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

Normal Functioning

Desire Phase
Arousal - Excitement
Plateau
Orgasm
Resolution
Main Types of Sexual Dysfunctions

- Sexual Desire Disorders
- Sexual Arousal Disorders
- Orgasm Disorders
- Sexual Pain Disorders

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