

# Fetishism Due to Methamphetamine (Glass) Abuse: A Case Report

Ali Mehdizadeh Zare Anari MD<sup>1</sup>, Alireza Ghafarinezhad MD<sup>2</sup>, Hoda Soltani MSc<sup>3</sup>

## Case Report

### Abstract

**Background:** Fetishism is a type of paraphilia. The focus of sexual arousal in fetishism is oriented towards inanimate objects. Sexual arousal and craving are some of the reasons the youth resort to crystal (glass). Drug abuse may cause disorders in sexual function.

**Case Report:** The patient was a 41 years old man. He married in age 22 years and experienced frequent intercourses with his wife from which he gained pleasure and it was his preferable method. Her wife left ten years ago. The patient started crystal administration through insufflations since seven months ago. Simultaneous with crystal abuse, wearing women's underwear was the only medium through which the patient reached sexual orgasm.

**Discussion:** A lot of psychological symptoms related to new substances (for example glass) are new to psychiatrists treating dependency in medical clinics. Fetishism may coexist with addiction as comorbidity. Another point to be mentioned is that, symptoms of fetishism increased and decreased with more and less glass administration, indicating that symptoms of paraphilia emerge as a result of glass use. In addition, prior to glass use, the patient maintained normal sexual tendencies, had experienced sexual intercourse and did not suffer from any type of paraphilia.

**Keywords:** Paraphilia, Methamphetamine, Fetishism

**Citation:** Mehdizadeh Zare Anari A, Ghaffarinezhad A, Soltani H. **Fetishism Due to Methamphetamine (Glass) Abuse: A Case Report.** *Addict Health* 2013; 5(1-2): 73-6.

**Received:** 16.07.2012

**Accepted:** 08.11.2012

1- Psychiatrist, Researcher, Kerman Neuroscience Research Center, Student Counseling Center, Kerman University of Medical Sciences, Kerman, Iran

2- Associate Professor, Department of Psychiatry, Kerman University of Medical Sciences, Kerman, Iran

3- Department of Chemistry, Kerman University of Medical Sciences, Kerman, Iran

Correspondence to: Ali Mehdizadeh Zare Anari MD, Email: mehdizadeh93@gmail.com

## Introduction

Fetishism is a type of paraphilia, frequently observed in males. The initiation of this disorder is rooted in adolescence. The focus of sexual arousal in fetishism is oriented towards inanimate objects such as shoes, gloves, tights, and women's underwear, all being closely associated with the body. The patient masturbates while wearing women's underwear, as a preferable method of sexual arousal and has no desire to have intercourse with women. The patient reaches orgasm by these objects, which is his preferable method. The sexual activity can be either directly focused on the fetish, such as masturbation by shoes, or otherwise be used in sexual intercourse such as asking the partner to wear a specific object.<sup>1,2</sup>

Drug abuse may impact in sexual function.<sup>3</sup> Among the mentioned substances is crystal (glass) which its use has been increased recently.<sup>4</sup> This substance found its way to the West in the past years and to Iran recently. Facility of purchase and decreasing price are the reasons for the rise in crystal abuse.<sup>5</sup> The substance bears the scientific name of 'methamphetamine'; it also goes by the names of crystal, meth, glass, and ice, the main reason for which is that when placed in the vicinity of heat, it evaporates similar to ice.<sup>6</sup> Crystal (glass) is found in the form of bitter and odorless white powder, easily soluble in alcoholic as well as non-alcoholic drinks.<sup>1,2</sup>

Its routes of administration are insufflations, intake, injection, and/or smoking which immediately causes a state called 'rush' or 'flash'.<sup>6</sup> Sexual arousal and craving are some of the reasons the youth resort to crystal (glass), continuation of which; however, causes destructive effects on sexual ability and function with a possibility of psychological diseases.<sup>3,7-10</sup> Short-term and, recently, long-term psychoses as well as resistance caused by this substance have been reported. The major symptoms of the mentioned psychoses are delusions (jealousy, paranoia) and visual and auditory hallucinations.<sup>4</sup>

According to clinical observations, the authors believed the profile of crystal's (glass) psychological symptoms are far more extensive. For instance, to the author's knowledge, no case was reported concerning paraphilia incidence in a

direct relationship with drug abuse. The observed patient, however, suffered from fetishism.

## Case Report

The patient was a 41 year-old, unemployed, divorced male, with high school diploma, residing in Kerman (one of the central Iranian cities). According to his biography concerning sexual background, he experienced his first ejaculation in 14 years old by masturbation and frequently masturbated through the age of 22 years. He married in 22 and experienced frequent intercourses with his wife from which he gained pleasure and it was his preferable method. He commenced drug abuse from the age of 20 years and was involved in different types of substances. Her wife left ten years ago. The patient has started crystal (glass) administration through insufflations since seven months ago and has been taking crystal only since. Simultaneous with crystal abuse, wearing women's underwear has been the only medium through which the patient reached sexual orgasm. The desire rose with increasing crystal administration. He has masturbated since, wearing women's underwear, as a preferable method of sexual arousal. Subsequent to crystal (glass) dependency, he has had no desire to have intercourse with women. No instances of paraphilia were seen in his previous records, he is not suffering from any specific psychiatric disease nor is he taking specific medications.

## Discussion

A lot of psychological symptoms related to new substances are new to psychiatrists who treat drug dependency in medical clinics. When crystal, as a modern industrial substance by the scientific name of methamphetamine, finds its way into the central neural system (CNS), it causes the sudden release of dopamine from the brain which stimulates brain cells and increases or creates excitements.<sup>8,11,12</sup> Sexual arousal is one the reasons which lures youngsters into using these substances.<sup>11</sup> Considering the fact that crystal operates as a brain stimulant, this question arises as to whether its use causes emergence of the hidden desires of a disorder, or otherwise, is per se an agent of different disorders such as fetishism. As for the first case, if crystal revealed

the hidden desires, the authors would be able to trace back the desires of the patient in his adolescence. Paraphilia, at times, emerge to provide a novel experience, usually in adolescence, hence are not recurrent.

A number of cases of paraphilia are seen accompanied by other psychiatric disorder such as schizophrenia and personality disorders.<sup>13</sup> Fetishism may coexist with dependency as comorbidity.<sup>14,15</sup> Another point to be mentioned is that, symptoms of fetishism increased and decreased with more and less crystal administration, indicating that symptoms of

paraphilia emerge as a result of crystal use.

Additionally, prior to crystal use, the patient maintained normal sexual tendencies, had experienced sexual intercourse and had not suffered any type of paraphilia. According to clinical observations, the profile of crystal's psychological symptoms is far more extensive. A lot of psychological symptoms related to new substances (for example glass) are new to psychiatrists treating dependency in medical clinics.

### Conflict of Interest

The Authors have no conflict of interest.

### References

1. Sadock BJ, Sadock VA. Kaplan and Sadock's synopsis of psychiatry: behavioral sciences/clinical psychiatry. 10<sup>th</sup> ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2007.
2. Sadock BJ. Kaplan and Sadock's comprehensive textbook of psychiatry. 9<sup>th</sup> ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2009.
3. Frohmader KS, Pitchers KK, Balfour ME, Coolen LM. Mixing pleasures: review of the effects of drugs on sex behavior in humans and animal models. *Horm Behav* 2010; 58(1): 149-62.
4. Grant KM, LeVan TD, Wells SM, Li M, Stoltenberg SF, Gendelman HE, et al. Methamphetamine-associated psychosis. *J Neuroimmune Pharmacol* 2012; 7(1): 113-39.
5. Chalmers J, Bradford D, Jones C. The effect of methamphetamine and heroin price on polydrug use: A behavioural economics analysis in Sydney, Australia. *Int J Drug Policy* 2010; 21(5): 381-9.
6. For the dental patient ... methamphetamine use and oral health. *J Am Dent Assoc* 2005; 136(10): 1491.
7. Saladin ME, Santa Ana EJ, LaRowe SD, Simpson AN, Tolliver BK, Price KL, et al. Does alexithymia explain variation in cue-elicited craving reported by methamphetamine-dependent individuals? *Am J Addict* 2012; 21(2): 130-5.
8. Holder MK, Hadjimarkou MM, Zup SL, Blutstein T, Benham RS, McCarthy MM, et al. Methamphetamine facilitates female sexual behavior and enhances neuronal activation in the medial amygdala and ventromedial nucleus of the hypothalamus. *Psychoneuroendocrinology* 2010; 35(2): 197-208.
9. Mackesy-Amiti ME, Fendrich M, Johnson TP. Prevalence of recent illicit substance use and reporting bias among MSM and other urban males. *Addict Behav* 2008; 33(8): 1055-60.
10. Jaffe A, Shoptaw S, Stein J, Reback CJ, Rotheram-Fuller E. Depression ratings, reported sexual risk behaviors, and methamphetamine use: latent growth curve models of positive change among gay and bisexual men in an outpatient treatment program. *Exp Clin Psychopharmacol* 2007; 15(3): 301-7.
11. Andretic R, van Swinderen B, Greenspan RJ. Dopaminergic modulation of arousal in *Drosophila*. *Curr Biol* 2005; 15(13): 1165-75.
12. Hadlock GC, Chu PW, Walters ET, Hanson GR, Fleckenstein AE. Methamphetamine-induced dopamine transporter complex formation and dopaminergic deficits: the role of D2 receptor activation. *J Pharmacol Exp Ther* 2010; 335(1): 207-12.
13. Langevin R. A study of the psychosexual characteristics of sex killers: can we identify them before it is too late? *Int J Offender Ther Comp Criminol* 2003; 47(4): 366-82.
14. Wise TN, Goldberg RL. Escalation of a fetish: coprophagia in a nonpsychotic adult of normal intelligence. *J Sex Marital Ther* 1995; 21(4): 272-5.
15. Allnutt SH, Bradford JM, Greenberg DM, Curry S. Co-morbidity of alcoholism and the paraphilias. *J Forensic Sci* 1996; 41(2): 234-9.

## گزارش یک مورد یادگارخواهی ناشی از سوء مصرف شیشه

دکتر علی مهدی زاده زارع اناری<sup>۱</sup>، دکتر علیرضا غفاری نژاد<sup>۲</sup>، هدی سلطانی<sup>۳</sup>

### گزارش موردی

#### چکیده

**مقدمه:** یادگارخواهی یکی از انحرافات جنسی است. در این اختلال، کانون میل جنسی معطوف به اشیا بی جان می باشد. تحریک جنسی و وسوسه از دلایل تمایل جوانان به ماده مخدر شیشه می باشد. سوء مصرف مواد می تواند باعث اختلالاتی در عملکردهای جنسی شود.

**گزارش موردی:** بیمار مردی ۴۱ ساله بود که در سن ۲۲ سالگی ازدواج کرده، مقاربت جنسی متعددی با همسرش داشت؛ وی از این عمل لذت می برد، روش ترجیحی وی بود. ۱۰ سال قبل همسرش از وی جدا شده بود. از هفت ماه قبل، مصرف شیشه را به صورت تدریجی شروع کرده بود و از زمان مصرف شیشه، ارضای جنسی بیمار فقط با پوشیدن لباس زیر زنانه صورت می گرفت.

**بحث:** بسیاری از علائم روانی ناشی از مواد مخدر جدید (مثل شیشه) برای روان پزشکی که به درمان بیماران معتاد در درمانگاهها می پردازند، تازگی دارد. اختلال Fetishism می تواند به صورت کوموربید با اعتیاد به مواد وجود داشته باشد. در بیمار ذکر شده، با افزایش مصرف شیشه نشانه های فتیشیسم هم افزایش یافت و با کاهش مصرف علائم، کاهش یافت که این علائم می تواند نشانه ایجاد پارافیلیا در اثر مصرف مواد باشد. ضمن این که بیمار معرفی شده تا قبل از مصرف شیشه تمایلات جنسی طبیعی داشت و سابقه مقاربت را هم ذکر کرده بود و تا قبل از مصرف شیشه، هیچ گونه پارافیلیایی نداشت.

**واژگان کلیدی:** انحرافات جنسی، شیشه، یادگارخواهی

**ارجاع:** مهدی زاده زارع اناری علی، غفاری نژاد علیرضا، سلطانی هدی. گزارش یک مورد یادگارخواهی ناشی از سوء مصرف شیشه. مجله اعتیاد و سلامت ۱۳۹۲؛ ۵ (۱-۲): ۷۶-۷۳.

تاریخ پذیرش: ۹۱/۸/۱۸

تاریخ دریافت: ۹۱/۴/۲۶

- ۱- روان پزشکی، پژوهشگر، مرکز تحقیقات علوم اعصاب، مرکز مشاوره دانشجویی، دانشگاه علوم پزشکی کرمان، کرمان، ایران
  - ۲- دانشیار، گروه روان پزشکی، دانشگاه علوم پزشکی کرمان، کرمان، ایران
  - ۳- گروه شبمی، دانشگاه علوم پزشکی کرمان، کرمان، ایران
- نویسنده مسؤول: دکتر علی مهدی زاده زارع اناری

Email: mehdizadeh93@gmail.com