



Scientia Research Library

ISSN 2348-0416

USA CODEN: JASRHB

Journal of Applied Science And Research, 2020, 8 (2):52-55

<http://www.scientiaresearchlibrary.com/archive.php>

PARAPHILIAC DISORDER (Disorders of sexual preference)

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ABSTRACT

Definition: A condition characterized by abnormal sexual desires, typically involving extreme or dangerous activities. Types: There are nearly eight different types of paraphilias. Causes: It is caused by a childhood trauma, such as sexual abuse. Others suggest that objects or situations can become sexually arousing if they're often linked to a pleasurable sexual activity. Symptoms: It can include preoccupation to the point of obsessiveness that may intrude on the person's attempts to think about other things or engage in more conventional sexual activity with an age-appropriate partner. Treatment: Treatment options may include psychotherapy, individual psychotherapy, group therapy, marital therapy, and family therapy, as well as pharmacotherapy or even surgical interventions.

INTRODUCTION

Human beings are sexual beings. Sexuality is a basic human need and an innate part of the total personality. Sexuality is the constitution and life of an individual relative to characteristics regarding intimacy. It reflects the totality of the person and does not relate exclusively to the sex organs or sexual behaviour. Sexual disorders are characterized by disturbances in sexual desire and in the psycho physiological changes that characterize the sexual response cycle and cause marked distress and interpersonal difficulty. Paraphilia (Para-“beyond the usual” philia-“love”) previously known as sexual perversion and sexual deviation is the experience of intense sexual arousal to atypical objects, situations, fantasies, behaviours, or individuals. The DSM-5 adds a distinction between paraphilias and paraphilic disorders, stating that paraphilias do not require or justify psychiatric treatment in themselves, and defining paraphilic disorder as "a paraphilia that is currently causing distress or impairment to the individual.

MATERIALS AND METHOD

Definition:

‘Paraphilic disorders are recurrent, intense, sexually arousing fantasies, urges, or behaviours that are distressing or disabling and that involve inanimate objects, children or nonconsenting adults, or suffering or humiliation of oneself or the partner with the potential to cause harm.’

People with a paraphilic disorder may have an impaired or a non-existent capacity for affectionate, reciprocal emotional and sexual intimacy with a consenting partner. Other aspects of personal and

emotional adjustment may be impaired as well.

Types Of Paraphilias:

The DSM-5 has specific listings for eight paraphilic disorders.

- Exhibitionistic disorder:

Charles Lasegue was the first to use the term exhibitionist, in 1877. Exhibitionists (usually males) expose their genitals, usually to unsuspecting strangers, and become sexually excited when doing so. They may be aware of their need to surprise, shock, or impress the unwilling observer. The victim is almost always a woman or a child of either sex. The DSM states that the highest possible prevalence for exhibitionistic disorder in men is 2% to 4%. It is thought to be much less common in women.

- Fetishistic disorder:

Sexual fascination with non-living objects or highly specific body parts (partialism). The object of interest is called the fetish; the person who has a fetish for that object is a fetishist. Fetishes included clothing (58.3%), rubber and rubber items (22.9%), footwear (14.6%), body parts (14.6%), leather (10.4%), and soft materials or fabrics (6.3%). Examples of specific fetishisms include omnophilia (sexual arousal by a person who is unconscious) and urophilia (deriving sexual pleasure from seeing or thinking about urine or urinating).

- Frotteuristic disorder:

Frotteurism is a paraphilic interest in rubbing, usually one's pelvic area or erect penis, against a non-consenting person for sexual pleasure. It may involve touching any part of the body, including the genital area, often while quickly walking across the victim's path. A person who practices frotteuristic acts is known as a frotteur. The individual usually chooses to commit the act in crowded places such as on buses, or subways during rush hours.

- Pedophilic disorder:

Sexual activity with a child that is prepubescent (usually 13 years old or younger). This type is the most common of sexual assaults. Pedophilia emerges before or during puberty, and is stable over time.[28] It is self-discovered, not chosen. Most child molestations involve genital fondling. Others may limit their activities to undressing the child and looking, exposing themselves.

- Sexual Masochism disorder:

It refers to the recurrent and intense sexual arousal from the act of being humiliated, beaten, bound, or otherwise made to suffer, as manifested by fantasies, urges, or behaviours. Behaviours associated with sexual masochism disorder can be acted out alone (e.g., binding, self-sticking pins, self-administration of electric shock, or self-mutilation) or with a partner (e.g., physical restraint, blindfolding, paddling, spanking, whipping, beating, electric shock, cutting, pinning and piercing, and humiliation such as by being urinated or defecated upon, being forced to crawl and bark like a dog, or being subjected to verbal abuse). In extreme cases, accidental deaths can occur, such as from engaging in self-application of electric shock or by oxygen deprivation.

- Sexual sadism disorder:

Sexual sadism disorder involves acts in which the psychological or physical suffering of the victim is sexually exciting to the person. The sadistic activities may be fantasized or acted on with a consenting or non-consenting partner. The individual often continues to inflict harm regardless of

the compliance of the victim, which sometimes escalates not only to the death of the victim, but also to the mutilation of the body. In a survey of offenses, 77% of cases included sexual bondage, 73% included anal rape, 60% included blunt force trauma, 57% included vaginal rape, and 40% included penetration of the victim by a foreign object.

- Voyeuristic disorder:

It is the sexual interest in or practice of watching other people engaged in intimate behaviours, such as undressing, sexual activity, or other actions usually considered to be of a private nature. Sexual excitement is achieved through the act of looking, and no contact with person is attempted. Onset is before age 15 and often chronic. voyeurism is more common in men than in women.

- Transvestic disorder:

Transvestic disorder is cross-dressing, or dressing in the clothes of the opposite gender, to become sexually aroused. It must occur over a period of at least 6 months and cause severe distress to the individual in social, occupational, or other important areas of functioning. It has been observed that in childhood, cross-dressing causes excitement which may, after puberty, become sexual excitement.

Causes:

Most paraphilias emerge during adolescence although there is usually a connection with events or relationships in early childhood. Once established, they tend to be chronic. Causes of paraphilias may also depend on the type of paraphilias.

1. Biological factors: Temporal lobe disease and abnormal levels of androgens.
2. Psychoanalytical theory: This defines a paraphiliac as one who has failed the normal developmental process toward heterosexual adjustment.
3. Behavioural theory: It depends on the type of reinforcement he or she receives following the behaviour.

Symptoms:

People with a paraphilia tend to experience arousal by the stimulant to the exclusion or near exclusion of more common sources of sexual interest, like an attractive person of similar age. The intensity of the sexual attraction can be overwhelming enough to cause distress. The unusual or forbidden nature of a paraphilia often causes symptoms of guilt and fear of punishment. Paraphilia sufferers may experience depression or anxiety that is temporarily relieved by engaging in paraphilic behaviour, thus leading to an addictive cycle. It causes impairment in social, occupational or other areas of normal everyday life because of these urges or behaviours.

RESULTS AND DISCUSSION

Treatment:

- Blocking or decreasing the levels of circulating androgens. Antiandrogenic medications are the progestin derivatives that block testosterone synthesis or block androgen receptors. They decrease libido and thus break the pattern of compulsive deviant sexual behaviour.
- Psychoanalytical therapy focuses on helping individuals resolve these early conflicts, thus relieving anxiety that prevents him or her from forming appropriate sexual relationships.

- **Aversive Therapies:** Aversive therapies include pairing arousal to the deviant fantasy with either mild electric shock or unpleasant smells. In this type of treatment the client is encouraged to become aroused by the deviant fantasies and is immediately bombarded with an unpleasant smell or electric shock. The pairing of deviant fantasies with unpleasant sensations is thought to decrease both fantasies and behaviours.
- **Masturbatory Satiation:** In masturbatory satiation, the client is encouraged to masturbate with the deviant fantasy in mind. When the client reaches orgasm they must continue to masturbate to the deviant fantasy for one hour. Since this activity does not end in reinforcing ejaculation, the client may eventually lose interest in such fantasies.
- **Covert conditioning:** Covert conditioning is a behavioural method in which undesirable behaviour becomes less desirable and is eventually eliminated. In the case of paraphilias, the client is asked to imagine feeling shame when friends or family members observe him engaging in the behaviour associated with the paraphilia. (Morin & Levenson, 2008). This type of intervention can be used with nearly all of the paraphilias and can help the client not engage in the behaviour or to find the behaviour less pleasurable.
- **Cognitive behavioural therapy:** This can help people with paraphilias develop strategies to avoid acting on their interests.
- **Group Therapy:** Group therapy may also be useful in the treatment of paraphilias. The focus may be on taking responsibility for actions, victim impact and empathy, establishing family support, building relationship and social skills, and cognitive restructuring

CONCLUSION

Paraphilia is any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners; if a paraphilia causes distress or impairment to the individual or if its satisfaction entails personal harm (or the risk of such harm) to others, it is considered a paraphilic disorder.

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