# Abnormal Psychology

## November 1, 2012

* **Types of Sexual Disorders**
  + - **Sexual Dysfunctions: Disruption of the sexual response cycle or pain during intercourse**
    - **Paraphilia’s: Sexual desires or behaviors involving unusual sources of gratification**
    - **Gender Identity Disorders: Dissatisfaction with one’s own biological sex and a desire to change to the opposite sex. Doesn’t have to do with sexual desire or sexual orientation.**
    - **3-4 times a month, 85% male orgasm, 35% female orgasm, 6 second orgasms**
  + **Groups at Risk for Sexual Dysfunction**
    - 43% of females and 31% of males will at some point have a sexual dysfunction
    - It depends on what the particular issue is depending on whether they come in or their partner does
    - These bring a lot of anxiety, decreased self esteem, and more interpersonal problems (Relationship type problems)
  + **Stages of the Normal Human Sexual Response Cycle**
    - Desire – Sexual urges occur in response to sexual cues or sexual fantasies
    - Arousal or Excitement – Subjective sense of sexual pleasure; Physiological signs of sexual arousal
    - Plateau – Continued state of increased arousal before orgasm
    - Orgasm – Sexual pleasures peak and sexual tension is released as muscles in pelvic region contract. Males will report the orgasm as very similar, for females there’s more variability.
    - Resolution – Decrease in arousal and return to normal state. Females will go back into the Plateau phase and can potentially have another orgasm if properly stimulated. Women don’t have a refractory period like males do.
  + **Sexual Desire Disorders**
    - Hypoactive Sexual Desire Disorder
      * Uninterested in sexual activity and sexual fantasy and a resulting low level of sexual activity
    - Sexual Aversion Disorder
      * Persistent or recurrent extreme aversion to, and avoidance of, genital sexual contact with a sexual partner
  + **Sexual Arousal Disorders**
    - Female Sexual Arousal Disorder
      * Persistent or recurrent inability to attain or maintain adequate vaginal lubrication and the swelling response of sexual excitement
    - Male Erectile Disorder (Impotence)
      * Persistent or recurrent inability to attain or maintain an adequate erection.
      * Usually over 50 years old
    - Changes in DSM-V
      * In females there’s not much of a distinction between desire and arousal. They’re combining *Hypoactive Sexual Desire Disorder and Female Sexual Arousal Disorder* to become **Sexual Interest/Arousal Disorder**.
      * They’re calling it Hypoactive Sexual Desire Disorder for Men instead of without Men.
  + Orgasmic Disorders
    - Female/Male Orgasmic Disorder
      * Persistent or recurrent delay in, or the absence of, orgasm following a normal sexual excitement phase
    - Premature Ejaculation
      * Persistent or recurrent ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it
      * 25-40% of men will experience this at some point in their life
    - DSM-V
      * Male Orgasmic Disorder will be called delayed ejaculation now.
      * Premature Ejaculation will now be called Early Ejaculation
  + General Principles of Sex Therapy
    - Assessment and conceptualization
    - Mutual responsibility
      * Truthful foundation to work from, but it reduces the pressure on those who are having the problem.
    - Education and sexuality
      * What’s normal and what’s not normal.
    - Attitude change
      * If they have the idea that sex is sinful and bad then they’re conflicting ideas of sex. Changing those attitudes is necessary
    - Elimination of performance anxiety and the spectator role
      * It’s not something you’re doing to the other person, you’ve got to enjoy it as well
      * *Sensate Focus*
        + You are allowed to do certain things but not others.
        + Doing others things that don’t have to do with the genitals like massages and backrubs.
        + Once aroused from those certain things where it’s low pressure you add back certain things like exploring the genitals, but still no intercourse
        + Once they’re able to enjoy and find that pleasurable they’ll allow intercourse
    - Increasing sexual communication skills
      * Tell your partner what you like and don’t like
    - Changing destructive lifestyles and interactions
      * If they are a couple with relationship problems, you’ll want to address those. If there’s a substance use problem then you’ll want to address those.
    - Addressing physical and medical factors
      * Often times individually will experience difficulty-maintaining erections with certain medications.
  + Treatment of Sexual Desire Disorders
    - Cognitively explore why sex has negative connotations
    - Sensate Focus
      * Often forbid intercourse
      * In hierarchical manner, enjoy physical touching in nonthreatening context (e.g. massages, backrubs)
    - Focus on erotic sensations
      * Becoming familiar with what they are, what they feel like, etc
    - Explore quality of interpersonal relationship
    - Treat other conditions such as depression
    - Biochemical interventions (testosterone)
  + Arousal Disorders: Behavioral Treatment
    - Decrease Anxiety and Promote Pleasure
      * Sensate focus
      * Permission to be selfish and focus on erotic sensations
      * For males, squeeze technique to overcome fear of losing erection
    - Increase level of stimulation
      * Different sexual positions
      * Manual stimulation
      * Explore different types of sensory stimulation (e.g. Music, incense, food)
  + Arousal Disorders: Biological Treatment
    - Males
      * Injections
      * Constriction bands
      * Viagra
    - Females
      * Lubricants
  + Female/Male Orgasmic Disorder: Behavioral Treatment
    - Have person have orgasm under whatever conditions possible, even alone
      * Masturbation
      * Vibrators
      * Erotic material
    - Use hierarchy for having orgasm under conditions increasingly closer to intercourse
    - Maximize sexual arousal prior to coitus (intercourse)
    - Increase tone of pubococcygeal muscles
  + Premature Ejaculation: Behavioral Treatment
    - Focus attention on erotic sensations and their mounting quality
    - Semans “start-stop” technique to become comfortable with increasing level of arousal
    - Explore different sexual positions which allow for less arousal early in treatment
  + Paraphilias
    - Recurrent, intense sexual urges, fantasies, or behaviors that involve unusual objects, activities, or situations, and cause significant distress or impairment in important areas of functioning
    - Show this behavior for at least six months
    - Deviant
      * Exhibitionism
        + Recurrent, intense sexual arousal fantasies, sexual urges, or behaviors involving the exposure of one’s genitals to an unsuspecting stranger
        + They just want the other person to be aroused
      * Fetishism
        + Recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the use of nonliving objects
        + The fetish objects are not limited to articles of female clothing used in cross-dressing (as in transvestic fetishism) or devices designed for the purpose of tactile genital stimulation
        + 60% like women’s clothing, 23% rubber items, 15% involve footwear, 15% prefer specific body parts like feet, etc
        + Transvestic fetishism

Have to dress in womens clothing to have an orgasm or get aroused

NOT GENDER IDENTITY DISORDER!

Over a period of at least six months, in a heterosexual male, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving cross-dressing.

* + - * Frotteurism
        + Recurrent intense sexual arousing fantasies, sexual urges, or behaviors involving touching, rubbing, or fondling, an unsuspecting and nonconsenting person. Buses, subways, etc
        + Highest # of victim, average person has over 900 victims
      * Pedophilia
        + Recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally 13 years or younger)
        + The person is at least 16 years and at least 5 years older thant eh child or children
      * Voyeurism
        + Over a period of at least 6 months, 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
        + Don’t want sexual contact with who they’re watching, the risk of being caught increases their arousal of which makes it fun.
      * Sexual masochism
        + 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
      * Sexual Sadism
        + 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