

The Treatment of Fetishism in An Adolescent with Attention Deficit Hyperactivity Disorder

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Fetishism is characterized by recurrent, intense sexual fantasy or behavior involving the use of nonliving objects, such as women's undergarments, over a period of at least six months. This disorder occurs mostly in males and usually begins in adolescence. The neurobiological etiologies of fetishism remain unclear, and studies on treatment were limited. We present a 14-year-old boy with attention deficit hyperactivity disorder with fetishistic behavior who was treated successfully with 36 mg extended-release methylphenidate daily and 4 months of cognitive-rational emotive psychotherapy. (*Chang Gung Med J* 2011;34:440-3)

Key words: fetishism, attention deficit hyperactivity disorder (ADHD), adolescent

Fetishism is a paraphilic sexual disorder marked by recurrent, intense sexually-arousing fantasies, sexual urges, or behavior involving the use of nonliving objects for a period of at least 6 months. The fantasies and sexual urges often result in clinically significant distress or impairment in social or occupational functioning.⁽¹⁾ Most fetishists are male, and fetishism tends to first present during adolescence.⁽²⁾ The neurobiological etiologies of fetishism remain unclear, and medical treatment has focused on the use of antidepressants, antiandrogens, and anticonvulsants.^(3,4)

We report herein a case of an adolescent with attention deficit hyperactivity disorder (ADHD) and fetishism, for whom treatment with extended-release methylphenidate (Concerta) and cognitive therapy proved to be of short-term benefit.

CASE REPORT

A 14-year-old boy was referred to a child psychiatric clinic owing to his short attention span in

the classroom and stealing of his younger sister's nylon stockings at home. He had no history of significant medical problems, and had never visited a child psychiatric clinic previously. The patient's parents showed high expectations of their son's academic performance; the father would spank the patient when his academic test scores were poor.

The parents reported frequent complaints about their son's lack of attention in classes since he was in first grade. Teachers complained about his daydreaming, chatting and even dozing during classes. The patient had to be seated in the first row of the class, so teachers could keep an eye on his behavior. He was unable to complete his mathematics test on occasion owing to slowness in performing calculations or procrastination. Overall, his test scores were in the lowest 10% of the class. He was never brought to a child psychiatric clinic as his parents considered his inattention problem for "laziness" and "lack of motivation".

Two months prior to visiting our clinic, the patient's mother found nylon stockings under his

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pillow; on enquiry, the patient admitted taking these stockings from his younger sister, and masturbating while putting them on or rubbing them against his genital area.

The patient's mother started to restrict his behavior by hiding all stockings in the house. But on several occasions, stockings were still missing, and later found under his mattress or inside his closet.

When asked to rate activities on a 10-point scale, with 10 being the most satisfactory and exciting in terms of sexual gratification, the patient rated his sexual fantasy of putting on stockings as a fetishistic object at 9 points, and masturbation without stockings at 3 points; he reported enjoying the tightness and suffocating feeling achieved when wearing small- stockings the most. Sometimes, the patient would rub the stockings against his genital area, but he rated this only 6 points in terms of sexual excitement.

Assessment with the Weschler intelligence scale for children, IV edition, revealed a normal Full Scale IQ (95), Verbal Comprehension Index (107), Perceptual Reasoning Index (105), and Working Memory Index (91), but a poor Processing Speed Index (73). A Draw-A-Person test showed that the patient was withdrawn when facing the outside world, suspicious, and isolated. His drawings of male and female characters both exhibited heads bigger than the shoulders, suggesting inner frustration; his human figures also heavily stressed the lip structure, suggesting sexual problems. A Thematic Appreciation Test revealed the patient had a strong superego, was rigid in terms of coping strategy, anxious about being accepted, had a strong need for an intimate heterosexual relationship and an inadequate self-image. A Rorschach ink blot test revealed over-self-consciousness resulting in low self-confidence; he was superficial and lacking in interpersonal relationships. Conner's Continuous Performance Test revealed a borderline Confidence Index (44.8%), but a high Commissions score (T score, 91.7%) and an abnormal Hit Response time, both indicating a high impulsivity level.

After the above-mentioned initial assessments of the patient's cognitive ability, functional deficits and personality traits, a multimodal treatment approach using directive guidance, behavioral modification with cognitive-rational emotive treatment, and medication was implemented for 4 months. The

treatment goal was to attempt to incorporate paraphilia into a limited and controlled behavior.

We began with cognitive discussion about the avoidance of behavior likely to lead to further attention from others. No effort was made to decondition the fetishistic object, but rather to avoid the stealing behavior exhibited as a result of the fetishistic urge. The patient was also encouraged to translate his excitement aroused by stockings into more socially acceptable procedures including masturbation with pornographic pictures.

At the beginning of the treatment, the patient was asked to record every masturbation behavior. He was encouraged to masturbate without stockings as much as possible. Substitute objects such as online pornographic pictures were suggested. After several sessions, the duration between episodes of fetish behavior was successfully prolonged to occasional behavior. The patient was instructed to stop stealing and buy stockings in times of need.

At school, the patient was encouraged to develop appropriate relationships with peers, and become more actively engaged in sports and extracurricular activities. Discussion on how to establish successful interpersonal interactions was held throughout the treatment sessions.

Methylphenidate extended-release (Concerta) was prescribed to improve the patient's attention span and lower his impulsivity. When the drug was titrated to 36 mg per day, his performance in mathematics and science improved greatly. Although he still did not perform well in language-related subjects, his overall test scores improved to average in class ranking (50%). His parents completely avoided physical punishment after counseling.

A total of 6 sessions were held in a 4-month period, at the end of which the patient reported a decrease in the frequency of masturbation with stockings, although he still masturbated about once a week. His sexual urge was abated by playing online games before sleeping on weekends, and exercising more frequently on weekdays to lower his libido. At the end of the treatment, the clinical global impression-improvement scale (CGI-I) for the patient's attention problem was rated as 1 point (very much improved); the CGI-I for fetish behavior was 2 points (much improved).

At the 1 year follow up, the patient admitted to keeping a pair of stockings in his bedroom for occa-

sional use and to still having the fetishistic urge and preferring the tight sensation of stockings around his body. However, he was able to restrain himself from succumbing to this urge by persuading himself that it is not the "normal" way.

DISCUSSION

Although fetish behavior begins in late childhood, there is no report describing fetishism in children. There are also limited reports on medical treatment for fetish behavior in adults. Medications such as gonadotropin-releasing hormone agonists (GnRH), atypical neuroleptics, antiepileptics, and selective serotonin reuptake inhibitors have been suggested.^(5,6) Studies on the management of fetish behavior are mostly based on psychoanalytic theories, which have limited clinical application in a young population.⁽⁷⁾

Although childhood ADHD has been noted to have a significant association with paraphilias, we could find no other cases reported in the literature.⁽⁸⁾ The patient presented above showed typical ADHD characteristics and fetish behavior. As the patient is an adolescent, we did not consider GnRH, neuroleptics or antidepressants for treatment. Our rationale for selecting an extended-release stimulant was to build up the patient's self-confidence and establish a better self-image by improving his attention to his studies, and subsequently improve his self-identity. The psychotherapy program was aimed at modifying rather than eliminating the fetishistic behavior. Cognitive and behavior therapy as well as rational emotive therapy was shown to improve this patient's fetish behavior.

Teaching the patient to translate his fetish sexual excitement to a more socially accepted behavior was

our major treatment goal. This gave the patient the opportunity to use a fetish while at the same time avoid misconduct and come into contact with law enforcement.

Dealing with the patient's ADHD symptoms might also have helped reduce a number of symptoms associated with fetish behaviors. Fetish behavior is commonly associated with impulsivity and low self esteem, which are both common in adolescents with ADHD.

We hope this report of the effectiveness of treatment achieved in this case will add to the limited literature on this topic.

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注意力不足過動症合併戀物症之治療

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戀物症個案會一再對於無生命的物體出現強烈及會引起性興奮的性幻想及性行為。常見的戀物物體為女性衣物。戀物症大多見於男生，常在兒童期晚期及前青春期開始；個案的生活及功能常會因而受到極大衝擊。在本文中，我們報告一例十四歲的注意力不足過動症男童，同時併有戀物症的治療經驗。在治療中，我們使用 36 mg Methylphenidate extended-release 來增加個案的專注力及降低衝動性；個案在課業表現改善後，自信及自我行形象也逐漸提升。我們同時以基本情緒認知心理治療協助個案調整而非終止其戀物行為。四個月的治療結束後，在一年的追蹤期中，個案的戀物行為均可控制在規範的範圍內。(長庚醫誌 2011;34:440-3)

關鍵詞：戀物症，注意力不足過動症，青少年

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