent groups, Analysis of Covariance (ANCOVA) and SCHEFFE.

Study two employed a pre-test post-test control group design which is a completely randomized design. The statistical techniques used were t-test for independent group, t-test for repeated measures and the analysis of Covariance (ANOVA). The tested hypotheses were 6,7,8 and 9. ANCOVA is a form of analysis of variance which is used when experimental treatments are compared in the present of concomitant (associated) variable which can be neither eliminated or experimentally controlled. It tests the significance of the difference between means of the final experimental data by taking into account and adjusting initial differences in the data. ANCOVA analyses the difference between experimental groups on Y after taking into account either initial differences in the Y measures or some differences in some independent variable ANCOVA has many advantages: (1) to increase precision in randomized experiments. (2) to adjust for sources of bias in observational studies, (3) to throw light on the nature of treatment effects in randomized experiments and (4) to study regression in multiple classification.

In order to explore the significant difference between means, multiple comparisons for the means were carried out using Scheffe lower case test. Scheffe test uses a single range

value of all comparisons which is appropriate for examining all possible linear combination of group means, not just pairwise comparison. Hence the Scheffe test is stricter than other multiple comparison test because the family-wise (FW) error rate is held at a particular value regardless of the number of comparisons actually conducted. The Scheffe test is exact, even with unequal groups sizes and requires no special tables because it is based on the values of the F - statistic appearing in standard F-tables. The Scheffe test is used primarily to evaluate arbitrary combinations of groups against each other, for example the mean of group 1 and 3 versus the mean of group 2, 4 and 5.

All statistical analyses carried out in this research used the Statistical Package for the Social Sciences (SPSS) computer software.

CHAPTER FOUR

RESULTS

This chapter presents the results of the hypotheses tested in the study. For all hypotheses testing, the minimum level of significance was .05. The results are divided into three sections: The results for the assessment of psychosocial determinants of abnormal sexual behaviours is made up of two parts - the first part utilized a 2x2x2 ANOVA and a one-way ANOVA, the second part used multiple regression. The third section which is the results of the intervention phase employed t-tests and an ANCOVA technique. The order of presentation of the hypotheses tested would be in the sequence in which they appeared in the statement of hypotheses in chapter two.

4.1 PSYCHOSOCIAL DETERMINANTS OF ABNORMAL SEXUAL BEHAVIOURS AMONG THE NIGERIAN CLERGY AND THE CATHOLIC REVEREND SISTERS

Hypothesis one which predicted that the Nigerian clergy and the Catholic Reverend Sisters who have negative attitude towards the value of chastity would report statistically significant higher level of abnormal sexual behaviours than those with positive attitude, was investigated by a 2x2x2 ANOVA. The result revealed a significant main effect of attitude for the subjects $F(1,394) = 192.33$, $p < 0.0001$ on abnormal sexual behaviours (see Table 4.1.1).

Table 4.1.1 Summary of a three-way analysis of variance showing the relationship between Attitude, Self-Esteem and Sex on Abnormal Sexual Behaviours for the total sample

SOURCE	SS	DF	MS	F	P
Attitude (A)	17104.73	1	17104.73	192.33	<0.0001
Self Esteem (B)	341.42	1	341.42	3.84	<0.05
Sex (C)	74.85	1	74.85	0.84	ns
A x B	439.47	1	439.47	4.94	<0.001
A x C	136.12	1	136.12	1.53	ns
B x C	0.07	1	0.07	0.001	ns
AxBxC	21707.24	1	3101.03	34.87	<0.0001
Error	35040.43	394	88.94		

The mean ratings for the Nigerian clergy and the Catholic Reverend Sisters with positive attitude towards the value of chastity and those with negative attitude towards the value of chastity are shown in table 4.1.2. Inspection of the means indicated that the Nigerian Clergy and Catholic Reverend Sisters with negative attitude towards the value of chastity manifested higher abnormal sexual behaviour with a mean score of ($\bar{x}$=34.89) than those with positive attitude with a mean score of ($\bar{x}$=20.50). The mean difference values reached the .05 level of significance. This result adequately supported the prediction of hypothesis one that the Nigerian Clergy and Catholic Reverend Sisters who have negative attitude towards the value of chastity would report significantly higher level of abnormal sexual behaviours than those with positive attitude.

Table 4.1.2: Mean Ratings on General Abnormal Sexual Behaviours Scores for Attitude, Self-Esteem and Sex

No of Subjects	Independent Variables	Abnormal Sexual Behaviour ($\bar{x}$)	
402	Attitude(General)	20.42a	
183	Positive Attitude	20.50a	$P < 0.05$
219	Negative Attitude	34.89b	
402	Self-Esteem(General)	38.84a	
164	High-Esteem	24.82a	$P < 0.05$
238	Low-Esteem	30.76b	
243	Male	27.55a	
159	Female	29.53a	ns

Note: Means with different letter differ significantly from each other at the 0.05 level of significance.

Hypothesis two which predicted that the Nigerian Clergy and The Catholic Reverend Sisters who have low self-esteem would report statistically significant higher level of abnormal sexual behaviours than those with high self-esteem was supported in the direction of the prediction. The results showed a significant main effect on self-esteem for the subjects, $F(1,394) = 3.84$, $P < 0.05$ on abnormal sexual behaviour (see Table 4.1.1).

The pattern of means for the clergy and religious with high self-esteem and those with low self-esteem are shown in Table 4.1.2. Examination of the means indicated that the clergy and religious with low self-esteem manifested higher abnormal sexual behaviours with a mean score of ($\bar{x} = 30.76$) than those with high self-esteem with a mean score of ($\bar{x} = 24.82$).

Hypothesis three which assumed that the Nigerian male clergy would report higher level of abnormal sexual behaviours than the female Catholic Reverend Sisters was not supported.

Hypothesis four which expected interaction effect between attitude towards the value of chastity, self-esteem and sex on abnormal sexual behaviours was confirmed in the direction of the prediction. There was a statistically significant 2-way interaction on attitude and self-esteem $F(1,394) = 4.94$, $P<.02$ on abnormal sexual behaviours. Similarly there was a statistically significant 3-way interaction on attitude, self-esteem and sex ($F(1,394)=34.87$, $P<0.0001$ on abnormal sexual behaviours (see Table 4.1.1).

Table 4.1.3: Mean Ratings of Interaction Effect on Abnormal Sexual Behaviours as determined by Attitude Self-Esteem and Sex for the total sample

Source	No	Mean	
Low Self-Esteem	238	30.76a	
vs			P < 0.05
High Self-Esteem	164	24.82b	
Positive Attitude	183	20.50a	
vs			P < 0.05
Negative Attitude	219	34.89b	
Male	243	27.55a	
vs			ns
Female	159	29.53a	
Low Self-Esteem	80	20.21a	
High Self-Esteem	103	20.72a	ns
vs			
Positive Attitude	158	36.09b	
Negative Attitude	61	31.75b	ns
Positive Attitude	119	19.71a	
Negative Attitude	64	21.95a	ns
vs			
Male	124	35.07a	
Female	95	34.64a	ns
Low Self-Esteem	89	32.55a	
High Self-Esteem	149	29.68a	ns
vs			
Male	94	24.17a	
Female	70	25.70a	ns
Positive Attitude	59	19.81a	
Negative Attitude	60	19.62a	ns
vs			
Low Self-Esteem	90	36.16b	
High Self-Esteem	34	32.21b	ns
Male Positive Attitude	21	21.33a	
Male High Self-Esteem	68	36.01a	ns
vs			
Female Negative Attitude	43	22.26b	
Female Low Self-Esteem	27	31.19b	ns

Note: Means with different letters differ significantly from each other at the .05 level of significance.

Table 4.1.4: Independent T-test showing difference of means and Standard Deviation according to nature of chastity for the Nigerian clergy.

Nature of Chastity	$\bar{x}$	SD	DF	t-value	P
Conjugal	23.28	8.86	241	5.24	<0.001
Nonconjugal	30.91	12.86			

Hypothesis five which stated that abnormal sexual behaviours will vary according to the nature of chastity was investigated by a T-test for Independent Groups. The result revealed a statistically significant difference between the means of those who practice conjugal chastity ($\bar{x}$ = 23.28) and those who practice nonconjugal chastity ($\bar{x}$ = 30.91) (see Table 4.1.4). This result confirmed hypothesis five.

Difference of mean scores with asterisks are significantly different at .05 level of significance at Scheffe's Test (Scheffe's F-value = 3.98).

4.2 PREDICTIVE ABILITY OF THE PSYCHOSOCIAL VARIABLES

To investigate the predictive significance of the independent variables (attitude towards the value of chastity, self-esteem and sex) as far as the dependent variable (abnormal sexual behaviours) is concerned, multiple (stepwise) regression was employed (see Table 4.2.1, Table 4.2.2, Table 4.2.3, Table 4.2.4, Table 4.2.5 and Table 4.2.6).

Table 4.2.1: Summary of Stepwise Regression for Abnormal Sexual Behaviours as predicted by Psychosocial variables for the total subjects.

PREDICTOR VARIABLES	BETA	SEB	R^2	T	P
1. ATTITUDE	0.64	0.92	.40	16.4	<0.0001
2. SELF-ESTEEM	-0.09	0.96	.41	-2.39	ns
3. SEX	0.03	0.04	-	0.79	ns

As Table 4.2.1 shows, attitude and self-esteem statistically predicted abnormal sexual behaviours among the total subjects. The values of the R-Square(R^2) indicated this. The R^2 indicates the amount of contribution of the independent variables to the dependent variable. The dependent variables is abnormal sexual behaviours and the independent variables are attitude towards the value of chastity and self-esteem. Thus, the attitude variable is responsible for 40.00 percent of the variation in abnormal sexual behaviours while self-esteem is responsible for 41 percent. It can be concluded, therefore, that attitude towards the value of chastity and self-esteem are good predictors of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters. These results shed more light on our earlier results of hypotheses one and two which confirm the role of attitude and self-esteem in the incidence of abnormal sexual behaviours.

Table 4.2.2: Summary of Stepwise Regression for Abnormal Sexual Behaviours as predicted by Psychosocial variables for the Catholic Subjects.

PREDICTOR VARIABLES	BETA	SEB	R^2	T	P
1. ATTITUDE	0.64	1.12	.41	14.23	<0.0001
2. SELF-ESTEEM	-0.11	1.26	.42	-2.16	<0.001
3. SEX	1.74	0.01	-	0.13	ns

Table 4.2.2 revealed that attitude towards the value of chastity and self-esteem predicted abnormal sexual behaviours significantly among the Nigerian clergy and Catholic Reverend Sisters. The value of the R-square (R^2) showed the amount of variation in the dependent variable (abnormal sexual behaviours) that is accounted for by the independent variables (attitude towards the value of chastity and self-esteem).

Sex was not an important predictor. The attitude variable is responsible for 41.00 percent of the variation in abnormal sexual behaviours among the Nigerian Catholic Clergy and Catholic Reverend Sisters while self-esteem is responsible for 42.00 percent. The result therefore confirms that attitude towards the value of chastity and self-esteem are good predictors of abnormal sexual behaviours among the Nigerian Catholic clergy and the Catholic Reverend Sisters. The results further supported hypotheses one, and two.

Table 4.2.3: Summary of Stepwise Regression for Abnormal Sexual Behaviours as predicted by Psychosocial variables for the Non-Catholic Subjects.

PREDICTOR VARIABLES	BETA	SEB	R^2	T	P
1. ATTITUDE	0.49	0.12	.24	5.88	<0.0001
2. SELF-ESTEEM	-0.19	-	-	-1.30	ns
3. SEX	-0.11	-	-	1.61	ns

The above result showed that only the variable of attitude predicted abnormal sexual behaviours significantly among the non-catholic clergy. Attitude towards the value of chastity accounted for only 12.00 percent of the variation in abnormal sexual behaviours experienced by the non-catholic clergy as indicated by the value of the R-square (R^2). Sex and self-esteem are not important predictors of abnormal sexual behaviours among the Nigerian non-catholic clergy. It can be concluded therefore that attitude is the only good predictor of abnormal sexual behaviours among the non-catholic clergy.

Table 4.2.4: Summary of Stepwise Regression for each subsale of Abnormal Sexual Behaviours as predicted by Psychosocial variables for the total subjects.

PREDICTOR VARIABLES	BETA	SEB	R^2	T	P
A. FETISHISM:					
1. Attitude	0.60	0.02	0.36	15.02	<0.0001
2. Self-esteem	-0.11	0.03	0.37	2.56	<0.01
3. Sex	0.03	0.04	-	0.79	ns.
B. HOMOSEXUALITY:					
1. Attitude	0.50	0.19	0.25	11.56	<0.0001
2. Sex	0.13	0.35	0.29	3.16	<0.01
3. Self-esteem	-0.02	-0.03	-	-0.52	ns
C. FORNICATION/ADULTERY:	0.66	0.02	0.44	17.60	<0.0001
1. Attitude	-0.01	-0.02	-	-0.35	<0.01
2. Self-esteem	-0.05	-0.06	-	-1.29	ns
3. Sex					

The above results showed that attitude and self-esteem predicted fetishism significantly among Nigerian clergy and the Catholic Reverend Sisters. The attitude variable is responsible for 36.00 percent of the variation in fetishism while self-esteem is responsible for 37.00 percent as indicated by the R^2. On the other hand, attitude and sex predicted homosexuality significantly among Nigerian clergy and the Catholic Reverend Sisters. However attitude is responsible for only 25.00 percent of the variation of homosexuality among the Nigerian clergy and Catholic Reverend Sisters. For fornication/adultery, the results show that only attitude predicted significantly among the Nigerian clergy and the Catholic Reverend Sisters. The R^2 tells the amount of variation in the dependent variable fornication/adultery) accounted for the by the independent variable (attitude) and this is 44.00 percent. These confirmed hypotheses one to four.

Table 4.2.5: Summary of Stepwise Regression for each subsale of Abnormal Sexual Behaviours as predicted by Psychosocial variables for Catholic Subjects.

PREDICTOR VARIABLES	BETA	SEB	R^2	T	P
A. FETISHISM:					
1. Attitude	0.62	0.02	0.38	13.13	<0.0001
2. Self-esteem	-0.56	0.03	0.39	10.75	<0.0001
3. Sex	0.01	-0.01	-	-0.25	ns.
B. HOMOSEXUALITY:					
1. Attitude	0.50	0.02	0.25	9.73	<0.0001
2. Sex	0.50	0.02	0.27	2.72	<0.01
3. Self-esteem	-0.03	0.001	-	0.02	ns
C. FORNICATION/ADULTERY:	0.68	0.03	0.47	15.87	<0.0001
1. Attitude	-0.11	0.51	0.48	-2.61	<0.0001
2. Sex	-0.03	-0.01	-	-0.14	ns
3. Self-esteem					

The above results revealed that attitude and self-esteem predicted fetishism significantly among the Nigerian Catholic clergy and the Catholic Reverend Sisters. The attitude variable is responsible for 38.00 percent of the variation of fetishism while self-esteem is responsible for 39.00 percent as indicated by the R^2. However, it is attitude and sex that predicted homosexuality significantly among the Nigerian clergy and the Catholic Reverend Sisters. Attitude is responsible for 25.00 percent of the variation in homosexuality among them while sex is responsible for 27.00 percent. Though the percentage is small, it is significant. For fornication, attitude and sex predicted it significantly among the Nigerian Catholic clergy and the Catholic Reverend Sisters. Attitude accounted for 47.00 percent of

the amount of variation in fornication among the Nigerian Catholic clergy and Catholic Reverend Sisters while sex accounted for 48.00 percent. From the above results the independent variables of sex is not an important predictor of fetishism while self-esteem is not an important predictor of both homosexuality and fornication among the Nigerian clergy and the Catholic Reverend Sisters.

Table 4.2.6: Summary of Stepwise Regression for each subsale of Abnormal Sexual Behaviours as predicted by Psychosocial variables for Non-Catholic Subjects.

PREDICTOR VARIABLES	BETA	SEB	R^2	T	P
A. FETISHISM:					
1. Attitude	0.44	0.06	0.19	5.08	<0.0001
2. Self-esteem	-0.13	-0.15	-	-1.55	ns
3. Sex	-0.09	-0.10	-	-1.06	ns.
B. HOMOSEXUALITY:					
1. Attitude	0.43	0.047	0.18	4.97	<0.0001
2. Self-esteem	-0.10	0.11	-	-1.11	ns
3. Sex	0.02	0.02	-	0.18	ns
C. EXTRA-MARITAL SEXUAL	0.34	0.04	0.12	3.81	<0.0001
INTERCOURSE:	0.40	0.05	0.16	4.38	<0.0001
1. Attitude	-0.04	-0.04	-	-0.43	ns
2. Sex					
3. Self-esteem					

As the above results showed attitude and self-esteem predicted significantly fetishism and homosexuality among the Nigerian non-catholic clergy, while attitude and sex predicted significantly extra-marital sexual intercourse among them. As indicated in the R^2, attitude accounted for 19% of variation in fetishism while it accounted for 18% of the variation in

homosexuality. Both attitude and sex together accounted for 28% of the variation in extra-marital sexual intercourse.

On the whole the results of the multiple (stepwise) regression analysis of this study confirm the primacy of the attitude construct in predicting abnormal sexual behaviours among Nigerian clergy and the Catholic Reverend Sisters.

4.3 PSYCHOLOGICAL (TREATMENT) INTERVENTION

Hypotheses six and seven, employed a pretest-posttest control group design. Hypotheses six utilized t-test for independent groups for comparing scores between experimental and control groups. Hypothesis seven employed the two-treatment analysis of covariance.

Hypothesis six which predicted that the Nigerian clergy and Catholic Reverend Sisters with abnormal sexual behaviours who received the group behavioural psychotherapy would evidence significantly less abnormal sexual behaviours than those assigned to the control group was supported. The results revealed a statistically significantly difference between the experimental group and the control group on covert sensitization therapy $t = (22) = 7.05$, $p < .0001$ (see Table 4.3.1).

The subject exposed to the multiple-target attitude change therapy also reported less symptoms ($\bar{x} = 16.75$) than the control 9 $\bar{x} = 45.33$) (see Table 4.3.1). This result supports the prediction of hypothesis six.

Table 4.3.1 Independent T-test showing Means Scores of Subjects with Abnormal Sexual Behaviours in Experimental and Control Groups.

	EXPERIMENTAL			CONTROL			
	$\bar{x}$	SD	DF	$\bar{x}$	SD	t-value	P
COVERT SENSITIZATION	24.33	4.01	22	45.33	9.51	7.05	<0.0001
MACT	16.75	4.09	22	45.33	9.51	9.56	<0.0001

Table 4.3.2 Independent T-test showing Means and Standard Deviation of subjects with Abnormal Sexual Behaviours who underwent psychotherapy.

	$\bar{x}$	SD	DF	t-value	P
MACT	16.75	4.06			
Covert Sensitization	24.33	4.01	22	4.59	<0.0001

Hypothesis seven which postulated that the subjects with abnormal sexual behaviours who are exposed to the multiple-target attitudinal change therapy would evidence significantly less sexual deviant behaviour than those assigned to the covert sensitization therapy group was supported in the direction of the postulation. The results revealed that the subjects who received the multiple-target attitudinal change therapy evidenced significantly less abnormal sexual behaviour ($\bar{x}$ = 16.75) than those who received the covert sensitization therapy ($\bar{x}$ = 24.33) (See Table 4.3.2).

One of the issues of concern in this study is whether the psychotherapeutic intervention would effect a change in self-esteem and attitude. A perusal of Table 4.3.3 indicate significant difference between the means of the experimental groups at pretest and posttest on attitude towards the value of chastity. The attitude of the experimental groups subject was more positive as a consequence of having been exposed to either the covert sensitization therapy or the multiple target attitudinal change therapy. One of the objectives of this study, which is an adjunct to the amelioration of abnormal sexual behaviours was consequently achieved. The self-esteem causal factor is unaffected by the psychotherapeutic intervention in this study (See Table 4.3.3).

Hypothesis seven employed a 2x2x2 ANCOVA to compare the experimental treatments in the presence of concomitant (associated) variables which can be neither eliminated or experimentally controlled. This is done in order to remove the effects of pre-testing and sensitization. And although the groups were matched for age, the use of the covariate analysis ensures a finer result. The results revealed significant main effects on covert sensitization therapy and multiple-target attitudinal change therapy for abnormal sexual behaviours $F(2,32) = 26.96$, $p < .001$ (See Table 4.3.4).

4.3.3 T-test for repeated Measures showing the Mean Scores of Subjects at pretest and post-test on Attitude and Self-Esteem.

	Pretest			Posttest			
Psychological construct	$\bar{x}$	**SD**	**DF**	$\bar{x}$	**SD**	**t-value**	**P**
With Covert Sensitization Therapy:							
Self-esteem	33.75	5.46	22	33.83	5.44	.04	ns
Attitude	34.50	5.99		20.25	3.25	7.24	<0.0001
With MACT:							
Self-esteem	34.50	5.20	22	33.83	5.01	.16	ns
Attitude	37.58	8.33		14.58	3.70	8.74	<0.0001
With Covert Sensitization MACT:							
Self-esteem	33.00	4.47	22	33.00	4.33	.00	ns
Attitude	38.08	7.14		16.17	1.34	10.45	<0.0001

Table 4.3.4: Summary of the two Treatment Analysis of Covariance showing the Effects of Treatments Intervention on Abnormal Sexual Behaviours

Source of Variation	SS	DF	MS	F	P
Pre-test Covariates	4.82	1	4.82	0.44	
Main Effects Group Treatment	594.19	1	297.10	26.96	<0.001
Interaction	599.01	1	199.67	18.12	<0.001
Error	352.63	32	11.02		
Total	951.64	35	27.19		

The above results indicated that the clergy and religious with abnormal sexual behaviours exposed to either the covert sensitization therapy or multiple target attitudinal change therapy experienced a reduction in their abnormal sexual behaviours.

Hypothesis seven was also generated on the assumption that there will be significant interactive effect of covert sensitization therapy and multiple-target attitudinal therapy on abnormal sexual behaviours. The hypothesis assumed that the subjects with abnormal sexual behaviours exposed to both the covert Sensitization therapy and the multiple-target attitudinal therapy jointly would evidence significantly less abnormal sexual behaviours than those exposed to only either the covert sensitization therapy or the multiple-target altitudinal change therapy. Consonant with the researchers expectation, the hypothesis was supported and

confirmed. The subjects experienced statistically significant reduction in their abnormal sexual behaviours when exposed jointly to these two psychotherapies. There was significant interactive effects of the two therapies on abnormal sexual behaviours, $F(3,32) = 18.12$, $p < 0.001$) (See Table 4.3.4).

A detailed inspection of the cell means for significant interaction effects of covert sensitization therapy and multiple-target attitudinal change therapy on abnormal sexual behaviours showed that the subjects experienced less abnormal sexual behaviours at the post-treatment phase ($\bar{x}$=24.33;

$\bar{x}$ = 16.75; $\bar{x}$ = 34.83; $\bar{x}$ = 15.00).

A post-hoc analysis in multiple comparison of the means utilising SCHEFFE post-hoc test revealed significant difference between the means at $p < .05$; df=35, Scheffe=3.62 and 3.62. There was significant interaction between the covert sensitization therapy group mean and the multiple-target attitudinal change therapy group mean and between the covert sensitization therapy group mean and the combined covert sensitization and multiple-target attitudinal change therapies group means.

Table 4.3.5: Summary of difference between Means indicating source of Interaction between the two Psychotherapies on Abnormal Sexual Behaviours.

Source		Abnormal Sexual Behaviours Differences of Mean Scores
Covert Sensitization	1 vs 2	24.33*
MACT	2 vs 1	16.75*
Covert Sensitization and MACT	3 vs 1	15.33*

Difference of mean scores with asterisks are significantly different at .05 level of significance at Scheffe's Test (Scheffe's F-value= 3.62).

The results showed that the experimental groups of sexual deviant clergy and Catholic Reverend Sisters exposed to the combined covert sensitization therapy and multiple-target attitudinal change therapy ($\bar{x}$=15.00) and those exposed to only the multiple-target attitudinal change therapy ($\bar{x}$=16.75) were those who benefited greatly from the psychotherapeutic intervention. They reported lesser abnormal sexual behaviours symptoms than those exposed to only covert sensitization therapy ($\bar{x}$=24.33).

Furthermore to investigate whether there was a concomitant change in attitude due to the treatments, ANCOVA was used to compare the pretest attitude scores of the experimental groups with their posttest attitude scores. The results revealed that there was a significant

main effect of the two treatment on attitude towards the value of chastity, $F(2,32) = 7.3$; $P < 0.001$ as well as an interactive effects, $F(2,32) = 4.88$, $P < 0.01$. (See Table 4.3.6).

The results showed that there was a significant change in attitude towards the value of chastity among the subjects of the treatment groups as a consequences of being exposed to the two psychotherapies. Their attitude towards the value of chastity became more positive. The subjects exposed to the combined Covert Sensitization and multiple target attitudinal change therapies manifested a more positive attitude towards the value of chastity ($\bar{x} = 69.00$) than those exposed to either only the multiple-target attitudinal change therapy ($\bar{x} = 69.17$) or the covert sensitization therapy ($\bar{x} = 83.50$).

A post-hoc analysis in multiple comparison of the means using SCHEFFE post-hoc test revealed a significant difference between the means at $p < .05$, $df = 35$, Scheffe=3.62, 3.62. There was significant interaction between the means of covert sensitization therapy group and that of the combined covert sensitization and multiple-target attitudinal change therapies group and also between the covert sensitization therapy group and multiple-target attitudinal change therapy group (See Table 4.3.7).

Table 4.3.6: Summary of the two Treatment Analysis of Covariance showing the Effects of Treatments Intervention on Attitude.

Source of Variation	SS	DF	MS	F	P
Pre-test Covariates	0.89	1	0.89	0.01	
Main Effects Group Treatment	1744.74	1	872.37	7.32	<0.001
Interaction	1745.63	1	581.88	4.88	<0.01
Error	3815.93	32	119.25		
Total	5561.56	35	158.90		

Table 4.3.7: Summary of difference between Means indicating sources of Interactions between the two Psychotherapies on Attitude.

Source		Attitude Differences of Mean Scores
Covert Sensitization	1 vs 2	83.50*
MACT	2 vs 1	69.17*
Covert Sensitization and MACT	3 vs 1	69.00*

Difference of mean scores with asterisks are significantly different at .05 level of significance at Scheffe's Test (Scheffe's F-value=3.62).

Table 4.3.8 Summary of Independent T-test Showing Mean Scores of Subjects with Severe and Mild Abnormal Sexual Behaviour who underwent Psychotherapy.

	SEVERE DEVIATES			MILD DEVIATES			
Therapies	$\bar{X}$	**SD**	**DF**	$\bar{X}$	**SD**	**t-value**	**P**
Covert Sensitization	29.00	9.73	10	3.20	2.95	5.68	<0.0001
MACT	35.71	7.85		17.60	4.83	4.55	<0.0001
Covert Sensitization and MACT	40.40	5.413		28.00	1.92	5.68	<0.0001

In the same vein, to investigate if there is a statistically significant difference in the degree of reduction in abnormal sexual behaviours between subjects with severe (those who scored two standard deviation above the mean) and those with mild abnormal sexual behaviours (those who scored one standard deviation above the mean), t-test for independent groups was used to compare their therapeutic gains. The result revealed that for the three experimental groups (covert sensitization MACT and combined covert aversive and MACT) there was a statistically significant difference (see Table 4.3.8).

Another area of interest in this study is the psycho-logical distress manifested by the subject with abnormal sexual behaviours. The experience of abnormal sexual behaviours

among the Nigerian clergy and the Catholic Reverend Sisters is always accompanied by great psychological stress. To investigate this phenomenon, the data collected from the subjects on the abnormal sexual behaviours distress scale was analyzed using t-test and ANCOVA (See Table 4.3.9 and Table 4.3.11)

TABLE 4.3.9 Summary of Independent T-Test Showing Means Scores of Subject's Distress in Experimental and Control Group.

	EXPERIMENTAL			CONTROL			
Therapies	$\bar{x}$	SD	DF	$\bar{x}$	SD	t-value	P
Covert Sensitization	27.67	3.06	22	46.50	8.36	7.33	<0.0001
MACT	21.92	2.36	22	46.50	8.36	9.79	<0.0001

The above results indicate that the sexually deviant clergy and Catholic Reverend Sisters in the experimental groups experienced significantly a greater reduction in abnormal sexual behaviours distress than those in the control group. These result confirm the postulates of hypotheses six.

Table 4.3.10 Independent T-Test showing Means Scores of Subjects with Abnormal Sexual Behaviours Distress who underwent Psychotherapy.

Therapies	$\bar{x}$	SD	DF	t-value	P
MACT	21.92	3.39	22	5.13	<0.0001
Covert Sensitization	27.67	23.06			

Hypothesis seven which predicted that the subjects with abnormal sexual behaviours who manifest psychological distress and who are exposed to the multiple-target attitudinal change therapy would evidence significantly less psychological distress than those assigned to the covert sensitization therapy group was confirmed in the direction of the prediction. The results revealed that the subjects who received the multiple-target attitudinal change therapy evidenced statistically significant less psychological distress ($\bar{x}$ = 21.92) than those who received the covert sensitization therapy ($\bar{x}$ = 27.67). (See Table 4.3.10 above).

Table 4.3.11: Summary of the two treatments analysis of covariance showing the effects of treatments intervention on abnormal sexual behaviours distress.

Source of Variation	SS	DF	MS	F	P
Covariates Predistress	0.39	1	0.35	0.06	ns
Main Effects Group					
Interaction	559.10	1	279.55	44.41	<0.0001
Error	559.45	1	186.48	29.62	<0.0001
Total	201.44	32	6.30		
	760.89	35	21.74		

The above result revealed that there was a significant main effects of the two treatments on the abnormal sexual behaviours distress experienced by the subjects F (2,32) = 44.49, p< .0001 as well as on interactive effect, F(3,32) = 29.624, p< .0001.

The results showed that there was a significant change in distress among the subjects as a consequence of being exposed to the two psychotherapies. There was a reduction in the degree of distress experienced. The results confirmed hypothesis seven.

Table 4.3.12 Summary of difference between means indicating sources of interaction between the two Psychotherapies on abnormal sexual behaviours distress.

Source		Abnormal Sexual Behaviour Distress Differences of Mean Scores
Covert Sensitization	1 vs 2	27.67*
MACT	2 vs 3	21.92*
Covert Sensitization and MACT	3 vs 1	18.08*

Difference of mean scores with asterisks are signifi-cantly different at .05 level of significance at scheffe's test (Scheffe's F = 3.62)

The above post-hoc analysis in multiple comparison of the means using SCHEFFE post hoc test revealed significant different between the means at $P < .05$, df = 35, Scheffe = 3.62, 32. There was significant interaction between the means of the covert sensitization group therapy and multiple-target attitudinal change therapy and the combined therapies; and between the means of the multiple target attitudinal change therapy and the combined therapies.

TABLE 4.3.13 **Summary of Independent T-test showing the Mean Scores of Subjects with Mild and Severe Distress who underwent Psychotherapy.**

	SEVERE DISTRESS			MILD DISTRESS			
Therapies	$\bar{x}$	SD	DF	$\bar{x}$	SD	t-value	P
Covert Sensitization	24.86	2.73	10	14.60	2.19	6.92	<0.0001
MACT	3.71	7.45	10	21.80	4.43	3.17	<0.0001
Covert Sensitization and MACT	35.40	7.12	10	24.86	1.77	3.82	<0.0001

The above results show that the three therapies are effective in reducing significantly the distress experienced by the abnormal sexual behaviours subjects. Besides there is a significant difference in the degree of reduction of distress experienced by the subjects with mild abnormal sexual behaviours distress and those with severe abnormal sexual behaviours distress. This result further confirmed the efficacy of the two therapies.

CHAPTER FIVE

DISCUSSIONS AND CONCLUSION

5.1 DISCUSSION

The psychosocial variables investigated in this study were attitude towards the value of chastity, self-esteem, sex and nature of chastity. The independent variables for the psychological intervention phase were treatments (covert sensitization therapy and multiple-target attitudinal change therapy). All the variables except sex were highly significant statistically. In this study, nine hypotheses were tested. Hypotheses one to five were tested in study one while hypotheses six to nine were tested in study two. All the hypotheses except three were supported. On the whole, several findings have implicated in this study and results have been presented in chapter four. Below is a discussion of the results.

PSYCHOSOCIAL VARIABLES AND ABNORMAL SEXUAL BEHAVIOURS

Hypothesis one which predicted that the Nigerian clergy and Catholic Reverend Sisters with negative attitudes towards the value of chastity, would manifest more abnormal sexual behaviours than those with positive attitudes towards the value of chastity was fully and significantly supported. The result suggests that the more negative the attitude of the Nigerian clergy and Catholic Reverend Sisters towards the value of chastity, the more

abnormal sexual behaviours they evidenced. Table 4.1.1 showed that the more negative the attitude towards the value of celibacy is, the higher the mean score for the abnormal sexual behaviours manifested or experienced. These results are in consonance with attitude-behaviour theories which claim that people normally engage in behaviours that are consistent with their attitudes.

The results corroborate the findings of Norman (1975) that attitude determines behaviour. He found that attitude and behaviour were closely related when both the cognitive and effective components of the attitudes were consistent. Also Kelley and Mirer (1974) in their studies revealed that attitude-behaviour inconsistencies come from people with conflicted or weak attitudinal preferences to start with. In order words, the relation between attitude and behaviour is also examined in the light of the correspondence between attitudinal and behavioural entities. Such entities are defined by the action, the target at which the action is directed, the time at which the action is performed and the context in which the action is performed. Investigators (Veevers, 1971; Janis and Hoffman, 1970) conducted research studies on attitude-behaviours consistency in the light of the correspondence between attitudinal and behaviours entities such as target and action. Also strong attitude behaviour correlations were reported by Fishbeibn and Combs (1974), who used attitude towards Johnson and Goldwater to predict voting in the 1964 presidential election in America. Furthermore, researchers (Norman, 1975; Ragan and Fazio, 1977; Davidson and Jaccard,

1979) demonstrated in their studies that attitudes predict behaviour best when they are (a) strong and consistent (b) based on the person's direct experience and (c) specifically related to the behaviour being predicted. Their findings lend credence to the result of this study in hypothesis one where attitude towards the value of chastity of the subjects had a statistically significant high relationship with their abnormal sexual behaviours.

Hypothesis two which postulated that the Nigerian clergy and Catholic Reverend Sisters with low self-esteem would report more abnormal sexual behaviours than those with high self-esteem was supported. The result of the testing of this hypothesis has corresponding with the finding of Dolland and Miller (1950), Ellisworth (1967, Evans and Murdoff (1978), Kestinger and Carlsmith (1959. In consequence with their findings self-esteem statistically predicted abnormal sexual behaviours among Nigerian clergy and Catholic Reverend Sisters.

Dollard and Miller (1950) found that the severe sexual obsession experienced by a female client and her self-esteem were related and Evans and Murdoff (1978) proved that if self-concept or self-esteem is high it will enhance adaptive behaviour and if it is low, it will be productive of maladaptive behaviour. Even Carl Rogers (1959) contended that psychopathology occurs when there is incongruence between the real self and the ideal self. these findings and assertions corroborate the result of this study where self-esteem has been implicated as an important predictor of abnormal sexual behaviours.

Hypothesis three which predicted that the male Nigerian clergy would report statistically higher levels of abnormal sexual behaviours than female Catholic Reverend Sisters was not supported. There was no significant main effect for sex on abnormal sexual behaviours.

These results are contrary to the findings of earlier researchers (Bell and Weinberg, 1978; Bell, winberg and Hammersmith, 1981) who implicated gender nonconformity for the prevalence of homosexuality and among men. The men studied reported higher levels of homosexuality and were found to be more gender nonconformist than women. Although Money and Lamacz (1989) were able to trace the development of paraphilias in seven males to gender nonconformity, they had no corresponding female subjects. Thus in the studies carried out so far to determine if there is prevalence of abnormal sexual behaviours among men the results are not conclusive and so further research on sex variable may be necessary.

Hypothesis four which stated that there will be interactive effect of attitude towards the value of chastity, self-esteem and sex on abnormal sexual behaviours was supported. There was interaction between the three variables-attitude towards the value of chastity, self-esteem and sex, it was high enough to reach an acceptable statistical level of significance. The implication of this finding is that a combination of these factors in an individual Nigerian clergy and Catholic Reverend Sister is an indication of susceptibility to abnormal sexual behaviours. In other words a Nigerian clergy or a Catholic Reverend Sister with a negative

attitude towards the value of chastity and a low self-esteem is likely to experience abnormal sexual behaviours in his/her life.

Hypothesis five which postulated that abnormal sexual behaviours will vary according to the nature of chastity was confirmed in the direction of the prediction. This finding gives credence to the fact that the nature of chastity practised by the different groups of clergy differ. The Catholic clergy profess chastity in continence which requires them to refrain completely from sexual intercourse. On the other hand, the non-Catholic clergy profess conjugal chastity which permits them to marry and so can engage in sexual intercourse and have sexual satisfaction. The incidence of high abnormal sexual behaviours among the Catholic could be due to total abstinence from sexual satisfaction. The sexually deviant Catholic clergy therefore have resorted more to abnormal sexual behaviour because of total exclusion from even the normal marital sexual intercourse. However, the results corroborate Poltawska (1993) conception of chastity today and the factors that posit difficulty in observing chastity. He maintained that because of the growing tendency to sexual permissiveness, there is exaltation of the biological dimension of human sexuality in the modern world. As such it is becoming increasingly difficult to be chaste. In other words living a chaste life requires a profound internalization of the value of chastity. The Catholic clergy therefore who profess chastity in continence would require a higher degree of internalisation

of the value of chastity to avoid abnormal sexual behaviour than their non-Catholic counterparts who profess conjugal chastity.

Hypothesis six which predicted that the subjects with abnormal sexual behaviours who received the group covert sensitization therapy would evidence significantly less abnormal sexual behaviours and distress than those assigned to the no treatment control group was fully supported and confirmed. This finding supports previous studies using extinction strategies of aversive therapy in the form of covert sensitization (Salter, 1988) which involved the use of positive imagined consequences for imagined alternative behaviour to the abnormal sexual behaviour. Salter describes how these positive imagined consequences of non-sexual deviant behaviour can be cognitive (e.g. "I made it. I can be in control'). Also other researchers (Bancroft, 1970; Freeman and Bayer, 1975; Blitch and Hayner, 1972; McConaphy, 1975) have used psychological intervention involving aversive conditioning paradigm. The procedures have varied by paradigm (types and schedules of reinforcement) by stimulus materials used (slides, video depictions, or audio descriptions) and by aversive stimulus used (electric shock, unpleasant smells, etc). The results of this study is especially in line with those of Roberts and Lie (1991) who used an empirically-based group therapy model for adult survivors of childhood incest; Rehm and Rosenky (1974) who utilized covert sensitization and aversive relief for a 21-year male homosexual; Balow Agras Abel, Blanchard and Young (1979) who employed social and monetary reinforcement to increase heterosexual arousal in

the case of two homosexuals and Cautela (1966) who used covert sensitization successfully for a fetishist and Reymond and Oswald (1963) who employed reinforcement schedule for a fetishist. Beside, the result of this study is in consonance with that of Lindsay, Gamssen and Hood (1987) who found that psychological intervention through group therapy had a more reliable and sustained positive effects than the use of aversive drugs.

After treatment, the subjects with abnormal sexual behaviours reported less abnormal sexual behaviours and greater feeling of psychological well-being of joy and peace.

Hypothesis six which stated that the subjects with abnormal sexual behaviours who received the group multiple-target attitudinal change therapy evidence significantly less abnormal sexual behaviours and distress than those assigned to the no treatment control group was fully confirmed and supported. This finding supports the results of previous study by Lindsay, Gamsen and Hood (1987) designed to study the relative effectiveness of cognitive behaviour therapy and anxiety management training against a waiting list control. It also corroborates the findings of other researchers (Max Rosenbaum, 1976; Bednar and Kaul, 1978 and Lieberman, Yalom and Miles, 1973)who found that psychological intervention through group therapy was more effective than other psycho-logical treatments with which they have been compared. In addition, the result of this study is in line with those of other researchers on the utilization of broad-base treatment for homosexuality: For example the use of a number of behavioural techniques such as relaxation training, systematic desensitization

and assertive training for homo-sexuality (Blitch and Hayness 1972),self-management techniques, systematic desensitization covert sensitization, aversive belief and assertiveness training for homosexuals (Rehm and Rosensky, 1974).

Hypothesis seven which predicted that the subjects with abnormal sexual behaviours who received the group multiple target attitudinal change therapy would evidence significantly less abnormal sexual behaviour and distress than those assigned to covert sensitization therapy group was confirmed in the direction of the prediction. The broad-based multiple target attitudinal change therapy was more effective than the covert sensitization therapy. This finding corroborates those of previous researchers (Lindsay Gamssen and Hood, 1987;Blitch and Hayness, 1972 Rehm and Rosensky, 1974) who advocated a broad-baseline therapy for sexual deviants and confirmed the effectiveness of such psychotherapeutic approach to the treatment of abnormal sexual behaviours in their studies.

Hypothesis seven which stated that the subjects with abnormal sexual behaviours who received both the group multiple-target attitudinal change therapy and the covert sensitization therapy would evidence significantly less abnormal sexual behaviour and distress than those assigned only to either the multiple-target attitudinal change therapy group or the covert sensitization therapy group was fully confirmed and supported in the direction of the prediction. There was significantly an interactive effect of the independent variables-covert sensitization therapy and multiple-target attitudinal change therapy. The subjects assigned to

the combined therapies reported greater reduction in abnormal sexual behaviours and distress than assigned to either covert sensitization or multiple target attitudinal change therapy (See Table 4.3.5). This finding corroborates the views of social learning theorists on abnormal sexual behaviours. For them, sexual deviation is the result of a continuous interaction of personal and environmental variables.

The two most prominent social learning models of causation of abnormal sexual behaviours have been spelled out by Bandura (1969) and by Barlow (1973, 1974) and Barlow and Abel (1979). Bandura delineated several different categories of psycho-sexual problems: 9a) a behavioural syndrome involving strong heterosexual social anxiety in which sexual stimuli may nonetheless remain positively valenced, (b) a pattern in which sexual stimuli are negatively valenced and heterosexual contact is associated with positive feelings, (c) situations in which abnormal sexual behaviour is maintained by substantial positive reinforcement and in which anxiety arousal plays a relatively minor role. This scheme implies that the search for the causes of abnormal sexual behaviour such as fetishism and homosexuality/lesbianism fornication/ adultery should involve the identification of the eliciting and maintaining stimuli and accompanying reinforcement.

Barlow (1973, 1974) and Barlow and Abel (1976) noted the importance of working from an initial framework that involves nondeviant sexual problems and related sexual behaviours. The described three such associated patterns or problems that are said to be

relevant to sexual deviations: First, deficiencies in heterosexual skill may accompany deviant sexual behaviour patterns. Bandura (1969) suggests that learning patterns involving deviant arousal, may for some individuals, provide more powerful reinforcement than is provided by arousal mechanism involving normal sexual stimuli. Second, deviant arousal may or may not be complicated by deficiencies in the heterosexual skills necessary for having satisfying interaction with members of the opposite sex. The deviant persons may have adequate heterosexual skills but expedience low heterosexual arousal or may have adequate heterosexual arousal but be unable to act owing to lack of skills.

In sum, although early behavioural formulations tended to take the view that each type of sexual deviation was triggered by a particular set of cues and maintained by a particular set freinforcer (Bandua, 1969; Kanfer and Phyillips, 1970), contemporary advances in conceptual formulations emphasize that the specific cues and reinforcers that are relevant for one sexual deviation may not necessarily be the same as those that apply to another. Contemporary behavioural formulations therefore maintain the view that cognisance should be given to the pattern of causative factors that are unique to each individual and that behavioural treatment strategies should allow for such variability.

In the same vein therefore, behaviour therapists have made relatively few assumptions about intervention for deep seated personality defects among paraphiliac such as homosexuality/lesbianism and fetishism. They have instead concentrated on the particular

pattern of unconventional sexual behaviour and tried to develop therapeutic procedures for changing only this aspect of the individual's make up.

In the earliest stages of behaviour therapy, paraphiliac such as fetishism, lesbianism and homosexuality were narrowly viewed as attractions to inappropriate objects and activities. Looking to experimental psychology for ways to reduce these attractions, workers fixed on aversion therapy. Thus a boot fetishist would be given shock when looking at a boot. Later on, such negative treatment was supplemented by training in social skills and assertion, for many fetishists and homosexuals relate poorly to others in ordinary social situations and even more poorly if at all through conventional activity. Covert sensitization and orgasmic reorientation have also been utilized. There is some reason however to believe that aversion therapy can have some beneficial effects on the paraphiliac (marks, Gelder and Bancroft, 1970). The findings of this study have supported such view.

A key point particularly emphasized by Barlow (1974) is that in considering abnormal sexual behaviour, focus should not be on the variant sexual arousal patterns to the exclusion of other equally important factors that may help cause or maintain the abnormal sexual behaviour. Other factors that must be given weight in most forms of abnormal sexual behaviours such as homosexuality are:

(1) the absence of a normal level of arousal to adults of the opposite sex.

(2) significant deficits in the social skills normally needed for successful adult heterosexual relationships.

(3) failure to establish a firm psychological gender identity.

Adams and Sturgis affirm that multiple-target treatment procedures aimed at three factors plus the variant arousal pattern greatly enhanced the likelihood of success of sexual orientation therapy, as compared with approaches which focussed on suppression of the variant sexual arousal pattern. this accords with the findings of this study.

This study took significance of the contemporary approach to the study of abnormal sexual behaviours - in the etiology and treatment of such behaviours. In its intervention, this study adopted a comprehensive approach which incorporated the views of Barlow (1974) and Adams and Surgis (1977) alongside consideration of other personality variables such as attitude, (cognitive, affective and behavioural entities) social skills and situational reinforcements. As confirmed by the result of this study such approach is more effective than other procedures.

In fact, one of the important issues in working with sex offenders is the question of determining underlying causes and motivations for their sexual deviant behaviour. In this light, contemporary sex-offenders typologies have evolved. Typological research is of relevance not only in terms of knowing what might be expected from a particular sex-offender group but also in designing appropriate treatment programmes that encompasses deviant sexual interests, socio-sexual behaviour, aptitudes, belief and thinking, motivation and denial and relapse prevention.

Approaches to assessment of abnormal sexual behaviour have changed over time. Early work with sexual deviants tended to emphasize the need to understand how the abnormal sexual behaviour had developed and gave therapeutic predominance to insight-developing psychotherapy. Later work, recognising the limitations of this approach focussed more on breaking current circle of abnormal sexual behaviour. According to Perkins (1993) each approach on its own is unlikely to be the full solution to helping sexual deviants change. A comprehensive system of data gathering, the analysis which incorporates both approaches is the most likely path to success.

Fieldman (1977) drew attention to the abnormal sexual behaviour acquisition (the accumulation of factors which set the scene for the abnormal sexual behaviour) and abnormal sexual behaviour maintenance (those factors in the sexually deviant contemporary environment which reinforce the tendency to continue the abnormal sexual behaviour). Effective treatment for abnormal sexual behaviour, thus depends on obtaining as full an understanding as possible of the abnormal sexual behaviour on both acquisition and maintenance phases of the abnormal sexual behaviour.

According to Perkins (1993) typical of factors related to abnormal sexual behaviour acquisition are sexual incidents which result in the subsequent sexualisation of normally non-sexual stimuli as in fetishism. Perkins (1993) further maintained that for an understanding of the factors maintaining abnormal sexual behaviour the procedure of functional analysis is

particularly relevant. The abnormal sexual behaviour (B) is examined in terms of its antecedents (A) and its consequences (C). The analysis can yield information on various levels of the sexual deviant's functioning, along lines of Lazarus's (1976) "multi-modal analysis'. Perkins proposed the following relevant levels of analysis for sexual deviants:

1. Behavioural: What the sexually deviant and others within the immediate environment were doing at the time.
2. Cognitive: what was going through the sexual deviant's mind before, during and after the abnormal sexual behaviour-the kind of "self talk' in which he/she was engaging.
3. Attitudinal: What attitudes held by the sexually deviant were particularly in the forefront of his/her thinking around the time of performance of the abnormal sexual behaviour.
4. Emotional: How the sexually deviant was feeling prior to and after his or her performing the abnormal sexual behaviour. For example the psychological distress experienced.
5. Physical condition: The physical state of the sexually deviant at the time of his/her performance of the abnormal sexual behaviour, for example, effects of drink or drugs, hunger or lack of sleep.
6. Personal relationships: How the sexually deviant was relating to other people before and after his/her performance of the abnormal sexual behaviour.

7. Sexual interests: The extent to which the sexually deviant is sexually aroused by material or fantasies related to the abnormal sexual behaviour.

8. Opportunities: For performance of the abnormal sexual behaviour in which the sexual deviant might find himself-herself or create for himself/herself.

Antecedents and consequences on the various levels of multi-modal analysis each represent a potential focus for therapeutic input. "Vicious cycles" in the abnormal sexual behaviour can be identified and breaking into such vicious circles can be effective therapeutically. Besides, the use of the multi-modal functional analysis as was engaged in this study yields a number of advantages for assessment and treatment:

(a) It provides a baseline for reassessment in that the factors associated with the cause and maintenance of the abnormal sexual behaviour are clearly set out within the framework and their subsequent presence or absence is an index of how far the abnormal sexual behaviour has changed.

(b) It identifies treatment objectives.

(c) It provides a rational for group therapy.

(d) It helps overcome denial and hopelessness by encouraging client participation in the process of assessment and treatment.

In summary, there are two main advantages to the system of anlaysis utilized in this study: (1) comprehensiveness - the approach enables the systematic bringing together of

information about the abnormal sexual behaviour which also enables gaps in that information set to be identified, e.g. cognitive antecedent and emotional consequence of the abnormal sexual behaviour (2) Relevance - the data assembled in this way are relevant to abnormal sexual behaviour. This study has been able to empirically document the validity of these assumptions in the assessment and treatment of abnormal sexual behaviours among Nigerian clergy and Catholic Reverend Sisters.

5.2 CONCLUSION

The following conclusions are drawn from this study:

(1) The Nigerian clergy and Catholic Reverend Sisters with abnormal sexual behaviours are different from those who are not on measures of personality and sexual deviations.

(2) The more negative the attitude of a Nigerian clergy and Catholic Reverend Sister is towards the value of chastity the more abnormal sexual behaviours he/she would manifest.

(3) There is a relationship between attitude towards the value of chastity, self-esteem and sex an abnormal sexual behaviours among the Nigerian clergy and Catholic Reverend Sisters.

(4) That the male Nigerian clergy and the female Catholic Reverend Sisters do not differ in their manifestation of abnormal sexual behaviours.

(5) That the Nigerian Catholic clergy evidenced more abnormal sexual behaviours than the Nigerian non-Catholic clergy because of the nature of chastity they profess.

(6) Attitude and self-esteem are important predictors of abnormal sexual behaviours.

(7) The multiple-target attitudinal change therapy is effective in ameliorating abnormal sexual behaviours and distress.

(8) Covert sensitization therapy is effective in ameliorating abnormal sexual behaviour and distress.

(9) The multiple-target attitudinal change therapy is more effective in ameliorating abnormal sexual behaviour than covert sensitization therapy.

(10) There were significant interaction effects between covert sensitization and multiple-target attitudinal change psychotherapies on abnormal sexual behaviours and distress. A combination of both psychotherapies is the best remedy for abnormal sexual behaviours among Nigerian clergy and Catholic Reverend Sisters.

(11) The psychological (treatment) intervention utilized group covert sensitization therapy and multiple-target attitudinal change therapy intervention. There were significant main effect and interaction effects between the two therapies. There was also significant main effect for group (experimental and control) on sexual behaviours and psychological distress. This means that the treatment methods adopted helped the

sexually deviant clergy and Catholic Reverend Sisters to experience amelioration in their abnormal sexual behaviours and psychological distress than the no-treatment group.

(12) The best treatment method applicable to the abnormal sexual behaviours of Nigerians clergy and Catholic Reverend sisters is not just on eclectic method but adopting a holistic and integrative style.

5.3 IMPLICATION

This study has demonstrated that the Nigerian clergy and Catholic Reverend Sisters with abnormal sexual behaviours differ from those who are not on personality dimension and manifestations of abnormal sexual behaviours. It was on this premise that this study started. This study has shown that a positive attitude towards the value of chastity is very significant in forestalling abnormal sexual behaviour in the Nigerian clergy and the Catholic Reverend Sisters. This is so because it makes for intrinsic religiousity which enables the clergy and the Catholic Reverend Sisters to internalize the value of chastity of his/her clergy and Catholic Reverend Sisters' life and live by them. Besides intrinsic religiousity is also a penacea for warding off conflict which would give rise to anxiety and abnormal sexual behaviour. Attitude towards the value of chastity which is a manifestation of extrinsic or intrinsic religiousity was considerably implicated in the abnormal sexual behaviours experienced by Nigerian clergy and

Catholic Reverend Sisters. Negative attitude towards the value of chastity not only makes for extrinsic religiousty but triggers off and maintains abnormal sexual behaviours. In the selection therefore of candidates for the Nigerian clergy and Catholic Reverend Sisters training, the Religious Sexual Attitude Scale should be administered on the candidates to determine their attitude towards the value of chastity.

The findings of this study support those of previous researchers who found that attitude and self-esteem could precipitate maladaptive behaviour. In our contemporary Nigerian Society today, it is a cause of great concern and an embarrassment to the general population of adherents of christianity when the Mass Media (particularly the Newsprint Media) flashes accounts of Nigerian clergy or Catholic Reverend Sisters who derail with regard to their fidelity to a chaste life. If the Nigerian society is replete with sexual promiscuity, the people still look to their religious leaders (the clergy and Catholic Reverend Sisters for guidance and this they can give if they are above board as far as abnormal sexual behaviour is concerned. This observation makes the finding of this study very pertinent because it not only points to the cause and maintenance of abnormal sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters but offers hope for amelioration.

The study has demonstrated the type of psychological (treatment) intervention that is most appropriate in ameliorating abnormal sexual behaviours among the Nigerian clergy

and The Catholic Reverend Sisters. This is because when the intervention method utilized in this study was introduced, there was significant difference between the experimental group (who received the treatment) and the control group (who did not receive the treatment).

This study has also provided a practical and objective method of measuring both the abnormal sexual behaviour among the Nigerian clergy and Catholic Reverend Sisters (using the Abnormal Sexual Behaviours Response Scale) and the predictive factors (using the religious sexual attitude scale and the self-esteem scale). These psychological instruments are very valuable instruments in identifying the particular abnormal sexual behaviour of the sexually deviant Nigerian clergy and Catholic Reverend Sisters and tailor the treatment intervention accordingly.

5.4 RECOMMENDATIONS FOR USE AMONG SEXUALLY DEVIANT NIGERIAN CLERGY AND CATHOLIC REVEREND SISTERS.

The whole area of psychological well-being of the Nigerian clergy and Catholic Reverend Sisters has suffered gross neglect. The omission of this vital area in their health status has given rise to a lot of psychological problems among the Nigerian clergy and Catholic Reverend Sisters such as depression, anxiety neurosis, psychiatric disorders and abnormal sexual behaviours which has formed the focus of this study.

On the basis of this study, the following are recommended:

It is recommended that comprehensive psychological services be instituted in the Nigerian clergy and Catholic Reverend Sisters institution especially in the training institutions. The psychological services should include assessment of the personality variables and psychological health status of the Nigerian clergy and Catholic Reverend Sisters. It should also include utilization of the instruments of this study for the selection of candidates for training for the clergy and Reverend Sisters life. In addition the psychological services should include intervention programmes so that those who are identified as having psychological problems could be helped the present researcher recommends an integrative approach (as adopted in this study) to psychological intervention so as to make the intervention more meaningful and relevant to the psychological needs of the Nigerian clergy and Catholic Reverend Sisters.

The group multiple-target attitudinal change therapy was utilized in this study. It is not only eclectic but integrative. It is based on group format. It combined self-exploration, cognitive restructuring and behaviour modelling and rehearsal. A major hypothesis is that attitude determines behaviours. Identifying the cognitive and affective components of the abnormal sexual behaviour facilitated a deeper understanding of the abnormal sexual behaviour and also produced a base-line data for the psychological intervention. This mode of intervention employed in this study is recommended for use among Nigerian clergy and

Catholic Reverend Sisters with abnormal sexual behaviours. The curriculum of the candidates for training should include programmes that will foster internalisation of the value of chastity.

5.5 LIMITATIONS OF THIS STUDY

(1) Although the researcher identified attitude toward the value of chastity and self-esteem as predictors of abnormal sexual behaviours among Nigerian clergy Catholic Reverend Sisters other psychosocial factors (such as age, length of vocation and extraversion) need to be investigated.

(2) The confidentiality of the intervention programme for this study did not permit the utilisation of significant others. Hence, the result of the intervention was based only on the report of the subjects.

(3) The role of occupational engagement and age in precipitating abnormal sexual behaviour was not studied.

(4) The full complement of the self-esteem scale was not used in this study.

(5) Pentecostal ministers were not included in this study.

5.6 SUGGESTIONS FOR FUTURE STUDIES

(1) Future researchers could consider investigating other psychosocial variables that could precipitate abnormal sexual behaviours among the Nigerian clergy and Catholic Reverend Sisters.

(2) Other researchers could consider the possibility of inclusion of reports from significant other in the life of the respective clergy and Catholic Reverend Sisters such as friends and religious authorities in determining the cessation of the abnormal sexual behaviour and effectiveness of the psychological (treatment) intervention.

(3) Subsequent researchers should carry out assessment of the Nigerian clergy and Catholic Reverend Sisters with abnormal sexual behaviours using the instruments in this study.

(4) The multiple-target attitudinal change therapy utilized for this study should be used along with other therapeutic intervention. This would form a base for designing more effective treatment methods for the Nigerian clergy and the Catholic Reverend Sisters with abnormal sexual behaviours.

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APPENDIX I
DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF IBADAN, IBADAN.
ABNORMAL SEXUAL BEHAVIOURS QUESTIONNAIRES FORM 1

I write to seek your cooperation and assistance on a study of sexual behaviours among the Nigerian clergy and the Catholic Reverend Sisters. Kindly express your views and reactions on the issues indicated below. There are no right or wrong answers. Your responses will be treated with the utmost confidentiality.

Thank you in anticipation for your cooperation.

Yours sincerely,

IDAHOSA MARY CLARE

Please answer the following question by filling in the required information in the blank spaces provided.

1. Name of respondent:.....
2. Sex of respondent:.....
3. Age of respondent:.....
4. What is your state of origin?.....
5. How long have you been a clergy or a Catholic Reverend Sister?.....
6. What is your religious denomination?.....

SECTION B

Please indicate your degree of agreement or disagreement with the statements below. Circle the appropriate option.

SA = Strongly Agree; A=Agree; UD = Undecided;
D = Disagree; SD = Strongly Disagree.

I experience the following sexual activities in my life as a clergy/Catholic Reverend Sisters.

1.	Interscourse with a person of the opposite sex.	SA	A	UD	D	SD
2.	Masturbbation	SA	A	UD	D	SD
3.	Stimulating myself sexually with an object.	SA	A	UD	D	SD
4.	Sexual activity with a person of the same sex.	SA	A	UD	D	SD

SECTION C

Please indicate your degree of agreement or disagreement with the statements below. Circle the appropriate option.

SA = Strongly Agree; A = Agree; UD = Undecided;
D = Disagree; SD = Strongly Disagree.

1. The observance of the vow of celibacy is absolutely necessary for the clergy and the Catholic Reverend Sister — SA A UD D SD

2. Those clergy and Catholic Reverend Sister who violate their vow of celibacy will be punished by God. — SA A UD D SD

3. The observance of the vow of celibacy is the most important thing in the life of the clergy or the Catholic Reverend Sister — SA A UD D SD

4. Celibacy is a source of inner peace — SA A UD D SD

5. There is nothing wrong in a clergy or a Catholic Reverend Sister stimulating himself/herself sexually with an object — SA A UD D SD

6. The clergy or the catholic Reverend sister who stimulates himself/herself sexually with any object is merely satisfying a basic human need. — SA A UD D SD

7. It is morally degrading for a clergy or Catholic Reverend Sister to stimulate himself/herself sexually with any object. — SA A UD D SD

8. A clergy or a Catholic Reverend Sister who was sexually abused as a child and consequently becomes homosexual or lesbian is not blame-worthy. — SA A UD D SD

9. Any clergy or Catholic Reverend Sister who engages in sexual acts with someone of the same sex commits a grave sin against God.

SA A UD D SD

10. The clergy or the Catholic Reverend sister who have homosexual or lesbian orientation should be free to express their love sexually in that manner.

SA A UD D SD

11. There is nothing wrong in a clergy or a Catholic Reverend Sister engaging in sexual intercourse

SA A UD D SD

12. The clergy and the Catholic Reverend Sister being human beings can have sexual intercourse when they feel the urge to do so.

SA A UD D SD

13. The clergy or Catholic Reverend who engages in sexual intercourse will be punished severely by God.

SA A UD D SD

SECTION D

Please indicate your degree of agreement or disagreement with the statements below. Circle the appropriate option.

SA = Strongly Agree; UD = Undecided D = Disagree;
SD = Strongly Disagree.

1. I live too much by other people's standard

SA A UD D SD

2. In order to get along and be liked, I tend to be what people expect me to be rather than be my true self.

SA A UD D SD

3. When I am in a group, I usually do not say much for fear of saying the wrong thing. SA A UD D SD

4. I rely on my friends/others to advise me on how to resolve my personal problems. SA A UD D SD

5. I do not believe much in my ability. SA A UD D SD

6. When in a group, I am unlikely to express my opinion because I fear others may not think well of me. SA A UD D SD

7. I become panicky when I think of something I might do wrong in future. SA A UD D SD

8. I feel inferior to some of my friends. SA A UD D SD

9. I think I am confident enough to speak in front of a group. SA A UD D SD

SECTION E

Please read each of the following statements carefully, then respond by ticking the column that is applicable to you as a clergy or a Catholic Reverend Sisters.

		Not at All	Not Often	Don't know	Often	Very Often
1.	I often experience sexual/arousal to an inanimate object.					
2.	I often feel incapable of refraining from stimulating myself sexually with an object.					
3.	I often masturbate myself in association with an object.					
4. an	I often indulge in stimulating myself sexually with object.					
5.	I often experience a feeling of great satisfaction stimulating myself sexually with an object.					
6.	I often indulge in sexual relation with a person of the same sex with me.					
7.	I often feel incapable of resisting being attracted sexually to a person of the same sex with me					
8.	I often find the urge to engage in sexual acts with a person of the same sex with me uncontrollable.					
9.	I often experience sexual arousal to a person of the same sex with me.					
10.	I often derive great pleasure engaging in sexual acts with a person of the same sex with me.					
11	I often engage in sexual inter- course.					
12.	I often feel incapable of resisting the urge to have sexual intercourse.					
13.	I often experience a feeling of great satisfaction indulging myself in sexual intercourse.					
14.	I often succumb to the desire to have sexual intercourse.					
15.	I often find the urge to have sexual intercourse uncontrollable.					

SECTION F FORM I

NAME:.....Date.....

Below are some statements which some clergy/Catholic Reverend Sisters have used to described their thoughts and feelings. Read each statement and then circle the appropriate number to the right of the statement that best describes your thoughts and feelings. There are no right or wrong answers.

1. Not at all
2. Sometimes
3. Not sure
4. Moderately so
5. Very much so

1	I feel sad thinking of my constant sexual arousal to an inanimate object.	1	2	3	4	5
2.	I think myself worthless on account of my inability to refrain from stimulating myself in association with an object.	1	2	3	4	5
3.	I feel miserable thinking of my constant masturbation of myself in association with an object	1	2	3	4	5
4.	The thought of my incessant indulging in stimulating myself sexually with an object fills me with shame.	1	2	3	4	5
5	I feel unhappy thinking of my continuous stimulating of myself sexually with an object	1	2	3	4	5
6.	The thought of what may eventually happen to me if I continue indulging myself in sexual relations with a person of the same sex with me makes me sleepless at night.	1	2	3	4	5
7.	The thought of my being attracted sexually to a person of the same sex with me fills me with a sense of guilt.	1	2	3	4	5

8.	The thought of my inability to control the urge to engage in sexual acts with a person of the same sex with me is distressing to me	1	2	3	4	5
9.	I think I am getting very confused about what to do to overcome my sexual arousal to a person of the same sex with me.	1	2	3	4	5
10.	I Think my security in the clergy/Catholic Reverend Sisters' life is in jeopardy because of my engaging in sexual acts with a person of the same sex with me.	1	2	3	4	5
11.	I think myself a miserable wretch as far as my engaging constantly in sexual intercourse is concerned.	1	2	3	4	5
12	I feel tense thinking of my incapability to resist the urge to have sexual intercourse.	1	2	3	4	5
13.	The thought of my being eventually expelled from the clergy/Catholic Reverend Sister' life on account of my indulging in sexual intercourse makes me nervous and anxious.	1	2	3	4	5
14.	I think the future is very oblique for me when I consider my inability to overcome my incessant succumbing to the desire to have sexual intercourse.	1	2	3	4	5
15.	I think many people despise me because of my indulging in sexual intercourse.	1	2	3	4	5

DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF IBADAN
ABNORMAL SEXUAL BEHAVIOURS QUESTIONNAIRES FORM II

I write to seek your cooperation and assistance on a study of sexual behaviours among the Nigerian clergy.

Kindly express your views and reactions on the issue indicated below. There are no right or wrong answers. Your responses will be treated with the utmost confidentiality.

Thank you in anticipation for your cooperation.

Yours sincerely,

IDAHOSA MARY CLARE

SECTION A

Please answer the following questions by filling in the required information in the blank spaces provided.

1. Name of respondent: .....
2. Sex of respondent:.....
3. Age of respondent .....
4. What is your state of origin?.....
5. How long have you been a clergy?.....
6. What is your religious denomination?.....

SECTION B

Please indicate your degree of agreement or disagreement with the statements below., Circle the appropriate option.

SA = Strongly Agree; A = Agree; UD = Undecided D = Disagree; SD = Strongly Disagree,

I experience the following sexual activities in my life as a clergy.

1. Extra-marital sexual intercourse with a person of the opposite sex. SA A UD D SD

2. Masturbation SA A UD D SD

3. Stimulating myself sexually with an object SA A UD D SD

4. Sexual activity with a person of the same sex. SA A UD D SD

SECTION C

Please indicate your degree of agreement or disagreement with the statements below. Circle the appropriate option.
SA = Strongly Agree; A = Agree; A = Agree; UD = Undecided;
D = Disagree; SD = Strongly Disagree

1.	The observance of the sixth commandment of God (not commiting adultery or fornication) is absolutely necessary for the clergy.	SA	A	UD	D	SD
2.	Any clergy who commits adultery will be punished by God.	SA	A	UD	D	SD
3.	Refraining from unchaste action is very important in the life of a Clergy	SA	A	UD	D	SD
4.	The maintenance of the value of chastity gives the clergy a sense of inner peace	SA	A	UD	D	SD
5.	There is nothing wrong in a clergy stimulating himself sexually with an object.	SA	A	UD	D	SD
6.	The clergy who stimulates himself sexually with any object is merely satisfying a basic human need.	SA	A	UD	D	SD
7.	It is morally degrading for a clergy to stimulate himself sexually with an object.	SA	A	UD	D	SD
8.	A clergy who was sexually abused as a child and consequently becomes homo-sexual is not blame-worthy.	SA	A	UD	D	SD

9.	Any clergy who engages in sexual acts with a person of the same sex commits a great sin against God.	SA	A	UD	D	SD
10.	The clergy who has homosexual orientation should be free to express his love sexully in that manner.	SA	A	UD	D	SD
11.	There is nothing wrong in a clergy engaging in extra-marital sexual intercourse	SA	A	UD	D	SD
12.	The clergy being a human being should be free to have extra-marital sexual intercourse	SA	A	UD	D	SD
13.	The clergy who indulges in extra-marital sexual intercourse will be punished by God.	SA	A	UD	D	SD

SECTION D

Please indicate your degree of agreement or disagreement with the statements below. Circle the appropriate option.
SA = Strongly Agree; A = Agree; UD = Undecided;
D = Disagree; SD = Strongly Disagree.

1.	I live too much by other people's standard	SA	A	UD	D	SD
2.	In order to get along and be like, I tend to be what people expect me to be rather than my true self	SA	A	UD	D	SD
3.	When I am in a group, I usually do not say much for fear of saying the wrong thing	SA	A	UD	D	SD

4.	I rely on my friends/others to advise me on how to resolve my personal problem	SA	A	UD	D	SD
5.	I do not believe much in my ability	SA	A	UD	D	SD
6.	When in a group, I am unlikely to express my opinion because I fear others may not think will of me.	SA	A	UD	D	SD
7.	I become panicky when I think of something I might do wrong in future.	SA	A	UD	D	SD
8.	I feel inferior to some of my friends.	SA	A	UD	D	SD
9.	I think I am confident enough to speak in front of a group.	SA	A	UD	D	SD

SECTION E

Please read each of the following statements carefully, then respond by ticking the column that is applicable to you as a clergy or a religious,

		Not at All	Not Often	Don't know	Often	Very Often
1.	I often experience sexual arousal to an inanimate object					
2.	I often feel incapable of refraining from stimulating myself sexually with an object.					
3.	I often masturbate myself in association with an object					
4.	I often indulge in stimulating myself sexually with an object.					
5.	I often experience a feeling of great satisfaction stimulating myself sexually with an object.					
6.	I often indulge in sexual relations with a person of the same with me					
7.	I often feel incapable of resisting being attracted sexually to a person of the same sex with me.					
8.	I often find the urge to engage in sexual acts with a person of the same sex with me uncontrollable					
9.	I often experience sexual arousal to a person of the same sex with me.					
10.	I often derive great pleasure engaging in sexual acts with a person of the same sex with me.					
11.	I often engage in extra-marital sexual intercourse.					
12.	I often feel incapable of resisting the urge to have extra- marital sexual intercourse					
13.	I often experience a feeling of great satisfaction indulging myself in extra-marital sexual intercourse.					
14.	I often succumb to the desire to the desire to have extra-marital sexual intercourse					
15.	I often find the urge to have extra-marital intercourse uncontrollable.					

SECTION F FORM II

NAME:.....

DATE: .....

Below are some statements which some clergy have used to describe their thoughts and feelings. Read each statement and then circle the appropriate number to the right of the statement that best describes your thoughts and feeling. There are no right or wrong answers.

1. Not at all
2. Sometimes
3. Not sure
4. Moderately so
5. Very much so

1.	I feel sad thinking of my constant sexual arousal to an inanimate object.	1 2 3 4 5
2.	I think myself worthless on account of my inability to refrain from stimulating myself sexually with an object	1 2 3 4 5
3.	I feel miserable thinking of my constant masturbation of myself in association with an object	1 2 3 4 5
4.	The thought of my incessant indulging in stimulating sexually with an object fills me with shame	1 2 3 4 5
5.	I feel unhappy thinking of my continuous stimulation of myself sexually with an object.	1 2 3 4 5
6	The thought of what may eventually happen to me if I continue indulging myself in sexual relations with a person of the same sex with me makes me sleepless at night.	1 2 3 4 5
7.	The thought of my being attracted sexually to a person of the same sex with me fills me with a sense of guilt	1 2 3 4 5

8.	The thought of my inability to control the urge to engage in sexual acts with a person of the same sex with me is distressing to me	1	2	3	4	5
9.	I think I am getting very confused about what to do to overcome my sexual arousal to a person of the same sex with me	1	2	3	4	5
10.	I think my security in the clergy life is in jeopardy because of my engaging in sexual acts with a person of the same sex with me	1	2	3	4	5
11.	I think myself a miserable wretch as far as my engaging in extra-marital sexual intercourse is concerned	1	2	3	4	5
12	I feel tense thinking of my incapability to resist the urge to have extra-marital sexual intercourse.	1	2	3	4	5
13	The thought of my being eventually expelled from the clergy life on account of my indulging in extra-marital sexual intercourse makes me nervous and anxious	1	2	3	4	5
14.	I think the future is very oblique for me when I consider my inability to overcome my constant succumbing to the desire to have extra-marital sexual intercourse	1	2	3	4	5
15.	I think many people despise me because of my indulging in extra-marital sexual intercourse.	1	2	3	4	5

APPENDIX II

THE SCORES OF 4.2 SUBJECTS ON ATTITUDE TOWARDS THE VALUE OF CHASTITY, SELF-ESTEEM AND ABNORMAL SEXUAL BEHAVIOURS

S/N	ATTITUDE	SELF-ESTEEM	ABNORMAL SEXUAL BEHAVIOUR
1	45.00	38.00	47.00
2	39.00	41.00	30.00
3	30.00	41.00	47.00
4	38.00	26.00	36.00
5	25.00	36.00	26.00
6	30.00	34.00	40.00
7	41.00	33.00	64.00
8	27.00	31.00	21.00
9	44.00	43.00	57.00
10	32.00	40.00	34.00
11	26.00	42.00	42.00
12	33.00	28.00	38.00
13	21.00	33.00	30.00
14	27.00	18.00	31.00
15	22.00	20.00	39.00
16	40.00	36.00	38.00
17	29.00	35.00	29.00
18	55.00	28.00	63.00
19	43.00	43.00	33.00
20	31.00	27.00	35.00
21	27.00	24.00	41.00
22	20.00	44.00	34.00
23	36.00	21.00	42.00
24	28.00	26.00	28.00
25	29.00	23.00	45.00
26	32.00	32.00	18.00
27	32.00	34.00	30.00
28	20.00	34.00	40.00
29	25.00	40.00	35.00
30	27.00	32.00	32.00
31	40.00	24.00	46.00

32	28.00	38.00	35.00
33	29.00	33.00	34.00
34	25.00	21.00	38.00
35	26.00	30.00	35.00
36	28.00	30.00	30.00
37	18.00	43.00	20.00
38	27.00	39.00	27.00
39	23.00	36.00	37.00
40	24.00	34.00	41.00

S/N	ATTITUDE	SELF-ESTEEM	ABNORMAL SEXUAL BEHAVIOUR
41	22.00	37.00	34.00
42	20.00	40.00	30.00
43	29.00	31.00	26.00
44	29.00	25.00	24.00
45	22.00	36.00	45.00
46	30.00	34.00	40.00
47	43.00	30.00	50.00
48	37.00	32.00	40.00
49	37.00	34.00	44.00
50	29.00	30.00	39.00
51	57.00	32.00	66.00
52	29.00	34.00	32.00
53	33.00	28.00	41.00
54	27.00	38.00	40.00
55	33.00	40.00	40.00
56	29.00	39.00	33.00
57	46.00	41.00	51.00
58	29.00	37.00	34.00
59	36.00	34.00	42.00
60	34.00	29.00	47.00
61	28.00	31.00	42.00
62	28.00	30.00	47.00
63	42.00	32.00	53.00
64	32.00	36.00	40.00
65	29.00	34.00	30.00
66	32.00	43.00	45.00

67	27.00	37.00	33.00
68	30.00	37.00	32.00
69	33.00	30.00	39.00
70	22.00	37.00	42.00
71	29.00	36.00	33.00
72	30.00	37.00	46.00
73	20.00	34.00	39.00
74	32.00	29.00	46.00
75	16.00	35.00	29.00
76	28.00	39.00	21.00
77	22.00	36.00	30.00
78	31.00	36.00	36.00
79	30.00	22.00	36.00
80	22.00	32.00	24.00
81	28.00	28.00	50.00
82	38.00	32.00	45.00
83	28.00	32.00	37.00

S/N	ATTITUDE	SELF-ESTEEM	ABNORMAL SEXUAL BEHAVIOUR
84	38.00	32.00	49.00
85	33.00	32.00	30.00
86	23.00	40.00	51.00
87	32.00	40.00	31.00
88	28.00	36.00	30.00
89	26.00	30.00	29.00
90	42.00	44.00	64.00
91	24.00	36.00	40.00
92	32.00	37.00	41.00
93	34.00	35.00	32.00
94	27.00	36.00	30.00
95	36.00	40.00	47.00
96	28.00	22.00	34.00
97	28.00	36.00	36.00
98	26.00	36.00	38.00
99	31.00	30.00	43.00
100	29.00	42.00	36.00

101	30.00	25.00	57.00
102	35.00	30.00	36.00
103	36.00	34.00	29.00
104	41.00	32.00	48.00
105	28.00	40.00	42.00
106	29.00	37.00	38.00
107	34.00	33.00	38.00
108	36.00	39.00	51.00
109	39.00	30.00	48.00
110	43.00	34.00	51.00
111	29.00	37.00	28.00
112	37.00	31.00	38.00
113	40.00	34.00	52.00
114	34.00	36.00	44.00
115	38.00	34.00	27.00
116	30.00	40.00	36.00
117	32.00	34.00	53.00
118	42.00	36.00	44.00
119	44.00	36.00	42.00
120	30.00	36.00	38.00
121	29.00	34.00	39.00
122	32.00	36.00	42.00
123	31.00	45.00	32.00
124	21.00	39.00	35.00
125	26.00	25.00	26.00
126	32.00	30.00	35.00

S/N	ATTITUDE	SELF-ESTEEM	ABNORMAL SEXUAL BEHAVIOUR
127	23.00	44.00	28.00
128	41.00	32.00	38.00
129	31.00	36.00	35.00
130	24.00	24.00	30.00
131	28.00	23.00	39.00
132	36.00	38.00	59.00
133	26.00	36.00	37.00
134	25.00	38.00	25.00

135	30.00	36.00	40.00
136	39.00	42.00	55.00
137	39.00	32.00	48.00
138	29.00	36.00	34.00
139	28.00	31.00	36.00
140	36.00	34.00	37.00
141	30.00	35.00	40.00
142	36.00	27.00	50.00
143	30.00	27.00	33.00
144	26.00	28.00	30.00
145	24.00	33.00	36.00
146	30.00	38.00	33.00
147	33.00	38.00	43.00
148	38.00	36.00	42.00
149	36.00	45.00	39.00
150	21.00	40.00	30.00
151	35.00	29.00	56.00
152	25.00	37.00	26.00
153	31.00	38.00	34.00
154	29.00	30.00	35.00
155	29.00	30.00	35.00
156	22.00	30.00	30.00
157	28.00	32.00	26.00
158	19.00	35.00	32.00
159	17.00	34.00	33.00
160	35.00	38.00	43.00
161	27.00	26.00	30.00
162	21.00	38.00	26.00
163	39.00	28.00	33.00
164	28.00	29.00	33.00
165	34.00	39.00	40.00
166	23.00	33.00	25.00
167	32.00	40.00	35.00
168	30.00	26.00	58.00
169	21.00	36.00	30.00

S/N	ATTITUDE	SELF-ESTEEM	ABNORMAL SEXUAL BEHAVIOUR
170	26.00	36.00	30.00
171	22.00	32.00	30.00
172	24.00	39.00	38.00
173	29.00	40.00	34.00
174	29.00	33.00	29.00
175	15.00	42.00	45.00
176	32.00	40.00	42.00
177	26.00	21.00	42.00
178	36.00	39.00	42.00
179	28.00	27.00	35.00
180	28.00	27.00	39.00
181	13.00	45.00	27.00
182	13.00	45.00	23.00
183	21.00	45.00	20.00
184	13.00	45.00	15.00
185	13.00	45.00	21.00
186	24.00	45.00	26.00
187	13.00	45.00	23.00
188	29.00	45.00	28.00
189	13.00	45.00	26.00
190	30.00	45.00	27.00
191	13.00	45.00	31.00
192	13.00	45.00	34.00
193	31.00	45.00	32.00
194	13.00	45.00	32.00
195	13.00	45.00	31.00
196	31.00	45.00	29.00
197	13.00	45.00	15.00
198	13.00	45.00	15.00
199	13.00	45.00	31.00
200	13.00	45.00	15.00
201	31.00	45.00	29.00
202	13.00	45.00	15.00
203	13.00	45.00	32.00
204	32.00	45.00	29.00
205	13.00	45.00	15.00

206	13.00	45.00	34.00
207	13.00	45.00	15.00
208	30.00	44.00	15.00
209	13.00	45.00	33.00
210	16.00	33.00	15.00
211	15.00	29.00	15.00
212	13.00	43.00	32.00

S/N	ATTITUDE	SELF-ESTEEM	ABNORMAL SEXUAL BEHAVIOUR
213	31.00	43.00	15.00
214	13.00	45.00	15.00
215	15.00	44.00	33.00
216	13.00	35.00	18.00
217	16.00	42.00	15.00
218	31.00	36.00	33.00
219	17.00	37.00	16.00
220	17.00	37.00	32.00
221	19.00	38.00	15.00
222	16.00	40.00	15.00
223	16.00	40.00	32.00
224	13.00	45.00	15.00
225	21.00	42.00	15.00
226	13.00	36.00	30.00
227	23.00	35.00	17.00
228	22.00	27.00	15.00
229	30.00	31.00	27.00
230	14.00	45.00	15.00
231	15.00	45.00	15.00
232	13.00	42.00	15.00
233	13.00	33.00	15.00
234	17.00	42.00	33.00
235	13.00	34.00	15.00
236	16.00	39.00	15.00
237	13.00	38.00	15.00
238	13.00	35.00	32.00
239	33.00	35.00	15.00

240	21.00	32.00	15.00
241	13.00	20.00	15.00
242	33.00	37.00	32.00
243	13.00	31.00	15.00
244	13.00	42.00	15.00
245	30.00	41.00	35.00
246	13.00	23.00	15.00
247	13.00	30.00	32.00
248	32.00	30.00	15.00
249	16.00	35.00	15.00
250	15.00	42.00	15.00
251	13.00	41.00	15.00
252	15.00	38.00	15.00
253	13.00	44.00	15.00
254	26.00	38.00	36.00
255	13.00	43.00	15.00

S/N	ATTITUDE	SELF-ESTEEM	ABNORMAL SEXUAL BEHAVIOUR
256	17.00	38.00	15.00
257	25.00	41.00	15.00
258	25.00	38.00	33.00
259	25.00	42.00	32.00
260	17.00	42.00	15.00
261	18.00	30.00	15.00
262	13.00	44.00	15.00
263	15.00	45.00	15.00
264	13.00	45.00	35.00
265	17.00	35.00	15.00
266	13.00	45.00	15.00
267	13.00	45.00	35.00
268	22.00	28.00	15.00
269	13.00	45.00	15.00
270	30.00	45.00	33.00
271	13.00	45.00	15.00
272	13.00	45.00	15.00
273	13.00	45.00	15.00
274	13.00	45.00	15.00

275	13.00	45.00	32.00
276	13.00	45.00	15.00
277	29.00	45.00	15.00
278	13.00	45.00	25.00
279	13.00	45.00	15.00
280	13.00	45.00	15.00
281	30.00	45.00	32.00
282	13.00	45.00	15.00
283	13.00	45.00	15.00
284	13.00	45.00	33.00
285	13.00	45.00	15.00
286	13.00	45.00	15.00
287	13.00	45.00	15.00
288	30.00	45.00	35.00
289	13.00	45.00	15.00
290	13.00	45.00	15.00
291	13.00	45.00	15.00
292	13.00	45.00	15.00
293	13.00	41.00	15.00
294	29.00	45.00	15.00
295	13.00	45.00	35.00
296	13.00	45.00	32.00
297	13.00	45.00	15.00
298	13.00	45.00	15.00

S/N	ATTITUDE	SELF-ESTEEM	ABNORMAL SEXUAL BEHAVIOUR
299	30.00	45.00	15.00
300	13.00	39.00	31.00
301	16.00	43.00	15.00
302	30.00	43.00	15.00
303	17.00	39.00	15.00
304	13.00	42.00	15.00
305	14.00	41.00	15.00
306	16.00	34.00	31.00
307	13.00	45.00	15.00
308	19.00	37.00	15.00
309	17.00	39.00	15.00

310	13.00	40.00	15.00
311	17.00	36.00	30.00
312	13.00	36.00	15.00
313	17.00	41.00	15.00
314	21.00	45.00	15.00
315	27.00	41.00	15.00
316	13.00	44.00	33.00
317	18.00	45.00	15.00
318	13.00	45.00	15.00
319	13.00	45.00	15.00
320	20.00	38.00	32.00
321	15.00	36.00	15.00
322	13.00	36.00	15.00
323	15.00	30.00	15.00
324	15.00	32.00	15.00
325	16.00	33.00	35.00
326	16.00	31.00	15.00
327	16.00	34.00	15.00
328	17.00	35.00	34.00
329	22.00	27.00	15.00
330	28.00	45.00	15.00
331	13.00	38.00	15.00
332	14.00	36.00	15.00
333	15.00	38.00	15.00
334	15.00	36.00	15.00
335	17.00	32.00	31.00
336	24.00	36.00	15.00
337	15.00	34.00	15.00
338	17.00	36.00	15.00
339	13.00	27.00	15.00
340	19.00	34.00	15.00
341	16.00	32.00	35.00

S/N	ATTITUDE	SELF-ESTEEM	ABNORMAL SEXUAL BEHAVIOUR
342	13.00	28.00	15.00
343	14.00	30.00	15.00
344	21.00	42.00	15.00
345	16.00	39.00	15.00
346	16.00	39.00	33.00
347	13.00	45.00	15.00
348	13.00	37.00	17.00
349	13.00	41.00	17.00
350	13.00	27.00	17.00
351	13.00	30.00	17.00
352	13.00	33.00	17.00
353	15.00	41.00	17.00
354	17.00	22.00	15.00
355	20.00	36.00	17.00
356	17.00	38.00	17.00
357	16.00	26.00	15.00
358	16.00	30.00	21.00
359	16.00	32.00	17.00
360	13.00	45.00	36.00
361	17.00	38.00	17.00
362	18.00	41.00	19.00
363	18.00	40.00	21.00
364	43.00	40.00	23.00
365	21.00	36.00	20.00
366	21.00	30.00	24.00
367	20.00	31.00	23.00
368	13.00	45.00	34.00
369	20.00	35.00	22.00
370	18.00	40.00	20.00
371	20.00	37.00	19.00
372	23.00	34.00	24.00
373	16.00	36.00	20.00
374	19.00	36.00	23.00
375	18.00	37.00	21.00
376	15.00	38.00	18.00

377	22.00	36.00	21.00
378	19.00	33.00	26.00
379	16.00	35.00	20.00
380	17.00	35.00	18.00
381	17.00	30.00	22.00
382	20.00	34.00	20.00
383	19.00	34.00	19.00
384	21.00	38.00	22.00

S/N	ATTITUDE	SELF-ESTEEM	ABNORMAL SEXUAL BEHAVIOUR
385	22.00	42.00	24.00
386	17.00	39.00	20.00
387	19.00	40.00	18.00
388	17.00	36.00	21.00
389	20.00	33.00	22.00
390	21.00	32.00	23.00
391	19.00	39.00	23.00
392	19.00	37.00	20.00
393	19.00	37.00	18.00
394	20.00	39.00	19.00
395	20.00	39.00	20.00
396	18.00	40.00	19.00
397	17.00	41.00	20.00
398	23.00	43.00	20.00
399	17.00	34.00	19.00
400	19.00	31.00	18.00
401	18.00	42.00	15.00
402	36.00	25.00	57.00

SCORES FOR PSYCHOTHERAPY GROUP BEFORE TREATMENT

S/N	ATTITUDE	SELF ESTEEM	ABNORMAL SEXUAL BEHAVIOURS
001	70	34	39
002	89	37	46
003	100	30	39
004	109	43	45
005	97	36	40
006	122	32	53
007	105	32	49
008	90	27	50
009	86	32	49
010	105	44	64
011	82	31	54
012	90	27	51
013	94	30	47
014	81	29	47
015	89	34	42
016	135	41	51
017	98	38	40
018	125	32	66
019	105	32	48
020	114	42	55
021	79	38	59
022	85	25	57
023	109	39	51
024	114	34	51
025	87	30	43
026	94	34	44
027	86	32	40
028	109	30	50
029	153	28	63
030	127	24	46
031	107	34	52
032	91	36	44
033	98	40	42
034	123	34	53
035	125	36	42

036	79	38	59
037	106	28	42
038	103	43	57
039	114	33	64
040	88	26	42
041	79	40	47
042	123	38	47

SCORES FOR PSYCHOTHERAPY GROUP BEFORE TREATMENT

S/N	ATTITUDE	SELF ESTEEM	ABNORMAL SEXUAL BEHAVIOURS
043	87	40	40
044	85	26	58
045	95	39	40
046	92	40	41
047	95	39	40
048	87	40	42

SCORES FOR PSYCHOTHERAPY GROUP AFTER TREATMENT

S/N	ATTITUDE	SELF ESTEEM	ABNORMAL SEXUAL BEHAVIOURS
001	87	40	40
002	85	26	58
003	95	39	40
004	92	40	41
005	95	39	40
006	87	40	42
007	60	34	22
008	72	37	19
009	79	30	20
010	82	43	22
011	78	36	21
012	90	33	21

013	76	32	25
014	70	27	27
015	65	32	30
016	81	44	29
017	67	31	30
018	69	27	26
019	84	34	25
020	66	29	26
021	59	34	15
022	71	41	15
023	59	38	15
024	63	32	15
025	67	32	15
026	77	42	15
027	47	38	15
028	56	25	15
029	71	39	15
030	71	34	15
031	63	31	15
032	62	34	15
033	59	32	15
034	69	30	15
035	92	28	15
035	94	24	15
036	79	38	59
037	106	28	42
038	103	43	57
039	114	33	64
040	88	26	42
041	79	40	47

S/N	ATTITUDE	SELF ESTEEM	ABNORMAL SEXUAL BEHAVIOURS
042	123	38	47
043	87	40	40
044	85	26	58
045	95	39	40
046	92	40	41
047	95	39	40
048	87	40	42

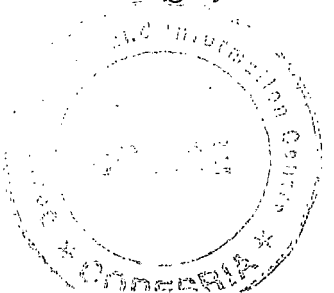
APPENDIX III

TREATMENT SUBJECT'S EVALUATION OF GROUP THERAPEUTIC EFFECTIVENESS

Rating by Group Members

	Not Helpful at all	Not very helpful	Neutral	Helpful	Very Helpful	Number of Participants
roup Discussion				53%	47%	36
dividual's Input			7%	43%	50%	36
roup Leader's Input				35%	65%	36
dividual Homework Assignment			12%	48%	40%	36
roup Homework Assignment			17%	23%	55%	36
roup Members Input			22%	33%	45%	36
sefulness of Insights In groups				15%	85%	36
Jsefulness of skill learnt in Group				33%	67%	36
roup size in relation to your ability to ave input				27%	55%	36
roup size in relation to your villingness to self-disclosure				38%	40%	36
Meeting format			13%	38%	40%	36
Jsefulness of group members eedbacks				13%	87%	36
			22%	35%	65%	36

oup member rated the usefulness of each component of the intervention programme. The results e percentages of group members who rated the experience in a particular category.



APPENDIX IV

A Three Week Sample Outline of Group Meeting Content and Homework Assignments.

Week Two

Content:

(1) Relaxation exercise using imagery and diaphragmatic breathing was engaged in to ensure anxiety control

(2) Review of last week's topic of discussion

(3) A didactic presentation was given on attitudinal change. There was explanation of the attitude construct and its components. Their interrelatedness as it affects sexual deviant behaviour was also explained and demonstrated. Emphasis was laid on cognitions and how change of these can influence the affective and then the behaviour aspects.

(4) Group discussion questions and answers

Home Work Assignment

Group participants were asked to identity their cognitions about the value of chastity and engaging in internal dialogue repeat to themselves self-statement that are incompatible with their current cognitions about the value of chastity. The should watch out for situations where they normally engage in abnormal sexual behaviours and see if engaging in these new self-statements would prevent their being susceptible to allurement of such situations.

APPENDIX V

Rotated Factor Matrix for items on Section E Among Sexual Deviants

Item No	Fetishism	Homosexuality	Fornication
1	-	-	0.57
2	-	-	0.71
3	-	-	0.82
4	-	-	0.90
5	-	-	0.92
6	-	0.85	-
7	-	0.86	-
8	-	0.84	-
9	-	0.89	-
10	-	0.83	-
11	0.84	-	-
12	0.92	-	-
13	0.91	-	-
14	0.89	-	-
15	0.90	-	-

Factor	Eignvalue	% Variance	Cumulative %
1	9.57	56.8	59.8
2	2.51	15.7	75.5
3	1.68	10.5	86.0

APPENDIX VI

Rotated Factor Matrix for items on Section F Among Sexual Deviants

Item No	Fetishism	Homosexuality	Fornication
1	-	-	0.96
2	-	-	0.96
3	-	-	0.93
4	-	-	0.96
5	-	-	0.96
6	-	0.97	-
7	-	0.98	-
8	-	0.98	-
9	-	0.97	-
10	-	0.96	-
11	0.94	-	-
12	0.97	-	-
13	0.98	-	-
14	0.99	-	-
15	0.99	-	-

Factor	Eignvalue	% Variance	Cumulative %
1	8.51	53.2	53.2
2	3.76	23.5	76.7
3	3.29	20.6	97.3

APPENDIX VII

Summary of the Two Treatment Analysis of Convariance showing the Effects of Treatments Intervention on Abnormal Sexual Behaviours after five months.

Source of Variance	SS	DF	MS	F	P
Pretest Covariates	56.79	1	56.79	1.34	n.s
Main Effects Groups Treatments	922.69	2	461.34	10.85	< .0001
Interaction	979.48	3	326.49	7.68	< .001
Error	1360.83	32	42.53		
Total	2340.31	35	66.87		

The above results indicated that the psychotherapeutic gains were still maintained in the subjects after five months of exposure to psychotherapy.

APPENDIX VIII

Intercorrelation between the State Trait Anxiety Inventory and the Instruments of the Study.

	C	D	E	F	G	H
Attitude Scale (C)	1.00	.14	.95**	.88**	.76**	.71**
Self-Esteem (D)	.14	1.00	.10	.13	.22	.10
Abnormal Sexual Behaviour Scale (E)	.95**	.10	1.00	.96**	.73**	.74**
Distress Scale (F)	.88**	.13	.96**	1.00	.72**	.76**
STAI - I (G)	.76**	.22	.73**	.72**	1.00	.69**
STAI - II (H)	.71**	.10	.74**	.76**	.69**	1.00

** p <.001: N = 48.

	C	D	E	F	G	H
Attitude Scale (C)	1.00	-.10	.04	-.10	-.10	.02
Self-Esteem (D)	-.10	1.00	.15	.12	.12	.10
Abnormal Sexual Behaviour Scale (E)	.04	.15	1.00	.75**	.73**	.75**
Distress Scale (F)	.-10	.12	.75**	1.00	.93**	.81**
STAI - I (G)	-.10	.12	.73**	.93**	1.00	.81**
STAI - II (H)	.02	.10	.75**	.81**	.81**	1.00

** p <.001: N = 48.

The above indicates which instruments have concurrent validity with the State Anxiety Inventory (STAI).