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Sexual & Gender Identity Disorders

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
- Paraphiliás

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)

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 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
- 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%) Vaginism 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

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

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

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

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

