Chapter 9: Gender Identity Disorder, Paraphilias, and Sexual Dysfunction

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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

GENDER IDENTITY DISORDER

• apparent even in children
• majority of children who develop gender identity disorder no longer show symptoms by adolescence

Gender Identity Disorder

• Diagnostic Criteria
  – Disturbance in gender identity such that there is a conflict between gender identity and anatomical gender
    • Gender identity
      – One’s psychological sense of being male or female
    • At least 4 of the following are needed:
      – Repeated expression of a desire to be a member of the other gender

Gender Identity Disorder

  • Preference for wearing clothing stereotypical of the other gender
  • Presence of persistent fantasies about being a member of the other gender or assumption of roles of the other gender in make-believe play
  • Desire to participate in leisure activities of the other gender
  • Strong preference for playmates who belong to the other gender

• Strong persistent sense of discomfort with one’s anatomical gender or the behaviors that typify the gender role

Gender Identity Disorder

• No intersex condition that would give rise to such feelings
• Features cause serious distress or impair social, occupational, or educational functioning

  – Prevalence Rates
    • Unknown
    • 5:1 males
• 1 in 30,000 males and
1 in 100,000 females seek sex change operations

– Course
  • variable

Gender Identity Disorder

– Don’t confuse gender identity with sexual identity
– Theoretical Perspectives
  • Psychodynamic
  • Learning
  • Biological

Paraphilias

• Diagnostic Criteria
  – Recurrent intense sexual urges and sexually arousing fantasies of
  at least 6 months’ duration generally involving either”
  • Nonhuman objects
  • Suffering or humiliation of oneself or one’s partner
  • Children or other nonconsenting persons

Paraphilias

– Diagnosis is made if the person has acted on the urges or is
  markedly distressed by them
– Provide immediate pleasure and an escape from internal
  discomfit
  • Even though they may lead to legal and interpersonal consequences, people
  still perform the behaviors
– Gender distribution
  • Masochism:
    – 20:1 male

Paraphilias

• All the rest
  – Virtually no females
– Come from all levels of intelligence, SES, and sexual orientation
– Prevalence rate is unknown, but they are believed to be very
  prevalent

Paraphilias

• Exhibitionism
  – 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

• Fetishism
  – 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)

• Frotteurism
  – Involves touching and rubbing against a nonconsenting person
    • Touching, not the coercive nature of the act that is sexually exciting
  – Characteristics

• 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

• Sexual Masochism
  – 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

• Sexual Sadism
  – 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

• Transvestic Fetishism
  – Involves fantasies or actual dressing in clothing of the opposite sex, which is found to be sexually arousing
– Diagnosed only in heterosexual males
– Characteristics
– Begins before adulthood

Paraphilias

• Voyeurism
  – 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

Paraphilias

• Theoretical Perspectives
  – Psychodynamic
  – Learning Theories

• Treatment
  – Usually don’t seek treatment
    • Symptoms ego-syntonic
  – Treatments that work

Sexual Dysfunction

• Persistent problems with sexual interest, arousal, or response
• Affects 43% of women and 31% of men
  – At least that is the reported number
• Significant source of stress for those affected

Sexual Dysfunction

• Features of sexual dysfunction:
  – Fear of failure
  – Assumption of spectator role
  – Diminished self-esteem
  – Emotional effects
  – Avoidance behavior

Sexual Dysfunction

• Specifiers:
  – Lifelong Dysfunction
  – Acquired Dysfunction
  – Situational Dysfunction
Sexual Response Cycle
- Appetitive Phase
- Excitement Phase
- Orgasm Phase
- Resolution Phase

Sexual Dysfunction

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

Sexual Dysfunction

Sexual Desire Disorders
- Hypoactive Sexual Desire Disorder
  - Absence or lack of sexual interest or desire
  - Absence of sexual fantasies
- Sexual Aversion Disorder
  - Strong aversion to genital sexual contact
  - May desire and enjoy affectionate contact with partners

Sexual Dysfunction

Sexual Arousal Disorders
- Inability to achieve or maintain the physiological responses involved in sexual activity
- Female sexual arousal disorder
- Male erectile disorder
  - Most common sexual dysfunction seen at clinics

Sexual Dysfunction

Orgasm Disorders
- Female orgasmic disorder
  - Cannot reach orgasm through sexual intercourse
- Male orgasmic disorder
  - Cannot reach orgasm through sexual intercourse
- Premature ejaculation
• Pattern of ejaculation with minimal sexual stimulation
• Need to consider a number of factors when making this diagnosis

**Sexual Dysfunction**

• Pain Disorders
  – persistent genital pain associated with sexual intercourse or stimulation
  – dyspareunia

**Sexual Dysfunction**

• Theoretical Perspectives
  – Biological
    • 70-80% of cases of sexual dysfunction due to organic causes
    • Factors:
      – Low testosterone
      – Diseases
      – A&D abuse
      – Surgeries
      – Normal aging processes

**Sexual Dysfunction**

• Changes in sexual functioning related to aging
  – Women
  – Men

  – Learning Perspective
    • Conditioned anxiety
    • Learning sexual skills

  – Cognitive Perspective
    • Myths about sex
    • “Good Sex”

  – Relationship Problems

**Sexual Dysfunction**

• Sex Therapy
  – Master’s & Johnson
  – Learning-Based Treatments
  – Biological-Based Treatments
    • The Sexual Performance Perfection Industry

**References**