

## CASE REPORT

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### UNUSUAL SEXUAL DEVIATIONS IN A YOUNG MAN: A CASE REPORT

A. John Dinesh<sup>1</sup>, S. Arun<sup>2</sup>, S. Alok Pandey<sup>3</sup>, P. Devaraja<sup>4</sup>

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**ABSTRACT:** Sexual deviance in human refers to abnormal sexual expression. Though it is very difficult to exactly say what is normal or abnormal in sexual relationships, some sexual behaviors are clearly documented as abnormal in our society. Paraphilias or perversions are sexual stimuli or acts that are deviations from normal sexual behaviors, but are necessary for some individual's to experience arousal and orgasm. Here we discuss abnormal sexual deviations in a young married male who presented with just feelings of guilt and without any psychosocial dysfunctions because of his uncommon sexual perversions.

**KEYWORDS:** Paraphilia, sexual deviation, perversion.

**INTRODUCTION:** Paraphilias (sexual deviations; perversions) are disorders of sexual preference in which sexual arousal occurs persistently and significantly in response to objects which are not part of normal sexual arousal (e.g. non-human objects; suffering or humiliation of self and/or sexual partner; children or non-consenting person).

In DSM-IV-TR, the diagnostic criteria for Paraphilias include the pathognomonic fantasy and an intense urge to act out the fantasy or its behavior elaboration. The common Paraphilias include frotteurism, pedophilia, exhibitionism; voyeurism; fetishism; transvestic fetishism; sexual masochism; sexual sadism.

In DSM-IV and in DSM-IV-TR, the Paraphilias NOS category (diagnostic code 302.9) states: "this category is included for coding Paraphilias that do not meet the criteria for any of the specific categories. Examples include, but are not limited to, telephone scatologia (obscene phone calls), necrophilia (corpses), partialism (exclusive focus on parts of the body), zoophilia (animals), coprophilia (feces), klismaphilia (enemas), and urophilia (urine)" (American Psychiatric Association, 1994, p. 532). Here we discuss a case of paraphilia NOS with uncommon sexual preferences.

**CASE REPORT:** Patient X, is a 27 Years old married man, computer science graduate working in a browsing center in a rural village near Puducherry. He was brought by his newly married wife to attend psychiatric OPD with mild depressive symptoms with feelings of guilt and sin. Patient's wife expressed her wish to talk to the psychiatric consultant alone before her husband was interviewed. Patient's wife reported that they were married since 3 months and have never had sexual intercourse with her husband in spite of him having normal sexual urge and erection.

She reported that her husband had no interest in making penetrative sex to her instead he had particular sexual interest with exclusive focus on her hair. She reported that during the hours of physical intimacy her husband spent all the time smelling and touching her hair and would eventually achieve sexual pleasure by genital self-stimulation. She reported that her husband obtains sexual gratification by concentrating his sexual activity only on her hair with exclusion of all others.

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When she asked her husband why he was not making penetrative sex he had replied her that he was advised by the family astrologer not indulge in penetrative sex till completion of one year of marriage as his mother will die if he did so. Later patient was interviewed alone by the psychiatric consultant assuring full confidentiality and promise to help him in his treatment process. Patient was initially apprehensive but later came out with his problem once therapeutic working relationship was established with the consultant.

Patient lost his father when he was 12 years old. Patient was a victim of sexual abuse by his grandfather. He said he was involved in homosexual activity with the boys of his age in his street. He said he used to frequently climb a gymnastic pole and lamp post near his house in the dark and achieve sexual pleasure by rubbing his genitals across the hard surfaces of the pole and lamp post. He also reported that he would frequently watch his own sister undress through the key hole and masturbate to achieve sexual gratification.

He said the best part of her sister was her long hair. He reported that he always liked women with long hair and he would somehow go near them and try to touch their hair or smell their hair in a crowd. During college days patient had a girlfriend with whom patient reports of having had physical intimacy. Patient says he has never made penetrative sex to her but liked to smell, touch and feel her hair. At times he achieved autoeroticism smelling and feeling her hair during their physical moments. He said no other part in a woman stimulated him except their hair.

Even after he broke up with his girlfriend his fantasy for long hair continued. Later he started having relationship with another girl near his house. He reported of having him and doubted his gender identity as he did not indulge in penetrative sex as he focused only on her hair during their private intimate moments. After detailed workup patient was diagnosed to be suffering from Partialism (paraphilia NOS) according to DSM-IV-TR criteria. Patient was admitted in our psychiatry ward after persuasion and was started on treatment.

Patient had normal blood counts and androgen levels. Patient underwent series of Cognitive behaviour therapy sessions during inpatient treatment along with cognitive restructuring techniques initiated by the clinical psychologist. Patient was on started on fluoxetine 20 mg and was gradually titrated to 40mg/day over one month period patient after one month of combined pharmacological and non-pharmacological treatment was observed to be much improved.

**DISCUSSION:** The term paraphilia is a combination of the words para, meaning beyond the usual, and philia, meaning love <sup>1</sup>. According to the Diagnostic and Statistical Manual (fourth edition, text revision, DSM-IV-TR), there are two criteria that need to be taken into account when considering a paraphilic diagnosis (American Psychiatric Association (APA), 2000).

The first criterion is, within 6 months, a person has strong, persistent, strong sexual behaviours, urges, or fantasies regarding either nonhuman objects, humiliation or suffering of oneself or others, or toward noncondensing persons or children (APA). The second criterion is that significant distress or impairments in social, occupational, or other areas of normal everyday life must result because of these urges or behaviours. In our case patient does not have any distress or psychosocial dysfunction which is a surprising and against the second diagnostic criteria.

Pedophilia, Exhibitionism, Voyeurism and Frotteurism are the most common paraphilias. In some individuals, the paraphilic behavior might be present much of the time this. Paraphiliacs are usually male.

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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.<sup>2</sup> Here we present case because of its rarity as patient was observed to have an uncommon paraphilia called hair fetishism or partialism which comes under paraphilia NOS.

Partialism, a paraphilia NOS characterized as sexually arousing fantasies, urges and sexual behaviors with an “exclusive focus on part of the (human) body,” was historically included as part of a broader definition of Fetishism by the 19th century French psychologist Binet (1887), as well as the prominent European sexologists, such as Krafft-Ebing (1965), Ellis (1906), Hirschfeld (1956), and Freud (1928).<sup>3</sup>

The cause of such behaviour is not known, but Freud's explanation, as disordered development in childhood seems valid even today. Individuals who experience a paraphilia may suffer from more than one variety or may progress from one to another as in our case. The present case shows the coexistence of voyeurism and fetishism.

Kafka and Prentky in their study used fluoxetine (30 mg/d-12 weeks) in ten patients with paraphilias and ten patients with hypersexual disorder and obtained a significant reduction in unconventional sexual behavior.<sup>4</sup> Fedoroff et al in his study obtained almost 95% remission of symptoms in a treatment combining fluoxetine and psychotherapy versus psychotherapy alone (n=51).<sup>5</sup> In our case to the combined pharmacological and non-pharmacological management provided marked remission in patient's symptomatology.

One trial noted a reduction in the total sexual outlet and the time spent in paraphilic behaviors with a combination of fluoxetine and methylphenidate (n=26).<sup>6</sup> In our case there was no mental sub normality, personality disorder or substance use disorder which are common comorbid illnesses among patients with paraphilic behavior but was not found in our case. Although the exact mechanism or reason for this sexual deviant behavior is not known there is scarcity of literature on the same for which a thorough screening for sexual disorders by a well-designed multi centric study is required.

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### **AUTHORS:**

1. A. John Dinesh
2. S. Arun
3. S. Alok Pandey
4. P. Devaraja

### **PARTICULARS OF CONTRIBUTORS:**

1. Assistant Professor, Department of Psychiatry, Sri Venkateshwarra Medical College Hospital & Research Center.
2. Assistant Professor, Department of Psychiatry, Sri Venkateshwarra Medical College Hospital & Research Center.
3. Professor, Department of Psychiatry, Sri Venkateshwarra Medical College Hospital & Research Center.
4. Clinical Psychologist, Department of Psychiatry, Sri Venkateshwarra Medical College Hospital & Research Center.

### **NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:**

Dr. A. John Dinesh,  
Assistant Professor,  
Department of Psychiatry,  
Sri Venkateshwarra Medical College  
Hospital and Research Center,  
Ariyur, Pondicherry.  
Email: dr.johndinesh@gmail.com

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