



# Understanding Changes in *DSM-5*

## SEXUAL AND GENDER-RELATED EXPERIENCES

Our understanding of sexual feelings and experiences has been an important topic for society and for scientific study. Although such experiences as being attracted to members of one's own sex have been reported throughout human history, many cultures currently see it as abnormal. Until the 1970s, the *DSM* considered homosexuality to be a mental disorder. However, scientific evidence and changes within American society have led to changes in our view of sexual orientation. As society has become more aware of and accepting of varieties of sexual orientation, there has been a change in both legal and psychological perspectives. Likewise, organizations such as the Association for Lesbian, Gay, Bisexual & Transgender Issues in Counseling have developed guidelines related to counseling (<http://www.algbtic.org/>).

With *DSM-5*, two other previously considered disorders have been updated to avoid stigma and encourage health care for those who seek it. These conditions are paraphilia and gender dysphoria. In terms of paraphilia, the *DSM-5* fact sheet clearly states that most people with atypical sexual interests do *not* have a mental disorder. In fact, studies have shown similar levels of sexual satisfaction for those who engage in traditionally atypical practices and more traditional practices (Pascoal, Cardoso, & Henriques, 2015). Some have suggested that conditions such as female impersonation are only there for historical purposes and should be removed as disorders, as was homosexuality over four decades ago (Ross, 2015). Female impersonation is not a crime, has no victim, and at times is part of stage performance and the legal entertainment industry. Likewise, many so-called atypical sexual

fantasies such as submission and domination are common for both men and women (Joyal, Cossette, & Lapierre, 2015). For a paraphilia to be considered a disorder, people with such interests must either

- feel personal distress about their interest, not merely distress resulting from society's disapproval; or
- have a sexual desire or behavior that involves another person's psychological distress, injury, or death, or a desire for sexual behaviors involving unwilling persons or persons unable to give legal consent.

The other sexual condition that has been updated is gender dysphoria. In *DSM-5*, people whose gender at birth is contrary to the one they identify with are diagnosed with gender dysphoria. In the previous edition of the *DSM*, the term was *gender identity disorder*. In *DSM-5*, the word *disorder* was dropped in order to avoid stigma while still allowing the person to seek health care. That is, the condition needs to be specified such that the person can access insurance coverage for his or her treatment. According to the *DSM-5* fact sheet, this allows these individuals to undergo hormone therapy, related surgery, and psychological treatment to support their gender transition. In the next version of the *ICD*, which is used for mental health diagnosis in Europe, it is expected that the condition will be called *gender incongruence*. Likewise, a number of Northern European countries have moved gender identity clinics away from psychiatric departments to those of medicine and endocrinology. Further, in *DSM-5*, gender dysphoria was placed in a section of its own and separated from other sexual disorders.