

## CASE REPORT

# ANXIETY-DEPRESSION PSYCHOPATHOLOGY OF A PATIENT WITH VOYEURISM, MAJOR DEPRESSION AND PREMATURE EJACULATION

*Nurazah Ismail\*, Rohayah Husain\*\*, Hatta Sidi\**

**\*Department of Psychiatry, Universiti Kebangsaan Malaysia Medical Centre, 56000, Cheras, Kuala Lumpur, Malaysia; \*\*Faculty of Medicine, Universiti Sultan Zainal Abidin, Medical Campus, 20400 Kuala Terengganu, Terengganu, Malaysia.**

## Abstract

**Objective:** This case report highlights a case of young male referred for psychiatric evaluation due to paraphilic disorder. This 27-year old single male working as an assistant accountant was noted to have voyeuristic behaviour and presented with depressive symptoms since his teenage age. He has poor coping whenever he experiences stress in life. He started to watch pornographic videos and subsequently get involved by peeping pre-pubescent's undergarments. These activities are followed by a compulsive behaviours such as masturbation to gratify his sexual arousal. **Results:** The patient undergone several psychotherapy sessions, and medical report was furnished for the court's purpose. Our assessment revealed that he was suffering from a lifetime major depressive disorder, and he was prescribed with Tablet Sertraline 50mg/daily. He also has premature ejaculation, severe in nature. He regretted his voyeuristic urge and psychotherapy focused on how to channel his sexual needs. **Conclusion:** Mood disorder is seen in paraphilic disorder and has to be dealt with in order to establish good management care. *ASEAN Journal of Psychiatry, Vol. 18 (2): July – December 2017: XX XX.*

**Keywords:** Depression, Voyeurism, Premature Ejaculation

## Introduction

Paraphilic Disorder is one of the diagnoses in diagnostic and statistical manual, 5<sup>th</sup> edition (DSM-5) and it is common but has less intention in the society until they are caught due to their criminal offense. Paraphilic disorders are defined as an abnormal intense sexual deviant followed by the behaviors to fulfil the intense sexual erotic activities. They are few disorders that are subdivided under the big diagnosis of paraphilic disorder, which are voyeuristic disorder, exhibitionistic disorder, pedophilic disorder, frotteuristic disorder, sexual masochism and sexual sadism and fetishistic disorder. These subdivisions are the commonest types of Paraphilic Disorder [1]. The paraphilic disorders may be preceded by

mood disorders such as a spectrum of depression, bipolar mood disorder and impulse control disorder, as there is a co-morbidity of these two important psychiatric diagnosis [2].

## Case Report

A 27-year-old single gentleman, working as an assistant accountant, presented with recurrent depressive episodes for 9 years precipitated by failure of being accepted into local universities. Compared to his friend, he was not able to pursue his study due to his poor family socio-economic status. When he experienced low mood, he always felt that the 'world was injustice to him'. His father was a gambler and uses an abusive parenting style.

During each depressive episode, he experienced persistent low mood throughout the day, almost every day associated with other depressive symptoms such as disturbed sleep at night. He also experienced low energy, anhedonia, feeling hopeless and worthless as well as suicidal thoughts. The symptoms lasted for 2-months and eventually subsided. However, he was coping with his emotional distress by watching pornographic videos, and subsequently convinced that that this was the only way for him to cope with deal with his emotional stress. His first exposure towards watching pornographic videos was on the pornographic websites after he saw a customer in the cyber-café surfing those erotic materials. The last depressive episode was four years ago.

He started to get involved with recording videos about pre-pubescent's undergarment, and he found out that after recording the videos, he had an intense sexual arousal followed by masturbating activities. He denied having physical contact with the victims. He started to get addicted with the recording activities and the frequency of the activities gradually increased from once every 2 weeks to 2-3 times every weekend. During weekdays, he would compensate it by watching pornographic videos in his room. He claimed that, the strong urges to watch pornographic videos and recording the pre-pubescent's undergarment became much intensified whenever he is stressed-out. Prior to that, he experienced a brief episode of palpitation, body trembling and hands sweatiness but denies other anxiety symptoms. The anxiety symptoms subsided after he succeeded in recording the videos. Even though he has strong repetitive urges to peep through the pre-pubescent's undergarment, he found out that these behaviors gave him a positive effect upon his mood. He denied having other obsessive-compulsive symptoms. Although he claimed his sexual preference was by recording the videos followed by masturbating, Although he claimed he preferred achieving sexual gratification by recording the videos followed by masturbating, he had gone twice to the sex parlor and had unprotected sexual contact with

the sex-workers. During the first time having sexual intercourse, he has premature ejaculation where ejaculation occurred immediately after penetration.

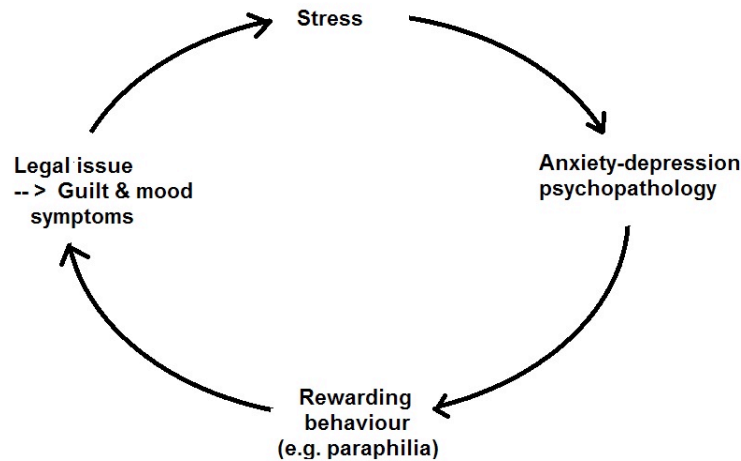
A month prior to his first presentation to our psychiatry clinic, he was caught red-handed by the victim's father during the recording videos activity in one of the bookstore premises. He was charged for his sexual offense and waiting for court hearing soon. Upon this incidence, he started to re-experience the depressive symptoms.

### **Discussion**

We presented an interesting case of paraphilic disorder, i.e. voyeurism with concomitant psychiatric disorder of a life-time major depressive disorder (MDD) and premature ejaculation. We highlighted this case because of the scarcity of this kind of the cases in the literature. Prior starting the patient with medication, few psychological tests were done on him and subjected him to have depression and paraphilic disorder.

The patient fulfilled the criteria of psychiatric diagnosis of major depressive disorder and voyeuristic disorder as according to DSM-5. In a research by Katfa et al in 2002 [2], it was found that anxiety disorders (38.3%), especially the social phobia (21.6%), and psychoactive substance abuse (40.8%), especially alcohol abuse (30%), to be co-existed with the paraphilias. Another research by Guidry (2004) stated that the co-morbid mood and anxiety disorders are most prevalent in paraphilic disorder [3]. It is interesting to note that mental health issue can be an underlying problem, or co-morbidity in this sexual deviation disorder.

The sexual gratification caused him to do it more frequently in order to suppress his emotional stress. This can be due to the abnormal dopamine reward pathway in the VTA and NA that leads to the rewarding behaviour. Paraphilia can be presented with addictive behavior, for instance, in this case was the addiction towards pornographic videos (Fig.1) [4].



**Figure 1. Stress, depression and paraphilia**

After having started tablet Sertraline, he showed improvement in his mood and his sexual deviant fantasies ceasing. This showed that the mood disorder may predispose to his sexual deviance, and thus required appropriate treatment that can help him deal with his psychological distress. The Selective Serotonin Reuptake Inhibitors (SSRIs) has impact to the person's sexual functioning, especially in term of sexual desire [5,6]. The role of SSRIs was pivotal, especially in the presence of mood symptoms among the patient with paraphilia, as serotonin has an enormous effect to the person's sexual functioning as serotonin firing in the neuron will causes low in his sexual desire [5].

As a conclusion, mental health problem, i.e. stress and affective symptoms can predispose to and also be negatively associated with the paraphilia. Both psychological treatment and psychopharmacological intervention are important to be included in the strategy to help this special group of patients to deal with their emotional turmoil.

## References

1. American Psychiatric Association. Diagnostic Statistical Manual of Mental

Disorder, Fifth Edition. (DSM-5). 2013. Washington DC.

2. Kafka MP, Hennen J.A DSM-IV Axis I-comorbidity study of males (n=120) with paraphilias and paraphilia-related disorders. *Sex Abuse*. 2002 Oct;14(4):349-66.

3. Guidry LL, Saleh FM. Clinical considerations of paraphilic sex offenders with comorbid psychiatric conditions. *Sexual Addiction and Compulsivity*, 2004 (11): 21-34.

4. Hollander E, Rosen J. Impulsivity. *J Psychopharmacol*. 2000;14(2 Suppl 1):S39-44.

5. Bradford JM, Gratzner TG. A treatment for impulse control disorders and paraphilia: a case report. *Can J Psychiatry*. 1995 Feb; 40(1):4-5.

6. Sidi H, Yusof F, Das S, Midin M, Kumar J, Hatta MH. Understanding the Pathophysiology of Premature Ejaculation: Bridging the Link between Pharmacological and Psychological Interventions. *Curr Drug Targets*. 2016 Dec 15. DOI: 10.2174/1389450117666161215161108.

**Corresponding author:** *Hatta Sidi, Professor of Psychiatry, Department of Psychiatry, Universiti Kebangsaan Malaysia Medical Centre (UKMMC), 56000 Cheras, Kuala Lumpur, Malaysia.*

**Email:** hattasidi@hotmail.com

Received: 1 March 2017

Accepted: 19 October 2017