Psychopathology
Sexual and Gender Identity Disorders

What you should know when you finish studying Chapter 10:

1. Stages of Sexual Responding
desire, arousal, and/or orgasm

2. Sexual Dysfunctions that are Common in Men and Women
   – Problems with desire, arousal, and/or orgasm

3. Paraphilias (Inappropriate Sexual Attraction)
   – Desire, arousal, and orgasm gone awry
4. Gender Identity and Gender Identity Disorder
   Problem is not sexual
   The problem is feeling trapped in body of wrong sex
5. Theories about causes of sexual disorders
6. Available Psychosocial and Medical Treatment Options
A Reminder: What is Psychopathology?

Psychological Dysfunction: A breakdown in healthy cognitive, emotional or behavioral functioning. Severe impairment.

Distress: Person experiences extreme upset or causes extreme distress in others.

Atypical cultural response: Not expected within the person’s culture.

Each is inadequate in isolation as a definition.
Sexual and Gender Identity Disorders: An Overview

• What Is “Normal” vs. “Abnormal” Sexual Behavior?
• DSM-IV-TR Sexual and Gender Identity Disorders
  – Sexual dysfunctions
  – Gender Identity Disorder
  – Paraphilias
Examples of Controversial Issues

- Heterosexual/Homosexual/Bisexual Orientation
  - Complex interaction of bio-psycho-social influences
    - No definitive “cause” but data suggest biological origin (genetic?)
    - There may be several pathways to development of sexual orientation and related behavior

- Masturbation
  - Some gender differences, but very common

- May cause distress, but usually because person feels upset about not fitting “societal norms” or violating person’s religious tenets.
**Figure 10.3 The human sexual response cycle.**

- **Desire phase**: Sexual urges occur in response to sexual cues or fantasies.
- **Arousal stage**: A subjective sense of sexual pleasure and physiological signs of sexual arousal: in males, penile tumescence (increased flow of blood into the penis); in females, vasocongestion (blood pools in the pelvic area) leading to vaginal lubrication and breast tumescence (erect nipples).
- **Orgasm phase**: In males, feelings of the inevitability of ejaculation, followed by ejaculation; in females, contractions of the walls of the lower third of the vagina.
- **Plateau phase**: Brief period of time before orgasm.
- **Resolution phase**: Decrease in arousal occurs after orgasm (particularly in men).
Sexual Dysfunctions

• Sexual Dysfunctions
  – Affect desire, arousal, and/or orgasm
  – Pain associated with sex can lead to additional dysfunction

• Males and Females
  – Experience parallel versions of most sexual dysfunctions
  – Affects about 43% of all females and 31% of males
  – Most prevalent class of disorder in the United States

• Classification of Sexual Dysfunctions
  – Lifelong vs. acquired
  – Generalized vs. specific
  – Psychological factors alone
  – Psychological factors combined with medical conditions
Sexual Desire Disorders

• Hypoactive Sexual Desire Disorder
  – Little or no interest in any type of sexual activity
  – Masturbation, sexual fantasies, and intercourse are rare
  – Accounts for half of all complaints at sexuality clinics
  – Affects 22% of women and 5% of men

• Sexual Aversion Disorder
  – Little interest in sex
  – Physical / sexual contact – Extreme fear, panic, disgust
  – 10% of males report panic attacks during sexual activity
Sexual Arousal Disorders

- **Male Erectile Disorder**
  - Difficulty achieving and maintaining an erection

- **Female Sexual Arousal Disorder**
  - Difficulty achieving and maintaining adequate lubrication

- **Associated Features of Sexual Arousal Disorders**
  - Problem is arousal, not desire
  - Affects about 5% of males, 14% of females
  - Males are more troubled by the problem than females
  - Erectile problems are the main reason males seek help
Disorders of Orgasm

• Inhibited Orgasm: Female and Male Orgasmic Disorder
  – Have adequate desire and arousal
  – Unable to achieve orgasm
  – Rare condition in adult males
  – Most common complaint of adult females
  – 25% of adult females report difficulty reaching orgasm
  – 50% of adult females report experiencing regular orgasms
Disorders of Orgasm (cont.)

• Premature Ejaculation
  – Ejaculation before the man or partner wishes it
  – 21% of all adult males meet diagnostic criteria
  – Most prevalent sexual dysfunction in adult males
  – Common in younger, inexperienced males
  – Problem declines with age
Sexual Pain Disorders

• Defining Feature
  – Marked pain during intercourse

• Dyspareunia
  – Extreme pain during intercourse
  – Adequate sexual desire, arousal, and ability to attain orgasm
  – Must rule out medical reasons for pain
  – Affects 1% to 5% of men and about 10% to 15% of women
• Vaginismus
  – Limited to females
  – Outer third of the vagina undergoes involuntary spasms
  – Complaints include feeling of ripping, burning, or tearing
  – Affects over 5% of women seeking treatment in the U.S.
  – Prevalence rates are higher in more conservative groups
Assessment of Sexual Dysfunction

• Comprehensive Interview
  – History of sexual behavior, lifestyle, and associated factors

• Medical Examination
  – Must rule out medical causes of sexual dysfunction

• Psychophysiologica}l Evaluation
  – Exposure to erotic material
  – Determine extent and pattern of sexual arousal
  – Males – Penile strain gauge
  – Females – Vaginal photoplethysmograph
Model of Sexual Dysfunction

**Functionals** (positive feedback loop)
- Explicit or implicit demands for sexual performance; e.g., a responsive partner or other contexts leading to public expectation of performance
- Positive affect and expectancies, accurate reporting of arousal, perception of control
- Attentional focus on erotic cues
- Increased autonomic arousal
- Increasingly efficient attentional focus on erotic cues
- Functional performance

**Avoidance**
- Negative affect and expectancies, inaccurate and underreporting of arousal, perceived lack of control
- Attentional focus on public consequences of not performing or other nonerotic issues
- Increased autonomic arousal
- Increasingly efficient attentional focus on consequences of not performing (etc.)
- Dysfunctional performance

**Dysfunctionals** (negative feedback loop)
Causes of Sexual Dysfunction

• Biological Contributions
  – Physical disease and medical illness
  – Prescription medications
  – Use and abuse of alcohol and other drugs

• Psychological Contributions
  – The role of “anxiety” vs. “distraction”
  – The nature and components of performance anxiety
  – Psychological profiles associated with sexual dysfunction
Causes of Sexual Dysfunction

- Social and Cultural Contributions
  - Negative scripts about sexuality
  - Erotophobia – Learned negative attitudes about sexuality
  - Negative or traumatic sexual experiences
  - Poor interpersonal relationships, lack of communication
  - Ignorance about sexual functioning
Psychosocial Treatment of Sexual Dysfunction

• Education alone
  – Surprisingly effective

• Masters and Johnson’s Psychosocial Intervention
  – Education
  – Eliminate performance anxiety – Sensate focus and nondemand pleasuring

• Additional Psychosocial Procedures
  – Squeeze technique – Premature ejaculation
  – Masturbatory training – Female orgasm disorder
  – Use of dilators – Vaginismus
  – Exposure to erotic material – Low sexual desire problems
Gender Identity Disorder

• Clinical Overview
  – Person feels trapped in the body of the wrong sex
  – Assume identity of the desired sex
  – The goal is not sexual

• Causes are Unclear
  – Gender identity develops early – 18 and 36 months/age
Gender Identity Disorder (cont)

• Sex-Reassignment Surgery
  – Who is a candidate? – Basic prerequisites before surgery
  – 75% report satisfaction with new identity
  – Adjustment is better for Female-to-male conversions

• Psychosocial Treatment of Gender Identity Disorder
  – Realign psychological gender with biological sex
  – Few Large Scale Studies
Overview of Paraphilias

• Nature of Paraphilias
  – Sexual attraction and arousal
  – Focused on inappropriate people and/or objects
  – Often multiple paraphilic patterns of arousal
  – High comorbidity – Anxiety, mood, and substance abuse

• Main Types of Paraphilias
  – Fetishism
  – Voyeurism
  – Exhibitionism
  – Transvestic fetishism
  – Sexual sadism and masochism
  – Pedophilia
Most Common Paraphilias

• Fetishism
  – Sexual attraction – Nonliving objects
  – Objects can be inanimate and/or tactile
  – Examples include rubber, hair
  – Usually many objects of fetishistic arousal, fantasy, urges

• Voyeurism
  – Observing an unsuspecting individual undressing or naked
  – Risk associated with “peeping” is necessary for arousal

• Exhibitionism
  – Exposure of genitals to unsuspecting strangers
  – Element of thrill and risk are necessary for sexual arousal
Most Common Paraphilias (cont.)

- Transvestic Fetishism
  - Sexual arousal with the act of cross-dressing
  - Males may show highly masculine compensatory behaviors
  - Most do not show compensatory behaviors
  - Many are married and the behavior is known to spouse
Paraphilias Harmful to Others

• Sexual Sadism
  – Inflicting pain or humiliation to attain sexual gratification

• Sexual Masochism
  – Suffer pain or humiliation to attain sexual gratification

• Relation Between Sadism and Rape
  – Some rapists are sadists
  – Most rapists do not show paraphilic patterns of arousal
  – Sexual arousal to violent sexual and non-sexual material
Paraphilias Harmful to Others

- Pedophilia
  - Pedophiles – Sexual attraction to young children
  - Incest – Sexual attraction to one’s own children
  - Victims are typically children or young adolescents, both genders
  - Pedophilia is rare, but not unheard of, in females

- Associated Features
  - Most pedophiles and incest perpetrators are male
  - Incestuous males may be aroused to adults as well
  - Pedophiles are not aroused by adults
  - Most rationalize the behavior
  - Engage in other moral compensatory behavior (church)
Figure 10.9 A model of the development of paraphilia.

Paraphilia

Early inappropriate sexual associations or experiences (some accidental and some vicarious)

Possible inadequate development of consensual adult arousal patterns

Possible inadequate development of appropriate social skills for relating to adults

Inappropriate sexual fantasies repeatedly associated with masturbatory activities and strongly reinforced

Repeated attempts to inhibit undesired arousal and behavior resulting in (paradoxical) increase in paraphilic thoughts, fantasies, and behavior

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Paraphilia Causes & Assessment

• Causes of Paraphilia
  – Associated with sexual and social problems and deficits
  – Inappropriate arousal / fantasy learned early in life
  – High sex drive plus suppression of urges / drive

• Psychophysiological Assessment of Paraphilias
  – Deviant patterns of sexual arousal
  – Desired sexual arousal to adult content
  – Social skills and the ability to form relationships
Paraphilias: Psychosocial Treatment

• Psychosocial Interventions
  – Most are behavioral
  – Target deviant and inappropriate sexual associations
  – Covert sensitization – Imagining aversive consequences
  – Orgasmic reconditioning – Masturbation + appropriate stimuli
  – Family/marital therapy – Address interpersonal problems
  – Coping & relapse prevention – Self-control, risk management
• Efficacy of Psychosocial Interventions
  – About 70% to 100% of cases show improvement
  – Poorest outcomes – Rapists / Multiple paraphilias
  – Most paraphilias run a chronic course
  – Relapse rates are high
Pedophilia: Medical Treatments

- Medications: The Equivalent of Chemical Castration
  - Often used for dangerous sexual offenders

- Efficacy of Medication Treatments
  - Drugs greatly reduce sexual desire, fantasy, arousal
  - Relapse rates are high with medication discontinuation
Summary: Sexual Disorders

• Sexual Dysfunctions are Common in Men and Women
  – Problems with desire, arousal, and/or orgasm

• Gender Identity and Gender Identity Disorder
  – Problem is not sexual
  – The problem is feeling trapped in body of wrong sex

• Paraphilias Represent Inappropriate Sexual Attraction
  – Desire, arousal, and orgasm gone awry