

**VOYEURISM WITH SEXUAL FANTASY ON FEMALE BODY PARTS:
A SUBTYPE OF OBSESSIVE-COMPULSIVE DISORDER?
– A CASE REPORT**

Hatta Sidi*, Marhani Midin*

ABSTRACT

The compulsive behaviour of observing an unsuspecting person undressing or being naked in voyeurism may be related to Obsessive-Compulsive spectrum disorder. The aim of this paper is to report a case that reiterates a unique psychopathology of a Malaysian male voyeur with an obsession on female body parts. This 35 year-old voyeur man who attended psychiatric outpatient clinic in an academic medical centre presented to a psychiatrist for taking photos of his sisters' naked bodies and collected nails and hairs from their body, coded them with intend for masturbation. His voyeuristic thoughts and urges which came repeatedly and intrusively, involving attempts to resist them and was associated with an inner tension for the urges to be fulfilled. He responded both to Paroxetine and behaviour therapy. The possibility that voyeurism, a paraphilia can manifest itself as a subtype of OCD is discussed.

Keywords: Malaysian voyeur, obsession-compulsive spectrum disorder, body parts

BACKGROUND

Voyeurism refers to recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors involving the act of observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity over a period of at least 6 months, which significantly cause distress to the person or impairment in the person's social, occupational, or other important areas of functioning (1). The word voyeurism

derives from a French verb *voir* (to see) with the *-eur* suffix that translates as *-er* in English (2). The stereotypical voyeur is male, although many women also enjoy being voyeurs (2,3). In some institutions, such as in gyms and schools, camera phones are banned because of the privacy issues they raise in areas like changerooms. In Muslim country like Saudi Arabia, the sale of camera phones nationwide for a period was banned temporarily but reallocated their sale for

fear of voyeuristic behaviour among handphone users (2).

Voyeuristic practices may take a number of forms and may not directly interact with the object of their voyeurism. The objects often unaware that they are being observed. The observing acts are conducted from a distance by either peeping through an opening or using aids such as binoculars, mirrors and cameras (4). This stimulus sometimes becomes part of masturbation fantasies during or after the observation. These sexual fantasies, urges and behavior patterns in voyeurism which are legally and socially unacceptable are at the same time unique because when they are fused or encoded to a particular sexual erotic ritualistic behaviour, or object, as a contingency requirement for maximum sexual gratification resembling obsessive-compulsive behaviour (5,6).

In Malaysia, the topic of voyeurism like any other areas of paraphilia is rarely discussed (7). Voyeurs will only come to the attention of psychiatrists when they become involved with law. When they do, consultation is expected from psychiatrists and therefore it is important for psychiatrists to be well equipped with knowledge about the nature of the condition. The objective of this paper is to unfold the nature of voyeurism through a case report.

CASE REPORT

Mr. HL is a 35 year-old Malay gentleman, a general manager in one of the successful companies in the city of Shah Alam, Selangor. He first came for psychiatric assessment at the out-patient clinic of an academic medical centre in

February 2007. This reluctant man agreed to undergo psychiatric treatment as a condition put forward by his ex-wife, failing which, she would proceed with her intention of taking legal action against him for secretly taking photos of her sisters' naked bodies.

His voyeuristic behaviour came to his wife's attention one month before the first psychiatric consultation when his wife's younger sister accidentally opened his secret file in his personal laptop and found pictures of her own naked body. HL had denied being responsible for the pictures initially when confronted by both ladies. It was only when the matter was brought into the attention of the police and after a warning of an impending prosecution in the court of law that would risk him losing his top managerial post and suffering the subsequent embarrassment that he finally admitted to his act. His voyeuristic behaviour is punishable under the Malaysian court of law (8).

HL's voyeuristic history started since he was in his early adolescence. He liked to peep other women especially his neighbours when they were naked while taking bath. He described feeling flushed and aroused by his voyeuristic behavior. However, he denied peeping on his mother or his sisters. He started to become interested in seeing his sister-in-laws' being naked since he started to stay with his in-laws 5 years back. He had installed a hidden digital camera on top of the house common bathroom to capture all his sister-in-laws' naked bodies while they undressed and took their shower. He had secretly recorded their bathing acts many times which he would upload them to his personal laptop for later use. Each time when he

heard the sound of any of his sister-in-law taking shower, he would become sexually aroused and developed a strong urge to watch them. He would also experience mounting anxiety as he tried to control his urge. He would usually end up watching pictures or videos of them being naked which he had captured earlier and use them to masturbate while fantasizing of having sex with them. This would notably give him a sense of relief of his urge and his “inner tension” but would later be coupled with feelings of frustration over his inability to control his behaviour.

HL experienced satisfactory sexual intercourse with his wife, however, at the same time, while having sex with her, he would fantasize having sex with his wife’s sister(s). He found this to be sexually stimulating, but at the same time felt guilty of having these thoughts and not being able to resist or stop them.

He also had the obsession of collecting his sister-in-laws’ hairs and finger nails. He would go to the bathroom after the ladies finished their baths to unplug the digital camera for serial uploading of pictures or videos and to search for their pubic hair, scalp hair, clipped finger nails or whatever he could find for his personal collection. He collected a series of these items in a manner like collecting stamps. He would code each item with the initials of the item’s owner and date it. An example of these is KL-ph-05-08-2006: KL is one of the sister-in-law’s initials, ph is a short form for pubic hair and 05-08-2006 is the date when the pubic hair was collected.

His voyeuristic thoughts and urges which came repeatedly and intrusively, involving attempts to resist them and

was associated with an inner tension for the urges to be fulfilled. The thoughts and urges which inevitably compelled him to carry out certain act may also resemble a compulsive act, which served him with sexually pleasure and satisfaction that was followed by a deep sense of shame and guilt. He did not have other obsessions or compulsions involving other themes like contamination, dirt, doubt, safety, blasphemy etc. He never experienced any symptom suggestive of psychosis.

HL had normal and uneventful developmental history. He completed his tertiary education and obtained his degree from a local university. After completing his study, he secured a job in a managerial line and had remained in the same job since. He has been functioning well at work and has received several promotions accordingly. He had never been involved in any extra-marital affairs or having past history of criminal or other paraphiliacs behaviour like exhibitionism. HL had been married 7 years ago and he was blessed with one daughter, aged 5. Upon his admittance to his voyeuristic behaviour, he and his wife agreed for a divorce as his wife and her family were unable to accept his “shameful behaviour” besides it was “unsafe” according to them for him to father his only daughter.

Mental state examination revealed a young Malay good looking gentleman with fair complexion, confident looking and neatly attired. He was cooperative and spontaneous in relating his problems. He was euthymic and his cognitive function was intact. He had partial insight of his sexual deviation and was motivated for psychiatric treatment,

as he feared that he might do it again in future. He was prescribed with an antidepressant, Paroxetine 20mg daily to control his obsessional thoughts and impulses on voyeurism. This had controlled the thoughts and impulses moderately and HL remained in therapy for 6 months as required by his ex-wife. Aversion therapy was taught to him by inflicting pain to his hand every times when he has his voyeuristic ideas. He denied any voyeuristic ideas since on combined pharmacotherapy and behavioural modification.

DISCUSSION

As literature review in the area of voyeurism in general is very limited (9), it is hoped that this case report would add some value to the body of knowledge in this area, especially coming from Asian countries like Malaysia. In term of forensic psychiatry, under the Malaysian law, criminal offence for peeping is punishable with imprisonment term which may extend to five years or more (8). This case report also examined voyeurism as part of Obsessive-Compulsive spectrum disorder. This case study reiterates the unique psychopathology of a young successful male manager with voyeuristic fantasy and act, as part of his acts are bizarre like collecting woman's body part. HL used a digital camera, which is uncommon in Malaysian setting as a way to peep (7) in gaining access into the most private activities where victims were covertly videotaped. Research found that women are the usual victims of video voyeurs and their act are captured as they change their clothes, perform natural functions or engage in sexual activities (9) as depicted in the

above case report. Despite of knowing the legal, marital and social consequences of his act, he was unable to control his voyeuristic impulse and act as his sexual arousal was at its the peak and he was not able to resist it completely which clinically sound more like obsessive and compulsive in nature.

HL had a relatively stable life despite his voyeuristic behaviour, unlike other typical voyeurs. Långström N, 2006 (3), found in 191 samples of respondents who enjoyed sexual arousal by spying on others, also had characteristically less stable life with more psychological problems, lower satisfaction with life, greater alcohol and drug abuse, more sexual partners, higher frequency of masturbation, higher frequency of pornography use, and greater likelihood of having had a same-sex sexual partner. Unlike seen in other typical voyeurs, HL also did not report either exhibitionistic or other atypical sexual behaviour (sadomasochistic or cross-dressing behaviour). He neither had any medical or neurological problems.

It is also interesting to note that the ritualistic compulsive behaviors seen in sexual paraphilia like in this case may be related to OCD. The sexual fantasies experienced by HL presented repeatedly in the form of "attacks" in between which he was free from them, and they occur in a very ritualistic fashion during sexual arousal. These thoughts were sexually exciting, but were followed by a deep sense of shame and guilt. His obsession was also reflected from his compulsion to collect a series of his sister-in-laws' body parts and his extra effort to code them. These coding appeared to others as odd but had certain meaning for HL.

He was successfully treated with Paroxetine, and showed a decrease in intensity and frequency of these thoughts as well as an improvement in impulse control. Based primarily upon case reports as well as studies indicating the effectiveness of Selective serotonin reuptake inhibitors in the treatment of sexual paraphilias, it has been speculated that sexual paraphilias lie within Obsessive-Compulsive spectrum disorder (10). The clinical response observed in patients with sexual paraphilia to selective Serotonin reuptake inhibitors (SSRI) has added to the hypothesis that sexual paraphilia could be a component of the OCD spectrum (10).

There is a possibility that HL had minimized his sexual misconduct – as having sexual fantasy with other women than his own wife, and what more

enjoying the sight of naked body of other women has an infidelity element in it and is strongly condemned if not prohibited in the Malay culture (7). Intervention like Cognitive behavior therapy (CBT) based on sexual learning theory using cognitive restructuring methods and behavioral techniques primarily directed at reducing patients' sexual arousal cues. Other psychological treatment options include analytic psychotherapy or group therapy, but other forms of therapy such as aversion and avoidance conditioning are being attempted with increasing success (9). Due to social stigma, paraphiliacs will try to hold back their voyeuristic fantasies and as they do so, craving reaches to an unbearable level that leads to loss of impulse control, which probably a manifestation of serotonin neurotransmitter dynamic (6). This probably explains why HL had responded to Selective serotonin reuptake inhibitor (SSRI).

REFERENCES

1. American Psychiatric Association Guidelines. Diagnostic and statistical manual of mental disorders, 4th ed. (DSM-IV). Washington, DC:1994.
2. <http://en.wikipedia.org/wiki/Voyeurism> (Accessed on 1st November 2007)
3. Långström N, Seto MC. Exhibitionistic and voyeuristic behaviour in a Swedish national population survey. Arch Sex Behav, 2006;35:4:427-35. E-pub 11 Aug 2006.
4. Simon RI. Video voyeurs and the covert videotaping of unsuspecting victims: psychological and legal consequences. J Forensic Sci, 1997;42:5:884-9.
5. McElroy SL, Philips KA, Keck PE Jr. Obsessive-compulsive spectrum disorders. J Clin Psychiatr (suppl), 1994;55:42.
6. Balyk ED. Paraphilias as a subtype of obsessive-compulsive behaviour: A hypothetical biosocial model. J Orthomol Med, 1997;12:1:29-42.

7. Sidi H, Hatta SM, Ramli H. Seksualiti Manusia: Keharmonian Jalinan Antara Jantina. Dewan Bahasa dan Pustaka. Edisi-ke 2, Kuala Lumpur, 2006.
8. Chapter XXII: Criminal intimidation, insult and annoyance. Section 509 Penal Code. Laws of Malaysia. Compiled by Legal Research Board. Published by International Law Book Series, 1990. Kuala Lumpur, 181.
9. Smith RS. Voyeurism: A review of literature. Arch Sex Behav, 1976;5:6:585-608.
10. Abouesh A, Clayton A. Compulsive Voyeurism and

Exhibitionism: A Clinical Response to Paroxetine. Arch Sex Behav, 1999;28:1:23-30.

* Department of Psychiatry, UKM

Correspondence:

Clinical Associate Professor Dr. Hatta Sidi.
Department of Psychiatry,
Universiti Kebangsaan Malaysia (UKM)
Jalan Yaakob Latif, 56000
Kuala Lumpur.
E-mail: hattasidi@hotmail.com