

Paraphilia in Iraq, a general sketch

A study in the sex clinic, at Al-Rashad teaching mental hospital

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Abstract

Background; paraphilias were studied in the sex clinic, at Al-Rashad teaching mental hospital, in the years 2009-2010, a subject never touched before in the field of psychiatry in Iraq.

Aims of the study :

1-to identify the prevalence of types and number of paraphilias in those patients.

2-to study the relationship of paraphilias with sociodemographic factors of the patients.

Patients and methods; using the diagnostic criteria of DSM IV TR, 52 patients from the outpatient sex clinic at Al-Rashad mental hospital, collected and studied (41 males and 11 females).

Results; the ratio of men to women was 3.7 : 1, the majority of our sample was in the age range of 21-30 years (36.35%), with a limited(primary education)(

about 48%) or no education(36.53%), not married as a status was found in 48.07%, and low socio-economic level was in 57.69% of our sample. Exhibitionism was found in 19.23% of our sample, followed by zoophilia in males 17.07%, most of the disorders were found exclusively in males, apart from masochism and some of the paraphilias not otherwise specified (NOS).

Conclusion; paraphilia as a group of disorders, exist in our society, but lurks in the shadows of our strict cultural and religious societal background, they are suppressed and stigmatized, for the majority of our patients were collected first in a private clinic, then directed and encouraged to the sex clinic by the researchers.

Keywords; paraphilia, sex clinic, Al-Rashad mental hospital

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Introduction

According to the diagnostic and statistical manual, 4th edition-text revision (DSM IV-TR), a paraphilia is recurring, intensely arousing fantasies, sexual urges or behaviors that involves non human object, with the suffering or humiliation of oneself, one's partner, children, or non consenting others, over a period of at least 6 months(criterion A). This must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (criterion B) ⁽¹⁾.

It is an abnormal sexuality, sexual behavior that is destructive to oneself or others, that is markedly constricted, that cannot be directed toward a partner, that excludes stimulation of primary sex organs, and that is inappropriately associated with guilt or anxiety ⁽²⁾.

In paraphilias (previously labeled as perversions or deviations), the sexual response is preserved, but the symptom, a significant deviation in the erotic stimulus, or in the activity itself, is the precondition for sexual excitement and orgasm. Sigmund Freud originally described perversion (paraphilia) as comprising a distortion in sexual aim, that is, in the nature of the activity ⁽²⁾.

The paraphilias include; exhibitionism(the exposure of one's genitals), fetishism(use of non living objects for sexual gratification), frotteurism(rubbing against or touching a non consenting person), pedophilia(sexual fantasy, pre occupation or sexual activity with prepubescents), sexual masochism(seeking humiliation or suffering during sex), sexual sadism(inlicting humiliation or suffering on others during sex), transvestic fetishism(the obligatory use of clothing of the opposite sex to achieve arousal), and voyeurism(arousal through viewing another person's undressing, toileting, or sexual activity). There is a residual category, paraphilia not otherwise specified(NOS), this includes less frequently encountered paraphilias as; necrophilia(sexual orientation for corpses), zoophilia(for animals), scatologia(obscene phone calls), partialism(exclusive sexual focus on part of body), coprophilia(for feces), klismaphilia(for enemas), urophilia(for urine), gerontophilia(for old age), triolism(watching one's partner having sex with someone else), macrophilia(primarily domination by giant women or men), teratophilia(for deformed or monstrous people)⁽²⁾.

There are over 40 named paraphilias according to Money 1986,1999⁽³⁾, the term paraphilia is a combination of two words para, meaning beyond the usual, and philia, meaning love⁽⁴⁾.

Up to the author's knowledge and the body of literature in hand, paraphilias have never been studied in Iraq as a spectrum, so this paper might be considered as a pilot study.

Methodology

the study was carried on at Al-Rashad teaching mental hospital, in the sexual dysfunction clinic 2009-2010, the sample was collected from the outpatient sex clinic (2 cases), and from the private clinic of researchers (50 cases). A semi structured interview based on the DSM IV TR was used to reach a clinical diagnosis, with the informed consent about the nature of the research, taken from the patients; the duration of the study was stretched along 13 months, from the 1st of May 2009 to the 1st of June 2010.

The patients were composed of 41 males and 11 females, with a ratio of 3.7: 1, and an age range of 18-53, 17-45 respectively. All the patients were free from other mental or physical

disorders, A form was prepared for each patient to evaluate sociodemographic characteristics which includes; age, gender, level of education, socioeconomic status, and marital status. A descriptive statistics were used to draw the picture of paraphilias in this study.

Results

Our patients were 52 patients, 41 males (78.58%) and 11 females (21.15%). 45 (86.53%) from Baghdad and 7 (13.64%) from other governorates. Table I shows the age distribution among the sample with a range of 18-53 years for males, and 17-45 years for females, the average age for males was 33.2 years, while that for females was 30.9 years.

Table II demonstrates the level of education for both sexes.

Table III deals with the marital status of our sample.

Table IV views the socioeconomic status of the participants.

Table V clarifies the nature and the frequency of paraphilia in both sexes.

Table I
Distribution of patients according to their age

age	males		females		Total	
	No.	%	No.	%	No.	%
11-20	5	12.19	2	18.18	7	13.46
21-30	15	36.58	4	36.36	19	36.35
31-40	9	21.95	2	18.18	11	21.15
41-50	9	21.95	3	27.27	12	23.07
51-60	3	7.31	0	0	3	5.76
total	41	100	11	100	52	100

Range for males (18-53) years

mean age for males (33.2) years

Range for females (17-45) years

mean age for females (30.9) years

(Figures may not add to 100% because of rounding)

Table II
Distribution of patients according to their educational level

Level of education	males		females		total	
	No.	%	No.	%	No.	%
Higher education	5	12.19	3	27.27	8	15.38
Secondary education	15	36.58	1	9.09	16	30.76
Primary education	9	21.95	0	0	9	17.30
illiterate	12	29.26	7	63.63	19	36.53
total	41	100	11	100	52	100

Table III
Distribution of patients according to their marital status

Marital status	males		females		total	
	No.	%	No.	%	No.	%
Married	20	48.78	3	27.27	23	44.23
Single	19	46.34	6	54.54	25	48.07
Divorced	2	4.87	2	18.18	4	7.69
Total	41	100	11	100	52	100

Table IV
Distribution of patients according to their socioeconomic status

Socioeconomic level	Males		Females		Total	
	No.	%	No.	%	No.	%
High	5	12.19	1	9.09	6	11.53
Mid	14	34.14	2	18.18	16	30.76
Low	22	53.65	8	72.72	30	57.69
Total	41	100	11	100	52	100

Table V
Distribution of patients according to the type of paraphilia

Disorder	Males		Females		Total	
	No.	%	No.	%	No.	%
Exhibitionism	7	17.07	3	27.27	10	19.23
Zoophilia	7	17.07	0	0	7	13.46
Pedophilia	5	12.19	0	0	5	9.61
Gerontophilia	5	12.19	0	0	5	9.61
Fetishism	4	9.75	0	0	4	7.69
Voyeurism	2	4.87	0	0	2	3.84
Frotteurism	3	7.31	0	0	3	5.76
Sadism	5	12.19	0	0	5	9.61
Necrophilia	1	2.43	0	0	1	1.92
Urophilia	1	2.43	0	0	1	1.92
Telephone Scatalogia	1	2.43	1	9.09	2	3.84
Teratophilia	0	0	1	9.09	1	1.92
Macrophilia	0	0	1	9.09	1	1.92
Triolism	0	0	2	18.18	2	3.84
Tranvesticfetishism	0	0	1	9.09	1	1.92
Masochism	0	0	2	18.18	2	3.84
Total	41	100	11	100	52	100

Discussion

We see from the study that only two patients consulted the sex clinic at Al-Rashad teaching mental hospital, while the majority were picked up from the private clinic of the researches, and then directed to the sex clinic in the hospital to

complete their examination and for full assessment, this reflects the embarrassment of the topic before hand, and seems that it's too a stigma in our community for clients to reach overtly a public service.

The ratio of men to women in this study is 3.7:1, this goes with the notion that paraphilias seems to be largely male conditions (2). The majority of our sample was from Baghdad (86.53%), this may be related to the location of the study which is in the capital, and the easy to reach the service of the sex clinic.

In table I, the age group 21-30 years had a higher number of participants than the rest of the groups (19 cases for both sexes), this is in accord with the age group of 15-25 years, as paraphilic behavior peaks, and gradually declines (2). The age range for males and females in our study was somewhat similar (18-53) and (17-45) years respectively, a similar result was found by Paul and associates (1999) in which there was no significant differences between women and men in terms of age (5), a general age range for both males and females (18-39) (2).

In this study, the mean age for males was 33.2 years, and that for females was 30.9, it was similar to that of Price *et al* (2002) with a mean age for males 36.7 years (6), and that of Becker and associates (2003) with a figure of 31.5 years for males (7). While Furnham and Haraldsen (1998), gave a somewhat different figures for age range (18-39) and mean age (23.50), their sample was of community college students, this might be the reason for the difference from ours, which depended on an outpatient sample, and the body of literature in hand.

In table II, regarding the educational level, we found that only 15.38% of our sample had a complete undergraduate college or university degree, while 36.53% were illiterate, and the rest were in the primary- secondary level of education, these results are in discord with the data found in the literature, in which Price and associates found that the mean years of education was 15 for paraphiliacs (college or university level) (6), more so, Furnham and Haraldsen found in terms of educational qualifications, participants ranged from secondary schooling to post graduate university education, 70 out of 105 had either completed or currently engaged in an undergraduate degree, less than 20 had low level education (primary schooling) (8).

Becker and associates had 38% of their male sample graduate from high school, 6% held a college undergraduate degree, and 5% with elementary school level (7). The result of our

sample might be interpreted in the way that the educational level of our society in general, is lower than that of the developed ones, the relative small sample size of our study might contributed as well, and most of them were living in poor districts of the capital.

In table III, regarding the marital status, 44.23% of our sample were married (48.78% of the males and 27.27% of the females), 48.07% were single (46.34% of the males and 45.45% of the females), and 7.69% divorced (4.87% of the males and 18.18% of the females). Our results again is somewhat in discord with the available data, for Becker and associates found in their male sample a figure of 46% single, 28% married, and 18% divorced (7).

Price and associates had nearly 90% of their sample as single, and 8% married (6). The difference in cultural values and the importance of marriage in our society, might answer the disparity in between the data, more so, the nature of the aforementioned studies might contribute to this, the sample of Becker was of male offenders, while that of Price's were of community college students, both were different from an outpatient sample.

In table IV, the socioeconomic status of our sample were plotted after the model of a previous study in Iraq (9), only 11.53% of our sample was of high level, while 30.76% was of middle level, and the majority was of low level. No clear data regarding the socioeconomic levels could be detected in the body of literature before hand, for the studies abroad concentrated on the state of employment, rather than the social level.

Furnham and associate (8) found that, 15 out of 105 of their student sample were either full or part time employed, while Price and associates (6) had a figure of 80.1% as currently employed, and 4.9% as unemployed. The fragile economic situation in our country, might have the clue for the high rate of low socioeconomic level in our sample, and the nature of the studies abroad, for some were a community or student ones.

In table V, for exhibitionism we found 17.07% in males and 27.27% in women, with a total of 19.23% as a whole, our results were in accord with that of Paul and associates, who gave a figure of 29% in females (5). Becker and associates (7) gave a figure of 14% in male offenders, while it was 25% of an outpatient

sample (2). Langstrom and Seto (10) gave a figure of 3.1% for men and 2.1% for women, the same figures were found by Murphy and Page (11), in these two references, the study was a community survey of normal population, which could be the result of the low figures.

In zoophilia, 17.07% of the male sample (13.46% of the whole), the data before hand are conflicting, for it was 1% of an outpatient sample in (2), and 1-2% but may range from 8-40% in adult population and 40-60% in rural teenagers(12), a figure of 8% for males by Kinsey and associates 1948,53(11). This could be interpreted in the way that there are few studies about this disorder, and most of them were about population survey, more so, this disorder could have a higher prevalence in our setting, for cultural and geographical reasons, as Iraq is mostly composed of rural and suburban areas.

In pedophilia, 12.19% of our male sample was harboring this disorder, with no females in it, this result was in accord with Smith 1994(11) regarding the gender, in which 90% of pedophiles are males. A much higher figure in the body of literature were found, but those studies were about offenders, a figure of 63% was plotted by Becker and associates (7), and 45% in (2), with a prevalence of less than 3% in (11). This difference in the figures could be explained by the small sample size of our study, and the nature of our sample, of being outpatient non offenders.

In gerontophilia, 5 males (12.19%) collected in our sample, no figures could be elicited in the body of literature for this disorder, for a satisfactory epidemiological data are lacking (11).

In fetishism, 4 males (9.75%) could be detected, it's virtually the exclusive domain for males, Kafka and Hennen 2002 gave a figure of 8.3% which is in accord with ours, while Chalkley and Powell 1983 gave a rather low one of 0.8% for males (11), this could be due to the methodology and operational criteria difference. Kaplan and Saddock gave a figure of 2% based on an outpatient sample(2), while Becker and associates gave a figure of 8% for their male offenders(7).

In voyeurism, 2 males(4.87%), which is much lower than what is found in the literature, Becker and associates gave a figure of 13% for male offenders(7), in Kaplan and Saddock, a figure of 12%, langstrom and Seto gave 7%(10), for the

abovementioned studies were forensic in nature and of a larger sample.

In frotteurism, 3 males (7.31%), which is in accord with Kaplan and Saddock 6%(2), the 5% of male offenders in Becker and associates , though higher figures could be detected in some studies like that of Abel and associates 1987 11%, and Freund and associates 1997 with 22%(11), both studies were of community research that included more than the operational criteria of the disorder, like the fantasy of the disorder which was added to their data.

In sadism, 5 males(12.19%), which is in partial accord with the 8.5% of the male sample of Becker and associates, but a much lower figures were given in Kaplan and Saddock 3%(2), and 2-5% as a prevalence among sexual offenders by Quinsey, Chaplin and Varney 1981(11). These low figures could be plotted in the wake that the sample was forensic in nature.

In necrophilia, 1 male (2.43%) was found in our sample, but unfortunately no comparable data could be sought in the literature for the rarity of this disorder, apart from one study by Rosman and Resnick in 1989, who gave a figure of 92% of their sample as males, but no prevalence rate was given, for the study was a retrospective case analysis (13).

In urophilia, 1 male (2.43%) in our study, again no available data could be found in the literature.

In telephone scatologia, 1 male and 1 female(2.43%) for each, and a total of 3.84% in the whole sample, this was in accord with Becker and associates who gave a figure of 3% in their male sample with the offence of obscene phone calls(3), while Freund and Watson 1990(in the review of Price and associates) gave a figure for their male sample 6.2-14.3%(6), the difference could be due to the nature of the sample, which was a community survey study.

In teratophilia, macrophilia, and triolism, those were detected in women only, 1(9.09%),1 (9.09%), and 2(18.18%) respectively, no available date could be sought in the literature.

In transvestic fetishism, 1 female (9.09%) could be detected in our sample, a much lower figure was given by Langstrom and Zucker 2005 (2.3%) (11), this could be due to the small sample size in our study, with only one female case recorded and no males, which was found in the literature in higher frequency than females, again this disorder

may inflict a heavy stigma in our culture, that's why no males could be detected in our study. In masochism, 2 females (18.18%) (3.84% of the total sample), this disorder is more obvious in women than men, our results goes with that of Kaplan and Saddock, who gave a figure of 3% for both sexes(2), a much lower result by Hunt 1974 as 4%(11), this could be due to the different diagnostic criteria.

Conclusion

- 1- It was not easy for people with paraphilias to consult a public facility, as the sex clinic in our hospital, for the stigma and the label of these disorders in a conservative culture with a strong religious coloring,.
- 2- We found that paraphilias were a disorders of young adults, mostly within the age range of 21-30 years(36.35%), the older the age, the less frequent paraphilias found.
- 3-Paraphilias are more common among the low socioeconomic level with little education but most of them married discord with other studies , this reflects the importance of marriage in our culture..
- 4-Regarding the type of paraphilias, exhibitionism was on the top of our list, with a figure of 19.23%. Zoophilia was found in males only in 17.07%, which was much higher than that in the literature, probably for the rural standards of our culture.

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