

Review article

Innovations, reviews and proposals on the DSM-5: The case of sexual dysfunctions, gender dysphoria and paraphilic disorders[☆]



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ABSTRACT

Human behaviours have different meanings depending on the historical moment and context. In this article, we analyse the way in which psychiatric nosology is structured in texts such as the DSM-5 by studying the category of sexual behaviours. The very design of these diagnostic manuals, in terms of their notion of health, disease, mental health and mental disorders, in short, what is normal and what is pathological, shows that they are far from objective tools, and are very much influenced by certain elements of power.

Each new diagnosis, or even the removal of existing diagnoses and the recomposition of the different diagnostic criteria, particularly in the field of sexual behaviour, represents a particular view of individual and collective human life, and constitutes an attempt to control human sexuality by medicalising behaviours and bringing to bear moral, religious and even legal considerations.

Categories such as gender dysphoria, paraphilia or paraphilic disorders are examples of how the limits imposed on biomedical perspectives, in addition to being incomplete and imprecise, violate the individual and social construction of sexual behaviour and the very notion of mental health, and are evidence of the ongoing difficulties and controversies involved in drawing up psychiatric classifications.

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Novedades, críticas y propuestas al DSM-5: el caso de las disfunciones sexuales, la disforia de género y los trastornos parafilicos

R E S U M E N

Palabras clave:

Conducta sexual
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Revisión

Los comportamientos humanos tienen diferentes significados según el momento histórico y el contexto. En este artículo se toman los comportamientos sexuales como categoría que permite analizar la manera en que se estructura la nosología psiquiátrica manifiesta en textos como el DSM-5. El desarrollo de estos manuales diagnósticos dista de hacerlos herramientas libres de subjetividades y de la injerencia de elementos de poder, expresados en cómo se asumen la salud, la enfermedad, la salud mental y los trastornos mentales, en suma, lo normal y lo patológico.

Cada nuevo diagnóstico o incluso su eliminación y la recomposición de los distintos criterios diagnósticos, especialmente en el campo de los comportamientos sexuales, representan visiones de cómo se concibe la vida humana individual y colectiva y una expresión de los intentos certeros de controlar las sexualidades humanas por medio de la medicalización de los comportamientos, a lo cual se suman consideraciones morales, religiosas e incluso legales.

Categorías como la disforia de género, las parafilias o los trastornos parafilicos son ejemplos de cómo los límites que se pretende instituir a una perspectiva biomédica son, además de incompletos e imprecisos, hechos que violentan la construcción individual y social de las sexualidades y la concepción misma de salud mental, con lo que se evidencian las dificultades y las controversias persistentes en cómo se elaboran las clasificaciones psiquiátricas.

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Introduction

Christian religions have considered the act of engaging in certain sexual behaviours not for the procreation of children to be a sin, or at least, something to be avoided.¹⁻⁴ These behaviours have even been considered illegal and could be punishable by law.⁵⁻⁹ In the process of identifying the causes or predisposing factors for such “criminal” sexual behaviour, physicians and psychologists chose to categorise them as a “disease” or “mental disorder”, thus enabling them to be medicalised, pathologised and psychologised.^{5,10-13} Just as the “diagnosis” and aspects associated with the clinical context confer authority on the medical profession in general and doctors in particular, so mental disorder “empowers” psychiatry and psychiatrists.¹⁴

The medicalisation of sexual behaviours has been institutionalised by including them in international disease classification systems, such as the International Classification of Diseases of the World Health Organisation (WHO),¹⁵ and the Diagnostic and Statistical Manual of the American Psychiatric Association (APA).¹⁶ This has only fuelled the anti-hegemonic position of groups fighting for sexual equality and diversity who seek to exclude certain behaviours from such classifications.^{10-12,16-18}

The aim of this review is to analyse the mental disorders’ categories listed in the most recent APA classification, the DSM-5, that include certain sexual behaviours among their diagnostic criteria.

Background

In view of the controversy surrounding each new version of the DSM,^{19,20} the most recent version (DSM-5) updates the principles of the manual and introduces certain changes in the general approach to understanding or interpreting the thoughts, emotions and behaviours that can be considered to be involved in a mental disorder.²¹

However, given the growing importance of psychiatry in medicine,^{11,12,17,18} it is important to bear in mind that the definition of “disease” in the context of “physical” entities is far from straightforward, and can be interpreted in many different ways.²² The most prominent approach to defining disease, called “naturalism”, revolves around the notion that “disease” has a biological basis comprised of “reference functional classes” or uniform organisms, according to the sex or age of the species.²³ This validates the notion of normal function, with a statistically typical distribution that allows for survival and reproduction of the species. Thus, “disease” is an abnormal functioning of the organism, and “health” is the absence of disease.^{22,23} A second approach is known as “normativism”. Normativism understands “disease” as a deviancy from a state of affairs which is considered more desirable, implying a gap between presented behaviour (or feeling) and established social norms.²² Thus, the definition of “health” includes a judgement, a pattern, of what is allowed or accepted, and consequently “disease” is the situation that deviates from the socially established norm.^{22,24} Finally, a third, hybrid

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