

Example:

‘A paraphilic disorder is a paraphilia that is currently causing distress or impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others. A paraphilia is a necessary but not a sufficient condition for having a paraphilic disorder, and a paraphilia by itself does not automatically justify or require clinical intervention.’

-DSM

For example: A man enjoys wearing women’s underwear has a paraphilia but if it doesn’t distress him he doesn’t have a paraphilic disorder.

Huge disagreements on these disorders by different clinicians!

Other considerations (look at situational factors)

In addition, DSM IV: TR (2000) and DSM 5.0 (2013), adds the following further considerations:

- Whether the disorder has been present since the ‘onset of sexual functioning’ (lifelong type) or whether it has developed ‘after a period of normal functioning’ (acquired type).
- Whether it is limited to specific situations (situational type) or not (generalised type), e.g. erectile dysfunction.
- Whether the dysfunction is due to psychological factors alone, or a combination of psychological and medical factors.
- Whether it can be accounted for by any other axis one disorder (e.g. major depression), substance abuse or a medical condition. DSM 5 adds that partner, relationship, individual, and cultural/religious factors must also be considered.
- How many dysfunctions are present, as they often occur multiply.

For many types of disorder, the clinician must decide whether the person has engaged in sexual activities that would normally be expected to produce sexual arousal or orgasm. Diagnostic judgments must take into consideration the person’s age, as well as the circumstances in which the person is living, such as the presence of a partner, access to privacy, and so on. For all of these reasons, the reliability of diagnostic decisions for sexual dysfunctions are probably quite low.’

Sexual Dysfunctions

- Normed on heterosexual, penetrative intercourse.
- Assumes both partners need to be aroused and satisfied in the sexual act, and that this occurs most likely with penetrative intercourse.
- Deal with problems obtaining and holding an erection, being penetrated, and level of sexual desire.
- DSM 5.0 for the first time states that the problems must be present for at least six months to be considered a sexual disorder.

Male Erectile Disorders (Impotence)

- Thought to be the most common dysfunction (striking most men at some point in life). Ruben estimated (30-40% men suffer at any given time; premature ejaculation is most common male sexual dysfunction affecting 1/3 men in a 12 months period)
- Half caused by other med problems (circulation problems, spinal cord damage, alcohol, stress and fatigue)

