Human Sexuality
November 25, 2009
Paraphilias, Sexual Variations, & Gender Identity Disorder

DSM-IV (1994)
- "recurrent, intense sexually arousing fantasies, sexual urges, or behaviours generally involving 1) nonhuman objects, 2) the suffering or humiliation of oneself or one’s partner, or 3) children or other nonconsenting persons that occur over a period of at least 6 months
- "The urges or behaviour cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

Gender Differences
- Except for Sexual Masochism where the sex ratio is 20:1 males: females, the other paraphilias are almost never diagnosed in women

Paraphilias in the DSM-IV

Fetish
- "recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving the use of nonliving objects as sexual stimuli (DSM-IV-TR)
<table>
<thead>
<tr>
<th>Transvestic Fetishism</th>
<th>Exhibitionism</th>
</tr>
</thead>
<tbody>
<tr>
<td>• diagnosed in heterosexual males who experience “recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving cross-dressing” (DSM-IV-TR)</td>
<td>• “recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the exposure of one’s genitals to an unsuspecting stranger” (DSM-IV-TR)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frotteurism</th>
<th>Voyeurism</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving touching and rubbing against a nonconsenting person” (DSM-IV-TR)</td>
<td>• “recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act of observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity” (DSM-IV-TR)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Masochism</th>
<th>Sadism</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act (real, not simulated) of being humiliated, beaten, bound, or otherwise made to suffer” (DSM-IV-TR)</td>
<td>• “recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving acts (real, not simulated) in which the psychological or physical suffering (including humiliation) of the victim is sexually exciting to the person” (DSM-IV-TR)</td>
</tr>
</tbody>
</table>
Pedophilia

- "recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving sexual activity with a prepubescent child or children
- (generally age 24 years or younger)
- Person must be at least 16 years old and at least 5 years older than the child (DSM-IV-TR)

Paraphilia Not Otherwise Specified

- code paraphilias that don’t meet criteria for the other categories:
  - telephone scatologia (obscene phone calls)
  - necrophilia (corpses)
  - partialism (exclusive focus on part of the body)
  - zoophilia (animals)
  - coprophilia (feces)
  - klimaphilia (enema)
  - urophilia (urine)
  - Asphyxiophilia (induce a state of oxygen deficiency)
Paraphilia
Taphophilia being buried alive
Teratophilia deformity
Telephone scatalogia obscene phone calls
Tenderness feeling of others
Teratophilia non-sexual disfiguring
Therapeutically emasculate seeing victim of the opposite sex
Thesauromania like collecting, hoarding
Timophilia wealth or social status
Toucherism non-consensual groping
Transvestic Fetishism wearing clothes of the opposite sex
Trichophilia hair
Urophilia urine
Voyeurism spying
Vampirism blood
Vorarephilia To physically consume or be consumed
Xenophilia stranger
Zelophilia feeling jealous
Zoophilia animals
Zoosadism harm to animals
Paraphilia NOS

Should Paraphilias be in the DSM-IV?

Criticisms

DSM-IV cont.

- “…many individuals with these disorders assert that the behaviour **causes them no distress** and that their only problem is social dysfunction as a result of the reaction of others to their behaviour”

Reasons to consider removing Paraphilias from the DSM

- Mental illness is stigmatizing
- Vast cross-cultural variation in appropriate sexual activities

A new alternative: “Sexual Interest Disorder”

- Moser, 2001
  - Specific fantasies, sexual urges, or behaviours that cause clinically significant distress or impairment in social, occupational or other important areas of functioning
  - Sexual interest is not better accounted for by another Axis I disorder, not due to a GMC, and is not the result of substance use

Implications of the new alternative

- Consenting behaviour between 2 people should not be pathologized
- Allows for resolution of the commonalities between rape and pedophilia
- Both would be dealt with legally
- Mental illness is not a defense
- “Just” being a pedophile but not acting on it is not illegal or psychopathology; acting on it is the problem
- But, just having the behaviour without distress is not a problem
Sexual and Gender Identity Disorders

Paraphilias

Gender Identity Disorder

Sexual Dysfunctions

Sexual Dysfunction due to a General Medical Condition

Sexual Dysfunction NOS

Paraphilias

Gender Identity Disorder

Sexual Dysfunction NOS

Desire

Exhibitionism

Fetishism

Arousal

Orgasm

Pain

Frotteurism

Pedophilia

Masochism

Sadism

Transvestic Feminism

Voyeurism

Definition

- Gender Identity Disorder (DSM-IV-TR) is diagnosed when an individual experiences:
  1. A strong persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex)
  2. A significant discomfort with his or her gender or a sense of inappropriateness in the gender role of that sex (termed gender dysphoria)

3. The disturbance is not concurrent with a physical intersex condition

4. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

Prevalence

- Male to female (i.e., genetic males)
  - 1 in 30,000
- Female to male (i.e., genetic females)
  - 1 in 100,000