

## A Review on Paraphilias

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### Abstract

Sexual deviations are disorders in which the individual has fantasies, sexual desires or behaviors that are repetitive and sexually provocative and often include inhumane issues for at least 6 months. Since these people usually make various legal problems for both themselves and others, this disorder is of special interest. Different models have discussed on the etiology of sexual deviations among of which the special psychoanalysis of Freud have investigated this disorder more comprehensively. In Freudian's psychoanalysis, sexual deviation has a neurosis structure and shows that sexual deviated has in fact accepted the deprivation of the mother, but is still trying to return to the bosom of the mother and the denying father. Also, in self-psychology the sexual deviant who has had wrong repeating scenarios in regards to his/hers relationship with parents or as a sadistic seeks to create a temporary and false glorious sense of confidence, to create a grandiose "self" who is self-sufficient and does not need anyone. In many cases body organ justifications are also considered for sexual deviations. Among the examined patients in psychiatric clinics, 74% had hormone level disorders, 27% had neurologic symptoms, 24% had chromosomal disorders, 9% had epilepsy, 4% had abnormal EEG, 4% had major psychiatric disorders, and 4% had mental retardation. Some sources propose 9 identifications for sexual deviation which include: Fetishism, Pedophilia, Exhibitionism, Voyeurism, Sexual Masochism, Sexual Sadism, Transvestic fetishism, Frotteurism and Paraphilias. The treatment of sexual deviations has great complexity due to its coincidence with psychiatric disorders such as personality disorders, as well as other factors such as the patients' shame and modesty and not stating their problems. The treatment of sexual deviation is considered to have four general purposes including a) reducing sexual desires b) giving insight and understanding to the patient c) controlling external stimuli d) treating concurrent disorders. The treatment of sexual deviation involves extensive ranges of biological therapies to mental therapies. One of the major approaches to psychotherapy in the treatment of sexual deviations is the insight oriented approach that causes a person to improve his interpersonal skills and to find an acceptable method for sexual gratification. Treatment in groups through specific procedures and guidelines and practices can also help the patients. When a person has other psychiatric disorders, pharmacotherapy can treat concurrent biological problems of the individual as well as reducing sexual and obsessive desires. In rare cases where the problem is very serious or causes legal conflicts, surgical treatment is recommended.

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### Introduction

Investigations related to paraphiliac behaviors have existed from centuries ago, but this type of behaviors have only attracted attention of the psychologists since 1905. Freud also believed that paraphiliac behaviors are caused by the deviation of sexual identity. In 1905 paraphilia was referred to any sexual behavior other than ordinary intercourse, that is penetration of the penis into vagina, but now paraphilia is referred to everyone whether woman or man showing abnormal behaviors such as harming self or sexual partner during proximity (1).

Sexual deviation or paraphiliac is a biomedical word for defining sexual arousal by objects, people, or situations as abnormal and a Paraphili with a sense of pleasure in unusual and extreme situations. Of course the term Paraphili was first used in 1920 by an Austrian psychologist Wilhelm (2). Paraphilic disorders are specified by momentum, fantasies or sexual actions that are unusual, strange and deviational. Paraphilia is more common in men in compared to women

and the cause of it has not yet been determined exactly (3). Sexual deviation includes uncontrolled or excessive sexual behaviors or sexual thoughts and knowledge which causes mental suffering, impaired job – social performance or legal conflicts for the person affected (4). Sexual deviation, in its common sense, is sexual behavior and fantasies against public morality. Since the time of Freud, sexual deviation has meant dominance of one state and sexual fantasy on the whole sexual and love action of the patient. This is instead of erotic moods and behaviors like exhibition, romantic or erotic looking to the beloved. these people have behaviors like ogling the beloved, fantasies and masochism and sadism in erotic and love like biting the beloved, power play in sex, and sexual love at different stages of a sex to reach orgasm and unity themselves to target the sexual relationship or in a broader meaning love action.

But the problem is that the sexual deviant organizes his enjoyment and pleasure, thus has an inner strength, though pathological. Therefore, on one hand, he must pass through



part of this pathological enjoyment and hallucinations, and on the other hand is able to change his pathological passions to modern sadistic, masochist and desires which are transformable and have borders (1).

**Definition:**

In dictionaries, sexual deviation is sexual pleasure or satisfaction through maladaptive and unusual ways. The problem with this definition is that it is called "diversion" in one time and place and may be considered as normal in another time and place.

For a comprehensive definition of sexual deviation, there is not any exact and universal principle and sociologists, ethics, scholars and psychologists that generally agree. If pleasure or sexual satisfaction is not accepted by the society, it is considered as deviation by sociologists. Biologists just focus on reproduction and survival of the kind in sexual relations; and any type of sexual intercourse that is not the way to achieve it, in their view, would be considered as a deviation. Ethics scholars call sexual deviation any sexual satisfaction that is condemned, and immediately gives the person remorse (5)

The American Psychiatric Association has also considered sexual deviation including features of severe regressive desires, fantasy, or sexual behavior that are associated with unusual objects, activities or situations resulting in distress or major clinical impairment in social, occupational functioning or other important areas that lasts for at least 6 months.

Also, the term sexual deviation means deviation that involves the issue of sexual attraction (3). Sexual deviations are disorders that due to them, the individual has fantasies, sexual desires or repetitive behaviors that are sexually provocative and include the following:

- (1) Non- human subjects
  - (2) children or other unhappy people
  - (3) suffering or humiliation of oneself or sexual partner (3)
- However, it is important to note that sexual deviations are not fleeting desires or fantasies about unusual sexual activities, but are disorders that last at least 6 months. Also, patients with long periods of sexual abnormalities often feel that they have to think about their unusual behavior or do that, even if they do not actually fulfill their desires or fantasies.

These people do not see any objectives other than achieving sexual satisfaction, (6) sexual abnormalities, by definition, create an intense personal distress or disturb social, occupational performance, and other fields of life (3).

**Etiology:**

Different models have discussed the etiology of sexual deviation, some of which are discussed here.

**(1) Psychological factors:**

In Freud psychoanalysis and school of "ego psychology", sexual deviation has proven to be in fact a neurosis structure and shows that sexual deviant has accepted the deprivation of the mother, eternal paradise, and positive oedipal adopted legislation. But still he tries to return to his mother and denies his father that cannot promote them and turns into his modern and individual desire. These sort of desires that are

transformable and create new fantasies. Hence, sexual deviant, by stabling in previous oedipal conditions and repeating these states like sadistic and exhibition, is in fact repeating his oedipal fears and childish fantasies, is doomed to repeat until achieving these transformations and turning these fantasies to modern and mortal desires (7).

In the second generation of psychology, "self-psychology" and Psychoanalyst like Kohut and Kohlberg and others are focused on. These psychologists see the symptoms of deep Narcissitic disorders and inability to create a healthy "self" in order to be able to love him and others as a consequence of false childhood relationships. Sexual deviant in this sense is repeating scenarios of wrong old relationships with parents or as a sadistic seeks to create a temporary and false sense of glorious confidence, creates a grandiose "self" who is needless to others.

In this sense, sexual deviation indicates a "lack" or, as the famous psychoanalyst Ashtvrlr says, in cases like the sadistic there is "a form of erotic hatred" and repeating childhood nightmares and denying his beloved and turning to the other objects of his hatred. (3).

**(2) Biological factors:**

In Many cases, body organ explanations have been considered for sexual deviations. Among the patients studied in the psychiatric clinics, 74% had hormone level disorders, 27% had neurologic symptoms, 24%, chromosomal disorders, 9% epilepsy, 4% abnormal EEG, 4% major psychiatric disorders, and 4% had mental retardation. Also there is a high correlation between sexual deviance and brain abnormalities that first may be a direct result of brain disorders secondly, abnormal brain may harm the social judgments of the person and thirdly the person loses control over social impulses due to the abnormal brain (8).

**Diagnosis:**

Criteria for the diagnosis of sexual deviation include: special and effective imagination and sense of severe need to act on the mentioned fantasies and their impact on individual behavior.

Clinical features can be divided into two groups: 1-characteristics common to all the disorders of the class, 2-those related to specific sub-classes (9).

Psychological tests have been made for measuring the size of the penis in response to paraphiliac and non-paraphiliac that may be useful for diagnosis and treatments. However, the validity of their diagnosis is controversial because some people are able to inhibit their erectile response. (6)

Classification: Sexual deviation includes a wide range. Some sources have cited 9 diagnoses for sexual deviation (8) including:

- Fetishism
- Pedophilia
- Exhibitionism
- Voyeurism
- Sexual Masochism
- Sexual Sadism
- Transvestic fetishism
- Frotteurism

Paraphilias that are characterized in other ways (NOS) or Bad Paraphilias

Necrophilia

Zoophilia

Partialism

Telephone Scatologia

Coprophilia

Urophilia

Klismaphilia

Diagnostic criteria for Fetishism

(1) During a 6 months period of sexual desires, extreme sensual arousing fantasies, or behaviors related to the function of inanimate objects like women's underwear are seen.

2) Memento objects such as pieces of female clothing used in cross dressing, it is not like Transvestic Fetishism or a tactile stimulus (such as a vibrator).

3) Sexual Fantasies, desires and behaviors cause clinically significant distress or impairment in social, occupational performances or other important areas.

Diagnostic criteria for pedophilia

a) During a period of at least 16 months of sexually arousing behaviors, desires or fantasies related to sex with a child or children under the maturity age, commonly 13.

b) The person is at least 16 years old and is at least 5 years older than the child or children listed in criterion (b).

Note: Individuals in ages of late teens and having sex with a 12 or 13 year old person is not considered in this disorder. [3]

Diagnostic criteria for Exhibitionism

1) In a 6 month period of arousing fantasies, strong sexual desires and intense and recurrent sexual urges, there are displaying the person's genitals to an unexpected stranger.

2) Sexual desires or behaviors create clinically significant distress or impairment in social, occupational performance or other important areas. (3)

Diagnostic criteria for Voyeurism

1) Over a period of at least 6 months, there are recurrent strong sexual fantasies and arousing sexual desires or behaviors involving the act of observing an unexpected person and seeing someone naked or changing clothes or engaged in the sexual act.

2) Sexual desires or behaviors bring clinically significant distress or impairment in social, occupational performances or other important areas.

Diagnostic criteria for sexual Masochism

A) During a period of at least 6 months there are frequent, strong sexual arousing fantasies, behaviors, desires or actions related to the actual (not pretending) actions of humiliation, beatings, fettered, or any other violent or painful action.

B) Sexual desires, behaviors and fantasies cause clinically significant distress or impairment in social, occupational performances or other important areas (3).

Diagnostic criteria for sexual sadism

1) It is related to real or pretended acts in which creating physical and psychological suffering for the victim is sexually stimulating.

2) Over a period of at least 6 months, there are provocative behavior and sexual desires related to real actions (pretending). During the victim's suffer from mental or physical disorders (verbal humiliation), sexual stimulations also attack the person. 3) Sexual desires, behaviors and fantasies cause clinically significant distress or impairment in social, occupational performances or other important areas (3).

Diagnostic criteria for Transverestic fetishism

1) during at least a 6 month period, a non-gay man has repeatedly sexual behaviors, desires or provocative fantasies about cross dressing.

2) Sexual desires, behaviors and fantasies cause clinically significant distress or impairment in social, occupational performances or other important areas (3)

Diagnostic criteria for frotteurism

1) During at least a 6 month period, there is a tendency to touch or rub the limbs and organs of another person without his or her consent.

2) Sexual desires, behaviors and fantasies cause clinically significant distress or impairment in social, occupational performances or other important areas (3).

Treatment:

Treatment of sexual deviations due to its coincidence with psychiatric disorders such as personality disorders and also other factors such as the shame and modesty of patient and also not talking about the problems has great complexity. In addition to these factors, other factors like the therapist himself can cause a problem in the treatment of this disorder. It is said that one of the good conditions of treatments is health care alliances, understanding, empathy and good communication with the patients (8).

Treatment of sexual deviations like other sexual disorders has a wide variety. In all these treatments four goals are generally considered, including A) reduction of sexual desires b) giving awareness to patient, c) control of external stimuli, d) treatment of concurrent disorders. The treatment of sexual deviations also include a wide range of biological and mental therapies which are as followed (8):

1-insight-oriented psychotherapy:

It is the most common approach to the treatment of sexual deviations and in this treatment, the patients have an opportunity to realize their dynamics and incidents causing their sexual deviations. They are also aware of the everyday events that cause them to act on their impulses. It also allows the patients to resolve their concerns.

It helps providing a proper way and regaining self-esteem and improving the person's interpersonal skills and finding acceptable techniques for sexual gratification. (9)

2-other mental therapies

Psychoanalysis provides the opportunity to track the status of the disease from its core. This method becomes effective through the revival of transmitting emotions and focused re-

relationships in sexual deviation. [10] Dynamic psychotherapy is probably the most useful treatment. Reducing and balancing the pressure resulting from deviation and helping restoration of other aspects of life is in a way that is free from the interference of deviation as far as possible. It also has methods for determining the behavior in coverage for detoxification of behavior in case of severe and debilitating deviations. (11)

### 3 - Group Therapy

Group Therapy also after insight-oriented psychotherapy is very common. Group Therapy with specific procedures and guidelines and practices are very much useful for patients.

### 4- Drug and hormone therapy:

If the deviation is associated with schizophrenia or depression, antipsychotics and antidepressants may also be needed. Strong sedatives may also be used in serious, obsessed and dangerous deviations (13).

Antiandrogen drugs in Europe and Medroxyprogesterone Acetate in America have been used experimentally. Cyproterone Acetate in deviations with sexual activities have reduced hypersexual behavior.

Medroxyprogesterone Acetate appears to be useful in severe Hypersexuals such as masturbation and sex at every opportunity, dangerous, violent and uncontrollable, obsessive sex behavior (14). Serotonergic agents such as fluoxetine (Prozac) have been effective in some cases of sexual deviation in a limited degree (15).

In rare cases, surgery may be considered which consists of two interventions:

The first intervention is used for serious deviations, such as the brutal rape and sexual abuse of children in Europe, which is done in two ways.

The first and most violent form is cutting off the testicles to stop the production of testosterone, which is called "castration through surgical". The second form, which might be softer and more common, is castration, in which the hormone that the testicles produce is counteracted using certain drugs; it is known as "medical castration". Unlike surgical castration, medical castration is reversible and becomes effective through surgery (16).

It is said that the leading factors creating deviant actions include: using drugs and alcohol, watching pornography, or some special relationships.

Problem-solving approaches in dangerous situations such as the strategy of fight or flight and exposure to deviant draggers which focus on the negative consequences are taught to the patients. Afterwards, strategies that can create obstacles in the transition from a single event action to complete relapse of the disorder are taught to them. In this stage the therapist can facilitate this aspect using "reminder cards" and conclude an agreement to stipulate the scope and consequences of a single event recurrence (16).

### Conclusion

According to the points mentioned so far, there is no more accurate and comprehensive definition of sexual deviation agreed upon by sociologists, Psychologists and ethic scholars. However, the American Psychiatric Association considers sexual deviation as a sexual desire, fantasy, or behavior

that is severely recurrent. They also believe that it has relationship with unusual objects, activities or situations and results in distress or clinical impairment in social, occupational performances or other important areas that lasts at least for 6 months.

In the etiology of this disorder, we deal with different models among which Psychoanalysis has fully discussed this issue. Also according to statistics, biological factors can have an important role in the development of sexual deviations.

Considering the factors that have been mentioned about the etiology of sexual deviation, it can be said that sexual deviations are a result of biological, psychological and social factors. This leads to the fact that the treatment of sexual deviation includes a wide range of biological and psychological treatments. This means much attention should be paid to concurrent psychiatric disorders of people.

In addition to the above factors, there are other factors affecting treating parafilaic patients such as the therapist himself.

Therapeutic alliance, understanding, empathy, and effective communication are one of the most effective factors in treating this disorder.

Overall, it can be said that the factors that might not create a good treatment prognosis for a Parafiliac include: lack of attention to concurrent disorders, lack of appropriate therapeutic relationships and a lack of a good Patient care team (including Psychiatristic, psychologist, social worker,).

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