Learning Objectives

Upon completion of this unit, students should be able to:

1. Explain gender identity disorder and lifestyle options of individuals with the disorder.
2. Discuss the types of sexual dysfunctions, as well as the theoretical perspectives and treatment approaches of sexual dysfunctions.
3. Discuss the types of araphilias, as well as the theoretical perspectives and treatment approaches of araphilias.
4. Draw an association between rape and the issue of sexuality disorders.
5. Recognize schizophrenia, its subtypes, and the diagnostic features that help form the diagnosis.
6. Describe the theoretical perspectives and treatment approaches of schizophrenia.
7. Identify and define brief psychotic disorder, schizophreniform disorder, delusional disorder, and schizoaffective disorder.

Written Lecture

Gender Identity Disorder

Gender identity refers to a person’s psychological perception of gender. Gender identity does not rely on cultural norms as it is the person’s own experience of who they are in terms of gender. Gender roles, on the other hand, refer to norms associated with being male or female imposed by our culture or society. For instance, nurturing and demure behaviors are associated with women, while physical strength and sexual assertiveness is associated with men. Often times, gender identity is consistent with either the female or male physical sexual anatomy. However, at times this may not be the case and gender identity conflicts with a person’s sexual anatomy. Gender identity disorder occurs when this conflict leads to significant emotional distress and impaired functioning. Let’s look at a case example.

Matthew can’t remember a time when he didn’t wish he was a female. As a child, he preferred to play with the girls in his class and felt awkward around the boys. As an adult, he still prefers to have female friends, and feels anxious every time he is around the men in his office at work. He has isolated himself from the men at work because of this anxiety and fears that he does not fit in with them. Going to work is now associated with anxiety for Matthew, and he has begun experiencing panic attacks in the morning before going to work. Matthew frequently tells his female friends he feels as if he actually is a female inside a man’s body. He fantasizes about being female often and making love to a man as a female would. Matthew refuses to look in the mirror when he is naked as he feels disgusted every time he sees his male anatomy.
On the flip side of the coin, Chaz Bono is an individual making the transition from female to male. Chaz was born Chastity Bono and the daughter of the famous singing couple Sonny and Cher. Chaz, who in his teens, believed he was a lesbian, talks about how he confused gender identity with sexual orientation. He was uncomfortable as puberty set in and because he was attracted to women, he mistakenly assumed he was a lesbian. Before he began the physical transformation, he talked with therapists for about eight years; not about the issue of whether he was transgender but how he would handle the transition to becoming a male in the public spotlight. At age 40, Chaz began testosterone injections, went through surgery to remove his breasts, and has written a book on the transgender process. He says that not only is he more comfortable as a man, but others around him are now more comfortable with him as a man.

**Sexual Dysfunctions**

Sexual dysfunctions are associated with persistent difficulties with sexual arousal, interest, and response. The different sexual dysfunctions are listed below along with brief examples that include the specific disorder and theoretical perspective on the disorder.

**Sexual Desire Disorders**—Stacy never feels the desire to have sex with her husband. This is causing significant distress in her marriage. She feels attracted to him, but when it comes to sex, she has no desire to be intimate in that manner. After going to therapy, Stacy discovers that she resents her husband for an affair that occurred years before. (Hypoactive Sexual Desire Disorder/psychological perspective)

**Sexual Arousal Disorders**—Jimmy has a difficult time maintaining a relationship. He often ends a relationship right before he thinks they will become sexually intimate as he fears rejection because of his inability to maintain an erection. After seeking treatment from his physician, Jimmy learns he has a testosterone deficiency. (Erectile Dysfunction Disorder/biological perspective)

**Sexual Pain Disorders**—Lacy experiences pain every time she has sex with her boyfriend. Her vaginal muscles spasm and become so tight that they make penetration extremely difficult. This is causing Lacy significant emotional distress as she feels her inability to have sex will cause problems in her relationship. However, Lacy has always believed sex should only occur when married, and women should not display sexual assertiveness or pleasure. In her perspective, this would not make her a respectful woman. (Vaginismus/sociocultural perspective)

**Paraphilias** are considered sexual disorders that involve sexual deviations. One of the most news related paraphilias is pedophilia, which the DSM-IV-TR defines as fantasies, sexual urges or behaviors that involve sexual activity with children. But paraphilia is not limited to pedophilia. Individuals with paraphilias experience sexual urges or fantasies of sexual contact with nonhuman objects, such as women’s underwear, shoes, animals, or sexual contact that involves humiliation or pain infliction on oneself or others. Can you identify the paraphilia below?

Rick has recurrent sexual fantasies of watching others in their home either undressing or engaging in sexual intercourse. The thought that the other person(s) does not know they are being watched is sexually exciting. He has begun walking his neighborhood late at night searching for homes whose windows are open. If he finds one that has an open window, he watches until he can see a woman undressing or a couple having sex. He goes home and masturbates to the memory of what he saw.*
There is an interesting article in the CSU Online Library about the different paraphilias that you might want to read. Muscari and Rubino (2006) give a brief description of various paraphilias, causation theories, and assessment and treatment approaches.

**Rape**

Although rape is not a disorder found in the DSM system, nor do all rapists have a mental disorder, it is brought up in this chapter because of the effects rape has on its victims and the psychological and physical issues rape survivors may experience (Nevid, Rathus & Green, 2011). Of the various types of rape—stranger rape, acquaintance rape, marital rape, and male rape—acquaintance rape is the most common. Donna Potts, a college student, was raped by her professor; a man whom she had worked with and even eaten dinner with him and his family. Because of his position, she had no idea how to handle the situation, as is the case with many individuals who are the victims of acquaintance rape (Potts, 2011).

Theoretical perspectives about the reasons for rape point more to a dominance, violence, or power issue than strictly a sexual issue. Social and cultural beliefs in the past have pointed fingers at the victim, blaming her for her own rape. Awareness education over the past generation has helped change these archaic beliefs, but in some societies, these attitudes still prevail. Potts went on to become a professor herself and works with her students to help them understand the channels and avenues they have to receive up-to-date information about rape (Potts, 2011).

Check out the CSU Online Library (and the supplemental reading section) to read Donna Pott's fully story.

**Psychotic Disorders**

The most well recognized psychotic disorder is Schizophrenia. The disorder is characterized by positive and negative symptoms. Positive symptoms include hallucinations and delusions. Negative symptoms include lack of emotional expression, impoverished speech, loss of motivation and pleasure, and social withdrawal.

Other psychotic disorders include Delusional Disorder, Schizophreniform Disorder, Schizoaffective Disorder, and Brief Psychotic Disorder. The following are the main characteristics of each disorder.

Delusional Disorder—the presence of delusional beliefs in the absence of other symptoms associated with Schizophrenia. Delusions can be either erotomanic, grandiose, jealous type, persecutory, somatic, or mixed.

Schizophreniform Disorder—includes the same symptoms as Schizophrenia. However, the difference is in the time the symptoms have been present. In this disorder, symptoms have been present for at least one month but less than six months. While in Schizophrenia, the signs of the disorder have been present for at least six months.

Schizoaffective Disorder—presence of symptoms of Schizophrenia, like hallucinations and delusions, that occur at the same time as a manic episode, major depressive episode, or both. However, it is important to note the distinction between Schizoaffective Disorder and Major Depressive Disorder with
psychotic symptoms. With Schizoaffective Disorder, the psychotic symptoms can also occur in the absence of the manic or depressive episode. Yet, with Major Depressive Disorder with psychotic symptoms, the psychotic symptoms occur exclusively with a major depressive episode.

Brief Psychotic Disorder—the presence of delusions, hallucinations, disorganized speech or behavior, or catatonic behavior for a period of one day to a month.

Let us look at a case example that uses the biological perspective to explain the etiology of the disorder, and uses the biological treatment method.

Lonnie has been having difficulty sleeping at night because she is hearing voices. She cannot identify who the voices belong to, but they tell her that her husband is trying to poison her. She refuses to eat anything he makes in case he has put the poison in her food. She believes most people she comes into contact with, including strangers, are colluding with her husband to kill her. As a result, she has withdrawn from everyone she knows, and rarely comes out of her home. Lonnie’s husband gets her to go to a psychiatrist for treatment where she is diagnosed with Schizophrenia. During her initial clinical interview, the psychiatrist learns Lonnie’s mother had Schizophrenia and was hospitalized several times for delusional beliefs. The psychiatrist prescribes Haldol, an antipsychotic medication, to help Lonnie with her symptoms.

The biological perspective is demonstrated as genetic factors may have increased Lonnie’s predisposition to the disorder. Heredity is a factor since Lonnie’s mother had Schizophrenia as well. Biological treatments of the disorder include the use of antipsychotic medication.

In another interesting case of schizophrenia, David Weiss, after trying numerous medications, underwent 24 treatments of electroconvulsive therapy to treat his schizophrenia (Weiss, 2011). The severity of his mental illness is unusual. He writes his own story in an article entitled “God of the schizophrenic; rediscovering my faith amid the ravages of mental illness.” (Weiss, 2011) The piece is written from the rare view of the schizophrenic’s perspective of the disorder. The full article can be found in the CSU Online Library.

Your textbook gives additional information on the other theoretical perspectives and treatment approaches. Make sure to review Chapter 12 of your textbook.

*Rick’s case is a perfect example of Voyeurism.

References


