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Chapter 11 Question 25

Someone who has been diagnosed with pedophilic disorder tends to be an individual who finds sexual involvement with children preferable or equally enjoyable as they do with consenting adults. Their stimulation is derived not just from their lustful passions and actions, but also in envisioning sexual acts with minors. There are three specific types of those dealing with this kind of condition: hebephilic type -someone who is attracted to children in early adolescence; classic type -those who are enthralled with youngsters who have yet to enter puberty; pedohebephilic type- an individual who likes both minors as well as pre-teens. Many of those diagnosed with this malady not only view child porn, but also find themselves impelled to molest youths of various ages. However, there are those who are content just to obsessively view children's underwear advertisements or purchase pornographic material with both boys and girls being victimized. Researchers believe that those who succumb to this sickness were themselves exploited as a child. They were either punished or castigated severely, or were somehow neglected or emotionally abandoned in their formative years. Surprisingly, many of these people are married, but because they experience discontent on many fronts, they look for opportunities where they can dominate. These individuals experience high levels of anxiety when in sexual encounters with other adults and tend to behave in a socially awkward and immature manner in normal settings. It is not uncommon for them to claim that kids are unharmed by their advances, while some even state emphatically that the minor is to blame when they are caught in the act. Conversely, there are those who confess that their actions are detrimental to their victims but others vehemently advocate that adult-child sexual acts be normalized and even made legal.

Notably, many individuals with pedophilic disorder exhibit signs of having a second psychiatric condition.

There is no known cure for this disorder, however, one common treatment is antiandrogen medication, which has been largely dispensed to those who have been incarcerated for acting on their impulses. Aversion therapy has also been utilized where an individual thinks about the forbidden act and is then exposed to some type of discomfort such as an electric shock. The hope is that the brain will come to associate the painful experience whenever the person thinks about acting on their fantasies. Other approaches are masturbatory satiation, orgasmic reorientation and cognitive behavior therapy such as relapse prevention training. This last option has had some limited success where the person is taught how to identify what sets them off, such as feelings of discouragement or aberrant thoughts, and are given tools on how to combat such impressions and emotions in a healthy way.

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Gender dysphoria occurs when someone who is born with one set of sex organs feel that they identify more with the other gender. There are several biological theories for this malady. First, researchers speculate that genetics may factor into why some experience gender dysphoria as it has been found more common in families where siblings suffer from it. Secondly, there have been recent discoveries where certain parts of the brain responsible for consciousness and sexuality have shown evidence of greater than normal blood flow in one region and lower blood flow in another in those struggling with dysphoria. Thirdly, autopsies have revealed that parts of the hypothalamus are smaller than normal in transgendered men than men who were not transexual. This area, known as the BTS, tends to be naturally smaller in women and though it is unclear as to its exact role in humans, the BTS cells have been found “to regulate sexual behavior in male rats,(Comer 378).

There are several treatment options for those suffering from gender dysphoria. Some have utilized psychotherapy, but tend to feel dissatisfied with the outcome and so eventually turn to interventions which are biological in nature. Most begin with hormone treatments in order to change their physical appearance. For men, they start with estrogen which causes them to lose facial and body hair. It also leads to more fat and breast development. Many will opt for facial feminization surgery and a few will even elect for a reassignment operation where part of the penis is removed. The remains are reshaped into a vagina and clitoris, called vaginoplasty, but this procedure is far from perfect. For women, the process begins with testosterone injections, then phalloplasty where the clitoris is formed into a penis. Some will go as far as to have a

double mastectomy and even a hysterectomy. There are clinicians who oppose surgery for teens as many of these procedures are irreversible, but many states still allow physicians to perform these surgeries on those who are teens and struggle with gender dysphoria.

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Viagra is a drug which was designed to treat men who have sexual drive, but struggle when it comes to achieving or maintaining an erection, hence the name erectile dysfunction. The medication was quickly approved by the government of various countries for public use in just a few short months. Insurance companies also jumped on the bandwagon and provided coverage for those who needed this drug to treat their malady. Unfortunately, this was in stark contrast to the approval of oral contraceptives. Specifically, the country of Japan took more than forty years to approve the use of birth control pills. Alos, many insurance companies in the United States continue to deny claims for these prescriptions. The good news is that the Affordable Care Act which was enacted in 2013 made provision for female contraceptives and so 68% of women no longer have to pay for this medication with out-of-pocket funds. The one drawback is that companies can claim religious exemption and so circumvent the law.

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It is compassionate to use drugs to correct sexual disorders, however, when it comes to improving sexual experience and performance medical interventions may not be the best choice. Due to illness or simply aging, both men and women can experience a decrease in sexual desire or functioning. Whether it is Male Hypoactive Sexual Desire Disorder or Female Sexual Interest/Arousal Disorder, those with diagnoses such as these describe their lives as miserable for six months or more with little to no sexual encounters, dreams, pondering or even longings. Some patients have cravings, but are unable to fulfill themselves or their partners due to some sort of malady. For men they might be unable to have or sustain an erection -erectile disorder, and for women they could find themselves incapable of experiencing an orgasm -female orgasmic disorder, to name a few. The concern ought to be that even if scientists can create drugs which simply enhance an individual's sexual experience, how is this different from illicit drugs such as MDMA (ecstasy)? It is true that Cialis, as known as the "weekender" can be legally obtained with a prescription. But all medications have side effects and only time will tell what those long term complications might be. Instead, why not seek out the counsel of a qualified sex therapist? History has shown great success for those who follow their advice.