

Chapter 9
Sexual Disorders, Gender Dysphoria,
and Paraphilic Disorders

Rick Grieve, Ph.D.
PSY 440: Abnormal Psychology
Western Kentucky University

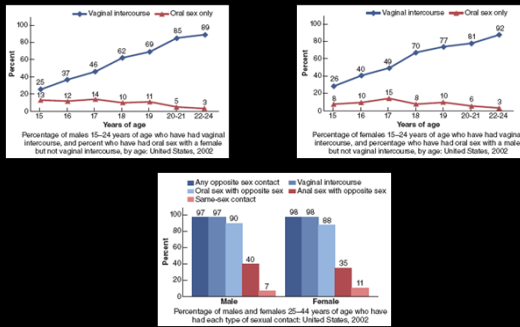
Sexual and Gender Identity
Disorders, Part 1

- What is “normal” versus “abnormal” sexual behavior?
 - Normative facts and statistics
 - Cultural considerations
 - Gender differences in sexual behavior and attitudes

Normal and Abnormal in Sexual Behavior

- Sociocultural Influence
- Abnormal Sexual Behavior:
 - Self-defeating
 - Deviates from social norms
 - Harms others
 - Causes personal distress
 - Interferes with social, educational, or occupational functioning

Figure 9.1



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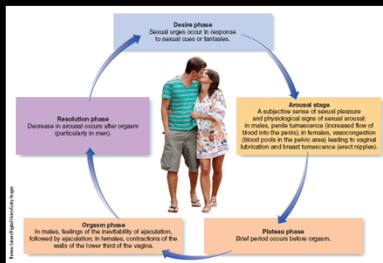
Sexual and Gender Identity Disorders, Part 2

- The development of sexual orientation
 - Interaction of biopsychosocial 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
- DSM-5 disorders of sexuality and gender
 - Gender dysphoria
 - Sexual dysfunctions
 - Paraphilias

Overview of Sexual Dysfunctions, Part 1

- 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

Context of Sexual Dysfunctions



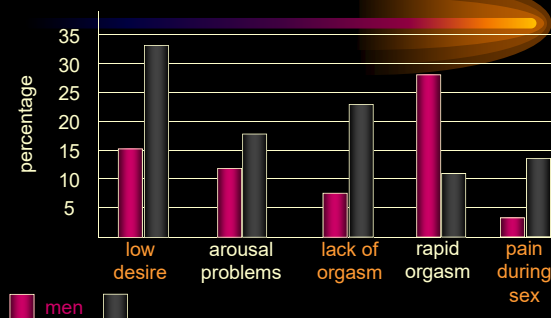
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Overview of Sexual Dysfunctions, Part 2

- **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**

PREVALENCE OF SEXUAL DYSFUNCTION



Overview of Sexual Dysfunctions, Part 3

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

Sexual Dysfunction

- **Men & Women experience sexual arousal very differently**
 - Men
 - Physiological Arousal
 - Sexual Functioning
 - Women
 - Physiological Arousal
 - Sexual Functioning

The Big O

- <http://www.youtube.com/watch?v=F-bsf2x-aeE>
- **Myths and Facts**

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

DSM-5 Disorder Criteria Summary, Male Hypoactive Sexual Desire Disorder (1 of 2)

- A. Persistently or recurrently deficient (or absent) sexual thoughts or fantasies and desire for sexual activity. The judgment of deficiency is made by the clinician, taking into account factors that affect sexual functioning, such as age and the context of the person's life.
- B. The symptoms have persisted for a minimum of approximately 6 months and cause clinically significant distress in the individual.

DSM-5 Disorder Criteria Summary, Male Hypoactive Sexual Desire Disorder (2 of 2)

- C. The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.

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

DSM-5 Disorder Criteria Summary, Female Sexual Interest/Arousal Disorder (1 of 2)

- A. Lack of, or significantly reduced, sexual interest/arousal, as manifested by at least three of the following:
- (1) Absent/ reduced interest in sexual activity
 - (2) Absent/reduced sexual thoughts or fantasies
 - (3) No/reduced initiation of sexual activity and unresponsive to a partner's attempts to initiate
 - (4) Absent/reduced sexual excitement/pleasure during sexual activity in almost all sexual encounters
 - (5) Absent/reduced sexual interest/arousal in response to any internal or external sexual/erotic cues
 - (6) Absent/reduced sensations during sexual activity in almost all or all sexual encounters.

DSM-5 Disorder Criteria Summary, Female Sexual Interest/Arousal Disorder (2 of 2)

- B. The symptoms have persisted for approximately 6 months and cause clinically significant distress in the individual.
- C. The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.
- From American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.

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**

DSM-5 Disorder Criteria Summary, Female Orgasmic Disorder (1 of 2)

A. Presence of the following on almost all/all occasions of sexual activity:

- (1) **marked delay in, marked infrequency of, or absence of orgasm**
- (2) **markedly reduced intensity of orgasmic sensations**

B. The symptoms have persisted for approximately 6 months and cause clinically significant distress in the individual.

DSM-5 Disorder Criteria Summary, Female Orgasmic Disorder (2 of 2)

C. The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.

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

DSM-5 Disorder Criteria Summary, Genito-Pelvic Pain/Penetration Disorder (1 of 2)

- A.** Persistent or recurrent difficulties with one (or more) of the following:
- (1) Vaginal penetration during intercourse
 - (2) Marked vulvovaginal or pelvic pain during vaginal intercourse or penetration attempts
 - (3) Marked fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of vaginal penetration
 - (4) Marked tensing or tightening of the pelvic floor muscles during attempted vaginal penetration
- B.** The symptoms have persisted for approximately 6 months and cause clinically significant distress in the individual.

DSM-5 Disorder Criteria Summary, Genito-Pelvic Pain/Penetration Disorder (2 of 2)

- C.** The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.

From American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.

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

DSM-5 Disorder Criteria Summary, Premature Ejaculation (1 of 2)

- A.** A persistent or recurrent pattern of ejaculation occurring during partnered sexual activity within approximately 1 minute following vaginal penetration and before the person wishes it.
- B.** The symptoms have been present for at least 6 months, must be experienced on almost all or all occasions of sexual activity, and cause clinically significant distress in the individual.

DSM-5 Disorder Criteria Summary, Premature Ejaculation (2 of 2)

- C.** The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.

From American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Washington, DC

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

PREVALENCE OF ERECTILE DYSFUNCTION BY AGE

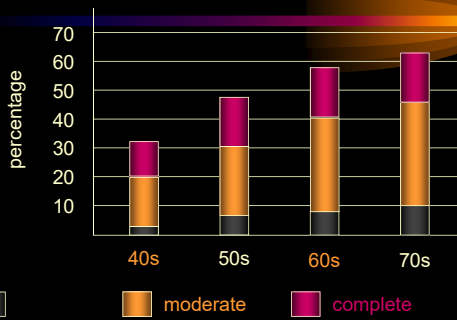
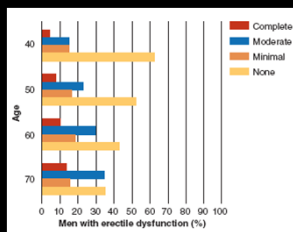


Figure 9.3



Assessing Sexual Behavior, Part 1

- **Comprehensive interview**
 - Detailed history of sexual behavior, lifestyle, and associated factors
- **Medical examination**
 - Must rule out potential medical causes of sexual dysfunction

Assessing Sexual Behavior, Part 2

- **Psychophysiological evaluation**
 - Exposure to erotic material
 - Determine extent and pattern of sexual arousal
 - Males—penile strain gauge (measures erection)
 - Females—vaginal photoplethysmograph (measures blood flow to vaginal walls, indicative of arousal)

Causes and Treatment of Sexual Dysfunction, Part 1

- **Biological contributions**
 - Physical disease, medical illness, prescription medications
 - Use and abuse of alcohol and other drugs
 - Anti-hypertensive medication

Causes and Treatment of Sexual Dysfunction, Part 2

- **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, so not in touch with their own sexual response
 - Example: Men with PE tend to distract themselves purposefully to avoid orgasm, leading to even lower ejaculatory control
 - Psychological profiles associated with sexual dysfunction

Causes and Treatment of Sexual Dysfunction, Part 3

- **Social and cultural contributions**
 - Erotophobia—learned negative attitudes about sexuality
 - Negative or traumatic sexual experiences
 - Deterioration of interpersonal relationships, lack of communication
- **Interaction of psychological and physical factors**

Treatment of Sexual Dysfunction, Part 1

- **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

Treatment of Sexual Dysfunction, Part 2

- **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**

Models of Sexual and Relational Orientation

- **Single Continuum Models**
 - Kinsey Scale
 - Heterosexual to homosexual
 - Biological Essentialist
 - Biological underpinning
 - Lesbian & Gay Identity Development
 - “coming out”

Models of Sexual and Relational Orientation

- **Multiple Continua Model (MCM)**
 - Sexuality is best understood as a matrix of mental-emotional-behavioral experiences occurring across a wide range of contexts

Models of Sexual and Relational Orientation

- Desire of sex characteristics
male genitalia-----female genitalia
- Desire of gender expression
masculine-----feminine
- Sexual and relational interest
low interest-----high interest
- Relational Orientation
same gender-----other gender
- Community Identification
low identification-----high identification

Pornography

- **Definition**
- **Usage Rates**
- **Benefits**
- **Problems**

Paraphilic Disorders: Clinical Descriptions and Causes, Part 1

- 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: Clinical Descriptions and Causes, Part 2

- *DSM-5* paraphilic disorders
 - Fetishistic disorder
 - Voyeuristic disorder
 - Exhibitionistic disorder
 - Frotteuristic disorder
 - Transvestic disorder
 - Sexual sadism disorder
 - Sexual masochism disorder
 - Pedophilic disorder

Paraphilic Disorders: Clinical Descriptions and Causes

- 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

Paraphilias

• Fetishistic Disorder

- Sexual fantasies, urges, or behaviors that focus on nonliving objects
 - Shoes (esp. high heels), boots, women's lingerie, objects made of rubber or leather
- Prefer object to partner
- Established early (like childhood)



DSM-5 Disorder Criteria Summary, Fetishistic Disorder

- Over a period of at least 6 months, recurrent and intense sexual arousal from the use of nonliving objects or a highly specific focus on nongenital body part(s), as manifested by fantasies, urges, or behaviors.
- The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The fetish objects are not limited to articles of clothing used in cross-dressing (as in transvestic disorder) or devices specifically designed for the purpose of tactile genital stimulation (e.g., a vibrator).



Paraphilias

• Frotteuristic Disorder

- Involves touching and rubbing against a nonconsenting person
 - Touching, not the coercive nature of the act that is sexually exciting
- Characteristics
- Often occurs in crowds and/or confining situations from which the other person cannot escape
 - Examples: Crowded elevator or subway

**DSM-5 Disorder Criteria
Summary, Frotteuristic Disorder**

- A. Over a period of at least 6 months, recurrent and intense sexual arousal from touching or rubbing against a nonconsenting person, as manifested by fantasies, urges, or behaviors.
- B. The person has acted on these sexual urges with a nonconsenting person, or the sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Paraphilias

- **Exhibitionistic Disorder**
 - Fantasies, urges, or behaviors involving the exposure of one's genitals to a stranger
 - Goal is to shock others with the experience
 - Victims usually female; perpetrators male
 - Characteristics





Paraphilias

- **Voyeuristic Disorder**
 - Fantasies, urges, or behaviors that involve the act of observing unsuspecting people, usually strangers, who are naked, in the process of disrobing, or engaging in sexual activity
 - Act is for the purpose of achieving sexual excitement

DSM-5 Disorder Criteria Summary, Voyeuristic and Exhibitionistic Disorders (1 of 2)

Criteria for Voyeuristic Disorder

- A. Over a period of at least 6 months, recurrent and intense sexual arousal from observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity, as manifested by fantasies, urges, or behaviors
- B. The person has acted on these sexual urges with a nonconsenting person, or the sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other areas of functioning.
- C. The individual experiencing the arousal and/or acting on the urges is at least 18 years of age.

DSM-5 Disorder Criteria Summary, Voyeuristic and Exhibitionistic Disorders (2 of 2)

Criteria for Exhibitionistic Disorder

- A. Over a period of at least 6 months, recurrent and intense sexual arousal from the exposure of one's genitals to an unsuspecting person, as manifested by fantasies, urges, or behaviors.
- B. The person has acted on these sexual urges with a nonconsenting person, or the sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other areas of functioning.



Paraphilias

- **Transvestic Disorder**
 - Involves fantasies or actual dressing in clothing of the opposite sex, which is found to be sexually arousing
 - Diagnosed only in heterosexual males
 - Males may (rarely) show highly masculine compensatory behaviors
 - Most do not show compensatory behaviors

Transvestic Disorder

- Many are married and the behavior is known to spouse
- Characteristics
- Begins before adulthood
- *Not* inherently pathological; *only* considered disordered if it causes significant distress or impairment

DSM-5 Disorder Criteria Summary, Transvestic Disorder

- A. Over a period of at least 6 months, recurrent and intense sexual arousal from cross-dressing, as manifested by fantasies, urges, or behaviors.
 - B. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Specify if:
With fetishism
With autogynephilia

Paraphilias

- **Sexual Masochism Disorder**
 - Involves the real act of being humiliated, beaten, bound, or otherwise made to suffer
 - Bondage, blindfolding, spanking, whipping, or verbal abuse
 - Must be acted upon or cause distress
 - Cannot attain sexual gratification without them
 - Not due to self-defeating attitudes



Paraphilias

- **Sexual Sadism Disorder**

- Involving acts in which the psychological or physical suffering of the victim is sexually exciting
- Condition is chronic and severity of acts increases over time



DSM-5 Disorder Criteria Summary, Sexual Sadism Disorder and Sexual Masochism Disorder (1 of 2)

Criteria for Sexual Sadism Disorder

- A.** Over a period of at least 6 months, recurrent and intense sexual arousal from the psychological or physical suffering of another person, as manifested by fantasies, urges, or behaviors.
- B.** The person has acted on these sexual urges with a nonconsenting person, or the sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

DSM-5 Disorder Criteria Summary, Sexual Sadism Disorder and Sexual Masochism Disorder (2 of 2)

Criteria for Sexual Masochism Disorder

- A.** Over a period of at least 6 months, recurrent and intense sexual arousal from the act of being humiliated, beaten, bound, or otherwise made to suffer, as manifested by fantasies, urges, or behaviors.
- B.** The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Sexual Sadism, Paraphilia, and 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
- Rape is more about power than about sadism

Pedophilic Disorder

- **Overview**
 - Pedophilia—sexual attraction to prepubescent children
 - Vast majority 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 do *not* act on desires
 - Some engage in compensatory moral behavior

Paraphilias

- **Pedophilia**
 - Involves sexual activity with a prepubescent child
 - Age of the child is 13 or younger
 - Age of the perpetrator is 16 or older and must be 5 years older than the victim
 - IS ILLEGAL
 - Characteristics
 - Minimize behaviors

Paraphilias

- “Child molesters have a way of becoming your best friend. Then, at the first sign of your distress over what they want to do to you, they turn from your best friend to a monster.”
 - Glen Kulik, incest survivor.

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

Paraphilic Disorders: Psychosocial Treatment, Part 1

- Psychosocial interventions
 - Most are behavioral
 - 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
 - Family/marital therapy—address interpersonal problems
 - Coping and relapse prevention—self-control and risk management

Paraphilic Disorders: Psychosocial Treatment, Part 2

- Efficacy of psychosocial interventions for sex offenders
 - About 75–95% of cases show improvement
 - Poorest outcomes—rapists/multiple paraphilias
 - Run a chronic course with high relapse rates

Pedophilic Disorder: Drug Treatments

- Medications: The equivalent of chemical castration
 - Often used for dangerous sexual offenders
- Types of available medications
 - Cyproterone acetate
 - Reduces testosterone, sexual urges and fantasy
 - Medroxyprogesterone acetate
 - Depo-Provera, also reduces testosterone
- Relapse is common after discontinuation

Defining Gender Dysphoria

- Trapped in the body of the wrong sex
 - Desire to assume the identity of the desired sex
 - Goal is not sexual
- Causes are unclear
 - Gender identity develops between 18 months and three years of age
- Fluid or cross-gendered identity is *not* a disorder; it only becomes a disorder when it causes distress or significant impairment

Gender Dysphoria, Part 1

- **Transgendered**
- describes people whose gender identity or gender expression is different from that usually associated with their birth gender
- apparent even in children

DSM-5 Disorder Criteria Summary, Gender Dysphoria in Children (1 of 3)

In Children:

- A. An incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, with at least six of the following:
- (1) A strong desire to be the other gender or an insistence that one is the other gender
 - (2) In boys, a strong preference for cross-dressing; in girls, a strong preference for wearing typical masculine clothing and a resistance to wearing typical feminine clothing
 - (3) A strong preference for cross-gender roles in make-believe play or fantasy play

DSM-5 Disorder Criteria Summary, Gender Dysphoria in Children (2 of 3)

- (4) A strong preference for the toys, games, or activities stereotypically used by the other gender
- (5) A strong preference for playmates of the other gender
- (6) In boys, a strong rejection of masculine toys, games, and activities and a strong avoidance of rough-and-tumble play or in girls, a strong rejection of feminine toys, games and activities
- (7) A strong dislike of one's sexual anatomy
- (8) A strong desire for the primary or secondary sex characteristics that match one's experienced gender

DSM-5 Disorder Criteria Summary, Gender Dysphoria in Children (3 of 3)

(6) In boys, a strong rejection of masculine toys, games, and activities and a strong avoidance of rough-and-tumble play or in girls, a strong rejection of feminine toys, games and activities

(7) A strong dislike of one's sexual anatomy

(8) A strong desire for the primary or secondary sex characteristics that match one's experienced gender

B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

DSM-5 Disorder Criteria Summary, Gender Dysphoria in Adolescents and Adults (1 of 2)

In Adolescents and Adults:

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, with at least two of the following:

(1) A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics

(2) A strong desire to be rid of one's primary or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender

(3) A strong desire for the primary or secondary sex characteristics of the other gender

(4) A strong desire to be of the other gender

DSM-5 Disorder Criteria Summary, Gender Dysphoria in Adolescents and Adults (2 of 2)

(5) A strong desire to be treated as the other gender

(6) A strong conviction that one has the typical feelings and reactions of the other gender

B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

From American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.

Gender Role Conflict Theory, Part 1

- **Gender Role Conflict**
 - occurs when an individual experiences negative consequences resulting from the competition between rigid, sexist, or overly restrictive gender roles and incompatible situational demands
- **Four types of conflict:**
 - Success, power and competition

Gender Role Conflict Theory, Part 2

- restricted emotionality
- restricted affectionate behavior between men
- conflict between work and family relationships
- **Using GRC to treat Gender Dysphoria**
 - Awareness
 - Seeking Information

Gender Role Conflict Theory, Part 3

- **Exploration**
 - Identity
 - Incorporation
 - Transitional Options
- **Disclosure**
- **Integration**
 - Acceptance
 - Posttransitional Resolution

Treating Gender Dysphoria

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

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