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

- XX (chromosomes)
  - Estrogens (hormones)
  - Vagina (anatomical)
  - Ovaries (gonadal)
  - FEMALE
- XY (chromosomes)
  - Androgens (hormones)
  - Penis (anatomical)
  - Testes (gonadal)
  - MALE

But, these don’t always line up!
Male & Female | 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

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”?  

![Graph showing Sexual Behavior among Adults](image-url)

Source: National Health and Social Life Survey (Laumann et al., 1994)

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>
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<tr>
<td>Premarital sex attitudes</td>
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<td>Love &amp; intimacy</td>
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<td>Homosexuality</td>
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<tr>
<td>Negative core beliefs</td>
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</tbody>
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What is “Normal” Sexual Behavior? 

Cultural Differences

Sambia, New Guinea
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

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

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

<table>
<thead>
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<th>Age</th>
<th>Men with erectile dysfunction (%)</th>
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<tr>
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<td>10</td>
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<td>10</td>
<td>20</td>
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<td>90</td>
</tr>
<tr>
<td>90</td>
<td>100</td>
</tr>
</tbody>
</table>

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

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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

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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
Sexual Dysfunction Causes

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

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 (bestiality)
  • Telephone Scatology
  • 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
- **Thilipsosis** — 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
### 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).

### 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

**Treating Paraphilia**

**Psychosocial treatments (behavioral treatment)**

- Covert sensitization
- Family/marital therapy
- Orgasmic reconditioning
- Coping and relapse prevention

**Treating Paraphilia**

**Psychosocial treatments**

- 70–100% effective (Maletzky, 1998)
- Men who rape have the second to lowest success rate
- Those with multiple paraphilias have the lowest success rate (multiple paraphilias are unfortunately more common than single paraphilias)
- Clinician’s expertise appears important
### 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

#### Drug Treatment

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