

CASE 19.2

Relationship Problems

Richard Balon, M.D.

Terry Najarian, a 65-year-old salesman for a large corporation, presented for a psychiatric evaluation after his wife threatened to leave him. Although he said he was embarrassed to discuss his issues with a stranger, he described his sexual interest in women's undergarments in a quite matter-of-fact manner. This interest had surfaced several years earlier and had not been a problem until he was caught masturbating by his wife 6 weeks prior to the evaluation. Upon seeing him dressed in panties and a bra, she initially "went nuts," thinking he was having an affair. After he clarified that he was not seeing anyone else, she "shut him out" and hardly spoke to him. When they argued, she called him a "pervert" and made it clear that she was considering divorce unless he "got help."

Mr. Najarian's habit began in the setting of his wife's severe arthritis and likely

depression, both of which significantly reduced her overall activity level and specifically her interest in sex. His "fetish" was the bright spot during his frequent and otherwise dreary business trips. He also masturbated at home but generally waited until his wife was out of the house. His specific pattern was to masturbate about twice weekly, using bras and panties that he had collected over several years. He said that intercourse with his wife had faded to "every month or two" but was mutually satisfying.

The patient had been married for over 30 years, and the couple had two grown children. Mr. Najarian had planned to retire comfortably later that year, but not if the two choices were either to "split the assets or to sit around the house and be called a pervert all day." He became visibly anxious when discussing his marital difficulties. He described some

recent difficulty falling asleep and “worried constantly” about his marriage but denied other psychiatric problems. He had made a show of throwing away a half dozen pieces of underwear, which had seemed to reassure his wife, but he had saved his “favorites” and “could always buy more.” He said he was of mixed mind. He did not want to end his marriage, but he saw nothing harmful in his new mode of masturbating. “I’m not unfaithful or doing anything bad,” he said. “It just excites me, and my wife certainly doesn’t want to be having sex a few times a week.”

Mr. Najarian denied any difficulties related to sexual functioning, adding that he could maintain erections and achieve orgasm without women’s undergarments. He recalled being aroused when he touched women’s underwear as a teenager and had masturbated repeatedly to that experience. That fantasy had disappeared when he became sexually active with his wife. He denied any personal or family history of mental illness.

Diagnosis

- Fetishistic disorder

Discussion

Mr. Najarian presents with a several-year history of sexual arousal from women’s underwear. His behavior fits the definition of a fetish, which is defined as persistent, intense sexual arousal from either the use of nonliving objects (e.g., women’s underwear) or a highly specific focus on a non-genital body part (e.g., a foot). Paraphilias are commonly divided based on the activity or the target of the activity, so that fetishism would be considered an example of an “anomalous target” behavior, along with such paraphilias as pedophilia and transvestism.

Paraphilias are not DSM-5 paraphilic disorders, however, until they cause distress, entail risk, or potentially cause harm in others. In the case of Mr. Najarian, his behavior appears to have been ego-syntonic and causing him no difficulty until he was caught wearing women’s underwear by his wife. At that point, Mr. Najarian began to experience distress, which led to the psychiatric evaluation and would likely lead to a diagnosis of DSM-5 fetishistic disorder. If his wife were to accept or embrace his fetish and his own distress were to fade, he would likely no longer be considered to have a disorder.

It would be useful to explore more aspects of Mr. Najarian’s situation. First, he seems to present to a psychiatrist not because he wants help but because he does not want to get divorced. It is possible, therefore, that he is minimizing his issues. He says his teenage interest in women’s underwear returned in the context of his wife’s illness, but paraphilias—which usually do start in adolescence, as they did with Mr. Najarian—tend to persist; he may have had a decades-long hiatus, but he may also want to slant the story in a way that might make sense to his wife. In addition, many people with one paraphilia have more than one. Does he choose age-specific underwear (e.g., that worn by young girls or older women)? He was not simply aroused by the underwear but was wearing it. Does he cross-dress or derive arousal from being dressed in female undergarments outside the context of masturbation? If so, his behavior would fit transvestism. It would also be useful to know more about his masturbation fantasies when he uses the women’s underwear. For example, he might be imagining having sex with another man. If so, he might be reluctant to discuss his homosexual feelings (or be-

havior). Although homosexuality is not a paraphilia, Mr. Najarian could be hesitant either because of shame or because his wife does not (yet) know about this other aspect of his sexuality.

It is not entirely clear that Mr. Najarian's behavior meets the DSM-5 criterion of recurrent and intense sexual arousal. He implies that he has good sexual experiences with his wife and only became interested in women's underwear after she became more physically debilitated. It would be potentially useful to explore whether his interest in women's underwear is greater than his interest in "normophilic" sexual interests and behaviors.

Mr. Najarian reports long-standing good functioning and an absence of psychiatric disturbance aside from situation-specific anxiety and worries. This

implies that he has this single paraphilia without any comorbidity. Even though Mr. Najarian would like to frame his story in that way, it would be useful to explore other possibilities. For example, does he have anxiety, depressive, or substance use disorders that he has not spontaneously mentioned? How does he feel about being in his mid-60s, nearing retirement, and having a wife with a chronic illness? The stress of aging can bring out multiple psychiatric issues, and the paraphilia might be only the most obvious one.

Suggested Readings

- Balon R, Segraves RT (eds): *Clinical Manual of Sexual Disorders*. Washington, DC, American Psychiatric Publishing, 2009
- Laws DR, O'Donohue WT: *Sexual Deviance: Theory, Assessment, and Treatment*, 2nd Edition. New York, Guilford, 2008