Gender Identity Disorders

Sexual Disorders

DSM-4: Sexual & Gender Identity Disorders

- Gender Identity Disorder (Transsexualism)
- Sexual Dysfunction
  - Hypoactive Sexual Desire Disorder
  - Sexual Aversion Disorder
  - Male Erectile Disorder
  - Male Orgasmic Disorder
  - Female Orgasmic Disorder
  - Premature Ejaculation
  - Dyspareunia
  - Vaginismus
- Paraphilias

Physical Sex: Male & Female

<table>
<thead>
<tr>
<th>XX (chromosomes)</th>
<th>XY (chromosomes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estrogens (hormones)</td>
<td>Androgens (hormones)</td>
</tr>
<tr>
<td>Vagina (anatomical)</td>
<td>Penis (anatomical)</td>
</tr>
<tr>
<td>Ovaries (gonadal)</td>
<td>Testes (gonadal)</td>
</tr>
</tbody>
</table>

FEMALE  MALE

But, these don’t always line up!
**Gender: Masculine & Feminine**

*Gender* = psychosocial meaning of maleness or femaleness

- **Gender identity** = psychological sense of being male or female
- **Gender role** = cultural norms for male & female behavior
  - Masculine and Feminine expectations of the sexes

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**Transgender**: gender identity does not match sex or “assumed gender” assigned at birth

**Transsexual**: sex assigned at birth conflicts with psychological gender

**Textbook inconsistency:**
“...The essence of your masculinity or femininity is a deep-seated personal sense called gender identity... Gender identity disorder is present if a person’s physical gender is not consistent with the person’s sense of identity”

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**Nature/Nurture**

- **John/Joan**
  - Circumcision mishap
  - One twin had sex-reassignment surgery
  - Raised as female
  - Given hormonal replacement therapy in teens
  - Was used as a case for environmental influences as being strong enough to develop appropriate gender identity
Nature/Nurture

John/Joan

• Was miserable, suicidal, found out
• Sex re-assignment
• Married a woman, adopted her children
• Committed suicide in May 2004 at age 38
• Nurture isn’t enough!!

http://www.genderpsychology.org/

DSM–IV Criteria – Transsexualism

• A strong and persistent cross-gender identification
• Persistent discomfort with his/her sex, or sense of inappropriateness of gender roles of that sex
• Preoccupation with getting rid of primary and secondary sex characteristics, or belief that he/she was born the wrong sex

Gender Identity Disorder – Transsexualism

• Rare
• More common in males
• Different than transvestic fetishism
• No physical abnormalities (as with intersexed)
• Goal is to live life as a different gender; not sexual
• Independent of sexual orientation
• Causes not understood
Gender Identity and “Brain Sex”: Causes

Biological:
- twin studies find a genetic component
- brain differences in putamen, hypothalamus, gray matter, white matter
- higher non-right-handedness suggests developmental instability

Hormonal:
- hormone levels in trans- and cis-sexual adults not found to differ
- children born to mothers exposed to anticonvulsants phenobarbital/diphenytoin—alter steroid hormone levels
- DES (synthetic estrogen) exposure in utero
- evidence that prenatal androgens play a role from studies of finger length ratios (2D:4D), prevalence of polycystic ovary syndrome among female-to-male transsexuals, and intersex individuals who are more likely to have reassigned genders
- Congenital adrenal hyperplasia (high prenatal androgen levels usually due to a defect in 21-hydroxylase) → elevated rates of cross-gender behavior and gender-identity problems

Psychosocial:
- parental encouragement of gender-variance is more common among individuals who later develop a gender-variant identity
- greater (but still low) report of childhood abuse: could be cause OR effect of incongruent gender identities
Role of societal views and categories of gender:
- 10–20% of male students at this rural Thai high school identify as transgender!
- Thailand performs the most sex reassignment surgeries of any country

Transsexualism – Treatment

- Hormone replacement therapy
- Permanent hair removal (MtF)
- Sex Reassignment Surgery
  - Surgery to alter physical anatomy to conform to their psychological gender identity
  - Must live in the desired sex role 1–2 years before surgery
  - Must be stable psychologically, financially, and socially

Transsexualism – Treatment

Sex Reassignment Surgery – Outcome

- 75% satisfied
- Female-to-male conversions adjust better
- 7% regret surgery
DSM-5 Criteria – Gender Incongruence

Some of the APA proposed revisions for DSM-5:
- “Gender Identity Disorder” → “Gender Incongruence”
- “gender incongruence” instead of “gender cross-identification”
- eliminate the “distress/impairment” criterion
- add sub-typing by co-occurrence of a disorder of sexual development (sex may not be unitary)
- group with which conditions?

Pros & Cons:
- WPATH: these criteria might be too wide and pathologize people who are not distressed about their identity. Prefer term “Gender Dysphoria”
- OK to have a diagnosis if not causing anyone distress?
- can “lose” diagnosis after successful transition
- acknowledges that gender is not binary

Sexual Behavior and Sexual Disorders

“Well, the kiss didn’t work. How about a cuddle?”

What is “normal”? Over one year:

Source: National Survey of Sexual Health and Behavior, Center for Sexual Health Promotion, Indiana University, 2010
### What is “Normal” Sexual Behavior?

#### Gender Differences

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masturbation</td>
<td>🔺</td>
<td>🔺</td>
</tr>
<tr>
<td>Premarital sex attitudes</td>
<td>🔺</td>
<td>🔺</td>
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<tr>
<td># partners</td>
<td>🔺</td>
<td>🔺</td>
</tr>
<tr>
<td>Love &amp; intimacy</td>
<td>🔺</td>
<td>🔺</td>
</tr>
<tr>
<td>Homosexuality</td>
<td>🔺</td>
<td>🔺</td>
</tr>
<tr>
<td>Negative core beliefs</td>
<td>🔺</td>
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</tr>
</tbody>
</table>

#### Cultural Differences

- Sambia, New Guinea

#### Sexual Orientation

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>92.2%</td>
<td>93.1%</td>
</tr>
<tr>
<td>Gay/Lesbian</td>
<td>4.2%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>2.6%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

Source: National Survey of Sexual Health and Behavior, Center for Sexual Health Promotion, Indiana University, 2010.
What is "Normal" Sexual Behavior?

Sexual Orientation

• What it’s NOT:
  – By Default
  – Seduction
  – Contagion
  – Parents

• What it MAY be:
  – Genetic
  – Hormonal
  – Structural (Brain)
  – Gene-Environment interaction
    • Bem’s Exotic
    • Becomes Erotic

The Sexual Response Cycle

Overview of Sexual Dysfunctions

• Pain may be associated with sexual functioning
• Males & females experience parallel versions of most disorders
• May be lifelong or acquired
• May be generalized or specific
  • 43% females
  • 31% males
Sexual Dysfunction – Females

Desire
- Hypoactive sexual desire disorder
- Sexual aversion disorder

Arousal
- Female sexual arousal disorder

Orgasm
- Inhibited female orgasm

Pain
- Dyspareunia
- Vaginismus

Sexual Dysfunction – Males

Desire
- Hypoactive sexual desire disorder
- Sexual aversion disorder

Arousal
- Male erectile disorder

Orgasm
- Inhibited male orgasm
- Premature ejaculation

Pain
- Dyspareunia

The Sexual Response Cycle
DSM-IV Criteria – Hypoactive Sexual Desire Disorder

- Persistent or recurrent disinterest in sexual fantasies and lack of desire for sexual activity
- Extreme and persistent dislike of sexual contact or similar activities
- Rarely have sexual fantasies
- Seldom masturbate
- Attempt intercourse once a month
- 25% community; 50% clinic

Sexual Aversion Disorder

- Little interest in sex
- Fear, panic, or disgust related to physical and/or sexual contact
- 10% males with this disorder have panic attacks during sexual activity
- 25% with this disorder also meet criteria for panic disorder

Warning Signs of Sexual Aversion Disorder

- Occurs equally in men and women
- May develop anytime during or after puberty
- Stress, hormonal imbalance, or fatigue
- Emotional distress – anxiety to disgust or fear
- Difficulty in attaining intimate relationships
- Neglecting personal hygiene and appearance
- Going to bed unusually early
- Prior traumatic or negative sexual experiences
- Experience of anger, fear, guilt
- Communication problems, lack of affection, power struggles & conflicts, & lack of time together
- Lack of feelings of emotional attachment to one’s partner
The Sexual Response Cycle

Sexual Arousal Disorder

**Females** – Persistent or recurrent inability to attain or maintain adequate lubrication–swelling response of sexual excitement during sexual activity

**Males** – Persistent or recurrent inability to attain or maintain adequate erection during sexual activity

Sexual Arousal Disorder – Male Erectile Disorder

![Graph showing percentage of men with erectile dysfunction by age]
The Sexual Response Cycle

Orgasmic Disorder – Females

- **Female orgasmic disorder** = delay or absence of orgasm following normal desire and arousal phases, relative to prior experience
  - 5–10% females never orgasm (only 50% females experience reasonably regular orgasms)
  - Causes are typically situational or cultural

Orgasmic Disorder – Males

- **Male orgasmic disorder** = delay or absence of orgasm following normal desire & arousal phases, relative to prior experience (1–10% males all ages inhibited orgasm)
- **Premature ejaculation** = recurring ejaculation before the person wishes it, with minimal sexual stimulation (21–29% of all adult males). Causes?

Note: ~75% college males note that they ejaculate sooner than they wished; normal, cultural expectations
### DSM-IV Criteria – Dyspareunia

- Persistent or recurrent genital pain associated with sexual intercourse
  - Adequate desire
  - Able to attain arousal and orgasm
- Significant distress or interpersonal difficulty
- Not due to another disorder, medications, or drugs

### Warning Signs of Dyspareunia

- More common in females than in males
- May occur any time after puberty
- Not uncommon after menopause
- Inadequate lubrication
- Lack of arousal & lack of effective stimulation
- Past history of sexual trauma
- Feelings of guilt, or negative attitudes
- Low estrogen levels
- In men recent reduction in frequency of sex
- Inadequate foreplay
- Significant pain/discomfort during/after sex
- Vaginal spasms
- Aggressive or inpatient partner

### DSM-IV Criteria – Vaginismus

- Persistent or recurrent involuntary spasm of the musculature of the outer third of the vagina that interferes with sexual intercourse
- Significant distress or interpersonal difficulty
- Not due to another disorder, medications, or drugs
Warning Signs of Sexual Dysfunction

- Occur in women more than men
- Occurs after age of 30
- Old age increases the chance
- Painful intercourse
- Cardiovascular disease, depression, diabetes
- Alcohol abuse
- Some medications (e.g., antidepressants)
- Estrogen deprivation (postmenopausal)
- Emotional or stress related problems
- Decreased libido
- Delay/absence of orgasm
- Inability to attain vaginal lubrication/swelling
- Inability to maintain erection
- Lost of interest in sexual activity

Sexual Dysfunction Causes

**Biological**
- Medical Conditions
  - Neurologic diseases
  - Diabetes
  - Vascular disease
  - Chronic illness (e.g., heart disease)
- Rx Medications
  - Beta blockers (anti- performance anxiety)
  - Tricyclics (antidepressants)
  - SSRIs (antidepressants)
- Recreational Drugs

**Psychological**
- Cognitively
  - Low expectation
  - Avoid sexual cues
- Physiologically
  - Underestimate their arousal
- Emotionally
  - Experience sexual situations more negatively and experience negative emotion in the process
Sexual Dysfunction Causes

**Social & Cultural**
- Erotophobia = learned early that sexuality is negative and threatening
- Negative or traumatic sexual experiences (orgasmic disorder)
- Close interpersonal relationships – poor communication and sexual skills
- Script theory of sexual functioning – guided by scripts reflecting social and cultural expectations
- Interaction – negative attitudes may predispose one toward performance anxiety leading to sexual dysfunction

Sexual Dysfunction Treatments

**Psychosocial**
- Masters & Johnson’s treatment – male & female therapist to facilitate communication in a couple (daily for 2 weeks); goal is to eliminate anxiety
  - Education about sexual functioning
  - Altering myths
  - Fostering communication
  - Sensate focus
  - Nondemand pleasuring

**Sexual Dysfunction Treatments**

**Psychosocial**
- Masters & Johnson’s treatment for:
  - **Premature ejaculation**
    - Squeeze technique – establish erection and the partner squeeze the penis near the top to quickly reduce arousal
  - **Female Orgasmic Disorder**
    - Masturbatory training procedures
  - **Vaginismus**
    - Dilator insertion
  - **Low Sexual Desire**
    - Reeducation and communication
    - Masturbatory training
    - Introduction of erotic material
Questions?