

## PARAPHILIA : A CASE REPORT

A.A. PAWAR, P.S. VALDIYA & S. CHAUDHURY

### ABSTRACT

*A case of paraphilia presenting with multiple sexual deviations is reported. The disorder occurred against a background of disordered childhood and was later associated with alcohol abuse.*

*Key words : Paraphilia, alcohol abuse*

Paraphilias are rare disorders characterized by bizarre or unusual preferences and acts, which are insistently repeated and preferred to normal sexual activity. Paraphilic preferences, fantasy or imagery will frequently influence choices of occupation, partner, interest and habits (Rosen, 1996). They may exist as an isolated and discrete anomaly in an otherwise apparently stable personality structure, though not uncommonly people with paraphilia have personality disorder, psychoactive substance dependence, neurosis or affective disorder (Prins, 1990; Chiswick, 1983). Some fulfil ICD-10/DSM-IV criteria for deviancy and hypersexuality. Doctor (1988) describes an episodic versus continuous/lifestyle form of sexual offending. Such disorders, earlier regarded as offences against the law of religion have recently moved into the domain of psychiatry (Gelder et al., 1996).

### CASE REPORT

A 31 years old married, Hindu male was sent for psychiatric evaluation following a quarrel. He had been caught peeping into a colleagues quarter at night. The latter had come out and hit him resulting in a scuffle, followed by medico-legal examination and psychiatric referral. A detailed history revealed disturbed childhood due to constant parental fights. The patient also had been sleeping in parent's

bedroom and had frequently observed them cohabiting. During such episodes he had attempted to push away his mother but had been restrained by his parents. Subsequently on reaching puberty he had indulged in the following sexual acts, i.e. masturbation with boys of his age, rubbing genitals against a coconut tree, watching ladies undress and perform their toilet, exposing himself to young girls and fondling their private parts, using ladies under garments for self stimulation and watching couples cohabiting and doing self stimulation at the same time. His habits had persisted over a span of 16-17 years. He had been having regular heterosexual contacts with ladies of illrepute and subsequently with his wife for over eight years, but reported greater pleasure in watching others cohabit. His wife had no knowledge of his activities but had observed him to disappear from home at night for an hour or so. The patient had been caught earlier for a similar offence and had been punished, but had not been able to give up his habit. His parents had also taken him to a tantrik without much relief. The patient also gave history of drinking 6-8 pegs of rum two to three times a week for several years. His voyeuristic activities usually followed drinks.

On examination the patient was noted to have fracture clavicle due to the fight. On psychiatric examination he was kempt, in touch with reality, mildly depressed and expressing remorse for his acts. Cognitive functions were

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intact. No psychotic features were present. His insight and judgement were unimpaired. Investigations such as hemogram, biochemical parameters, VDRL, skull radiograph and EEG were within normal limits. He was diagnosed as sexual deviation with alcohol dependence. Treatment with individual, family and group psychotherapy along with covert sensitization resulted in considerable improvement.

### DISCUSSION

Paraphilic behaviour is an exacerbation of less intense and less repetitive interest in the general population (Levin,2000). When such behaviour becomes repetitive and persistent (lasting more than six months according to DSM-IV) and the individual repeatedly acts on his urges, he becomes a paraphilic. Often paraphilic activity is experienced in isolation and may be carefully concealed from others, including spouses for many years (as seen in our case).

The cause of such behaviour is not known, but Freud's explanation, as disordered development in childhood seems valid even today. Most paraphilias are considered perversions in psychoanalytic theory as they demonstrate identification with opposite gender rather than same gender parents. Individuals who experience a paraphilia may suffer from more than one variety or may progress from one to another. The present case shows the coexistence of voyeurism, exhibitionism, fetishism, frotteurism and pedophilia.

Paraphiliacs are usually male. The onset of the disorder is usually before 18 years of age, peaking between the ages of 15-25 years and gradually declining thereafter by the age of 50 years. Alcohol usually plays a disinhibiting role (as in our patient) and treatment intervention for alcohol abuse is essential for the holistic treatment of the paraphiliac. Prognosis is not known.

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A.A. PAWAR, Psychiatrist, P.S. VALDIYA, Consultant (Psychiatry), INHS Asvini, Colaba, Mumbai & S. CHAUDHURY\*, Reader, Department of Psychiatry, AFMC, Pune-411 040.

\*Correspondence