

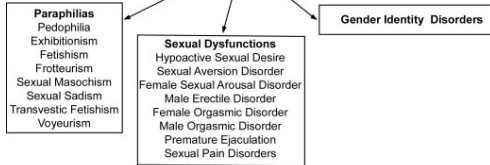
Chapter 7

Sexual Disorders



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WHAT ARE ABNORMAL SEXUAL BEHAVIORS?



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What is Abnormal Sexual Behavior?

Sexual behavior is considered a psychological disorder if it causes:

- harm to other people,
- persistent or recurrent distress, or
- impairment in important areas of functioning.

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Paraphilias

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Paraphilias

para = abnormal; *philia* = attraction

- Disorders in which an individual has recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving
 - nonhuman objects,
 - children or other nonconsenting persons, or
 - the suffering or humiliation of self or partner.
- Inability to experience sexual gratification in the absence of the desired stimulus.
- *Lasting at least six months.*

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Pedophilia:

A paraphilia in which an adult's sexual urges are directed toward children.



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PEDOPHILIA



- Types of molester
 - Situational molesters
 - Preference molesters
 - Child rapists

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PEDOPHILIA



- 2/3 of all sexual assault victims are children & adolescents.
- Among age 12-17, 14-year-olds are the most common victims.
- Under 12, 4-year-olds are the most commonly abused.
- Nearly 2/3 of the victims are female.
- Vast majority of perpetrators are male.
- About 1/3 of offenders are relatives of the victimized children.

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Types of sexual aggressor in general

- Physiological
- Cognitive
- Affective
- Developmentally-related

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THEORIES

- **EARLY LIFE EXPERIENCE**
 - Sexually and emotionally abused as children.
 - Victim-to-abuser cycle.
- **PERSONALITY TRAITS**
 - Antisocial personality traits.
 - Anger stemming from feelings of inadequacy, introversion, cognitive rigidity.

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TREATMENT

BIOLOGICAL APPROACH

- **IN DIAGNOSIS**
 - Penile plethysmograph.
- **IN TREATMENT**
 - Lowering testosterone.
 - Castration (rare).
 - Hypothalamotomy.

These may help curb sex drive, but inappropriateness of the choice of partner must also be addressed.

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TREATMENT

- **BEHAVIORAL TREATMENT**
 - Aversive therapy.
 - Ridicule.
- **COGNITIVE**
 - Relapse prevention.
- **GROUP THERAPY**
 - Confront denial and rationalizations.
 - Supportive context to discuss desires and conflicts.

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Exhibitionism



Exhibitionism:

A paraphilia in which a person has intense sexual urges and arousing fantasies involving the exposure of genitals to a stranger.

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Fetishism:

A paraphilia in which the individual is preoccupied with an object and depends on this object rather than sexual intimacy with a partner for achieving sexual gratification.



Behavior is not fetishistic when involving an object specifically designed for sexual excitation (e.g., vibrator).

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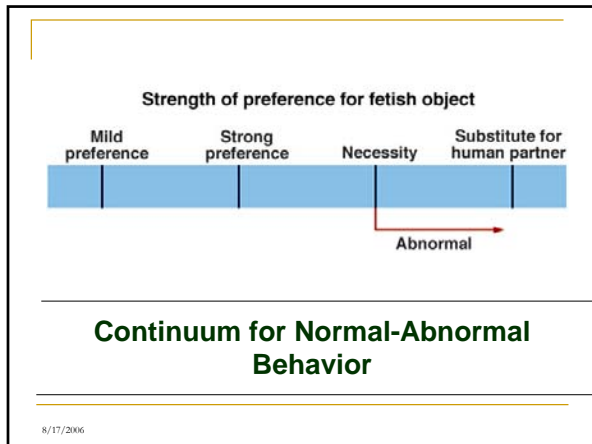
Partialism:

A paraphilia in which the person is interested solely in sexual gratification from a specific body part, such as feet.

Some experts regard this as a kind of fetishism.



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Frotteurism:
 from French *frotter* ("to rub")
 A paraphilia in which the individual has intense sexual urges and sexually arousing fantasies of rubbing against or fondling an unsuspecting stranger.

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Sexual Masochism

Attraction to achieving sexual gratification by having painful stimulation applied to one's own body, either alone or with a partner.

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Sexual Sadism

Deriving sexual gratification from activities that harm, or from urges to harm, another person.



The term **sadomasochist** refers to someone who derives pleasure from both inflicting and receiving pain.

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Some Sadomasochistic Activities

- spanking
- master-slave
- bondage
- humiliation
- restraint
- pain infliction
- whipping
- verbal abuse
- toilet-related activities
- cutting
- shocking
- asphyxiation
- activities have rules



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Transvestic fetishism:

A paraphilia in which a man has an uncontrollable craving to dress in women's clothing in order to derive sexual gratification.



Homosexual men who makes themselves up as women are not transvestic fetishists because they are not dressing this way to gain sexual satisfaction. ♀

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Voyeurism:

from French *voir* ("to see")

A paraphilia in which the individual has a compulsion to derive sexual gratification from observing the nudity or sexual activity of others.



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OTHER PARAPHILIAS

Telephone scatologia	Making obscene phone calls
Necrophilia	Corpses
Zoophilia	Animals
Coprophilia	Feces
Klismaphilia	Enemas
Urophilia	Urine
Autagonistophilia	Sex in front of others
Somnophilia	Sleeping people
Stigmatophilia	Skin piercing or tattoo
Autonepiophilia	Wearing diapers

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FEATURES OF PARAPHILIAS

- Vary by paraphilia.
- Generally, ingrained behaviors.
- Biopsychosocial factors.
- Conditioning appears to be main cause.
- Difficult to treat.
- Rarely present for treatment unless legally bound.
- Treatment depends on the nature of the paraphilia.

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Gender Identity Disorder

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Gender identity:

The individual's self-perception as a male or female.

Gender identity disorder:

A condition in which there is a discrepancy between an individual's gender identity and assigned (biological) sex.

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GENDER IDENTITY DISORDER

- Strong and persistent (but not delusional) belief that they are the wrong sex.
- Refusal to engage in culturally "gender-appropriate" behaviors.
- Recurrent fantasies and cross-dressing.
- Without sexual gratification from cross-dressing.

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THEORIES OF GENDER IDENTITY DISORDER

- **BIOLOGICAL**
 - ✓ Abnormal fetal hormone levels.
 - ✓ Vulnerability to high sensory arousal.
 - ✓ Sensitive to parents' emotional expressions.
- **PSYCHOLOGICAL**
 - ✓ Parental preferences for child of other sex.
 - ✓ Parental unintentional reinforcement of cross-gender behaviors.
- **SOCIAL** - Cultural idealization of stereotypical male and female "types."

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TREATMENT

- **PSYCHOTHERAPY**
 - Very young child
 - Help develop self-esteem
 - Older child
 - Deal with cross-gender behavior and fantasy, low self-esteem, peer rejection
 - Adults
 - Focus on the biopsychosocial causes, provide support and coping strategies

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SEX REASSIGNMENT SURGERY

- ✕ Sought by a small number of those with gender identity disorder.
- ✕ Factors in improved functioning post-surgery:
 - ✕ Female-to-male transition hold greater satisfaction.
 - ✕ Level of adjustment pre-surgery.
 - ✕ Level of commitment to being other sex.
 - ✕ Quality of surgery itself.

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Sexual Dysfunctions

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TABLE 7.2 Phases of Human Sexual Response Cycle and Associated Disorders

Phase	Male	Female
Sexual desire		
Normal response	Interest in sexual activity	Interest in sexual activity
Sexual dysfunctions	Hypoactive sexual desire disorder, sexual aversion disorder	Hypoactive sexual desire disorder, sexual aversion disorder
Sexual arousal		
Normal response	Penile erection	Lubrication and swelling of vagina
Sexual dysfunctions	Male erectile disorder	Female sexual arousal disorder
Orgasm		
Normal response	Feeling of inevitability of orgasm, followed by rhythmic contractions of prostate and urethra and expulsion of semen	Rhythmic contractions of vagina and uterus
Sexual dysfunctions	Male orgasmic disorder, premature ejaculation	Female orgasmic disorder

SEXUAL DYSFUNCTIONS

- Abnormality in individual sexual responsiveness.
- Individually defined.
- Usually related to other problems.
- Lifelong or acquired.
- Generalized or situational.

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Hypoactive Sexual Desire Disorder

A sexual dysfunction in which the individual has an abnormally low level of interest in sexual activity.

Possible Causes:

- Psychological difficulties.
- Poor body image or self-esteem.
- Interpersonal hostility.
- Relationship power struggles.

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Sexual Aversion Disorder

A sexual dysfunction characterized by an active dislike and avoidance of genital contact with a sexual partner.

4 Primary Causes:

1. Severely negatively parental sex attitudes.
2. History of sexual trauma.
3. Sexual pressuring by partner.
4. Gender identity confusion.

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Sexual Arousal Disorders



Female Sexual Arousal Disorder



Male Erectile Disorder

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Orgasmic Disorder



Female Orgasmic Disorder



Male Orgasmic Disorder

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Premature Ejaculation

In this, the man reaches orgasm long before he wishes to, perhaps even prior to penetration.

More commonly reported in young men, perhaps associated with lack of maturation & experience.

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Sexual Pain Disorders

Dyspareunia

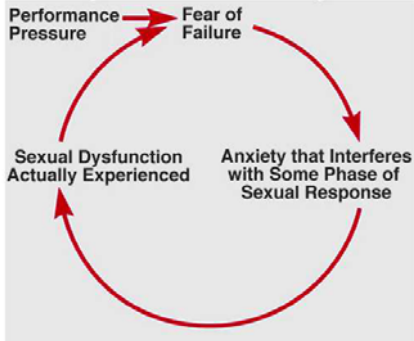
Involves recurrent or persistent genital pain before, during, or after intercourse.

Vaginismus

Involves recurrent or persistent involuntary spasms of the outer vaginal muscles.

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Vicious Cycle of Sexual Dysfunction



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THEORIES AND TREATMENT

Sexual dysfunctions may arise from physical and/or psychological problems.

- Neurological, cardiovascular disorders.
- Liver or kidney disease.
- Hormonal abnormalities.
- Problems with reproductive system.
- Substance-induced.
- Treatment - Variety of physical, educative, attitudinal, intrapsychic, interpersonal.

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The Biopsychosocial Perspective

- * Behavioral perspective appears to hold the most promise in explaining sexual disorders.
- * Behavioral treatments of sexual disorders can be applied to the paraphilias and sexual dysfunctions.
- * Biological perspective is important, too, especially with gender identity disorders and the treatment of erectile dysfunction.
- * Exploring personal history and relationship difficulties is important.

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