

The Man Whose Fetish Object is Ejaculate: A Case Report

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Abstract

Fetishism is a form of paraphilia, a disorder that is characterized by recurrent, intense, sexual urges and sexually arousing fantasies generally non-living objects or a highly specific focus on non-genital body parts. While any object may become a fetish, the distinguishing feature is its connection with sex or sexual gratification. Focus in fetishism is on sexual objects closely related to the human body (shoes, gloves, stockings, slippers, etc.). This case chooses the human ejaculate different from those objects used often. Moreover, he cannot help himself from spreading it, which is bought from young men, on his genital area. The case represents an uncommon object selection, which is non-living but comes from living human secretion. This paper aims that the fetish objects should be considered in a wide range.

Keywords: Fetishism; Ejaculate; Prison

Introduction

Fetishism, defined as reliance on some non-living object as a stimulus for sexual arousal and gratification, may be viewed from multiple perspectives. Sociocultural, biological, psychodynamic and behavioral issues may all contribute to its etiology. This attitude coded under the ICD-10 sexual selection disorders [1]. Fetish objects and forms are examined in sex form and expressed as in underwear fetish objects (panty hose, baby diapers, bra, silk stockings, silk petticoat) sorted as items such as rubber teat, body parts, leather garments, catheters, silk handkerchiefs and objects such as baby cot; and behaviors such as wearing, caring, caressing, stacking, reaching, insertion into the rectum, friction, suction, stealing, lying under, sitting and sleeping in [2-4]. In DSM-5, fetishistic disorder has undergone modest changes expanding the diagnosis to include an interest in non-erogenous body parts in addition to an interest in non-living objects. Kafka reviewed the literature and found that for most of the history of this disorder, it had been characterized by persistent arousal to both non-living objects and non-erogenous body parts. Accordingly, fetishism was revised from its previous criteria, which specified sexual arousal only towards non-living objects to include “sexual arousal from either the use of non-living objects or a highly specific focus on non-genital body part(s)…” [5,6]. Fetishism usually begins at puberty; however, the fetish object may have been endowed with special significance since early childhood. Fetishists are most commonly male [7]. The course of Fetishism tends to persist once established, and it is common for sexual dysfunction to occur in the absence of fetish target. Many individuals are comfortable with their fetishistic behavior/interests [8] and may only seek treatment because of legal or interpersonal pressure to do so. Others may experience feelings of guilt, shame and depression regarding their deviant behavior and hence may attempt to conceal their activities [9]. Although it is rare for this paraphilia to come to the attention of the authorities mostly in forensic cases, fetishism can occasionally create victims in cases involving burglary to steal fetishistic objects [10].

Masturbation commonly accompanies real or imaginary contact with the fetish. The individual with fetishism often masturbates while holding, smelling or rubbing the fetish object against his body. The percentage of fetishism in psychiatric disorders is 0, 8%. One fetish object is detected in 35.4% of the fetishists, three or more fetish objects are detected in 45, 8% percent of the fetishists [3,11].

According to Freud, most of the fetish objects represents penis and protects from the fear of castration. Fetishist person denies women, and knows that they do not have penises. It is suggested that fetishists lean towards inanimate objects to overcome the feelings of low self-confidence and inadequacy. The origins of the fetish behavior stem from the early childhood traumas caused by the bad attitudes of the parents. Therefore, self-integrity is deteriorated and this integrity is restored by sexuality [11,12].

In this report a fetishist case whose mental examination required by the judicial authorities because of the molestation crime is presented because of spreading the ejaculate bought from young men on the genital area for satisfaction.

Case

39-year-old male patient, in his statement to police a day after the incident he stated that he spent 10 years in prison. When he sweated, the wounds occurred on the sides of his genital organ and legs. As there was no medicine or cream, the prisoners took semen from each other and spread it on these areas. After spreading it, he felt a relief. After getting out of the prison at the age of 31, he continued to this habit and became obsessed with it and he bought semen from different people on a monthly basis and spread it on the genital area. 15 days earlier, he wanted to buy semen from a male victim in exchange for money. The 16-year old victim stated, “A man held my arm and said that he had a job for me and he would give money if I do that job. I told him if I can do, I would do. He said he would be there half and an hour later, and told me to find him. After he came, he told me that he buys human sperm, and asked me if I give him sperm, which surprised me a lot. Then he took three or four plastic bags out of the pocket of his jacket full of white things. He said these bags are the sperms that he

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bought from three or four kids. In exchange of sperm, he gave things like money, stereos and televisions. Victim's father in regard of this case, told that he had learned his son's case after hearing he was followed. He caught the person who had wanted the sperm from his son and he asked him why he had wanted it. He told him that he had an itch and this was good for it. Physical examination showed the left forearm cut is present but non-suicidal. In neurological examination, there were no pathologic findings. In psychiatric examination, sufficient self-care, established verbal communication and eye contact, purposive speech, mildly depressive emotions, natural psychomotor activity, proper connotations, sufficient cognitive function were observed. His father had been in prison for several times from the times that he was a baby. He has a younger brother. Their mother had taken care of them with the help of their relatives. He stated that they had hard life. When he was 11-12 years old, he had masturbated sometimes a few times a day. In his puberty, he started frotteurism when he found the chances in the buses. He stated that he could not stop spreading it on his genital area; otherwise, he cannot get sexual satisfaction. He used to get satisfaction from masturbation, but now he cannot masturbate without it. He stated that he got out of the prison 8 years ago and he bought human ejaculate from 30 young men in exchange for money. No delusions or hallucination in thought content was detected. It is found out that the test trial and abstraction is sufficient, and he has insight. Prior to incarceration, he had a history of alcohol and marijuana use; but it was noted after the prison he did not use them. He agreed that sexual impulses cause disharmony in society. Minnesota Multiphasic Personality Inventory (MMPI) showed that there are noncompliance with environmental subjects, inconsistent behavior, difficulty in controlling his impulses, anger and quick tempered, antisocial behavior, sexual deviation, obsessive sexual thoughts, social isolation, negative self-perception, It is suggested that there is an antisocial or schizoid personality disorder in his profile. Hamilton Depression scale score is 15 (moderate depression), respectively. DSM-IV axis I diagnosis is evaluated as fetishism and depressed mood along with the adjustment disorder.

Discussion

Perverted fantasies can be seen in adult sexual behavior, but they are not perceived as a problem as they are not experienced as compulsive. Fetishism is considered perversion as it is connected to a strange stimuli in an obsessive way to start of the state of arousal, to maintain it and to achieve orgasm. Saturation obtained from a normal relationship is achieved by in fetishism with a fetish object. Fetishism, like in our case is mostly found in men [6,13]. In Chalkey and Powell's, it is stated that 43.8% of the cases wear fetish clothes, 22.9% of them like to see fetish outfit on someone else, 12.5% of them puts the rubber objects in the rectum, 21% of them caresses, sucks it, and burns it [14].

In our case, apart from these ejaculate received from young adolescents was found to have satisfaction by spreading it on the genital areas and masturbating with it. According to Freud, most of the fetish objects represents penis and protects men from the fear of castration [11]. In our case, the fetish object represents penis indirectly. This substance coming from penis is both a cure for his itch and a satisfaction object for him. This may represent the denied penis of mother. He may revenge from his father's absence by doing so. As he has a brother, it may also increase the jealousy for his mother. He always carries the human ejaculate with him. These behaviors may dilute his prison life, his depressive mood and prevents him from drinking alcohol, taking drugs and committing crime. Maybe he is correcting his mistakes by doing so [15]. Generally, this kind of paraphilic behaviors starts in

puberty and reaches its peak at the age of 20-30. In this case, it started after 30 years old. It may be originated from childhood trauma and prison life and his life after the prison is not satisfactory as well [14].

It is suggested that the fetishist tended towards inanimate objects to overcome low self-esteem and a sense of failure. It is considered that fetish behavior is occurred from a trauma caused by the bad attitude of the parents at an early age, and such negative experiences contributed to the emergence of fetish behavior [16]. Our case did not describe a paraphilia type that starts in adolescence or it could not be reached such information from his judicial file or psychiatric examination. It is understood that in our case, he discovered the fetish object to deal with the anger for the negative events he faced when he was in prison for ten years for armed robbery. Impulse control is likely to be impaired because of the adverse conditions created by the prison [17]. As mentioned in the literature alcohol and drug use in fetishism cases, like in our case, before imprisonment the abuse of alcohol and cannabis was present. However, it can be seen that our case inclined to the fetish object as a way to correct the problems after the imprisonment and neglected the other ways [3,11]. After the psychiatric examination and evaluation of all of the issues in forensic file, we understood that the person understands the legal meaning and consequences of the action that he committed, but regarding this action, the ability to direct his behaviors is decreased significantly. It is detected that the person has the mental illness called fetishism and he committed the molestation crime as a result and expression of this mental illness. In this case, it was decided that he has no competence to stand trial. Considering the properties of our case and consistent with the literature [3,11] they show antisocial behavior in childhood, they have a history of drug use and have a low socio-economic status, and they didn't benefit from the psychological assistance that is given in the prison. Paraphilia are rarely seen in clinic psychiatry and they are problems that we mostly see when there is a judicial case. Fetishists generally adapt this situation and do not complain about this behavior. They may request help when the behaviors of the person are extreme and reach a level that may offend the society [11].

Fetishism is not considered as a criminal behavior unless it is accompanied by stealing fetish objects. However, our case was accused not for stealing but for molestation on buying. Moreover, although there are signs of discomfort of this phenomenon for a long time, the lack of help seeking and the reference to the psychiatry only if there is a judicial problem, is one of the proofs that show that there are much more of this kind of patients in the community [10].

Conclusion

The definition and diagnosis of fetishism and malleability of sexual norms, which varies, from time and culture. Each different case may cause new changes in the literature. We learn from these new cases and try to discover this vast area. The forensic psychiatric evaluation of our case who chose a rare object (an object which is non-human but from human, and even there may be living organisms in it.) It may be a reminder for either health professionals in the field of psychiatry that a wide range of fetish objects are present known or unknown. In our case, the number of the victim is few, but he seems to be respectively harmless to the victims and not dangerous. He cannot control his urges and behaviors. For this kind of cases, generally, diminished criminal responsibility is decided but for this case, it was decided that he has no criminal responsibility.

References

1. Wise TN (1985) Fetishism-etiology and treatment: a review from multiple perspectives. *Comprehensive Psychiatry* 26: 3.
2. Juninger J (1997) Fetishism: assessment and treatment. In: Laws DR, O'Donohue W, editors. *Sexual Deviance Theory, Assessment and Treatment*. First edition, New York: Guilford Publications p. 92-110.
3. Nihan O, Niyazi U (2005) A Case of Diaper Fetishism. *Turk Psikiyatri Derg* 16: 133-138.
4. Taktak Ş, Karakuş M, Kaplan A, Eke SM (2015) Shoe Fetishism and Kleptomania Comorbidity: A Case Report. *European Journal of Pharmaceutical and Medical Research* 2: 14-19.
5. Kruger RB, Kaplan Meg S (2012) Paraphilic Diagnoses in DSM-5. *Isr J Psychiatry Relat Sci* 49: 4.
6. Kafka MP (2009) The DSM diagnostic criteria for fetishism. *Arch Sex Behav* 39: 357-362.
7. Darcangelo S (2008) Fetishism: Psychopathology and theory. In D. R. Laws, & W. O'Donohue (Eds.), *Sexual deviance: Theory, assessment and treatment* (pp. 108-118). (Second edition). New York: Guilford.
8. Darcangelo S, Hollings A, Paladino G (2008) Fetishism: Assessment and treatment. In D. R. Laws, & W. O'Donohue (Eds.), *Sexual deviance: Theory, assessment and treatment* (pp. 119-130). (Second edition). New York: Guilford.
9. Wiederman MW (2003) Paraphilia and fetishism. *Sex Therapy* 11: 315-321.
10. Beech AR, Harkins L (2012) DSM-IV paraphilia: Descriptions, demographics and treatment interventions. *Aggression and Violent Behavior*.
11. Ertekin H, Ozayhan HY, Eren I, Ertekin YH (2013) Fetishism and voyeurism comorbidity: a case report. *Turkish Society of Family Practice* 17: 70-72.
12. Gabbard GO (2000) *Psychodynamic Psychiatry in Clinical Practice*, 3. baskı, Washington. American Psychiatric Press 299-307.
13. McManus MA, Hargreaves P, Rainbow L, Alison LJ (2013) Paraphilias: definition, diagnosis and treatment. *F1000Prime Reports* 5: 36.
14. Öncü F, Türkcan S, Canbek Ö, Yeşilbursa D, Uygur N (2009) Fetishism and Kleptomania: A Case Report in Forensic Psychiatry. *Archives of Neuropsychiatry* 46: 125-128.
15. Coşkun M, Ozturk M (2013) Sexual Fetishism in Adolescence: Report of Two Cases. *The Journal of Psychiatry and Neurological Science* 26: 199-205.
16. Geyran PÇ, Uygur N (1996) Pervers if behavior as aggressive sexual behavior, motivation, forensic psychiatric assessment. *The Journal of Psychiatry and Neurological Science* 9: 47-53.
17. Taktak Ş, Ersoy S, Ünsal A, Yetkiner M (2014) The Man Who Sewed His Mouth and Ears: A Case Report. *Health Care Current Reviews* 2: 121.

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