### STUDY GUIDE

**CHAPTER 10**

1. How do values play a role when it comes to sex, gender, and abnormal psychology?
2. Define basic sex and gender terms.
3. Name and define the sexual dysfunctions and paraphilias listed in the DSM-5-TR and ICD-11.
4. How does DSM-5-TRdefine gender dysphoria? How is this similar and different from the ICD-10definitions of gender identity disorder, as well as the ICD-11diagnosis of gender incongruence?
5. What is the controversy surrounding compulsive sexual disorder?
6. Describe other diagnostic perspectives to sexual disorders.
7. What issues do critics of the DSM and ICDraise about pathologizing normal variations in sexual behavior?
8. Outline the major arguments made in the debate over whether gender dysphoria should continue to be classified as a mental disorder?
9. What historical shift does “the medicalization of sexual deviance” refer to?
10. Explain the historical notion of sexual instinct and how it informed early medical understandings of “sexual perversions.”
11. What was Krafft-Ebing’s *Psychopathia Sexualis*? What were the four kinds of sexual pathology it distinguished, and how did it shift medical understandings of sexual deviance?
12. Recount how homosexuality was voted out of the DSM-III. With which diagnosis was it replaced? What is the current status of homosexuality in the DSM-5-TR and ICD-11?
13. What were the Kinsey, Hite, and Janus Reports? What were their main findings?
14. Describe the phases of Masters and Johnson’s sexual response cycle and why was it significant in thinking about sexual dysfunction. How and why did Kaplan revise this model?
15. How are hormones different from neurotransmitters? Make sure to distinguish the endocrine from neural communication as part of your answer.
16. What are the primary male and female sex hormones and in what ways are they thought to influence sexual dysfunctions? What hormone interventions are used to treat sexual dysfunctions?
17. What roles do dopamine, norepinephrine, and serotonin play in sexual functioning? What antidepressant is commonly used to increase sexual desire and how is it hypothesized to work?
18. What is flibanserin, who is it typically prescribed for, and how is it believed to work in improving sexual arousal? How is bremelanotide different?
19. What is sildenafil, who is it typically prescribed for, and how is it believed to work in improving sexual arousal?
20. How do medications prescribed for other presenting problems sometimes affect sexual performance? Be sure to discuss anxiolytics, mood stabilizers, antipsychotics, antidepressants, anticonvulsants, and antihypertensives.
21. Which drugs are commonly prescribed to treat paraphilias? How are they thought to work and what is the evidence for their effectiveness?
22. What is the suspected role of prenatal sex hormones on gender dysphoria? What evidence is there linking gender dysphoria to these hormones?
23. Describe gender affirming treatments and procedures (i.e. hormone therapy). What procedures are undertaken in each?
24. What brain structures have been identified as important in sexual functioning? What specific roles are these structures believed to have?
25. How are drugs and intracavernous injection therapy used to address problems with tumescence?
26. What is currently known about the neurobiology of paraphilias? What brain areas have been implicated? What is the limit of our current understanding?
27. How are white matter microstructure, gray matter, and cortical thickness related to gender dysphoria/incongruence? Why are researchers cautious in the inferences they draw from existing research?
28. What roles do genes play in sexual dysfunctions? What do heritability estimates tell us?
29. Describe evolutionary explanations of premature ejaculation and erectile dysfunction. What is a significant problem with these explanations?
30. What has the small body of research on genetics and paraphilias revealed? Describe genetic research on pedophilia specifically. What conclusions can be drawn from this research?
31. Discuss the heritability of gender-related traits and attempts to link this to genetic ways of understanding gender dysphoria.
32. How can medical illnesses impact sexual interest and performance? Describe autoimmune diseases associated with sexual dysfunction and how these diseases may impair sexual performance.
33. Outline criticisms of biological perspectives on sexual problems and gender issues.
34. Summarize the arguments for and against adding paraphilic coercive disorder to the DSM.
35. How do classic psychoanalytic perspectives conceptualize and treat sexual dysfunctions and paraphilias? Why did Freud think “perversion” is something few of us escape entirely?
36. Why did psychodynamic therapist Robert Stoller prefer the term perversion to paraphilia? How did he explain perversions? What did he say is pathological about them? What did he see as the goal of psychodynamic therapy for perversions?
37. How does interpersonal therapy (IPT) address sexual dysfunction? What does research say about its effectiveness?
38. How are habituation, classical conditioning, and operant conditioning used to understand the origins of sexual dysfunctions?
39. What are sensate focus and spectatoring? How is sensate focus used to treat sexual dysfunction?
40. What are the squeeze technique and the stop-start method? How are they used to treat premature ejaculation?
41. What is pelvic floor rehabilitation? How are Kegel exercises used in such treatment?
42. How is systematic desensitization used to address sexual dysfunctions?
43. What are aversion therapies? Describe specific aversion therapies used with paraphilias.
44. How is masturbatory satiation used to reduce paraphilias? Explain the logic behind this technique.
45. How is cognitive restructuring used to address sexual dysfunctions and paraphilias? How do psychoeducation and bibliotherapy complement it in the CBT approach?
46. Describe how transgender-affirmative CBT (TA-CBT) is used with transgender clients.
47. What is the humanistic critique of the medicalization of sexuality?
48. Describe the basics of experiential sex therapy.
49. How do psychological interventions compare to biological treatments for sexual dysfunctions and paraphilias?
50. What is the New View? How is it different from more medical approaches? How do New View therapists assess sexual dysfunctions in women? What challenges does the New View approach face?
51. Discuss the WPATH recommendations for hormone therapy and gender reassignment surgery. How are gatekeeping and advocacy relevant in thinking about the WPATH standards?
52. Describe these three treatment programs for sexual offenders: relapse prevention (RP), risk-need-responsivity (RNR), and good life model (GLM). What is the evidence base for them?
53. How do support and advocacy groups work to help the transgender community?
54. What is the family systems perspective on sexual dysfunctions?
55. What are the strengths and weaknesses of sociocultural perspectives on sexual problems and gender issues?
56. What does it mean to say that our ideas about sex and gender are socially constructed?