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Understanding sexual and gender identity disorders by Kim A. Dawson
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Sex sells. Perhaps the reason for this is that so many people have sex! The second reason sex sells in the media is that many of us – present company excepted – are voyeurs. The long-running late-night TV programs that discuss various aspects of sexuality in frank interviews, combined with the crackdown on the burgeoning online pornography business, suggests a market worth billions that would be worthless without voyeurs.

A third possible reason sex sells, as well as being a reason to read this article, is that a lot of people have sexual problems and they are looking for help and answers.

Over the next few weeks, *Perspectives* will focus on the sexual and gender identity disorders, what they are, and what can be done about them. This article will provide a brief introduction to this interesting area. The sexual and gender identity disorders comprise a very large class of mental health problems that cause significant distress or impairment. They include "sexual dysfunctions" that are characterized by disturbance in sexual desire. These disturbances are strongly influenced by both psychological and biological components of sexual responses. Examples of sexual dysfunctions include a lowered desire for sex, difficulties becoming sexually aroused, problems achieving orgasm, pain during sex, sexual difficulties related to medical problems, and drug-induced sexual difficulties.

There is very little information available about how many people experience these sexual dysfunctions. The most comprehensive study to date was conducted on a sample of the U.S. population between 18 and 59. Although not all of these would have met criteria for diagnosis of a sexual disorder, this study suggests the following estimates of the percentage of the population who have various sexual complaints: 1 out of 4 women experience problems reaching orgasm, 1 out of 3 women have a significantly lowered desire for sex, and about 1 out of 4 men have problems with premature ejaculation. The market for Viagra targets 1 in 10 men with erectile difficulties or problems reaching orgasm. Watch for Dr. Lees' upcoming article on sexual dysfunctions.

The general class of sexual and gender identity disorders also include the "paraphilias". These are characterized by recurrent, intense sexual urges, fantasies, or behaviours that involve unusual objects, activities, or situations. Here there is even less information about the numbers of people experiencing paraphilias. The only available studies suggest that half of all individuals with paraphilias seen in mental health clinics are married. Examples of paraphilias include exhibitionism, fetishism, sexual masochism, sexual sadism, cross-dressing, voyeurism, and pedophilia (desire to have sex with children). It is important to note that not all of these disorders are associated with distress. Indeed, because many people with pedophilia and sadism do not experience distress, they will very rarely seek help voluntarily. Instead, they are more often seen and treated in jails due to the distress they have caused their victims. Thus, the victims more often enter treatment voluntarily to deal with the consequences of the abuses they suffered at the hands of the person with paraphilia. You can read more about Paraphilias in the upcoming article by Eryn Wicker.

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The aforementioned sexual problems have nothing to do with a person being male or female. In contrast, the gender identity disorders (GIDs) are characterized by strong and persistent cross-gender identification that is associated with persistent discomfort with one's assigned gender. This can be accompanied by the perception of oneself as a member of the opposite sex, the desire to possess the body of the other sex, and the desire to be seen as a member of the other sex.

We should be careful to clear up a popular myth. Discomfort surrounding one's perception of gender identity is different from sexual orientation. That is, sexual orientations such as being gay, lesbian, or bisexual do not mean the person has a gender identity disorder or a mental illness. Instead, sexual orientation refers to erotic attraction to males, females, or both.

Again, there are very few studies providing data on the prevalence of gender identity disorder. Some studies in Europe suggest that roughly 1 per 30,000 adult males and 1 in every 100,000 females ever seek gender-reassignment surgery. However, the inclusion of transgendered individuals in the category of mental illness assumes something is wrong with them. What is wrong is the distress they have felt being physically identified with a gender to which they have felt no sense of connection or belonging.

Both genetics and psychology both have something to do with this. For example, some boys have been born with insensitivity to the male hormone, testosterone (so-called androgen insensitivity). This leads them to develop physically more like a girl. Combined with this is often a strong emotional discomfort with their gender, but that doesn't automatically mean that they will have GID or seek transgender surgery.

Perhaps there is something wrong with social norms surrounding gender. Many cross-dressers, transgendered individuals, and others with genetic disorders (such as androgen insensitivity) simply feel misfit within a world in which male and female identities are held by social convention to be separate. Thus, social and cultural norms can impact the diagnosis of GID. Watch for Marie Amos's article on Gender Identity Disorder for clarification of this complex area.

As more becomes known about sexual and gender identity disorders, we may begin to understand their complexities. For example, there may be psychotic delusions (strong beliefs against the evidence) that a person is a member of the opposite sex. Drug use or poisons may cause sexual problems. Drugs known to cause sexual problems while intoxicated include alcohol, amphetamines, cocaine, heroin, and drugs used to treat anxiety.

Chronic drug abuse or dependence has also been associated with decreased sexual interest and problems with sexual arousal. Some prescribed medications such as antihypertensives, antidepressants, and antihistamines can also reduce desire. In addition, a wide variety of medical conditions can cause sexual dysfunctions. These include cancer, diabetes, problems with circulation or functioning of the heart, genital or urinary diseases, and accidents which have severed or damaged the spinal cord. Infertility, as well, may be caused by problems involving hormone imbalance that prevent conception. In many of these cases, the treatment of infertility can reduce sexual desire or make sex an emotionally painful experience due to its repeated failure to produce a pregnancy.

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Due to the complexity, complications, and controversy surrounding sexual and gender identity disorders, there are health professionals with various specialties within this area. If you suspect a problem, it is extremely important to access the help of a family physician and ask for a referral to an appropriate specialist.

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