



VOYEURISTIC DISORDER

INTRODUCTION:

The term 'Voyeurism' refers to the desire to spy on unsuspecting and nonconsenting people during their private activities. Voyeuristic Disorder belongs to a group of mental conditions under paraphilic disorders in the American Psychiatric Association's DSM 5. The DSM 5 (American Psychiatric Association [APA], 2013) defines paraphilic disorders as sexual disorders in which persons have frequent and recurring instances of intense sexually arousing thoughts, ideas, urges, fantasies, or behaviors involving non-human objects, humiliation of self and partner, children or other non-consenting people, over a long period - at least 6 months.

Voyeuristic Disorder brings sexual gratification on seeing other people perform private activities such as undressing, being naked and/or seeing people performing a sexual act. In certain instances, according to DSM 5, the target of the person displaying Voyeuristic Disorder is aware of the presence of voyeur and consents to this behavior; however, in most cases, the voyeur purposefully acts in such a manner without seeking the consent of the target.

Always consult a mental health or medical professional regarding any questions you may have about a mental health diagnosis and treatment options.



SYMPTOMS:

The symptoms of Voyeuristic Disorder are extremely difficult to examine and notice, as the persons exhibiting such conditions engage in voyeuristic activities anonymously. According to DSM 5, the most common symptoms of Voyeuristic Disorder are experiencing intense sexual fantasies and urges or getting sexual gratification from watching a person naked with or without the consent of the target. Not everyone who has voyeuristic tendencies suffers from Voyeuristic Disorder. The diagnosis of Voyeuristic Disorder is made if the behavior, fantasies and the intense sexual urges cause significant distress or hindrance to social, occupational and other significant areas of normal functioning.

Moreover, DSM 5 has proposed a few conditions for the diagnosis of Voyeuristic Disorder:

- The affected person should have been exhibiting voyeuristic tendencies, such as recurrent and intense sexual gratification or sexual behavior from observing unsuspecting targets when they are naked, disrobing or engaging in a sexual activity of any kind for a period of at least 6 months.
- The affected person is exhibiting stress and is being impaired by these attractions and has sought sexual gratification from observing at least three or more unsuspecting targets on separate occasions when they were naked, disrobing or engaging in a sexual activity of any kind.
- In addition to these diagnostic conditions, DSM 4 also mentioned clinical distress and or social, and occupational impairment.

These diagnostic criteria, according to DSM 5, can be applied equally to individuals who accept their paraphilic interest and to those who deny having such tendencies. If disclosing individuals also report of any emotional distress, social impairment and other psychological problems, then they can be diagnosed as having Voyeuristic Disorder. However, if these people do not display any distress, social impairment or other psychological problems, and their legal and mental history does not indicate that they acted on their voyeuristic tendencies, then they can be diagnosed as persons have voyeuristic sexual tendencies and not as persons exhibiting Voyeuristic Disorder.

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TREATMENT:

According to DSM 5, the effects of paraphilic disorders differ from person to person. The severity levels of stress, social and personality development impairment resulting from Voyeuristic Disorder conditions are also variable depending on each individual's temperamental and environmental conditions. Therefore, the treatment choices and options take into consideration the specific needs of the patient and the severity of the effects.

Treatment options for individuals with Voyeuristic Disorders include psychotherapy, marital therapy, group therapy, family therapy, cognitive therapy, psychoanalysis and pharmacotherapy as indicated. The patients, moreover, are also treated with prescribed medications including medicines that are aimed at inhibiting the levels of their sexual hormones. Paraphilic disorders, including Voyeuristic Disorders, belonged to the obsessive compulsive (OCD) group and therefore, this condition would be improved by SSRIs (Selective serotonin reuptake inhibitors) (Kafka, 2009). People tend to exhibit voyeuristic tendencies, according to DSM 5, when they find it difficult to suppress their unconventional sexual tendencies. Therefore, SSRIs are used to alter the balance of this dysfunctional serotonergic system.

In addition to the use of medication to treat Voyeuristic Disorder, cognitive therapy is also used to treat this condition. The patient is encouraged to control their interest in watching unsuspecting individuals during their private activities. Since medication is used to diminish these unusual sexual urges, cognitive therapy is used to deal with existing environmental preconditions. According to DSM 5, behavioral therapy and social skills guidance training is also commonly used to deal with people exhibiting voyeuristic tendencies. The patients are encouraged to control their impulse in watching non-consenting targets and also to acquire more acceptable and harmless ways of sexual gratification. Patients are guided in inculcating behaviors that are culturally acceptable and harmless to self and others. Most paraphilic disorders, especially Voyeuristic Disorder, develop accidentally and then turn into an obsession which leads to subsequent sexual gratification.

Voyeurism is considered to be a sexual offense in some countries. Since individuals exhibiting Voyeuristic Disorder tendencies spy on the private activities of non-consenting partners, it is against the law and is considered as a misdemeanor.

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