

CLASSIFICATION PROBLEM OF THE DIFFERENT FORMS OF SEXUAL DESIRE DISORDERS IN INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND RELATED HEALTH PROBLEMS

A. A. Charchyan

Department of Sexology, YSMU

Keywords: | *deviations, paraphilia, perversion, ICD-10, ICD-11, sadism, preference*

With the development of mass media, communication and technical progress in modern society, emerging different types of sexual deviation have appeared. Simultaneously, the interest towards researching different types of sexual perversions has gained momentum among many specialists from different disciplines. As a result, a plethora of definitions of sexual deviations have been cited, previously absent from reference books and scientific articles.

Hence, the 10th revision of classifications system of the disorders of sexual preferences of the International Classification of Diseases (ICD) has needed to adjust to these emerging deviancies making accurate classification of rare kinds of paraphilia and also some subspecies of already existing ones, challenging. For example: erotic asphyxiation described in section “F65.8 Other disorders of sexual preference” of ICD, where satisfaction can be reached by the process of self-strangulation. The aim of the individual is to temporarily impede the supply of oxygen to the lungs, required to achieve state of euphoria and achieved by limiting the oxygen supply to the brain with an associated increase of

carbon dioxide leading to dizziness and muscle relaxation, which may also be accompanied by sexual arousal. Based on the description of the paraphilic act which has certain popularity in the modern bondage, dominance and submission, sadomasochism [BDSM] community, it can be concluded that release of sexual energy is carried out by causing physical harm to oneself and can be considered a self-strangulation. Therefore, this type of disorder can be specified as a subspecies section of sadomasochism paragraph F65.5 of ICD’s 10’s revision. The definition of sadomasochism given in ICD’s 10th revision is " A preference for sexual activity which involves the infliction of pain or humiliation, or bondage. If an individual chooses to be the recipient of such stimulation, this are considered to be masochistic; and the provider, sadistic. Often an individual obtains sexual excitement from both sadistic and masochistic activities". Yet, erotic asphyxiation is not the only type of sexual deviation subspecies, which can does not ‘fit’ currently within the classification of disease.

The new draft of the 11th revision of ICD is currently under

Table 1

Disorders of sexual preference (ICD – 10) and Paraphilic disorders (ICD – 11)

Disorders of sexual preference (F65) ICD-10	Paraphilic disorders (6C) ICD-11 (Beta Draft)
F.65.0 Fetishism	6C00 Exhibitionistic disorder
F.65.1 Fetishistic Transvestism	6C01 Voyeuristic disorder
F.65.2 Exhibitionism	6C02 Pedophilic disorder
F.65.3 Voyeurism	6C03 Coercive sexual sadism disorder
F.65.4 Paedophilia	6C04 Frotteuristic disorder
F.65.5 Sadomasochism	6C05 Other paraphilic disorders involving non-consenting individuals
F.65.6 Multiple Disorders of Sexual Preference	6C06 Paraphilic disorder involving solitary behaviour or consenting individuals
F.65.8 Other Disorders of Sexual Preference	
F.65.9 Disorders of Sexual Preference, unspecified	

consideration and will be approved in 2018. Having scrutinized the new version, we can see that, in comparison with the previous one, there are significant changes in section of paraphilic disorders. Below, the classifications of present 10th and draft 11th reviews are summarized in a tablet.

Table 1 demonstrates how, in the draft version of ICD's classification of paraphilic disorders, the disorder as fetishism is removed, having previously appeared in sections described in "F.65.0 fetishism" and "F.65. Fetishistic Transvestism", of the 10th revision of ICD. Hence, taking into consideration the fact that the majority of types of sexual fetishism are harmless both to society and to the individual, we can conclude that removing fetishism

from ICD's paraphilic disorders section is quite reasonable. As an example of harmless fetish deviations we can take such types of sexual deviations as geterochromophilia and retiphism. However, retiphism can be considered a harmless paraphilic disorder only if is not combined with sadomasochism and therefore does not refer to section "F.65.6 Multiple disorders of sexual preference". Nevertheless, we should not forget that certain varieties of fetishism might not be acceptable within the moral and ethical sexual norms of most cultures, social classes and religions leading to harm. Among such paraphilias we can consider narcissism, due to the fact that under certain diseases, patients with this diagnosis may recourse to autosadomasochism

and its various subspecies that can threaten personal injury. The same danger can be caused by certain species of pigmalionism, for instance sadistic pigmalionism. In this case sexual energy output occurs by damaging paintings and other art objects.

Apotemnophilia is another type of fetishism, is aimed at various body deformities or amputated body parts. The main danger is that individuals with this diagnosis often display autosadomasochistic tendencies and try to cause harm to their own body, usually the genitals, as they consider the damage as a physical deformity. It is this that is required for a sexual arousal.

The section "F.65.1 Fetishistic Transvestism" is now within the group "Other sex-specific discrepancies" located within "Sexual Irregularities" under "Conditions relating to sexual health" under the code designation 5A4Y. The disease identified as frotteurism was previously described in the section "F.65.8 Other disorders of sexual preference", it is now a separate disease within the section "7E24 Frotteuristic disorder". Similarly, in the draft version the paragraph which was previously included and known as "F.65.6 Multiple disorders of sexual preference" is going to be removed, which undoubtedly was of great importance, in view of the impressive number of types of paraphilia with a quality inherent in more than one species. As a vivid example we can take the combination of following subspecies "F.65.5 Sadomasochism" and "F.65.0 Fetishism" diseases, such as sadistic pigmalionism (sadism and pigmalionism, fetish type:

objects painting/art), excrementophilia (masochism and fetishism, fetish type: human excrements) saliromania (sadism and fetishism, fetish type: human excrements).

Particular attention should be paid to the consideration of the paragraph "7E23 Coercive sexual sadism disorder". So based on the classification proposed in the 11th revision, and determination under this paragraph can no longer be diagnosed as sexual masochism, referring to the section "F.65.5 Sadomasochism." Based on the new paragraph "7E26 paraphilic disorder involving solitary behaviour or consenting individuals" we can conclude that in most cases of sexual masochism, coital act and causing pain or humiliation to the partner with sadomasochistic inclinations take place with the consent of partner, therefore, sexual masochism can be conventionally attributed in this group. Nevertheless, in the case of sexual intercourse committed by mutual agreement of partners, in case that one partner has the predominance of sadistic tendencies, while the second has a masochistic, diagnosis "7E23 Coercive sexual sadism disorder" may not be diagnosed because of the consent of the partners. In this particular case the new changes made in 11th revision of the section "7E2 paraphilic disorder" can be doubted, as it would be more appropriate to define the term "sexual" and leaving coercive sadism as assets of a pathology expressed in obtaining a patient with the diagnosis of a moral or sexual gratification, by causing harm, both physical and psychological, as well as moral and

physical humiliation of an individual without his consent. According to paragraph “7E26 Paraphilic disorder involving solitary behaviour or consenting individuals”, if a sexual sadistic type of coital act happens with the consent of all the partners, the above-mentioned cannot be considered as disorder.

In addition, there are several of the disorders subspecies, which refer to paragraph “F.65.5 Sadomasochism” of current 10th revision of ICD. Among frequently encountered types of paraphilia, there are such disorders like flagellation, which is the act of flogging. Another masochistic type of sadomasochism is "autoflagellation", which can be defined as an act of flogging/whipping oneself. In modern society flagellation is more commonly known under term "spanking", where other objects can replace the whip. One of the specific features of this type of pathology is that the very act of sadomasochism is a semblance of punishment, where one of the partners shows the role of a guilty person, and the second one respectively, performing an act of punishment. Often this pathology might be caused by the patient's childhood, for example in patient's family or at an educational institution where physical punishments were widely used. In some specific forms of flagellation, called "dippoldism" psychosexual discharge is achieved only in the case of strong physical torture against a partner.

Subspecies known as “pazhism” as well as “eskatologia” can refer to the paragraph “F.65.5 Sadomasochism”. Pazhism is a combined form of sadomasochism and gerontophilia occurring where one

of the partners, who is significantly younger in age to their partner, plays the role of a loyal and unquestioning servant. Eskatologia also represents a reception of a psychosexual excitation and discharge through anonymous obscene communications via telephone, Internet or other means of communication. In this type of pathology the individual may also report the information that may be false, aimed at the placing the victim in a stressed condition. It should be noted, that the standard telephone hooliganism couldn't be considered as this type of pathology, except the specific cases when the diagnostic criteria of sexual deviations can be applied to them.

The paragraph “7E26 Paraphilic disorder involving solitary behaviour or consenting individuals” which can be crudely designated as types of paraphilic disorders in which there is harmony between consenting partners with no risk to society. In this particular case, we can see the visible similarities with the “Handbook of Psychological Assessment, Case Conceptualization, and Treatment, Volume 1,” (Hersey & Roskvista, 2007), where offenders are classified with sexual deviations into two conditional types "less problematic offenders who have committed sexual offenses" and " Seriously problematic offenders who have committed crimes of sexuality ". Such sexual pathologies as exhibitionism, voyeurism, frotteurism and eskatologia have been included in the first and second sections consisting of pedophilia and different types of sexual abuse. Nevertheless, it is important to acknowledge that according to the classification of the severity of paraphilic disorders proposed by Gennady Deryagin in

the book "Forensic Sexology" in 2011 all kinds of paraphilia could be divided into 3 types. This classification is based on the stress level affecting an individual with a diagnosis of paraphilia, and the acts of possible realization of their paraphilic needs. Hence, with any type of paraphilic disorder, a person may experience stress caused by his paraphilic desires, yet he may not enact them. According to this then, it may be suggested that for those individuals with a diagnosis of a minor type of paraphilic disorder, the individual is unlikely to present a serious danger to society. The emergence of harm in these cases would probably be as a result of self-directed harm as the individual enacts their sexual desires on themselves to relieve stress. Paraphilic disorders classified with a medium type of severity

in which the individual has already enacted may constitute serious danger to society, the level of danger depending on the individual's type of paraphilic disorder.

Despite the fact that the current 10th classification of "disorders of sexual preference" of the ICD has some problematic paragraphs like "F.65.8 Other disorders of sexual preference" and "F.65.9 Disorders of sexual preference, unspecified", this version remains more accurate and relevant than the draft 11th revision, which is currently under consideration. However, by combining points from both classifications, the clarity of the classifications would enhance and facilitate the work of physicians working in this field, and also researchers within psychology, psychiatry, sexology and forensic medicine.

Abstract:

There appears to be significant differences between current classifications of disorders of sexual preferences presented by World Health Organization, and included in the 10th review of the International classification of diseases, and the new version currently in the beta draft phase. This article considers these two classification reports and explores negative and positive aspects of both, whilst highlighting potential discrepancies and difficulties faced by clinicians when applying the classification in practice.

R_x

Անփոփում

Ներկայումս առկա են որոշակի տարբերություններ Հիվանդությունների միջազգային դասակարգման (ICD) 10-րդ վերանայման «Սեռական նախընտրության խանգարումներ» բաժնի և Հիվանդությունների միջազգային դասակարգման համապատասխան բաժնի 11-րդ վերանայման միջև, որը այս պահին գտնվում է փորձարկման շրջանում: Այս հոդվածում ներկայացված են, ինչպես երկու տարբերակների դրական եւ բացասական կողմերը, այնպես էլ հնարավոր դժվարությունները, որոնց կարող են հանդիպել համապատասխան առողջապահական ոլորտներում աշխատող մասնագետները:

R_x

Резюме

На данный момент существуют определенные различия между классификациями присутствующими в разделе «Расстройства сексуального предпочтения» в условиях Международной Классификации Болезней 10^{го} пересмотра и соответствующей главе в классификации 11^{го} пересмотра, находящейся на данный момент в стадии бета тестирования. Данная статья демонстрирует позитивные и негативные аспекты обеих разделов, а так же выявляет потенциальные затруднения с которыми могут столкнуться клиницисты работающие в соответствующих областях здравоохранения.