Psychosexual Disorders

The name for this diagnostic class emphasizes that psychological factors are assumed to be of major etiological significance in the development of the disorders listed here. Disorders of sexual functioning that are caused exclusively by organic factors, even though they may have psychological consequences, are not listed in this classification. For example, impotence due to spinal-cord injury is coded on Axis III as a physical disorder, and the psychological reaction to that condition could be coded as an Adjustment Disorder, or some other suitable category, on Axis I.

The Psychosexual Disorders are divided into four groups. The Gender Identity Disorders are characterized by the individual's feelings of discomfort and inappropriateness about his or her anatomic sex and by persistent behaviors generally associated with the other sex. The Paraphilias are characterized by arousal in response to sexual objects or situations that are not part of normative arousal-activity patterns and that in varying degrees may interfere with the capacity for reciprocal affectionate sexual activity. The Psychosexual Dysfunctions are characterized by inhibitions in sexual desire or the psychophysiological changes that characterize the sexual response cycle. Finally, there is a residual class of Other Psychosexual Disorders that has two categories: Ego-dystonic Homosexuality and a final residual category, Psychosexual Disorders Not Elsewhere Classified.

GENDER IDENTITY DISORDERS

The essential feature of the disorders included in this subclass is an incongruence between anatomic sex and gender identity. Gender identity is the sense of knowing to which sex one belongs, that is, the awareness that "I am a male," or "I am a female." Gender identity is the private experience of gender role, and gender role is the public expression of gender identity. Gender role can be defined as everything that one says and does, including sexual arousal, to indicate to others or to the self the degree to which one is male or female.

Disturbance in gender identity is rare, and should not be confused with the far more common phenomena of feelings of inadequacy in fulfilling the expectations associated with one's gender role. An example would be an individual who perceives himself or herself as being sexually unattractive yet experiences himself or herself unambiguously as a man or woman in accordance with his or her anatomic sex.

302.5x Transsexualism

The essential features of this heterogeneous disorder are a persistent sense of discomfort and inappropriateness about one's anatomic sex and a persistent wish

to be rid of one's genitals and to live as a member of the other sex. The diagnosis is made only if the disturbance has been continuous (not limited to periods of stress) for at least two years, is not due to another mental disorder, such as Schizophrenia, and is not associated with physical intersex or genetic abnormality.

Individuals with this disorder usually complain that they are uncomfortable wearing the clothes of their own anatomic sex; frequently this discomfort leads to cross-dressing (dressing in clothes of the other sex). Often they choose to engage in activities that in our culture tend to be associated with the other sex. These individuals often find their genitals repugnant, which may lead to persistent requests for sex reassignment by surgical or hormonal means.

To varying degrees, the behavior, dress, and mannerisms are those of the other sex. With cross-dressing, hormonal treatment, and electrolysis, a few males with the disorder will appear relatively indistinguishable from members of the other sex. However, the anatomic sex of most males and females with the disorder is quite apparent to the alert observer.

Associated features. Generally there is moderate to severe coexisting personality disturbance. Frequently there is considerable anxiety and depression, which the individual may attribute to inability to live in the role of the desired sex.

Course and subtypes. The disorder is subdivided according to the predominant prior sexual history, which is coded in the fifth digit as 1 = asexual, 2 = homosexual (same anatomic sex), 3 = heterosexual (opposite anatomic sex), and 0 = unspecified. In the first, "asexual," the individual reports never having had strong sexual feelings. Often there is the additional history of little or no sexual activity or pleasure derived from the genitals. In the second group, "homosexual," a predominantly homosexual (object choice is same anatomic sex) arousal pattern preceding the onset of the Transsexualism is acknowledged, although often such individuals will deny that the behavior is homosexual because of their conviction that they are "really" of the other sex. In the third group, "heterosexual," the individual claims to have had an active heterosexual life.

Without treatment, the course of all three types is chronic and unremitting. Since surgical sex reassignment is a recent development, the long-term course of the disorder with this treatment is unknown.

Individuals who have female-to-male Transsexualism appear to represent a more homogeneous group than those who have male-to-female Transsexualism in that they are more likely to have a history of homosexuality and to have a more stable course, with or without treatment.

Age at onset. Individuals who develop Transsexualism often evidenced gender identity problems as children. However, some assert that although they were secretly aware of their gender problem, it was not evident to their family and friends. The age at which the full syndrome appears for those with the "asexual" or "homosexual" course is most often in late adolescence or early

adult life. In individuals with the "heterosexual" course, the disorder may have a later onset.

Impairment and complications. Frequently social and occupational functioning are markedly impaired, partly because of associated psychopathology and partly because of problems encountered in attempting to live in the desired gender role. Depression is common, and can lead to suicide attempts. In rare instances males may mutilate their genitals.

Predisposing factors. Extensive, pervasive, childhood femininity in a boy or childhood masculinity in a girl increases the likelihood of Transsexualism. Transsexualism seems always to develop in the context of a disturbed parent-child relationship. Some cases of Transvestism evolve into Transsexualism.

Prevalence. The disorder is apparently rare.

Sex ratio. Males are more common than females among people who seek help at clinics specializing in the treatment of this disorder. The ratio varies from as high as 8:1 to as low as 2:1.

Familial pattern. No information.

Differential diagnosis. In **effeminate homosexuality** the individual displays behaviors characteristic of the opposite sex. However, such individuals have no desire to be of the other anatomic sex. In **physical intersex** the individual may have a disturbance in gender identity. However, the presence of abnormal sexual structures rules out the diagnosis of Transsexualism.

Other individuals with a disturbed gender identity may, in isolated periods of stress, wish to belong to the other sex and to be rid of their own genitals. In such cases the diagnosis Atypical Gender Identity Disorder should be considered, since the diagnosis of Transsexualism is made only when the disturbance has been continuous for at least two years. In **Schizophrenia**, there may be delusions of belonging to the other sex, but this is rare. The insistence by an individual with Transsexualism that he or she is of the other sex is, strictly speaking, not a delusion since what is invariably meant is that the individual *feels like* a member of the other sex rather than a true belief that he or she *is* a member of the other sex.

In both **Transvestism** and **Transsexualism** there may be cross-dressing. However, in Transvestism that has not evolved into Transsexualism there is no wish to be rid of one's own genitals.

Diagnostic criteria for Transsexualism

A. Sense of discomfort and inappropriateness about one's anatomic sex.

B. Wish to be rid of one's own genitals and to live as a member of the other sex.

C. The disturbance has been continuous (not limited to periods of stress) for at least two years.

D. Absence of physical intersex or genetic abnormality.

E. Not due to another mental disorder, such as Schizophrenia.

Fifth-digit code numbers and subclassification. The predominant prior sexual history is recorded in the fifth digit as:

1 = asexual
2 = homosexual (same anatomic sex)
3 = heterosexual (other anatomic sex)
0 = unspecified

302.60 Gender Identity Disorder of Childhood

The essential features are a persistent feeling of discomfort and inappropriateness in a child about his or her anatomic sex and the desire to be, or insistence that he or she is, of the other sex. In addition, there is a persistent repudiation of the individual's own anatomic attributes. This is not merely the rejection of stereotypical sex role behavior as, for example, in "tomboyishness" in girls or "sissyish'" behavior in boys, but rather a profound disturbance of the normal sense of maleness or femaleness.

Girls with this disorder regularly have male peer groups, an avid interest in sports and rough-and-tumble play, and a lack of interest in playing with dolls or playing "house" (unless playing the father or another male role). More rarely, a girl with this disorder claims that she will grow up to become a man (not merely in role), that she is biologically unable to become pregnant, that she will not develop breasts, or that she has, or will grow, a penis.

Boys with this disorder invariably are preoccupied with female stereotypical activities. They may have a preference for dressing in girls' or women's clothes, or may improvise such items from available material when genuine articles are unavailable. (The cross-dressing never causes sexual excitement.) They often have a compelling desire to participate in the games and pastimes of girls. Dolls are often the favorite toy, and girls are regularly the preferred playmates. When playing "house," the role of a female is typically adopted. Rough-and-tumble play or sports are regularly avoided. Gestures and actions are often judged against a standard of cultural stereotype to be feminine, and the boy is invariably subjected to male peer group teasing and rejection, which rarely occurs among girls until adolescence. In rare cases a boy with this disorder claims that his penis or testes are disgusting or will disappear, or that it would be better not to have a penis or testes.

Some children refuse to attend school because of teasing or pressure to dress in attire stereotypical of their sex. Most children with this disorder deny being disturbed by it except as it brings them into conflict with the expectations of their family or peers.

Associated features. Some of these children, particularly girls, show no

other signs of psychopathology. Others may display serious signs of disturbance, such as phobias and persistent nightmares.

Age at onset and course. Three-fourths of the boys who cross-dress begin to do so before their fourth birthday; playing with dolls begins during the same period. Social ostracism increases during the early grades of school, and social conflict is significant at about age seven or eight. During the later grade-school years, grossly feminine behavior may lessen. An as yet undetermined proportion of boys, perhaps one-third to one-half, become aware of a homosexual orientation during adolescence.

For females the age at onset is also early, but most begin to acquiesce to social pressure during late childhood or adolescence and give up an exaggerated insistence on male activities and attire. A minority retain a masculine identification and some of these develop a homosexual arousal pattern.

Complications. In a small number of cases, the disorder becomes continuous with Transsexualism.

Impairment. Peer relations with members of the same sex are absent or difficult to establish. The amount of impairment varies from none to extreme, and is related to the degree of underlying psychopathology and the reaction of peers and family to the individual's behavior.

Prevalence. The disorder is apparently rare.

Sex ratio and familial pattern. No information.

Predisposing factors. Extreme, excessive, and prolonged physical and emotional closeness between the infant and the mother and a relative absence of the father during the earliest years may contribute to the development of this disorder in the male. Females who later develop this disorder have mothers who were apparently unavailable to them at a very early age, either psychologically or physically, because of illness or abandonment; the girl seems to make a compensatory identification with the father, which leads to the adoption of a male gender identity.

Differential diagnosis. Children whose behavior merely does not fit the cultural stereotype of masculinity or femininity should not be given this diagnosis unless the full syndrome is present. **Physical abnormalities of the sex organs** are rarely associated with Gender Identity Disorder; when they are present, the physical disorder should be noted on Axis III.

Diagnostic criteria for Gender Identity Disorder of Childhood

For females:

A. Strongly and persistently stated desire to be a boy, or insistence that she is a boy (not merely a desire for any perceived cultural advantages from being a boy).

B. Persistent repudiation of female anatomic structures, as manifested by at least one of the following repeated assertions:

(1) that she will grow up to become a man (not merely in role)
(2) that she is biologically unable to become pregnant
(3) that she will not develop breasts
(4) that she has no vagina
(5) that she has, or will grow, a penis

C. Onset of the disturbance before puberty. (For adults and adolescents, see Atypical Gender Identity Disorder.)

For males:

A. Strongly and persistently stated desire to be a girl, or insistence that he is a girl.

B. Either (1) or (2):

(1) persistent repudiation of male anatomic structures, as manifested by at least one of the following repeated assertions:

(a) that he will grow up to become a woman (not merely in role)
(*b*) that his penis or testes are disgusting or will disappear
(c) that it would be better not to have a penis or testes

(2) preoccupation with female stereotypical activities as manifested by a preference for either cross-dressing or simulating female attire, or by a compelling desire to participate in the games and pastimes of girls

C. Onset of the disturbance before puberty. (For adults and adolescents, see Atypical Gender Identity Disorder.)

302.85 Atypical Gender Identity Disorder

This is a residual category for coding disorders in gender identity that are not classifiable as a specific Gender Identity Disorder.

PARAPHILIAS

The essential feature of disorders in this subclass is that unusual or bizarre imagery or acts are necessary for sexual excitement. Such imagery or acts tend to be insistently and involuntarily repetitive and generally involve either: (1) preference for use of a nonhuman object for sexual arousal, (2) repetitive sexual activity with humans involving real or simulated suffering or humiliation, or (3) repetitive sexual activity with nonconsenting partners. In other classifications these disorders are referred to as Sexual Deviations. The term Paraphilia is

preferable because it correctly emphasizes that the deviation (para) is in that to which the individual is attracted (philia).

The imagery in a Paraphilia, such as simulated bondage, may be playful and harmless and acted out with a mutually consenting partner. More likely it is not reciprocated by the partner, who consequently feels erotically excluded or superfluous to some degree. In more extreme form, paraphiliac imagery is acted out with a nonconsenting partner, and is noxious and injurious to the partner (as in severe Sexual Sadism) or to the self (as in Sexual Masochism).

Since paraphiliac imagery is necessary for erotic arousal, it must be included in masturbatory or coital fantasies, if not actually acted out alone or with a partner and supporting cast or paraphernalia. In the absence of paraphiliac imagery there is no relief from nonerotic tension, and sexual excitement or orgasm is not attained.

The imagery in a paraphiliac fantasy or the object of sexual excitement in a Paraphilia is frequently the stimulus for sexual excitement in individuals without a Psychosexual Disorder. For example, women's undergarments and imagery of sexual coercion are sexually exciting for many men; they are paraphiliac only when they become necessary for sexual excitement.

The Paraphilias included here are, by and large, conditions that traditionally have been specifically identified by previous classifications. Some of them are extremely rare; others are relatively common. Because some of these disorders are associated with nonconsenting partners, they are of legal and social significance. Individuals with these disorders tend not to regard themselves as ill, and usually come to the attention of mental health professionals only when their behavior has brought them into conflict with society.

The specific Paraphilias described here are: (1) Fetishism, (2) Transvestism, (3) Zoophilia, (4) Pedophilia, (5) Exhibitionism, (6) Voyeurism, (7) Sexual Masochism, and (8) Sexual Sadism. Finally, there is a residual category, Atypical Paraphilia, for noting the many other Paraphilias that exist but that have not been sufficiently described to date to warrant inclusion as specific categories.

Paraphilias may be multiple or may coexist with other mental disorders, such as Schizophrenia or various Personality Disorders. In such cases multiple diagnoses should be made.

Associated features. Frequently these individuals assert that the behavior causes them no distress and that their only problem is the reaction of others to their behavior. Others admit to guilt, shame, and depression at having to engage in an unusual sexual activity that is socially unacceptable. There is often impairment in the capacity for reciprocal affectionate sexual activity, and psychosexual dysfunctions are common. Personality disturbances, particularly emotional immaturity, are also frequent.

Impairment. Social and sexual relationships may suffer if others, such as a spouse (many of these individuals are married), become aware of the unusual sexual behavior. In addition, if the individual engages in sexual activity with a partner who refuses to cooperate in the unusual behavior, such as fetishistic or sadistic behavior, sexual excitement may be inhibited and the relationship may

suffer. In rare instances the unusual behavior may become the major activity in the individual's life, such as the collection of fetishes or voyeuristic acts.

Complications. In Zoophilia physical harm may result from sexual activity with animals. In Sexual Masochism, the individual may inflict serious physical damage on himself or herself. Paraphilias involving another person, particularly Voyeurism, Exhibitionism, and Pedophilia, often lead to arrest and incarceration. Sexual offenses against children constitute a significant proportion of all reported criminal sex acts. Individuals with Exhibitionism make up about one-third of all apprehended sex offenders.

Predisposing factors. With the exception of Transvestism (see p. 269), predisposing factors are unknown.

Prevalence. The disorders are apparently rare.

Sex ratio. Virtually all reported cases have been in males, with the exception of Sexual Sadism and Sexual Masochism, which, however, occur far more commonly in males. Although no cases of Voyeurism in women have been reported in the literature, some clinicians claim to know of such cases.

Familial pattern. No information.

302.81 Fetishism

The essential feature is the use of nonliving objects (fetishes) as a repeatedly preferred or exclusive method of achieving sexual excitement. The diagnosis is not made when the fetishes are limited to articles of female clothing used in cross-dressing, as in Transvestism, or when the object is sexually stimulating because it has been designed for that purpose, e.g., a vibrator.

Sexual activity may involve the fetish alone, such as masturbation into a shoe, or the fetish may be integrated into sexual activities with a human partner. In the latter situation the fetish is required or strongly preferred for sexual excitement, and in its absence there may be erectile failure in males.

Fetishes tend to be articles of clothing, such as female undergarments, shoes, and boots, or, more rarely, parts of the human body, such as hair or nails. The fetish is often associated with someone with whom the individual was intimately involved during childhood, most often a caretaker.

Age at onset. Usually the disorder begins by adolescence, although the fetish may have been endowed with special significance earlier, in childhood. Once established, the disorder tends to be chronic.

Differential diagnosis. Nonpathological sexual experimentation can involve sexual arousal by nonhuman objects, but this stimulus for sexual excitement is neither persistently preferred nor required.

In **Transvestism** the sexual arousal is limited to articles of female clothing used in cross-dressing. Although Transvestism could be considered fetishistic cross-dressing, the additional diagnosis of Fetishism should not be made.

Diagnostic criteria for Fetishism

A. The use of nonliving objects (fetishes) is a repeatedly preferred or exclusive method of achieving sexual excitement.

B. The fetishes are not limited to articles of female clothing used in cross-dressing (Transvestism) or to objects designed to be used for the purpose of sexual stimulation (e.g., vibrator).

302.30 Transvestism

The essential feature is recurrent and persistent cross-dressing by a heterosexual male that during at least the initial phase of the illness is for the purpose of sexual excitement. Interference with the cross-dressing results in intense frustration. This diagnosis is not made in those rare instances in which the disturbance has evolved into Transsexualism.

Transvestic phenomena range from occasional solitary wearing of female clothes to extensive involvement in a transvestic subculture. Usually more than one article of women's clothing is involved, and the man may dress entirely as a woman. The degree to which the cross-dressed individual appears as a woman varies, depending on mannerisms, body habitus, and cross-dressing skill. When not cross-dressed, he is usually unremarkably masculine. Although the basic preference is heterosexual, rarely has the individual had sexual experience with several women, and occasional homosexual acts may occur.

Age at onset and course. Cross-dressing typically begins in childhood or early adolescence. In some cases the cross-dressing is not done in public until adulthood. The initial experience may involve partial or total cross-dressing; when it is partial, it often progresses to total. A favored article of clothing may become erotic in itself and may habitually be used first in masturbation, and later in intercourse. In some individuals sexual arousal by the clothing tends to disappear, although the cross-dressing continues as an antidote to anxiety. Cross-dressing, although intermittent in the beginning, often becomes more frequent, and may become habitual. A small number of individuals with Transvestism, as the years pass, want to dress and live permanently as women, and the disorder may evolve into Transsexualism.

Predisposing factors. According to the folklore of individuals with this condition, a "petticoat punishment," the punishment of humiliating a boy by dressing him in the clothes of a girl, is common in the history of individuals who later develop this disorder.

Differential diagnosis. In **Transsexualism** there is a persistent wish to be rid of one's own genitals and to live as a member of the other sex, and there is never any sexual excitement with cross-dressing. The individual with Transvestism considers himself to be basically male, whereas the anatomically male Transsexual has a female sexual identity. In those rare instances when Transvestism evolves into Transsexualism, the diagnosis of Transvestism is changed to Transsexualism.

Cross-dressing for the relief of tension or gender discomfort may be done without directly causing sexual excitement. This should not be diagnosed as Transvestism; the diagnosis of Atypical Gender Identity Disorder should be considered. In **male homosexuality** there may be occasional cross-dressing to attract another male or to masquerade in theatrical fashion as a woman. However, the act of cross-dressing does not cause sexual arousal. In **female impersonators,** unless Transvestism is also present, the act of cross-dressing does not cause sexual arousal, and interference with the cross-dressing does not result in intense frustration.

Fetishism is not diagnosed when sexual arousal by nonhuman objects is limited to articles of female clothing used in cross-dressing.

Diagnostic criteria for Transvestism

A. Recurrent and persistent cross-dressing by a heterosexual male.

B. Use of cross-dressing for the purpose of sexual excitement, at least initially in the course of the disorder.

C. Intense frustration when the cross-dressing is interfered with.

D. Does not meet the criteria for Transsexualism.

302.10 Zoophilia

The essential feature is the use of animals as a repeatedly preferred or exclusive method of achieving sexual excitement. The animal may be the object of intercourse or may be trained to sexually excite the human partner by licking or rubbing. Usually the preferred animal is one with which the individual had contact during childhood, such as a household pet or farm animal. The animal is preferred no matter what other forms of sexual outlet are available.

Age at onset. No information.

Course. Initially in the course of the disorder there may also be sexual arousal by humans. As time progresses, however, the animal becomes the most powerful sexual stimulus. This usually occurs by early adulthood and the course then becomes chronic.

Differential diagnosis. Nonpathological sexual activity with animals may occur because of the unavailability of suitable human partners or as a form of sexual experimentation. In such instances the use of animals is not the consistently preferred method of achieving sexual excitement.

Diagnostic criteria for Zoophilia

The act or fantasy of engaging in sexual activity with animals is a repeatedly preferred or exclusive method of achieving sexual excitement.