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Chapter 10

Sexual Dysfunctions, Paraphilic Disorders, and Gender Dysphoria

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Outline

- What is normal sexuality?
- An overview of sexual dysfunctions
- Assessing sexual behavior
- Causes and treatment of sexual dysfunction
- Paraphilic disorders: clinical descriptions
- Assessing and treating paraphilic disorders
- Gender dysphoria

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Focus Questions

- *How do sociocultural factors influence what are considered "normal" sexual behaviors?*
- *How do psychologists define sexual dysfunction?*
- *What are the known causes and available treatments for sexual dysfunction?*
- *What are the features of paraphilic disorders?*
- *What do we know about causes of paraphilic disorders?*
- *What are the features of gender dysphoria?*

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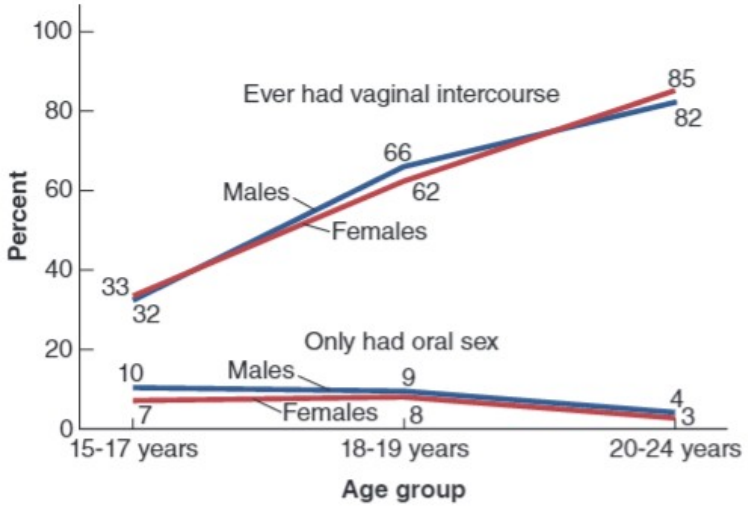
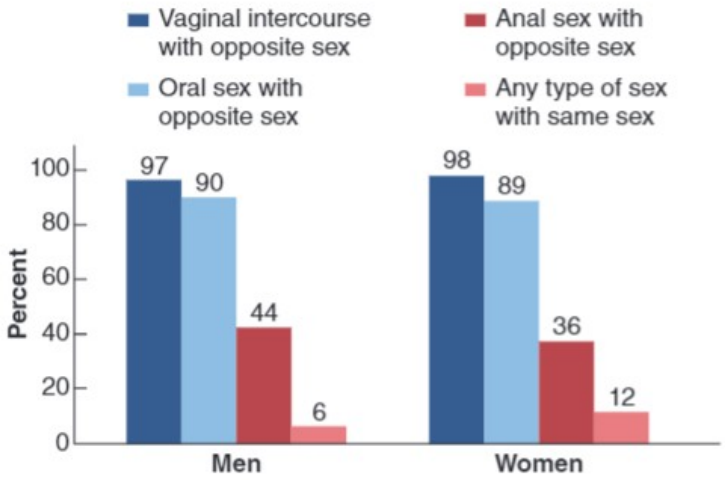
Sexual and Gender Identity Disorders

- What is “normal” vs. “abnormal” sexual behavior? Need to consider:
  - Normative (i.e., common, average) facts and statistics
  - Cultural considerations
  - Gender differences in sexual behavior and attitudes

Example: Gender Differences





What is Normal Sexuality?

- 15 or more partners (lifetime)
  - M = 21.4%
  - F = 8.3%
- 4 or more partners (past year)
  - M = 6%
  - F = 2.9%
- Homosexual sex attraction or behavior
  - Men = 10%
  - Women = 9%

Sex in Older Adults

- Activity can and does last past age 80
- Age 75 to 85
  - M = 38.5% active
  - F = 16.7% active
- Decrease in sexual activity attributable to physical health changes

Gender Differences in Masturbation

- Masturbation
  - M = 72% report ever masturbating
  - F = 42% report ever masturbating
  - Reasons for discrepancy: Male masturbation may be easier, physical gratification more emphasized for men

Gender Differences in Sexual Frequency

- Casual premarital sex
  - Men are more permissive, but gap is shrinking
- Elements of satisfaction
  - Women = More likely to seek demonstrations of love, intimacy
  - Men = More likely to focus on arousal
- No differeces in several domains
  - Acceptability of homosexuality
  - Acceptability of masturbation
  - Importance of sexual satisfaction

Gender Differences in Sexual Beliefs

- Sexual self-schemas: Beliefs about one's own sexuality
- Females more likely to value experience of passionate and romantic feelings
  - Minority of females hold embarrassed, conservative, or self-conscious views toward sex
- Males have fewer negative core beliefs about sex; more likely to emphasize dominance and aggression

Gender Differences: A Summary

- Summary of sexuality differences
  - Men
    - Show more sexual desire and arousal
    - Self-concept includes power and independence
  - Women
    - Emphasize context of committed relationship
    - Sexual beliefs are more easily shaped by cultural, situational, and social factors

Cultural Differences

- Views on sexuality in children
  - Sambia people (Papua New Guinea) believe receiving semen contributes to development in children > emphasize homosexual oral sex between teenage and young boys
  - Munda (India) emphasize mild heterosexual activity (e.g., mutual masturbation) among cohabiting children
- Permissiveness toward casual sex varies

The Development of Sexual Orientation

- The development of sexual orientation
  - Interaction of bio-psycho-social influences
  - The example of homosexuality
    - Only small genetic component: 50% of identical twins raised together (i.e., same genes and environment) do *not* share the same sexual orientation

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Overview of Sexual Dysfunctions

- Sexual dysfunctions
  - Involve desire, arousal, and/or orgasm
  - Pain associated with sex can lead to additional dysfunction
- Must now be present for 6+ months in order to make diagnosis
- Must lead to impairment or distress in order to be considered a disorder

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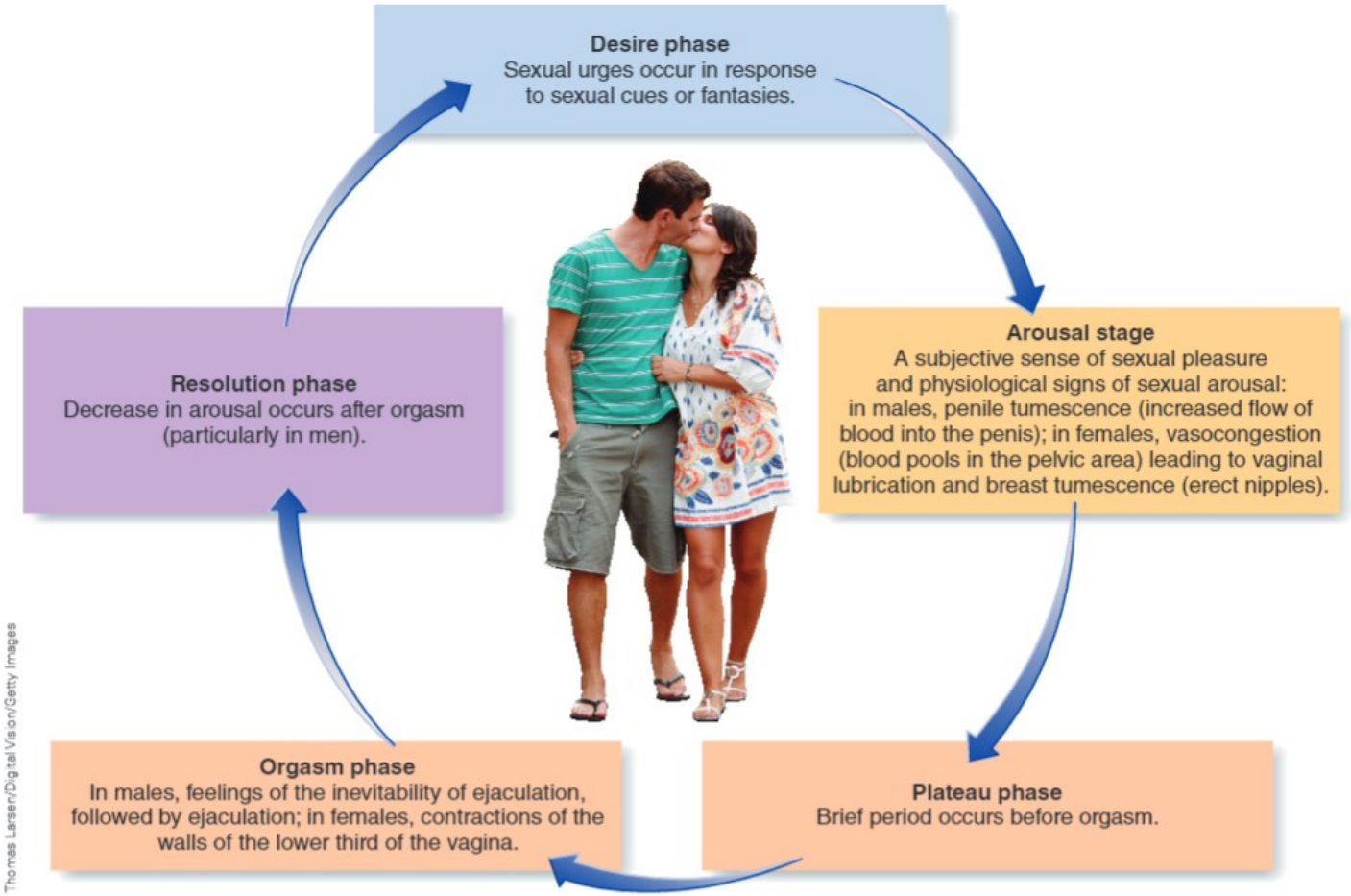
Context of Sexual Dysfunctions



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Prevalence of Sexual Dysfunctions

- Prevalence
  - Sexual difficulties are extremely common and not always distressing
  - One study: 40% of men had some difficulty with erection/ejaculation, 63% of women had problems with arousal/orgasm
- Males and females experience parallel versions of most dysfunctions

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Classification of Sexual Dysfunctions

- Classification of sexual dysfunctions
  - Lifelong vs. acquired
  - Generalized vs. situational
  - Psychological factors alone
  - Psychological factors combined with medical condition

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Male Hypoactive Sexual Desire Disorder: An Overview

- 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 5% of men

Erectile Disorder

- Difficulty achieving or maintaining an erection
- Sexual desire is usually intact
- Most common problem for which men seek treatment
- Prevalence increases with age
  - 60% of men over 60 experience erectile dysfunction

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Female Sexual Interest/Arousal Disorder: An Overview

- Lack of or significantly reduced sexual interest/arousal
  - Typically manifesting in:
    - reduced sexual interest
    - reduced sexual activity
    - fewer sexual thoughts
    - reduced arousal to sexual cues
    - reduced pleasure or sensations during almost all sexual encounters

Female Orgasmic Disorder

- Marked delay, absence, or decreased intensity of orgasm in almost all sexual encounters
- Not explained by relationship distress or other significant stressors
- 1 in 4 women has significant difficulty achieving orgasm

Premature ejaculation

- Ejaculation occurring within ~1 minute of penetration and before it is desired
- Most prevalent sexual dysfunction in adult males
  - Affects 21% of all adult males
  - Most common in younger, inexperienced males
- Problem tends to decline with age

Genito-Pelvic Pain/Penetration Disorder

- In females, difficulty with vaginal penetration during intercourse, associated with one or more of the following:
  - Pain during intercourse or penetration attempts
  - Fear/anxiety about pain during sexual activity
  - Tensing of pelvic floor muscles in anticipation of sexual activity

Assessing Sexual Behavior: Interviews

- Interviews
  - Clinician must demonstrate comfort with topic
  - Assess multiple dimensions
    - Sexual attitudes
    - Behaviors
    - Sexual response cycle
    - Relationship issues
    - Physical health
    - Psychological disorders

Assessing Sexual Behavior: Assessment

- Medical evaluation
  - Medication side effects
  - Physical conditions
- Psychophysiological assessment
  - Sexual arousal in response to erotic material
    - Males—Penile strain gauge (measures erection)
    - Females—Vaginal photoplethysmograph (measures blood flow to vagina)

Causes of Sexual Dysfunctions: Biological

- Biological
  - Physical disease
  - Chronic illness
  - Prescription medications (e.g., antihypertensive medication)
  - Alcohol and drugs

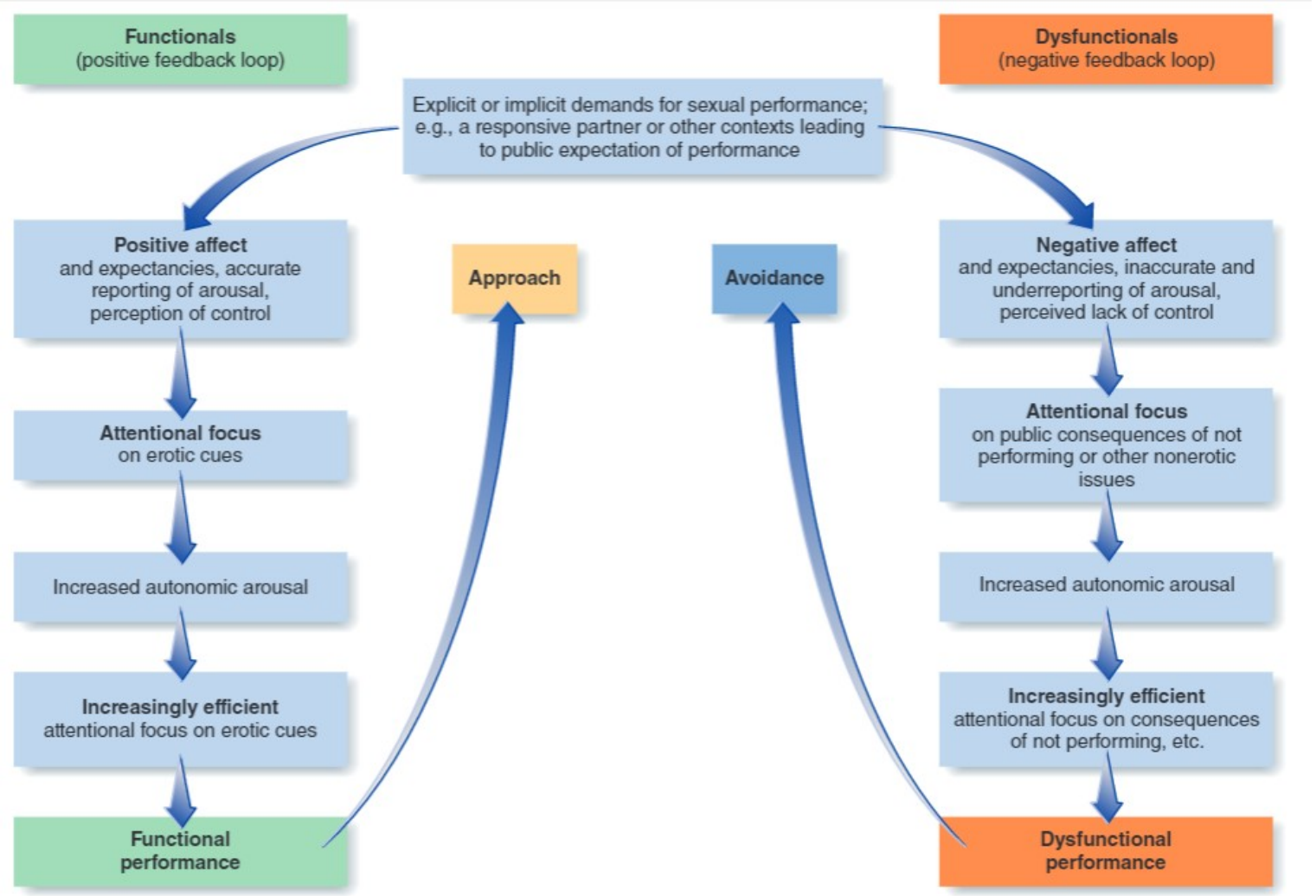
Causes of Sexual Dysfunction: Psychological

- Psychological contributions
  - People with sexual dysfunction are more likely to experience anxiety and negative thoughts about sexual encounters
  - May actively avoid awareness of sexual cues
    - Example: Men with ED tend to distract themselves purposefully to avoid orgasm

Causes of Sexual Dysfunction: Anxiety

- Effect of anxiety on sexual arousal
  - Previously believed to decrease arousal and contribute to sexual dysfunction
  - But in some cases, anxiety (e.g., about getting an electric shock in the laboratory) increases arousal in response to erotic material
- Distraction often increases arousal and awareness of own sexual response

Functional vs. Dysfunctional Sexual Arousal



Causes of Sexual Dysfunctions: Socio-Cultural

- Social and cultural contributions
  - Erotophobia: Associate sexuality with negative feelings, anxiety, or threat
  - Unpleasant or traumatic sexual experiences
  - Poor interpersonal relationships
  - Lack of communication

Treatment of Sexual Dysfunction: Education

- Education alone can be surprisingly effective
- Masters and Johnson's psychosocial intervention
  - Education about sexual response, foreplay, etc.
  - Sensate focus and nondemand pleasuring
    - Sexual activity with the goal of focusing on sensations without trying to achieve orgasm
    - Decreases performance anxiety

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Treatment of Sexual Dysfunction: Psychosocial Procedures

- Additional psychosocial procedures
  - Squeeze technique – premature ejaculation
  - Masturbatory training – female orgasm disorder
  - Use of dilators – vaginismus
  - Exposure to erotic material – low sexual desire problems

Medical Treatment of Sexual Dysfunction

- Erectile dysfunction
  - Viagra – is it really the wonder drug?
    - Headache side effects, many discontinue
  - Injection of vasodilating drugs into the penis
  - Testosterone
  - Penile prosthesis or implants
  - Vascular surgery
  - Vacuum device therapy
- Few medical procedures exist for female sexual dysfunction; Levitra is most commonly used

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Paraphilic Disorders: Clinical Descriptions and Causes

- Nature of paraphilic disorders – misplaced sexual attraction and arousal
  - Focused on inappropriate people or objects
  - Often multiple paraphilic patterns of arousal
  - High comorbidity with anxiety, mood, and substance use disorders

Paraphilias: DSM-V

- DSM-5 paraphilic disorders
  - Fetishistic disorder
  - Voyeuristic disorder
  - Exhibitionistic disorder
  - Frotteuristic disorder
  - Transvestic disorder
  - Sexual sadism disorder
  - Sexual masochism disorder
  - Sadistic Rape
  - Pedophilic disorder and Incest

Paraphilic Disorders: Clinical Descriptions and Causes, Continued

- Manifest in fantasies, urges, arousal or behaviors
- Paraphilia is *not* always disordered
- Only considered disordered when the individual
  - Experiences clinically significant distress or impairment OR
  - Acts on urges with a nonconsenting person

Frotteuristic Disorder

- Persistent pattern of seeking sexual gratification from rubbing up against unwilling others
  - Often occurs in crowds and/or confining situations from which the other person cannot escape
    - Examples: Crowded elevator or subway

Fetishistic Disorder

- Sexual attraction to nonhuman objects
  - Objects can be inanimate and/or tactile
- Examples
  - May include rubber, hair, feet, objects such as shoes

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Voyeuristic and Exhibitionistic Disorders

- Voyeurism
  - Observing an unsuspecting individual undressing, naked or engaged in sexual activity
  - Risk associated with “peeping” may intensify sexual arousal
- Exhibitionism
  - Exposure of genitals to unsuspecting strangers
  - Element of thrill and risk is necessary for sexual arousal

Transvestic Disorder

- Sexual arousal with the act of cross-dressing
  - Males may (rarely) show highly masculine compensatory behaviors
    - Most do not show compensatory behaviors
  - Many are married and the behavior is known to spouse
- *Not* inherently pathological; *only* considered disordered if it causes significant distress or impairment

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Sexual Sadism and Sexual Masochism Disorders

- Sexual sadism
  - Inflicting pain or humiliation to attain sexual gratification
- Sexual masochism
  - Suffering pain or humiliation to attain sexual gratification

Sadistic Rape

- Some rapists are sadists, but most are not
- Most rapists do not show paraphilic patterns of arousal
- Rapists tend to show sexual arousal to violent sexual and non-sexual material

Pedophilic Disorder

- Pedophilia – sexual attraction to prepubescent children
- Vast majority of sufferers are males
  - Pedophilia is rare, but not unheard of, in females
- In some cases, pedophilic urges are limited to incest (i.e., young members of one's own family)
- Many sufferers do *not* act on desires
  - Some engage in compensatory moral behavior

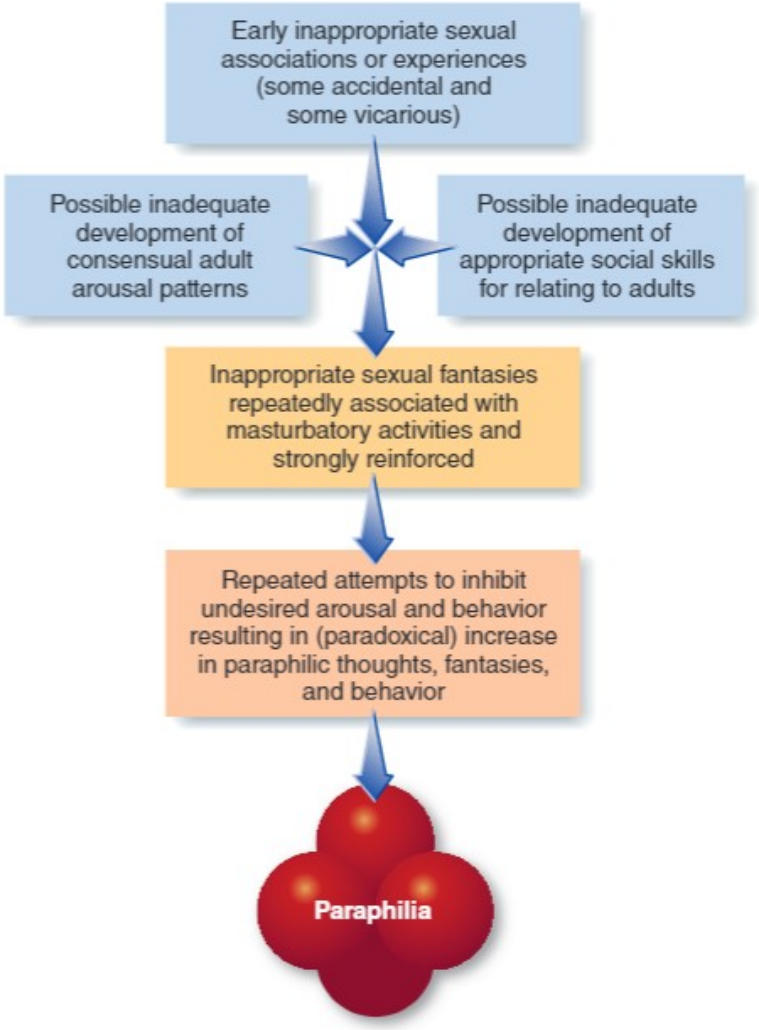
Pedophilia

- Associated features
  - Incestuous males may be aroused by adult women
  - Male pedophiles are usually not aroused by adult women
  - Some rationalize the behavior
    - E.g., consider pedophilic activity to be an act of affection or a teaching experience
    - Often engage in other moral compensatory behavior

Causes of Paraphilic Disorders

- Difficulty forming “normal” relationships
  - Deficits in typical sexual experiences
  - Relationship difficulties in childhood or adolescence
- Early experiences may lead to sexual associations by chance > then reinforced through masturbation
- Often have very high sex drive
  - Suppressing unwanted fantasies may paradoxically increase them

Model of Causes of Paraphilic Disorders



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Psychosocial Interventions for Paraphilic Disorders

- Target deviant and inappropriate sexual associations
- Covert sensitization – imagining aversive consequences to form negative associations with deviant (e.g., pedophilic) behavior
- Orgasmic reconditioning – masturbation to appropriate (adult) stimuli

Effectiveness for Psychosocial Treatment for Paraphilic Disorders

- Efficacy is mixed
  - Poorest outcomes = Rapists and patients with multiple paraphilias
  - Incarcerated offenders are difficult to treat
    - Chronic course
    - High relapse rates
  - Outpatient treatment is more successful

Drug Treatments

- Medications
  - Cyproterone acetate ("chemical castration")
    - Reduces desire and fantasy dramatically, but they return after drug removal
  - Depo-Provera: reduces testosterone
  - Most useful for dangerous sexual offenders; some take the drug to avoid going to prison

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Gender Dysphoria: An Overview

- Clinical overview
  - Feeling trapped in the body of the wrong sex
  - Often assuming identity of the desired sex
- Causes are unclear
  - Gender identity usually begins between 18 to 36 months of age
- Fluid or cross-gender identity is *not* a disorder unless it causes significant distress or impairment

Gender Dysphoria

- Relatively rare
- More common in males-between 5 to 14 per thousand versus 2 to 3 per thousand in females
- Rates are similar across cultures
  - Some cultures revere individuals with nontraditional gender experience (e.g., biological male adopting a female role seen as a shaman)

Causes of Gender Dysphoria

- No clear biological causes identified, but likely has genetic component
  - Studies have found that 62 to 70% of variance in gender expression is explained by genetics
  - Exposure to certain hormones in the womb (e.g., higher levels of testosterone may masculinize a female fetus)

Treating Gender Dysphoria

- Sex Reassignment Surgery
  - Must be psychologically/socially stable and live as desired gender for several years first
  - 75% report satisfaction with new identity
  - Female-to-male conversions adjust better
- Treatment of intersexuality
  - Often treated with surgery at birth; subsequent gender dysphoria may need to be addressed

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Treatment of Gender Nonconformity in Children

- Gender nonconformity is common and may not lead to gender dysphoria
- Gender nonconformity can lead to negative social experiences
- Conflict between affirming child's identity and encouraging cis-gender behavior to improve social adjustment
- Treatment should be individualized to specific child's needs and environment

Summary of Sexual and Gender Identity Disorders

- Sexual dysfunctions are vey common
  - Problems with desire, arousal, and/or orgasm
- Paraphilic disorders represent inappropriate sexual attraction
- Psychosocial and medical treatment options
  - Often efficacious
  - Comprehensive assessment and treatment approaches are best
- Gender dysphoria: being trapped in body of opposite sex