CHAPTER 11: SEXUAL AND GENDER PROBLEMS
CLINICAL ISSUES

SEXUAL DYSFUNCTIONS

- Ethnic, cultural, religious, and social background will affect beliefs about sexual activity, and clinicians must take this into account when considering a diagnosis of sexual dysfunction.
- Symptoms of sexual dysfunction can occur in the context of other psychiatric disorders, and therefore need not necessarily represent a diagnosis of sexual dysfunction.
- Male Hypoactive Sexual Desire Disorder and Female Sexual Interest/Arousal Disorder both represent a 'deficiency' of desire – does that make it difficult for a clinician to judge what constitutes a 'deficiency'?
- Dysfunction at specific stages in the sexual cycle can often have accompanying problems elsewhere in the cycle, with disorders of sexual desire also affecting arousal, and failure of arousal also influencing sexual desire in future sexual encounters.
- Orgasmic disorders need to be diagnosed by also considering the client's age, and whether age has affected this aspect of sexual performance.
- Early ejaculation is not unusual when aspects of the sexual activity are novel, and this must be taken into account by the clinician when making a diagnosis.
- When making a diagnosis and selecting a treatment plan, the clinician needs to consider whether the sexual dysfunction is caused primarily by physical or medical conditions, or by psychosocial factors.
- Even when a sexual dysfunction is caused primarily by biological factors, it is likely that the disorder will generate associated psychological problems that require attention.
- A significant minority of men treated for erectile dysfunction with drugs (e.g. Viagra) dislike the side-effects of the drug (headaches, dizziness), and prefer alternative mechanical solutions such as a vacuum erection device (VED).

PARAPHILIC DISORDERS

- Many of the urges and fantasies defined in the diagnostic criteria for paraphilic disorders are experienced by many people. The clinician must decide when these urges and fantasies are recurrent enough to warrant a diagnosis of paraphilia.
- Many individuals with some paraphilic disorders do not experience distress or remorse at their sexual activities, and so experiencing distress or psychosocial impairment is not a necessary condition for diagnosing paraphilic disorders such as pedophilic disorder, voyeuristic disorder and exhibitionistic disorder.
- Paraphilic disorders are difficult to treat because many involve criminal activities which lead the client to be untruthful about their feelings and behaviours, and they are often comorbid with other psychopathologies that complicate treatment.
- Although aversion therapy is often used for the treatment of certain paraphilic disorders, relapse rates are high if it is the sole form of treatment.

GENDER DYSPHORIA

- A diagnosis of gender dysphoria in childhood only rarely leads to this diagnosis in adulthood.
- It is unclear whether gender reassignment surgery solves all the problems associated with gender dysphoria because a substantial proportion of those who apply for gender reassignment surgery drop out of treatment before it is fully completed.
- The opportunity to develop integrated therapies for changing gender identity beliefs is limited by the fact that most individuals with gender dysphoria are adamant that it is their biological sex they want to change and not their gender identity beliefs