

# Sexual & Gender Identity Disorders Chapter 10

## What is normal sexual behavior?

- Survey of men 20-39 in US
- Sexual behavior continues well into old age, even past 80
- Gender Differences
- Cultural Differences
  - What is normal sexual behavior in 1 culture is not necessarily normal in another; the wide range of sexual expression must be considered in diagnosing the presence of a disorder

## The Development of Sexual Orientation

- Daryl Bem (1996): Model of “Exotic Becomes Erotic”

## Overview of Sexual and Gender Identity Disorders

### Main Classes of Disorders

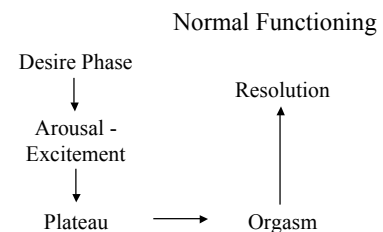
- Gender Identity Disorders
- Sexual Dysfunctions
- Paraphilias

## Gender Identity Disorders

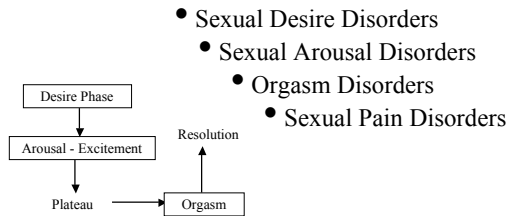
- When a person’s physical gender is not consistent with the person’s sense of identity
- Such people feel trapped in a body of the wrong sex
- Used to be called transsexualism
- Gender identity is independent of sexual arousal patterns
- No demonstrated physical abnormalities, unlike intersexed individuals (hermaphrodites)
- Relatively rare

- Causes
  - Slightly higher levels of testosterone or estrogen at critical periods of development might masculinize a female fetus or feminize a male fetus
  - Structural differences in the area of the brain that controls males sex hormones
  - Gender identity firms up between 18 months & 3 years of age
  - Still a mystery
- Treatment
  - Sex reassignment surgery
- Treatment of Intersexuality
  - Surgery & hormonal replacement therapy has been standard tx for many intersexed individuals (hermaphrodites)

## The Nature of Sexual Arousal and Function



## Main Types of Sexual Dysfunctions



## Sexual Dysfunction

- These problems may occur in both heterosexual & homosexual relationships
- Both males & females can experience parallel version of most disorders
- Can be *lifelong* or *acquired*
- Can be *generalized* or *situational*
- Can be due to psychological factors or psychological factors combined with a general medical condition

### • Sexual Desire Disorders

#### –Hypoactive sexual desire disorder

- May have no interest in any type of sexual activity
- Over 50% of patients who come to sexuality clinics have this complaint
- Rarely have sexual fantasies, seldom masturbate, & attempt intercourse 1x per month or less

### • Sexual Desire Disorders

#### –Sexual Aversion Disorder

- Even the thought of sex or a brief casual touch may evoke fear, panic, or disgust
- In some cases, the principal problem may be panic disorder
- In other cases, sexual acts & fantasies may trigger traumatic images or memories (like PTSD)

## The Nature of Sexual Arousal Disorders

### Male Erectile Disorder

### Female Sexual Arousal Disorder

- Problem is **NOT** desire, but arousal
- Males: “Impotence”
  - Maintaining /achieving erection
- Females: “Frigidity”
  - Maintain / achieve lubrication

## The Nature of Orgasm Disorders

### Inhibited Orgasm

- Adequate arousal and desire
- **BUT** unable to achieve orgasm
- Common in females; rare in males

## Premature Ejaculation

- Ejaculation occurs too quickly
- Hard to define “Too quickly”
- Problem occurs in about 21% males
- **Perception** of lack of control over orgasm is the chief complaint
- Serious & consistent premature ejaculation occurs primarily in young men, particularly inexperienced ones, & declines with age

## The Nature of Sexual Pain Disorders

Dyspareunia “Unhappily mated as bedfellows”

- Intercourse associated with marked pain
- Diagnosed only if medical causes of pain are ruled out
- Rare condition in males (1-5%)
- More common in women (10-15%)
  - Vaginismus is more common

## Assessment of Sexual Behavior and Dysfunction

- Interviews
- Thorough Medical Evaluation
  - Medications
  - Check vascular functioning &
  - Check sexual hormonal levels
- Psychophysiological Assessment
  - Watch erotic videotape
  - Measure arousal directly
    - Penile strain gauge
    - Vaginal photoplethysmograph

## The Causes of Sexual Dysfunction

- Biological Contributions
- Psychological Contributions
- Social and Cultural Contributions

## Treatment of Sexual Dysfunctions

- Providing Education About Sex
- Psychosocial Treatments
  - Eliminate performance anxiety
    - Sensate Focus / Nondemand Pleasuring
  - Squeeze technique for premature ejaculation
  - Gradual process of building intimacy & communication
  - Cognitive restructuring
- Medical Treatments
  - Medications
    - Drugs (Viagra – 1998)
    - Injection of vasodilating drugs into the penis
  - Surgery and implants
  - Vacuum device therapy

## The Nature of Paraphilic Disorders

An Overview

- Para
  - “Beyond”
- Philia
  - “Love”
  - Sexual stimulation requiring bizarre or unusual acts, imagery, or objects
- Rarely seen in females

### Fetishism

- Sexual attraction to nonliving objects
  - Inanimate objects
    - Women’s undergarments & shoes
  - Tactile stimulation
    - Rubber clothing, shiny black plastic
  - Parts of the body (partialism)
    - e.g., Foot, but no longer technically a fetish

### Exhibitionism

- “The Flasher”
  - Expose genitals to unsuspecting strangers to become aroused
  - Element of risk is important
  - Not harmless (Many rape / molest)

### Voyeurism

- “The Peeping Tom”
  - Watching unsuspecting strangers naked or undressing to become aroused

### Transvestic Fetishism

- “Cross Dresser”
  - Sexual arousal by dressing in clothes of the opposite sex
  - Most are male heterosexuals

### Sexual Sadism and Masochism

- The “Sadist”
  - Sexual arousal by
    - Inflicting pain / humiliation
    - Domination, beatings
- The “Masochist”
  - Suffers the pain / humiliation
  - Helps the sadist

### Pedophilia and Incest

- Pedophilia
  - Sexual attraction to children or very young teens
  - May be attracted to boys, girls, or both
  - Victims more likely to be young children
  - Children are likely to be very frightened & unwilling, even though they don’t protest
  - Children often feel responsible for the abuse, especially if no outward force or threat was used
- Incest
  - Children related to perpetrator
  - Victims more likely to be girls who are beginning to mature physically
  - Unlike pedophiles, may be aroused to adults
  - May have more to do with availability & interpersonal issues ongoing in the family

### The Causes of Paraphilic Disorders

#### Psychosocial Contributions

- Inability to develop adequate relationships
- Early sexual experiences
- Person’s early sexual fantasies that were repeatedly reinforced through masturbation
- Excessive sex drive & suppression of unwanted emotionally charged thoughts & fantasies increasing their frequency & intensity (like OCD)
- Specific causes are still unclear

### Treatment of Paraphilic Disorders

#### Psychosocial Treatments

- Suppression
- Covert Sensitization
- Orgasmic Reconditioning
- Relapse Prevention
- Treatment works but is less effective for rapists & multiple paraphilias

#### Drug Treatments – Anti-Androgens

- Cyproterone Acetate & Depo-Provera
- Chemical castration
- Reduces testosterone levels
- Eliminates sexual desire / fantasy