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
Male & Female | Masculine & Feminine

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
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</thead>
<tbody>
<tr>
<td>XX (chromosomes)</td>
<td>XY (chromosomes)</td>
</tr>
<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!

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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
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-reassignment
- Married a woman, adopted her children
- Committed suicide in May 2004 at age 38
- Nurture isn’t enough!!

http://www.genderpsychology.org/
What is “Normal” Sexual Behavior?

<table>
<thead>
<tr>
<th>Gender Differences</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masturbation</td>
<td>▲</td>
<td>▲</td>
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<tr>
<td>Premarital sex attitudes</td>
<td>▲</td>
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<tr>
<td># partners</td>
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<td>Love &amp; intimacy</td>
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<tr>
<td>Homosexuality</td>
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<tr>
<td>Negative core beliefs</td>
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Source: National Health and Social Life Survey (Laumann et al., 1994)
What is “Normal” Sexual Behavior?

Cultural Differences

Sambia, New Guinea

What is “Normal” Sexual Behavior?

Sexual Orientation

<table>
<thead>
<tr>
<th>What it’s NOT:</th>
<th>What it MAY be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>– By Default</td>
<td>– Genetic</td>
</tr>
<tr>
<td>– Seduction</td>
<td>– Hormonal</td>
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<tr>
<td>– Contagion</td>
<td>– Structural (Brain)</td>
</tr>
<tr>
<td>– Parents</td>
<td>– Gene-Environment interaction</td>
</tr>
<tr>
<td></td>
<td>• Bem’s Exotic</td>
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<td>Becomes Erotic</td>
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</table>

Choice?
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 the opposite gender; not sexual

- Independent of sexual orientation

- Causes are unknown
Transsexualism – Treatment

Sex Reassignment Surgery

• Surgery to alter physical anatomy to conform to their psychological gender identity

• Must live in the opposite 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
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

**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, vasocongestive (blood pools in the pelvic area) leading to vaginal lubrication and breast tumescence (breast nipples).

**Orgasm phase**
In males, feeling of inevitability of ejaculation, followed by ejaculation; in females, contractions of the walls of the lower third of the vagina.

**Resolution phase**
Decrease in sexual urges after orgasm (particularly in males).

**Plateau phase**
Brief period of time before orgasm.

**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

The Sexual Response Cycle

Desire phase
Sexual urges occur in response to actual or fantasy.

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 (breast nipples).

Orgasm phase
In males, feelings of 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 sexual desire after orgasm (particularly in men).
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

Paraphilias

**Paraphilia** = Unusual sexual arousal directed at inappropriate people and/or objects.

Common Comorbidities:
• Mood
• Anxiety
• Substance Abuse
Types of Paraphilias

Noncoercive Paraphilias
  • Fetishism
  • Transvestic Fetishism

Coercive Paraphilias
  • Voyeurism
  • Exhibitionism
  • Frotteurism
  • Pedophilia
  • Zoophilia (beastiality)
  • Telephone Scatologia
  • Necrophilia

S&M
  • Sexual Sadism
  • Sexual Masochism

DSM-IV Criteria – Fetishism

  • Recurrent, intense, sexually arousing fantasies, urges, or behaviors involving the use of nonliving objects

  Symbolic Transformation – the object is part of the essence of its owner so that the child responds to the object as he might react to the actual person

  Operant Conditioning + Incredibly strong sex drive (OCD?)
A Few Interesting Fetishes

Agoraphilia — Gettin' it on in public
Hirsutophilia — Aroused by armpit hair and, most probably, persons indigenous to Berkeley
Odaxelagnia — Bite me
Parthenophilia — Desire to deflower virgins
Thlipsosis — Turned on by pinching
Electrophilia — Electricity is hot
Eproctophilia — "Beans! Beans! The magical fruit!"
This person is horny whenever farting is involved
Oculolinctus — Aroused by licking another's eyeball

http://www.eros-guide.com/articles/2002-12-10/paraphilias/

Transvestic Fetishism

Transvestic fetishism = sexual arousal strongly associated with the act of dressing in clothes of the opposite sex (cross-dressing)

- Males may show highly masculinized compensatory behaviors
- Many are married and the behavior is known to spouse/partner
- Majority are heterosexual
Non-genomic inheritance?

Voyeurism and Exhibitionism

Voyeurism = the practice of observing an unsuspecting person undressing or naked to become aroused; RISK!

Exhibitionism = Sexual arousal and gratification by exposing one’s genitals to unsuspecting strangers. SHOCK!
**Frotteurism**

Frotteurism = sexual arousal and gratification through rubbing the body parts on unsuspecting strangers (usually in crowded areas).

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**DSM-IV Criteria – Pedophilia**

- Overview
  - Pedophilia – Sexual attraction to young children
  - Incest – Sexual attraction to one’s own children
  - Both may involve male and/or female children or very young adolescents
  - Pedophilia in women is rare, but not unheard of
Pedophilia – Characteristics

- Incestuous males are more aroused by adult women
- Most molesters are not physically abusive to their victims
- Rationalize behavior ‘loving the child’ or ‘teaching’
- Almost never consider the psychological damage
- Often highly religious

Warning Signs of Pedophilia

- Vast majority are males and heterosexual
- Sexual urges geared towards prepubescent child
- Sexual fantasies with prepubescent child
- Record of prior sexual conviction
- Lack of intimate partners
- Never being married
- Poor relations with own mother
- Overly touchy and affectionate with kids
- Being alone with kids a lot
- Being a victim of child abuse at a younger age
- Excessive use of alcohol
- Low self-esteem
- Repeated lying
Pedophilia – Causes

- No “classic profile” of the pedophile offender exists
- Pedophilia is associated with sexual and social problems and deficits
- Patterns of inappropriate arousal and fantasy may be learned early in life
- The role of high sex drive, coupled with suppression of urges

Definition – Sexual Sadism & Masochism

Sexual Sadism: Sexually arousing fantasies, urges, or behaviors involving acts involving the suffering of another

Sexual Masochism: Sexually arousing fantasies, urges, or behaviors involving act of being humiliated, beaten, bound, or otherwise made to suffer

• Development
  - Need for heightened arousal
  - Escape from self-awareness
  - Guilt relief
<table>
<thead>
<tr>
<th><strong>Treating Paraphilia</strong></th>
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<tbody>
<tr>
<td><strong>Psychosocial treatments</strong></td>
</tr>
<tr>
<td>(behavioral treatment)</td>
</tr>
<tr>
<td>• Covert sensitization</td>
</tr>
<tr>
<td>• Family/marital therapy</td>
</tr>
<tr>
<td>• Orgasmic reconditioning</td>
</tr>
<tr>
<td>• Coping and relapse prevention</td>
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<tr>
<td><strong>Psychosocial treatments</strong></td>
</tr>
<tr>
<td>• 70–100% effective (Maletzky, 1998).</td>
</tr>
<tr>
<td>• Men who rape have the second to lowest success rate</td>
</tr>
<tr>
<td>• Those with multiple paraphilias have the lowest success rate (multiple paraphilias are unfortunately more common than single paraphilias)</td>
</tr>
<tr>
<td>• Clinician’s expertise appears important</td>
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</tbody>
</table>
Treating Paraphilia

Predictors of Treatment Failure

- Unstable social relationships
- Unstable employment history
- Strong denial
- History of multiple victims
- Continues to live with victim
- Chronic course with high rates of recurrence

Treating Paraphilia

Drug Treatment

- Anti-androgen medications to reduce testosterone
- Reduces desire, but not functioning
- Only successful while on medication
Thanks!